



Our Quality Improvement Strategy

2019 - 2024



Our Vision

“World Class treatment and care, together”

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Our Purpose: *Holistic care in partnership that improves lives*

In order to deliver our vision and purpose, Southern Health NHS Foundation Trust has committed to an ambitious programme of evidence based quality improvement. Good progress has been made in addressing the recent challenges faced by the Trust in respect of the quality of care delivered, but we recognise this is a journey. This strategy sets out our ambition for the next 5 years and describes what quality improvement means to us and how we are going to deliver sustainable change.

Fundamental to our transformation is the engagement of patients, carers, families and staff; as active participants in the design and delivery of our services. We have appointed executive level service user facilitators and experts by experience to support with this. It also means shifting the culture of decision making, giving staff the autonomy and confidence to make changes themselves where they know that outcomes can be improved for those who use their services.

As we move forward with our partners to deliver the NHS Long Term Plan it is clear that in order to deliver improvements in care, reduce inequalities in outcomes, whilst managing the financial and workforce challenges we face, we must change our approach. By undertaking change through quality improvement we create opportunities to deliver evidence based, patient centred services that deliver both excellence and value from the resources available. These improvements are also driven by patients and staff, supported through a positive culture and leadership.

The Trust is embarking on a period of substantial transformation, beginning with a focus on our approach to quality improvement. We wanted to learn from best practice seen in other organisations, as well as build on the excellent work already taking place within the Trust.

To date our transformation programme has seen a small number of staff take part in intensive quality improvement training, learning practical tools and methodologies that can be applied in all our services. These staff are now using their knowledge and skills to lead transformation projects and provide support and training to others. Their expertise can be shared and used to deliver real change. Those who deliver and receive our services are the experts in helping to make them more effective.

Section 1 - Introduction

The aim of this strategy is to develop a culture of quality improvement across the trust enabling us to achieve our trust vision of 'World Class treatment and care, together'.

Southern Health provides community health, specialist mental health and learning disability services for people across the south of England. Covering Hampshire, we're one of the largest providers of these types of service in the UK. Implementing this strategy will support us to become a centre of excellence for physical and mental health services and to achieve a rating of outstanding with the Care Quality Commission.

Quality is at the heart of everything we do at Southern Health and this is reflected in our Trust values, our Plan and supporting strategies.



Delivering our values

This Strategy has our values at its core and builds a programme and approach that will support us to live the values and behaviours in all we do. The values provide the basis of our behavioural framework on which we will continue to build our culture. They will be reflected in our policies, leadership and people development programmes as well as the way we behave on a day to day basis. They will be used to challenge inappropriate approaches to leadership and delivery of services that do not support continual improvement to ensure that we work collaboratively to achieve our goals.

Each value has been underpinned by a set of standards and these are detailed below.



Providing compassionate, safe care
Listening to each other
Doing the right thing
Appreciating each other
Delivering quality



Communicating clearly
Supporting each other
Working as a team
Building relationships
Making things happen



Acting with honesty and integrity
Respecting each other
Taking responsibility
Getting the best from our resources
Doing what we say we will do

Our quality principles

Creating a culture where good quality care is consistently provided

For the Trust to be most effective, quality must become the driving force of the organisation's culture from service level to Board. Fundamental to creating this culture is our commitment to strengthen a number of ways that we can listen to patients and their families and carers, to understand what is important to them, what has gone well, and where we can improve.

The presence of a positive and supportive organisational culture encourages high quality care and an enthusiastic workforce. This is often underestimated, but is essential to achieve patient focused services of the best standard. The Trust makes a priority in supporting staff to do their jobs, not only with the clinical and technical skills they need but with the leadership skills needed to provide high quality care.

Delivering this strategy through people and leadership

From Board level to our front line staff it is everyone's responsibility to put this strategy into practice. Here's how we will deliver this at each level:

Through our patients, carers and their families

Our Patient Engagement Strategy sets out our commitment to working with people to involve them in their own care and treatment and to routinely offer opportunities for them to participate in planning, delivering, monitoring and improving our services. We will ensure that all changes to services are driven by feedback from the people who use our services and their carers and families. The Trust has appointed executive level service user facilitators, experts by experience and peer support workers to support this.

