Quality Improvement Strategy
2018 - 2021

Yeovil Hospital Healthcare

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Mission, vision & values

What are we trying to accomplish?

At Yeovil District Hospital NHS Foundation Trust providing high quality clinical care and excellent patient experience remains the Trust's top priority. We are proud of our iCARE principles, originally developed by our nursing staff, which now underpin all that we do within the hospital, whether it is providing a life-saving treatment, the way staff relate to one another or a warm welcome at reception. The iCARE principles arose from a review of complaints, which identified common issues and formed the basis of our values.

***i** **Treating our patients and staff as individuals**

C **Effective Communication**

A **Positive Attitude**

R **Respect for patients, carers and staff**

E **Environment conducive to care and recovery**

Our strategic objectives for are designed to provide focus on quality, sustainability and delivery across all aspects of the organisation.

Our Strategic Vision:

The Trust vision and strategy helps to guide the way the organisation develops. Both the vision and strategy have been developed in collaboration with staff from across the organisation. As well as guiding decision-making, our strategy is also intended to provide staff with opportunities to identify and implement improvements in their own areas of work. During 2017/18, the Trust has revised its vision and objectives to reflect local and system wide priorities.

Our Vision: To care for you as if you are one of our family.

This is underpinned by a set of strategic priorities:

- Care for our population
- Develop our people
- Innovate and collaborate
- Develop a sustainable system

Our strategic objectives are designed to provide focus on quality, sustainability and delivery across all aspects of the organisation and align with our Quality Strategy and Safety Improvement Plan. Our quality priorities are derived from reviews of national reports, local issues and challenges, patient feedback and public engagement events and performance against these will be reported quarterly to the Trust Board and annually in the Trust Quality Accounts.

What have we achieved so far?

Quality of services is measured by looking at patient safety, the effectiveness of treatment that patients receive and their experiences and feedback about the care provided.

The provision of high quality care is at the heart of everything we do at Yeovil District Hospital NHS Foundation Trust. This means our patients are provided with the best possible care by well trained staff and are treated with dignity and respect. Our focus is on consistently delivering excellent outcomes of care, ensuring we collect accurate information about how patients experience our services and acting on it to improve what we do.

Improving the quality, safety and effectiveness of the care provided to patients at YDH is a top priority for the Board. Over the last few years, YDH has undertaken significant work in line with its set priorities we have:

- Worked to ensure that HSMR and SMI are within expected limits, responding to data shifts and ensuring learning from deaths is central to our work

- Maintained our active participation in regional and national patient safety collaboratives
- Achieved continuous reduction in hospital acquired pressure ulcers
- Reduced and maintained low rates of hospital acquired infection
- Achieved an overall reduction in the number of patients falling in hospital
- Established a range of quality improvement (QI) programmes and increased staff capability in QI methodologies

How was this strategy developed?

For the next three years we have reviewed our areas of focus for improvement and developed a strategy that incorporates national recommendations, including safe staffing, considers system wide challenges and STP ambitions, and considered local priorities that reflect our patients' needs. In addition, plans to develop and implement models to provide enhanced seven day services, which will be a key enabler to preventing admissions at weekends and facilitating discharge will improve the experience for patients. Improving access to high quality end of life care remains a priority.

The Trust has considered and built upon the Quality Strategy (2015-2018) in its deliberations, as well as national reports including recommendations from:

- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis, 2013)
- A promise to learn – a commitment to act: Improving the Safety of Patients in England (Berwick, 2013)
- A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture (Clywd, 2013)
- Cavendish Report (Cavendish, 2013)
- Safer Staffing Requirements: Safe Staffing for adult inpatients in acute care (2018),
- Better Births, Improving outcomes of maternity services in England
- The Morecambe Bay Investigation (Kirkup, 2015)
- The regulatory requirements of the Duty of Candour
- The Care Act (2015).
- Learning, candour and accountability: A review of the way Trusts review nad investigate the deaths of patients in England (Care Quality Commission, 2017)
- National guidance on Learning from Deaths for Trusts (National Quality Board, 2017)
- Working with Families, (NHS Improvement, 2018)

The key Quality Improvement aims for Yeovil District Hospital and the mechanisms by which progress will be measured are as follows:

Aim 1 - Learning from deaths

Embed processes where investigation and learning occurs if care concerns have been identified and may have led to the outcome for the patient.

