Hertfordshire Community NHS Trust (HCT) employs 3,200 staff and is one of the largest employers in the County providing 51 services across a variety of community and acute settings. The Trust is committed to delivering ‘high value healthcare’ which we define as having four areas of focus: excellent clinical outcomes, outstanding patient experience, cost effective and efficient and safe patient care.

Our commitment to providing safe care over the past three years has made a significant improvement in the delivery of harm free care especially for patients with avoidable pressure ulcers and falls. However, we know there is more we can do to reduce avoidable harm for patients in our care. The national Sign up to Safety (SU2S) campaign offered an opportunity for HCT to strengthen its commitment to harm free care and review how we do things.

**Setting the trust aims**

Our first step was to engage the views of staff at all levels to understand what the key concerns were and agree the areas of focus that we wanted to take forward to improve safe care for our patients. A review of supporting safety data was also carried out against the list of concerns to triangulate and clarify where the areas of focus should be.
Many of the patient safety concerns identified by practitioners and managers had cross cutting themes and could be grouped into a single overall theme such as handover and discharge of patients. Safety concerns around handover and discharge occurred at several points of the patient pathway and were identified in a variety of areas and services. Therefore, the Trust decided to focus on five specific themes that would take into account the additional factors that affect the safety of the patient’s pathway while under our care.

In December 2014, HCT’s Chief Executive signed up to the national SU2S campaign and put forward five key areas of focus that the Trust will focus on to reduce harm by 50% over the next three years. The five key areas of focus are listed below:

- Improved patient pathways for handover and discharge across service areas, teams and patients families and carers
- Reduction in medication errors and increased reporting of all medication incidents including near misses
- Reduction of category 2 to 4 pressure ulcers and elimination of all avoidable category 3 and 4 pressure ulcers
- Reduction of the number of falls in our community hospitals and those resulting in harm
- Improved early recognition of the deteriorating patient and embedding of the Sepsis Six pathway across our community hospitals

Underpinning the five key areas of focus is HCT’s continued commitment to embed a positive patient safety culture and engagement with our patients and partners to reduce avoidable harm. Our Sign up to Safety submission included our pledge to:

- **Put safety first** and reduce avoidable harm by 50% and make our goals and plans available to the public.
- **Continually learn** by making our organisation more resilient to risks, acting on feedback from patients and by constantly measuring and monitoring the safety of our services.
- Be **honest** and transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.
- **Collaborate** with our partners and take a leading role when required to ensure improvements are made across local services that our patients use.
- **Support** our staff to understand why things go wrong and how to put them right as well as celebrating improvements.

**Governance of the SU2S plan:**

The Trust has identified the Director of Quality & Governance, Chief Nurse as the Board Sponsor for Sign up to Safety and the Deputy Director of Quality & Governance as the lead.
Each of the five areas will have an allocated lead that will sit on the Trust’s Sign up to Safety Group. Accountability will be to the existing Patient Safety and Experience Subcommittee which is chaired by the Director of Quality & Governance, Chief Nurse and is a Subcommittee of the board. This will ensure the Sign up to Safety agenda maintains high visibility and accountability at senior level.

Developing the SU2S implementation plan:

The SU2S plan has been developed following consultation with staff and a review of the key safety concerns for the Trust (appendix 1). The plan identifies the initial steps required to start the project but will be a working plan as further information is received. The plan will be updated regularly by the SU2S steering group and monitored via the Patient Safety and Experience Subcommittee. This group is attended by representatives from all areas of the Trust as well as external stakeholders i.e. Healthwatch.

HCT is keen to build on the existing streams of safety work to ensure areas of good practice and learning are embedded across the organisation. Four of the five focus areas already have established groups in place that have been driving improvements. Transfer and discharge of patients is the only area which does not have an existing working group and this will be set up by the end of May (Appendix 2). The existing groups will be expected to carry out a reflective exercise to understand the work of the group, what worked well, what didn’t work well and what the learning for improvement is. The groups will be considering key questions as identified by the national campaign including:
• What could everyone do to make improvements in this area?
• What does success look like?
• What do we need to do in order for that success to be realised?
• What are the things that would make the most difference?
• What would be the things we could do that make us more resilient?
• Who can we learn from, who is getting it right?
• What are the interventions, tools, technology or solutions that have been proven to work in this area?
• What resources do we need?

Each of the working groups will be required to develop specific action plans setting out their work streams and plans to reduce avoidable harm by 50% over the next three years. The groups will set out their baselines using data from a variety of local and national sources in order to measure success over the three year period.

**SU2S Steering group:**

The steering group will be chaired by the lead for SU2S and membership will include the chair of each focus area as well as Trust-wide leads for communications, patient experience and Learning and development. It is expected that this group will be accountable and responsible for developing the elements required to support SU2S such as the communication strategy, patient engagement, training and staff support to deliver identified actions. The group will also ensure that the implementation plans aligns with other key quality drivers in the Trust such as the Quality Strategy, CQUINs and Quality Priorities to ensure efficient and effective use of resources.