Through our leaders

Our leaders will be supported to work with patients and families to develop and improve services by sharing best practice between services, and using tools that support patient engagement. They will work together to develop and maintain a culture where high quality care is provided to give our patients the best outcomes. Our commitment to supporting and developing our staff is reflected in our People and Organisational Development Strategy.

Through our staff

High quality care is dependent on well-motivated, well supported and well trained staff and we are committed to recruiting, developing and retaining a kind, compassionate and competent workforce. Our People and Organisational Development Strategy will enable collective, devolved leadership to establish an environment and culture where people can thrive, innovate and transform services in real partnership with the people who use them and our wider stakeholders. This is integral to the success of this strategy – enabling people to lead and own the change to improve.

Through our Board

The Board will make sure quality is an integral part of our culture, practices, business plans and strategies. They will drive the quality improvement agenda and ensure it is embraced by all staff.

Using robust processes and systems to deliver consistent and measurable change

Over the past five years we have developed robust systems and processes to improve care and also provide assurance that high quality care is being delivered and poor practice identified and rectified at an early stage. This strategy aims to build on this with a focus on defining and measuring evidence based care outcomes.

Section 2 – Our Approach to Quality Improvement (QI)

The only route to a new outcome, is a new process

Don Berwick

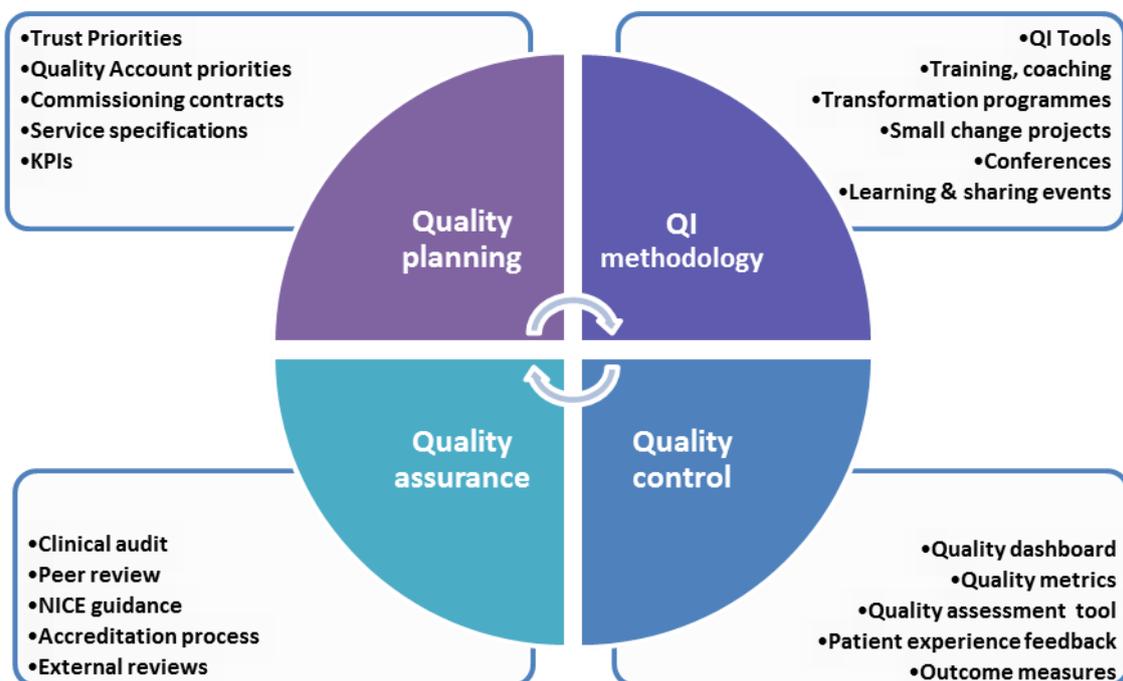
What is quality improvement?

The Health Foundation regards quality as the degree of excellence in healthcare. This excellence is multi-dimensional, for example, it is widely accepted that healthcare should be:

- Safe
- Effective
- Person-centred
- Timely
- Efficient
- Equitable

Our approach to achieving quality improvement is to adopt a systematic change methodology that is well understood, easily adopted and reflected in everything that we are and do, our culture, our people and our processes. This is supported by robust control and assurance mechanisms.