As measured by:

- HSMR
- Serious Incidents that resulted in deaths
- Mortality, LeDeR and peri-natal mortality reviews
- Mortality alerts
- Concerns from bereaved families

Systems for monitoring, reviewing and learning from deaths have strengthened as a consequence of a CQC review and subsequent national guidance. Learning from deaths will continue to be a priority and will be measured by our Hospital Standardised Mortality Ratio (HSMR); Summary Hospital-level Mortality Indicator (SHMI); Serious Incident reviews for cases that resulted in deaths; mortality reviews, including participation in the national Learning Disabilities Mortality review programme (LeDeR) programme, completion of peri-natal mortality reviews and receipt and review of any mortality alerts.

Over the next three years we aim to reduce and maintain an HSMR to below or within the lower expected range compared to other Trusts nationally. Over the last year (2017/18) the rolling HSMR figure has risen to a figure of 114. This has been attributed, in part, to a possible reduction in accurate recording of patients in receipt of palliative care where the Trust was under performing against national averages. At the time of writing, the HSMR is reported at 96.4 and within expected range with no discernible variation between weekend and weekday rates.

To maintain the Trust's HSMR we will increase our focus on accurately translating clinical data from medical records into diagnostic codes. In addition, we are working to ensure that the introduction of Trakcare supports effective and accurate allocation of codes to specific conditions enabling coding to occur at source as the diagnosis is determined within the medical records. Providing a robust system of validation for this type of data will be key to ensuring accurate and timely submissions to external agencies and internal reviewers.

We will be working closely with Dr Foster to reduce alerts (CUSUM). Alerts over the previous 12 months include a higher than expected rate of deaths in patients with a primary code of Urinary Tract Infection. Clinical audit demonstrated inaccurate recording of Acute Kidney Injury in patients with multiple co-morbidities and work has been undertaken to improve medical record keeping and subsequent coding. Any alert or variation from the anticipated national figures is reviewed to check whether this is due to a coding issue or a clinical care or process issue. Using clinical dashboards to highlight trends in readmissions, length of stay and mortality in specific case groups will enable us to act in response to any problems before an alert is generated.

Using Dr Foster's data collection methods will also ensure we are not outliers within a similar group of Trusts or nationally. Dr Foster takes the diagnosis code and weighted comorbidities to calculate the likelihood of a patient's death. It follows that accurate diagnostic codes and listing of all comorbidities will assist to prevent data errors and reduce the number of potential alerts seen in the future.

The coding of comorbidities has changed over the last two years with adjustment to the rules meaning that any previous co-morbidities are not able to be used unless they have been recorded in the records for the current admission. A previous initiative providing advice cards for those doctors admitting patients and educating junior staff proved successful in increasing the accuracy of diagnostic records and the number of recorded comorbidities which led to a reduction in the rolling HSMR. These methods will now be repeated every 6 months with each new intake of medical staff.

Aim 2 - Safer care

Continuous reduction in avoidable harm.

Measured by:

- NHS Safety Thermometer
- Maternity Safety Metrics
- Serious Incidents and Never Events
- Implementation of NEWS2 and incidents of failure to detect deterioration
- Sepsis CQUIN
- Measures for common cause incidents (falls, pressure ulcers, medication errors)
- Healthcare Associated Infections
- Compliance with the ED checklist

Harm is defined in many ways but a common belief is that harm is 'unintended physical or emotional injury resulting from, or contributed to, by clinical care (including the absence of indicated treatment or best practice) that requires additional monitoring, treatment or extended length of time under the care of a clinician.

Healthcare acquired infections, medication errors, surgical infections, pressure sores and other complications are examples of harm which are commonplace. Despite the extraordinary hard work of healthcare professionals, patients are harmed in healthcare every day.

The Berwick Report stated that "all in the NHS should understand that safety is a continually emerging property, and that the battle for safety is never "won", rather, it is always in progress". This is why we will approach harm reduction by working on strengthening our Trustwide learning systems and building capability in our staff to recognise risk and prevent harm, in addition to running a suite of projects on specific harms and interventions, such as the use of national early warning scores and sepsis screening, and the use of digital technologies.