**Tricia Wren,**
Deputy Director Quality & Governance
Deputy Chief Nurse

17th April 2015
### Appendix 1

**Sign up to Safety Implementation Plan - April 2015**

<table>
<thead>
<tr>
<th>Aim</th>
<th>Action</th>
<th>Accountable Lead</th>
<th>Time line</th>
<th>Progress</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>SU2S implementation plan to be developed</td>
<td>Draft Implementation plan and aims for the project to be agreed</td>
<td>TW</td>
<td>April 2015</td>
<td>Draft implementation plan identified</td>
<td></td>
</tr>
<tr>
<td>Agree implementation plan and accountable leads for each area of focus</td>
<td>• SU2S implementation plan to SMT/Exec&lt;br&gt;• Discuss at SMT/Exec and agree leads to support the project i.e. Information and analysis&lt;br&gt;• Share implementation plan with national SU2S team</td>
<td>TW</td>
<td>May 2015</td>
<td>Plan agreed at Exec&lt;br&gt;Plan shared with National Lead &amp; TDA Leads identified</td>
<td></td>
</tr>
<tr>
<td>Initial meeting with key leads for areas of focus</td>
<td>• Clarity on project leads and agree membership of SU2S Steering Group with roles and responsibilities of group members&lt;br&gt;• Briefing around project and areas of work agreed&lt;br&gt;• Agree scoping exercise of data required for initial SU2S Steering Group meeting</td>
<td>TW</td>
<td>June 2015</td>
<td>Met with national lead</td>
<td></td>
</tr>
<tr>
<td>Establish baselines for reporting and agree targets</td>
<td>Project leads &amp; IM&amp;T to:&lt;br&gt;• benchmark against national comparative organisations&lt;br&gt;• establish baselines for each area of focus</td>
<td>Project leads</td>
<td>June 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engage with national campaign</td>
<td>• Receive and monitor information from SU2S website to inform local decisions&lt;br&gt;• Link with SU2S webinars&lt;br&gt;• Meet with regional SU2S lead for support and guidance</td>
<td>TW</td>
<td>June 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First meeting of SU2S Steering Group</td>
<td>• Members to include senior representation from ops, communications, patient experience,</td>
<td>TW</td>
<td>June 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aim</td>
<td>Action</td>
<td>Accountable Lead</td>
<td>Time line</td>
<td>Progress</td>
<td>Comments</td>
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</table>
| IM&T, L&D                    | - Review existing data and agree measures to be added to a driver diagram  
                               - Clarify milestones and yearly trajectory  
                               - Agree data collection |                   |                 |          |          |
| Create communication strategy| Work with Communications Team to agree approach to raise awareness and share plans for improvement with:  
                               - all Trust staff  
                               - stakeholders  
                               - partners  
                               - patients | Lead to be identified at Steering Group meeting | July 2015 |          |          |
| Patient engagement           | - Carry out patient safety culture survey to identify key themes  
                               - Set up listening events to capture patient and carer feedback and ideas to improve patient safety | Patient Experience Team | August 2015 |          |          |
| Staff engagement             | Carry out staff engagement workshop to:  
                               - capture ideas to improve patient safety in specific areas of focus  
                               - capture feedback on staff safety and ideas for the Trust to consider | Lead to be identified at Steering Group meeting | Sept 2015 |          |          |
Appendix 2

Sign up to Safety Driver Diagram

- Improved patient pathways for handover and discharge across service areas, teams for patients and their families/carers
- Scope existing data, incidents, complaints and patient feedback
- Identify areas of focus and links with existing work-CQUIN, Clinical Strategy
- Agree trajectory of improvement over next three years

- Reduce medication errors and encourage reporting of all medication incidents including near misses
- Scope existing data, incidents, complaints and patient feedback
- Identify areas of focus and links with existing work-Quality Priority, medicines management strategy
- Agree trajectory of improvement over next three years

- Reduce category 2 to 4 pressure ulcers and eliminate all avoidable category 3 and 4 pressure ulcers
- Scope existing data, incidents, complaints and patient feedback
- Identify areas of focus and links with existing work-CQUIN, Quality Priority, Care home improvement work stream
- Review best practice and learning both local and national
- Agree trajectory of improvement over next three years

- Reduce the number of falls in our community hospitals and those resulting in harm
- Scope existing data, incidents, complaints and patient feedback
- Identify areas of focus and links with existing work-Quality Priority
- Review best practice and learning both local and national
- Agree trajectory of improvement over next three years

- Improve early recognition of deteriorating patients and embed the Sepsis Six pathway across our community hospitals
- Scope existing data, incidents, complaints and patient feedback
- Identify areas of focus and links with existing work-Quality Priority, Clinical Strategy
- Agree trajectory of improvement over next three years

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