Quality Improvement (QI) model





Section 3 – Quality Planning

The Quality Improvement Strategy has been designed to enable the Trust to deliver its Strategic Priorities by 2024. Implementation of this strategy supports the achievement of all priorities but we will measure success specifically around the following key outcomes:

- An outstanding CQC rating
- A culture of continuous quality improvement
- All of our Quality priorities delivered
- Top decile rating nationally for patient safety, experience and outcomes
- Measurable reduction in suicide of people who rely on our services

To support this each year we will use a range of information to identify the annual quality priorities including:

- What patients have told us about our services and how we can improve;
- What our commissioners have told us is important to provide to their patients;
- What our Governors have told us is important to them;
- What staff have told us is important to them;
- What external organisations such as the Care Quality Commission have told us about our services;
- Consultation with our local Healthwatch;
- Our learning from reviewing the performance and quality of our services and where improvements are required; and
- Review of national priorities as identified in the NHS Operating Plan.

Our quality improvement priorities are set out in detail in Appendix 1 and include

- CQC improvement actions
- National planning and regulatory requirements
- Quality Account priorities for patient safety, experience and outcomes
- System and commissioner identified quality priorities
- QI strategy outcomes and cultural measures

Our Quality Account Priorities are selected in consultation with stakeholders and are approved by the Trust Board as part of our Annual Quality Account and Report. They contain a minimum of three indicators for:

- improving patient safety
- improving clinical outcomes
- improving patient experience

The Quality and Safety Committee sub-groups are responsible for reviewing and monitoring delivery of these indicators as part of our quality control and assurance processes.

Team based improvement plans

Every clinical team has developed a quality improvement plan which form part of their team business plan objectives. These plans describe how they will provide high quality, safe care for their patients looking at improvements and changes that need to take place. Through these plans teams will be able to measure their effectiveness and benchmark themselves against others in the Trust, encouraging the sharing of best practice and learning.

Team-level quality dashboards have been developed which enable teams to monitor their performance against key quality indicators and demonstrate the effectiveness of their quality improvement plans. The dashboards also allow the Trust to monitor and gain assurance over the improvements being made. This will enable the Trust to be sure we are providing a consistently high quality of care within all of our teams and services.

Working collaboratively

We take the opportunity to work with other trusts on quality improvement, through for example the Patient Safety Collaborative, Mental Health Collaborative and Strategic Network. Through these networks, we can develop our quality improvement techniques; share what works and what doesn't work for the benefit of patients and families.



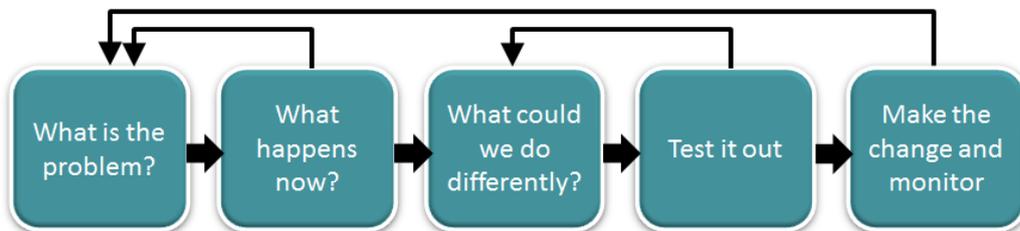
Section 4 – Quality Improvement Methodology

The quality improvement strategy promotes a culture of collective responsibility where it is “all of our business” to ensure that we create the services we want to be proud of and where we achieve great outcomes for the people using them. In order to achieve this we have developed a standardised methodology based on the learning of similar organisations who are perceived as outstanding in health care. In particular we have worked closely with Northumberland Tyne and Wear NHS Foundation Trust (NTW) who has supported the implementation of our quality improvement culture and methodology and we are now creating a sustainable approach beyond the NTW support.

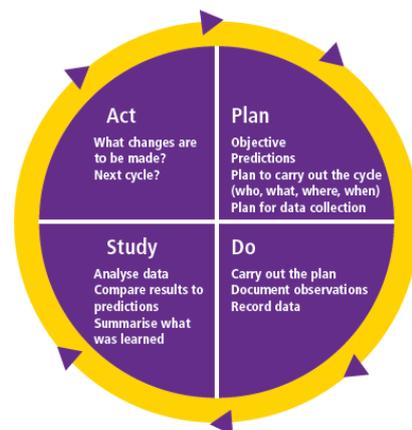
Key principles of our methodology

- Pursue **value** and **quality** as defined by the **end user**
- Understand through **observation** – go, look, see, measure
- Remove **waste** – work that adds no value and burdens staff
- Create **flow**
- Make it **visible** so you can see what is happening
- **Standardise**, document and **continuously improve** operations

Process of Improvement



We encourage our staff to act on their quality improvement ideas at a local level. We train staff in the quality input methods, including PDSA (Plan, Do, Study, Act) models to help them implement their ideas and actions as effectively as possible. This tool is easy to use and can help staff solve local problems. They can then share these solutions widely across the Trust.