We will participate in the National Maternity Safety Collaborative and promote opportunities to achieve better birth outcomes including adoption of initiatives such as "Saving Babies' Lives", and PReCePT: reducing cerebral palsy through improving uptake of magnesium sulphate in pre-term deliveries.

We will adopt the National Early Warning Score 2 (NEWS2) and work across the Trust and local healthcare system to standardise communication of acuity and deterioration to ensure safer patient care and improved outcomes.

We will participate in the regional Patient Safety Collaborative with the Academic Health Science Network (AHSN) and seek out opportunities to implement national initiatives.

We will maintain a focus on continuous reductions in incidents which can results in patient harm such as pressure ulcers, falls, infections and medication errors, and participate in local and regional networks to ensure adoption of best practice.

We will implement and monitor compliance with the Emergency Department (ED) checklist to improve the experience of patients requiring emergency admission and ensuring any clinical deterioration is recognised and treated promptly.

We will promote use of the SCORE patient safety culture survey, in teams focused on patient safety initiatives, as well as 'Better Place to Work', to ensure there is a climate and appetite to support improvements in the delivery of safer care.

Aim 3 – Mental health and holistic care

Increase staff capability to recognise and respond to those with mental health needs (children, adults in crisis, older people).

Measured by:

- Incidents of self-harm, security and use of rapid tranquilisation
- Use of Mental Capacity Assessments (MCA) and Deprivation of Liberty safeguards (DOLS)
- Training of staff groups in management of Eating Disorders (CAMHS), Deliberate Self Harm (DSH), Mental Health First Aid and Conflict Resolution
- Key performance indicators of Psychiatric Liaison Service including number of referrals, access to assessment, patient outcomes and ED attendances of frequent re-attenders
- Experience of patients and carers of those with dementia

We will have an increased focus on the mental health and emotional wellbeing of patients to reflect a growing need and to ensure holistic, patient-centred care. Investment and development of improved resources for early identification, assessment and treatment will be key enablers, together with a robust training strategy that increases staff awareness and capability.

We will work collaboratively with mental health providers to ensure patients have timely access to a cohesive service and that our staff have access to targeted training and education to provide them with the skills and competencies to meet patients' needs. This will include specific training in the management and support of patients with eating disorders requiring acute hospital admission and targeted training on de-escalation of behaviours.

We will work closely with local mental health services, voluntary sector, health coaches, social services, local authority and other partner agencies to develop a more seamless service to effect the greatest impact on the most vulnerable patient groups.

We will improve the use and recording of Mental Capacity Assessments (MCA) and Deprivation of Liberty Safeguards (DOLS), ensuring that the legal frameworks designed to maintain safety and appropriate levels of restriction are in place.

Our participation in countywide quality improvement projects, focusing on improved mental health provision, will offer a vehicle to improved access, support and outcomes across the system.

We will invest in mental health first aid training for staff, and commission bespoke packages for key staff groups and departments to ensure the greatest areas of need are addressed as a priority.

We will work to reduce the incidence of physical abuse on staff from patients and ensure that there is effective support to de-escalate behaviours and provide a therapeutic environment.

We will continue to invest in services for patients with dementia and work with the local communities to develop dementia friendly environments. We will seek out opportunities for innovative and creative solutions to enhance care for patients in hospital and for people living locally with this disease.

We will strengthen support and signposting for carers of people with dementia and ensure that their experience of healthcare is measured and monitored for delivery of improvements.

We will deliver the ambitions of the Trust Dementia Strategy and ensure oversight of

performance is monitored by the Dementia Steering Group.

Aim 4 - Patient experience

Improve patient experience using co-design, personalised care planning and family centred care to inform service improvements and care pathways.

Measured by:

- Adoption of Always Events
- Complaints
- Patient Advice and Liaison Service concerns
- Compliments
- Public Engagement Events
- Participation and support of Health and Care Strategy public consultation

We will continue to focus on a range of activities to reduce the number of complaints and improve the immediate response to concerns raised via the PALs service.