How we will introduce a standardised quality improvement methodology

We have developed a range of activities to embed evidence based tools throughout the Trust.

- Training and coaching
- Transformation programmes and small change projects
- Conferences, learning & sharing events

Training and Coaching



We plan to create a central team of **six expert QI coaches** which is responsible for co-ordinating and promoting the quality improvement approach and embedding QI culture. This team will be focused on supporting the delivery of quality improvement, running the training programme, coaching facilitators, leading the transformation programme and co-ordinating all quality improvement activity across the Trust. This central team will include at least one **expert by experience** to support the engagement of patients, carers and families in our quality improvement projects.

The Trust is committed to training **60 quality improvement facilitators (Certified Leaders)** over a 12month period to support the transformation programme and to develop the expertise to continue the training programmes internally. Quality Facilitators will lead teams to deliver service transformation and small scale change projects.

Facilitators will work with a team or service to undertake a QI project. Teams will then have first-hand experience of taking part in a quality improvement transformation. We anticipate involving **600 staff (Practitioners)** each year at this level.

We will succeed in developing the culture of continual improvement if we empower all staff at every level to use QI methodology to make changes within their own teams. So in addition to the QI transformation projects there will be opportunities for **every member of staff (approximately 6000 people)** to be supported in developing their quality improvement skills and empowering them to put it in to practice (**Foundation**) through small scale change projects.

Developing the wider QI community

Following the initial training of 60 certified leaders the trust will run a programme of one or two cohorts per year to maintain the core of 60 trained facilitators within the organisation.

A series of bite size QI methodology training modules for staff will be developed as part of the Trust's People Development and LEaD programmes during 2019. These will be run by the certified leaders and will equip staff with the tools to be able to carry out their own smaller scale QI projects within their teams. eLearning will also be explored as part of the module approach.

Training modules will include:

- Introduction to QI
- Observations
- Basic tools – process tracker, work distribution, value stream map
- Flow – swim-lane diagram
- Safe-proofing
- Supply & demand – PQ Analysis
- Levelling
- Organising work - 5 'S', set-up reduction, Kanban systems
- Visual control
- Measurement



Transformation Programme and Small Change Projects

The Trust Transformation programme reflects the key priorities of the organisation and the wider system that will deliver sustainable evidenced based services, improved patient-centred outcomes and provide best value. This means a shift in culture, in giving our employees the autonomy and confidence to involve patients to make changes where they know that outcomes for patients can be improved and efficiencies can be made. The transformation outcomes we will deliver by 2024 are set out below with key actions for 2019/20 summarised in Appendix 2.

- Innovative care provision for children and young people
- Whole person, evidence based care for the populations we serve
- Improved access for people in crisis

A vital part of this programme is the involvement of our patients, their family members and carers. Those who receive our services are the experts in helping to make them more effective, and by working with the staff who deliver and develop those services, we can ensure the changes are real and sustainable. To support this the Trust will appoint a number of executive level service user facilitators and experts by experience.

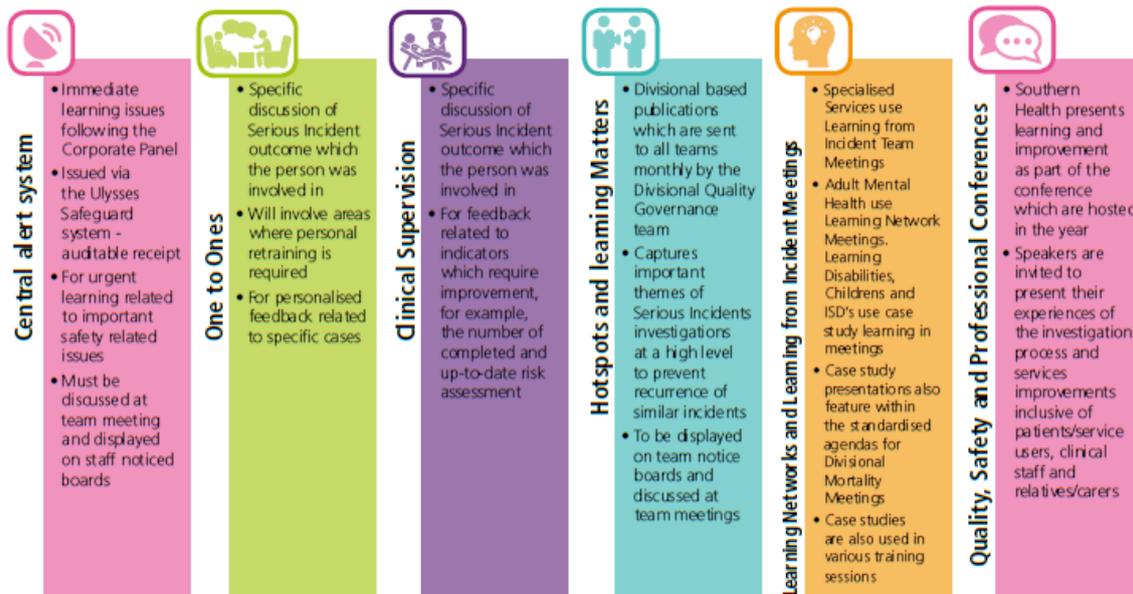
The transformation programme has already seen a growing number of staff take part in intensive quality improvement training, learning practical tools and methodologies that can be applied across our services. These staff are now leading transformation projects and providing support and training to others, so that their knowledge and expertise is shared and used to deliver real change.

Each QI project will follow a similar process including a 5day rapid process improvement workshop where patients, carers, family, staff and other stakeholders will all be involved in designing the future state of the service.

How we will share learning

We arrange regular conferences and events to share the developments we have made as part of the quality improvement programme. The events give staff the opportunity to share best practice, hear directly from our patients, and from national experts.

We have also introduced quality improvement coffee mornings. These drop-in sessions are open to all staff working within the Trust.



Patients, carers and families have the opportunity to raise concerns about patient safety and the quality of care provided in a number of ways, including patient surveys, patient forums, comment cards as well as the formal complaints process. All feedback is acknowledged, reviewed and investigated as appropriate. Case studies and patients stories are used as part of meetings and training events as a form of shared learning. Where appropriate, patients and their families are asked if they would like to be part of this and invited to speak at events and meetings to share their experiences.

When staff raise concerns, they very often know where things are not working well and when care is not safe, so they can help enormously in improving and ensuring acceptable levels of patient care. Staff are encouraged to share learning from their experience of implementing new and innovative processes in their service with colleagues at team and divisional meetings. They are also asked to share learning from training, conferences and networking events they attend.

Learning is shared at different levels within the Trust depending on its nature. Learning is also shared through – safety huddles – clinical handover – team meetings – preceptorship and mentorship – CPD – role modelling in practice – practice educators and professional development leads and clinical training sessions.



Section 5 – Quality Control

How we will measure improvement

Measurement is a vital part of improvement; if we do not measure then we have no way of knowing whether the changes that we are making are having an impact. Measurement is also one of the key elements of developing a safety culture. We have worked to develop a quality scorecard which enables the Board, senior managers and all staff to understand whether the care we are giving to our patients is as good as it can be.

Measurement is not just about numbers, it is also about learning and using a variety of information from different sources to gain an understanding of the care we are delivering. The Trust's quality governance team and leaders in our clinical Divisions work together with staff to develop the use of measurement and governance for all projects they are involved in. This will include:

- Quality metrics
- Flash reports
- Performance dashboards
- Quality assessment tool
- Operational daily analysis
- Individual personalised performance
- Patient Related Outcome Measures (PROMS)
- Financial impact assessment on quality plans

Success will be measured in a number of ways and this will be reported monthly to our Quality and Safety Committee (QSC). We will use our Quality Account Priorities to focus our measurement as this will give us an overarching picture of our services.

Business Intelligence

The Trust has a well-established business intelligence system (Tableau) for the daily reporting of detailed clinical information. It provides our staff with patient and team information which helps them manage their performance in areas such as waiting times. It also allows them to identify trends such as patients being readmitted to services a short time after discharge. All staff can use this information daily as it is updated instantly with the latest data. Tableau uses graphics and pictures to illustrate the data so it is quick and easy to use and act on.