We will continue to work alongside Patient Voice in order to collect patient feedback and agree a schedule of surveys to ensure additional elements of the patient pathway of experience is captured. Particular focus will be given to measuring and improving patient involvement in decision making, improving the experience of discharge and handover of care after discharge to partner agencies including primary care.

We aim to improve patient experience by enabling real time feedback across all areas of the Trust to produce measurable quality improvement. This will include exploring all mechanisms for capturing feedback to ensure patients have a voice.

We will train in and adopt 'Always Event' methodology to increase opportunities for co-design of improvements with patients, carers and the voluntary sector. We will work with partner agencies across Somerset and the Yeovil District Hospital catchment area to establish a number of events that reflect care across the health and care system.

Esther Champions are a concept introduced by the Symphony Vanguard programme to strengthen capability to improve care with the patient ('Esther') at the centre. Staff volunteer to receive additional training in coaching and improvement skills in order to identify patients whose experience can be used to shape changes in care and service delivery. We will introduce Esther Champions to the hospital to increase opportunities to identify areas for improvement and enable staff to make necessary changes.

In addition to Esther Champions, we will establish Esther Cafes. These cafes are small, structured meetings, with tea and biscuits,that enable small groups of staff from across the Trust to listen to a patient story with the aim of inspiring them to consider changes in their services that will result in improved patient experience.

We will promote proactive public engagement events to raise the volume of patient and public opinion. This will include active participation in patient and public engagement events as part of the launch and progression of the Somerset Health and Care Strategy.

Individual patient, family and carer feedback, the views and experiences of service users and the local population, as well as the views and opinions of staff, will be captured and used to shape service delivery and improvements in the quality, safety and experience of care at Yeovil District Hospital.

The Patient and Public Engagement Strategy will set out in greater detail the aims and ambitions of the Trust to ensure deliverable, measureable improvements in patient care.

Aim 5 – Right care, right time, right place

Strengthen collaborative working across the health and social care system to deliver sustainable improvements in care, in line with the Somerset Health and Care Strategy.

Measured by:

- Seven-day Service National Audit
- Number of patients who are defined as stranded, super stranded and Delayed Transfers of Care
- Complaints and incidents in relation to discharge
- Use of Home First pathways
- Participation in improvement programmes such as GIRFT and STP work-streams

Each year, as the average age of our population increases and the number of people living with complex, multiple health conditions grow, so does the demand upon our hospital. The Symphony project, to integrate services between primary and secondary care, has delivered measurable improvements in the management of patients with complex needs and frequent dependency of health and care services. We will build on the success of this model and support implementation at scale across the local system in collaboration with partner organisations.

We will support the Somerset STP (Sustainable Transformation Programme) ambitions and ensure active and positive participation in identified work streams to redesign services that will meet the needs of the local population.

It is widely acknowledged that not all aspects of health care perform as well as they should. Even when we know what the right thing to do is, often our systems are not designed to deliver all aspects of evidence based care to every patient, every time. Measuring how reliable our care is can help us to uncover the variation across the Trust and point to where improvement is needed. Over the next 3 years, we will seek out and reduce unnecessary and unwarranted variation and deliver services that are compliant with the national standards for seven day working.

We will work in collaboration with health and social care agencies to improve access and use of Home First Pathways that focus on early discharge from hospital and improved assessment of patient function and safety in an environment more familiar to them. It is widely acknowledged that there are risks associated to extended hospital admission including infection, falls and deconditioning associated with reduced mobility. This approach aims to reduce unnecessary delay in transfers of care that can result in extended stay in hospital of more than 7 days (Stranded patient) or 14 days (Super Stranded patient).

We will deliver a Quality Improvement project to improve the experience, efficiency and safety of discharge processes from hospital to home, and ensure we seek out the views, ideas and comments from patients, health and care staff working across the system to deliver achievable and sustainable improvements. We will adopt new methodologies, such as Always Events, to promote co-design and ensure patients and their carers are at the heart of service delivery.

We will develop a Seven Day Service Strategy and detailed implementation plan to ensure the Trust has a clear understanding of the actions required to meet compliance with the 10 National Standards. This will ensure equity of access, review and senior advice to ensure care is timely, effective and appropriate for patients irrespective of the day of admission.

We will encourage and actively participate in external reviews and use data from such to identify areas of unnecessary variation and opportunities for improvement. This will include work-streams identified at a system level across Somerset and the Yeovil District Hospital Catchment area, to redesign and deliver

sustainable services that offer reliable, accessible and equitable care to the local population.

Aim 6 – Staff retention and wellbeing

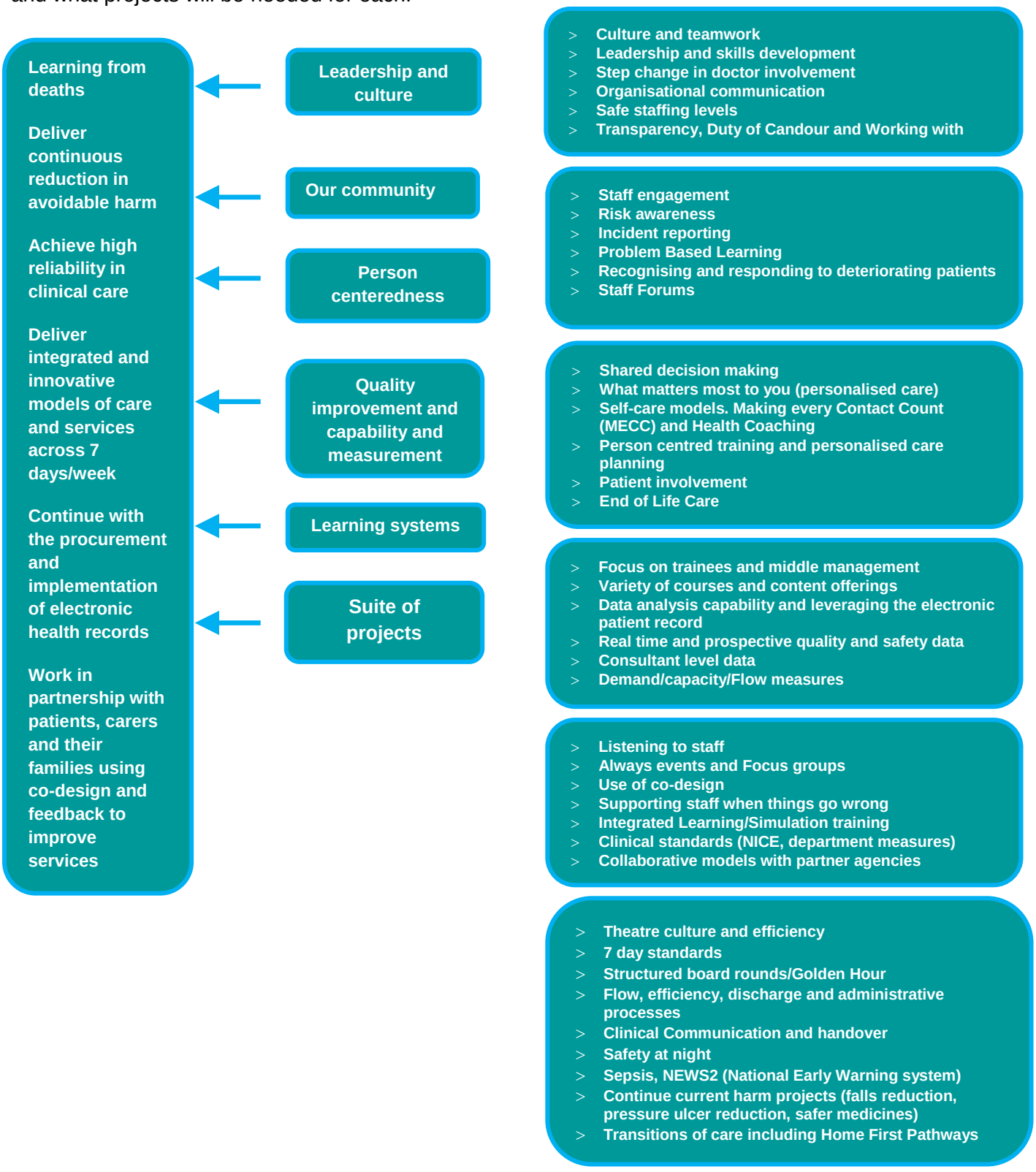
Develop a robust approach to staff retention across all staff groups with a focus on celebrating excellence in practice, promotion of wellbeing support and activities, opportunities for development and career progression within Somerset (measured by recruitment and retention numbers, staff survey results, delivery of strategies and work-plans).