Reports within Tableau are used to support the quality improvement process; ensuring improvement is based upon evidence with daily evaluation available through analysis of clinical, operational and corporate data.



Section 6 – Quality Assurance

Assurance put simply is to have confidence that the care we are delivering is of a high quality. We have put a number of processes and systems in place that will tell our patients, Trust Board, partners and regulators how we are doing. In addition to using patient feedback as a marker of quality, below are a number of ways we get the information we need to gain this assurance:

Internal inspection and reviews:	External inspection and reviews:
<ul style="list-style-type: none"> ● Peer review against CQC Key Lines of Enquiry ● Clinical audit ● Quality Assessment Tool ● Accreditation Process 	<ul style="list-style-type: none"> ● CQC inspections ● MHA inspections ● Accreditation reviews ● Commissioner quality visits ● PLACE (Patient-Led Assessments of the Care Environment) inspections

Accreditation Process

The Trust will develop an accreditation process for all clinical teams. This will be based on the Trust Performance Management and Accountability Framework and linked to key performance indicators used across the organisation. Each team’s performance will be assessed against one of four oversight categories and will identify whether additional support is required for that team.

Accreditation will be awarded when a team has maintained a high performance level for an agreed period of time and a senior team has undertaken a peer review to validate the quality of service delivery by the team.

Quality Governance

Working with people who use our services, their families and carers, our governors, with our members, and with local third sector organisations, we will create ways for people and their representatives to give the patient perspective and voice to discussions and decisions on how we run the Trust.

Formal reporting to Trust Board is via our Quality Structure:

Quality and Safety Committee - Measure and monitor clinical quality and the health and safety of our patients, visitors and staff, chaired by a Non-Executive Director

Quality and Assurance Groups - aligned to the CQC’s five key line of enquiry – Safe, Effective, Caring, Responsive and Well-led, and are responsible for ensuring the Trust’s approach to quality is patient focused at all times. Also ensure that the Trust provides high quality care with a culture of continuous improvement, learning and development.

Improving our Governance

As an NHS Foundation Trust we use NHS Improvement's Well-led Framework to ensure we have good governance procedures. The Well-led tool requires us to review our governance on an annual basis to make sure we can provide high quality person-centred care through support, learning and innovation and promote an open and fair culture.

Under this review we look at four different areas:

1. Strategy and planning – how well is the board setting direction for the organisation?
2. Capability and culture – is the board taking steps to ensure it has the appropriate experience and ability, now and in to the future, and can it positively shape the organisation's culture to deliver care in a safe and sustainable way?
3. Processes and structures – do reporting lines and accountabilities support the effective oversight of the organisation?
4. Measurement – does the board receive appropriate, robust and timely information and does this support the leadership of the Trust?

"The single most important change in the NHS... would be for it to become, more than ever before, a system devoted to continual learning and improvement of patient care, top to bottom and end to end".

Don Berwick founder and former president of the Institute for Healthcare

The CQC inspections provide us with an independent check of patient experiences at ward and service levels to see if the Trust policies are operating effectively. We also use information we gain from the CQC to see how well we are operating under their five key lines of enquiry.