Measured by:

- Turnover of specific staff groups including Registered Nurse and Midwives
- GMC survey results
- Staff Friends and Family Test
- Recruitment activity and WTE vacancies
- Number of staff on development programmes working towards advanced practice
- Number of trainees on apprenticeship schemes, pre-registration and post-graduate courses and local training programmes

What changes can we make that will result in improvement?

In order to accomplish our ambitious aims we'll need a far reaching plan to engage with staff on finding solutions right across the Trust. The following Driver Diagram summaries the areas of work we'll tackle in the next three years while the following pages examine each primary driver and what projects will be needed for each.



Primary Driver 1:

Leadership and Culture

Work to focus on:

- Board level leadership and attention to measuring and maintaining safe care
- Making Quality Improvement a priority for the Hospital Management Team
- Further development of the Quality Improvement framework and development of our ‘continuous improvement’ aims
- Continue a programme of walk-arounds with senior and non-executive leaders alongside staff to better understand their day-to-day challenges
- Increase opportunity and engagement in staff forums
- Create an environment of psychological safety

New ideas

- Develop internal capability in executing a culture surveys and use throughout the organisation
- Focus on developing leadership, quality improvement, and management skills of clinical and non-clinical middle managers
- Develop a programme of QI training for use across the Trust and with local partners
- Expand work on transparency with patients and families when things go wrong
- Improve frontline to board organisational communication
- Commit to understanding safe staffing levels and work towards reliable safe staffing
- Nurture an environment of compassion, positive attitude, respect and engagement

Primary Driver 2:

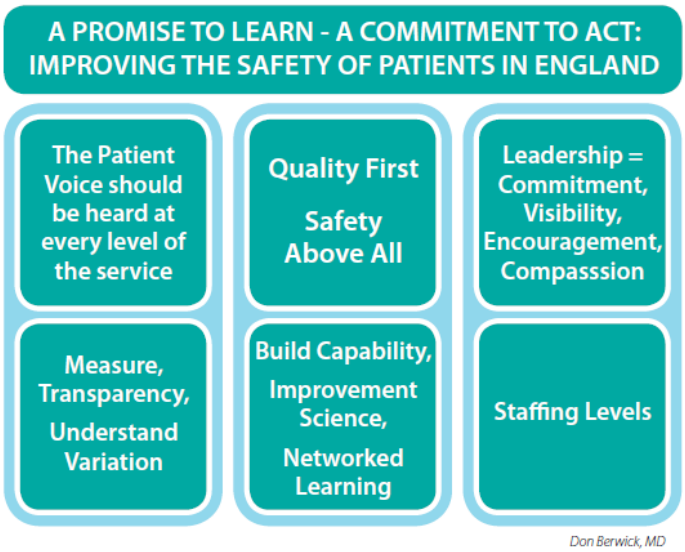
Our Community

Work to focus on:

- Continue integrated care programmes and pathway development
- Staff forums – During 2018 the Director of Nursing and Associate Director of HR have been holding monthly forums with all new nurses to welcome them to the Trust and engage with them on things that have gone well and things that have not gone so well. These forums have been invaluable in helping us improve staff experiences. We also ran focus groups in 2018 for all staff to explain our new vision and strategic and operational priorities for the Trust, and to empower staff to actively lead change in their own departments. In addition to this, we plan to run a series of focus groups in Q3 and Q4 of 2018/19 to received feedback on our iCARE values. We plan to meet with 100 staff, selected by the executive team, to represent the breadth and diversity of the workforce, including clinical, nursing, midwifery, support and managerial staff. Each forum will be led by an executive director. Attendees will also be asked to help shape the future communications strategy of the Trust, and feedback ways in which the entire workforce can be engaged in further Trust developments. The forums will become a regular test-bed and advisory forum for the Trust executives.
- Deliver QI capability & leadership
- Accelerated Patient Safety Officer training
- Increase Incident Reporting
- Work with department managers on actions and share learning
- Problem based learning groups/action learning sets
- Framework for support – Clinical supervision, coaching, mentorship & leadership development

New Ideas

- To roll out our engagement tool 'Better Place to Work' to all staff group to support continued service improvement and innovation
- To listen to and address the safety concerns of older patients, their carers, and the staff caring for them



Primary Driver 3:

Person Centeredness

Work to focus on:

- Our focus is to consistently deliver safe and effective standards of care and excellent outcomes for our patients. This is underpinned by a commitment to ensuring that the patient experience is central to how we provide, manage and monitor care, listening to those who use our services in order to continually improve
- Refresh of our iCARE principles with staff and patient groups to ensure this underpins every interaction with our patient
- Listening and responding to our patients through events and surveys in all care settings
- The Trust is committed to using research as a driver for improving the quality of care and patient experience and will work in collaboration with the AHSN to model its services around patient need
- Understanding if we have provided a positive experience for our patients; by reviewing national survey results, in-house questionnaires, complaints and enquiries made of the Patient Advice and Liaison service.

New ideas:

- Focus on Shared Decision Making with our patients, families, and carers
- Adoption of Always Events methodology to support co-design
- Develop personalised care plans for patients with a long term condition
- Measure patient involvement in local survey
- Improved patient information such as the use of e-leaflets, webinars, text services and other digital technologies
- Implement IT Solutions, Apps, Telehealth and Self-Management Tools to improve patient involvement and engagement in self-care/patient activation.

Primary Driver 4:

Quality Improvement Capability Building

The ability for the Trust to deliver on all aspects of this strategy depends on the ability of staff to engage with improvement techniques and our ability to measure progress. Therefore, supporting this strategy through measurement and capability building warrants its own primary driver.

Work to focus on:

- In partnership with Somerset Quality Improvement Faculty, develop a suite of QI training programmes for use across Primary, Community and Secondary Care and with the Local Authority
- 'Snack box' training, bite size training delivered at ward level using targeted risk based approach
- Allocation of project support/mentorship to Quality Improvement work

New ideas:

- Focus on developing improvement skills in middle managers
- Develop and offer human factors training
- Develop skills in using quality improvement tools to work efficiency and flow problems

Primary Driver 4:

Quality Improvement Measurement

Work to focus on:

- Continue to develop ward level dashboards
- Start using Statistical Process Control charts for all quality improvement projects to understand variation
- Continue to evolve the Board Level Quality dashboard

Continue to perform a review on deaths that occur in the hospital

- Continue using SJR and clinical audit as a tool for baseline measurement and for quality assurance.

New ideas:

- Measure past harm and develop new measures to predict harm
- Present disaggregated data at specialty, team, unit, and consultant level where possible
- Implement culture surveys and monitor consequent impact on safety

Sensitivity to operations:

- Develop measures and skills in real time capacity and demand management
- Further develop capability in data analysis
- Real time and prospective quality and safety data

Primary Driver 5:

Learning Systems

While Yeovil District Hospital NHS Foundation Trust already has strong governance structures and processes in place, we think we can strengthen our systems of cross-organisational learning by better integrating quality improvement with the methods already used in governance to create an agile learning system.

Work to focus on:

- Integrated governance; strengthening the connections between the way we handle and learn from incidents, risks, complaints and claims. Use QI methods where applicable to address the action plans generated.
- Develop mechanisms to better listen to staff
- Supporting staff when things go wrong
- Designing / clarifying local learning systems
- Strengthen systems to ensure reliability to clinical standards (NICE, NCEPOD, etc)
- Strengthen systems for Raising Concerns, Freedom to Speak Up & capturing ideas to improve the Quality of care
- Work with the Somerset STP to develop an approach to change which is consistently applied to system-wide projects

Primary Driver 6:

Suite of Projects

Ongoing project work includes:

Safe	Clean	Personal
ED Checklist	Surgical site infections	End of Life Care
Pressure Ulcers	Sepsis	Nutrition and hydration
Falls	CAUTI	Personalised Care Plans
Medication Safety	MRSA	7-day working
Recognition & Rescue of Deteriorating Patients	Clostridium difficile	Somerset Treatment Escalation Plan
Use of NEWS2	E.Coli	Discharge
	Environmental Projects	

New ideas:

- Improving flow, efficiency, discharge and administrative processes
- Clinical communication and handover
- Safety and care at night
- Advancing quality focus areas:
  - Sepsis
  - Transition for young people into adult services

Project framework

We intend to tackle our proposed projects by using appropriate quality improvement methods on a project by project basis. What is common to the success of all quality improvement approaches is that they require deep engagement and collaboration.

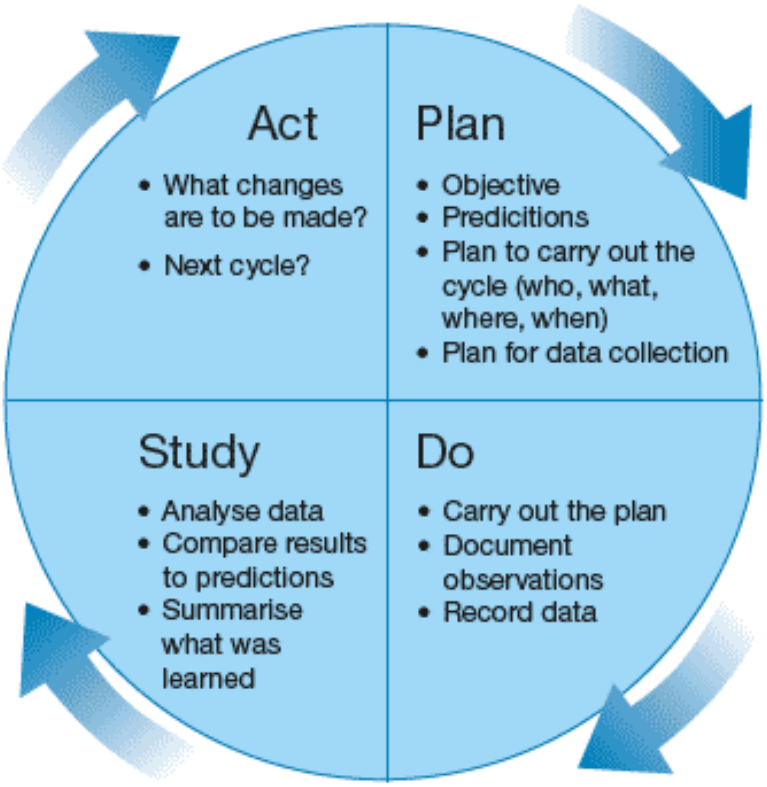
Subject matter experts will need to work with improvement experts to test and implement changes on the front line of care. If successful, systems will be redesigned from the bottom up using small tests of change.

In addition to the methods listed below, we'll work on developing our skills and tools that work on addressing flow and capacity / demand management.

The Breakthrough Series Collaborative (BTS) Model is a proven intervention by which frontline teams can learn from each other and from recognised experts around a focussed set of objectives.

It is a fast paced approach where teams are brought together for learning sessions and are taught by both subject matter and quality improvement experts. There is emphasis on learning from each other, the testing of small changes and the collection of data.

A BTS cycle typically takes 9-15 months to complete; in our experience more than one cycle may be require for a project to achieve its aims.



Strategy governance and implementation

Delivery of the Quality Improvement Strategy will:

- Enable us to provide the highest quality of care to our patients.

- Engage and empower our staff to drive improvement.

We will use the following ways to measure progress and ensure the Quality Improvement Strategy is delivering the desired outcomes:

- Quantified annual goals will be set for each of the three domains of quality. The Governance Assurance Committee will sign these off, monitor delivery against them and report to the Trust Board.

- Quality Indicators – performance against key quality indicators will be tracked in a variety of ways: by the Strategic Business Unit Boards, by the Governance Assurance Committee through the quality dashboard and by the Trust Board through the monthly Trust Performance Scorecard.

- Process metrics and tasks will be tracked at granular level by the Governance and Quality Assurance Committee and at higher level by the Trust Board through quarterly reporting against the Trust's Annual Business Objectives.