Section 7 – Quality Improvement Strategy Outcomes

	Outcomes for 2019/20	Outcomes for 2021/22	Outcomes for 2023/24
Quality Planning	<ul style="list-style-type: none"> • Good CQC rating • Delivery of 2019 Quality Priorities • All team based quality improvement plans are up to date and form part of local governance arrangements • Engagement with other local trusts on quality improvement 	<ul style="list-style-type: none"> • Outstanding CQC rating • Outcomes from Quality Priority work reflected in improved performance and positive feedback from people who use our services • All quality improvement plans have been integrated on to the Ulysses System • Engagement with the wider health system on quality improvement 	<ul style="list-style-type: none"> • Maintained CQC rating of Outstanding • Outcomes from Quality Priority work from previous years embedded as business as usual - showing continuous improvement and increased positive feedback • All quality improvement plans are embedded as part of a culture of continuous improvement within teams • Lead partner on local and system wide quality improvement initiatives
Quality Improvement methodology	<ul style="list-style-type: none"> • Six expert QI coaches appointed within substantive positions • 60 trained QI facilitators • 600 QI practitioners who have undertaken bite-sized QI training • 12 completed transformation projects • 28 completed small-scale QI projects • At least one QI project accepted for the Wessex Safety, Quality & Improvement Conference 	<ul style="list-style-type: none"> • Maintained pool of 60 trained and active QI facilitators who have supported at least two transformation projects – to include experts by experience and stakeholders • People who use our services and stakeholders have access to QI training • At least four QI projects accepted for the Wessex Safety, Quality & Improvement Conference • At least two QI project presented nationally • Measurable impact of QI approach: <ul style="list-style-type: none"> ○ Reduced defects through getting it right first time ○ Improved patient flow ○ Increased staff engagement • QI approach recognised throughout the organisation 	<ul style="list-style-type: none"> • People who use our services and stakeholders involved in the delivery of QI training • At least six QI projects accepted for the Wessex Safety, Quality & Improvement Conference • At least four QI project presented nationally • Impact of QI demonstrates shift away from quality assurance & control to one of recognition of quality improvement and prevention as standard • Measurable impact of QI projects: <ul style="list-style-type: none"> ○ Increased patient satisfaction ○ Reduction in patient safety incidents ○ Reduction in costs ○ Increase staff satisfaction - improved recruitment and retention • SHFT QI approach acknowledged as system leaders in Wessex

Quality Control	<ul style="list-style-type: none"> • New quality metrics established as part of the performance process • New Performance Management and Accountability Framework introduced with monthly performance meetings • Quality Assessment Tool (QAT) – reviewed within OPMH and physical health inpatients & community; new QAT introduced within Children and Families Services, Southampton AMH • QAT moved from Survey Monkey to web-based tool with improved links to tableau for reporting 	<ul style="list-style-type: none"> • QAT rolled out to all clinical services • QAT reports built within Tableau give real-time results enabling teams to continuously improve – quality control at point of care 	<ul style="list-style-type: none"> • QAT fully embedded across all clinical teams as part of their on-going quality and performance monitoring • Tableau reports used by all clinical teams to monitor their own performance and improvements – leading to a reduction in serious incidents and complaints and an increased in positive patient feedback
Quality Assurance	<ul style="list-style-type: none"> • New clinical team accreditation process developed • Improved outcome reports from stakeholder visits reflecting finding from internal processes • Good rating against the NHSI's Well-led framework • Quality and Assurance Groups Terms of Reference reviewed and updated to ensure quality improvements are reported as part of Quality Governance processes 	<ul style="list-style-type: none"> • All clinical teams have been assessed as part of the accreditation process • Outstanding rating against the NHSI Well-led framework • Continuous quality improvement embedded as a theme throughout all Quality and Assurance Group reports • Stakeholders accept Trust internal reports as assurance reducing visits and additional reporting. • Stakeholders gaining additional assurance by routinely being part of QI projects and report-outs 	<ul style="list-style-type: none"> • All clinical teams have achieved the minimum level of accreditation • Outstanding rating maintained against the NHSI Well-led framework • Stakeholders have increased confidence in the Trust's internal performance and quality control processes

Appendix 1 Quality Improvement Priority Actions 2019/20

By 2024 we will have achieved:

- An outstanding CQC rating
- A culture of continuous quality improvement
- All of our Quality priorities delivered
- Top decile rating nationally for patient safety, experience and outcomes
- Measurable reduction in suicide of people who rely on our services

During 2019/20 we will deliver

Safe

Trust wide

- Compliance with safer staffing requirements (CQC)
- Improved trust wide learning events (QA, CQC)
- Improved provision of equipment for community users (CQC)
- Full implementation of the Triangle of Care (SP)

MH / LD / OPMH services

- Roll out NEWS2 & PEWS2 for improved recognition and management of the deteriorating patient to MH/ LD / OPMH (QA, EXT)
- A zero tolerance approach to suicide (SP)

Effective

Trust wide

- Catheter care – prevention of urethral erosion (QA)
- Improved staff supervision processes (CQC)
- The new operational organisational structure (SP)

MH / LD / OPMH services

- Care pathways which are evidence based & follow NICE guidance (SP, QA)
- New pathways for dementia, psychosis & perinatal services (SP)

Person Centred

Trust wide

- Complaints process improvement plan (CQC)
- Improved recording of DNACPR decisions (CQC)

MH / OPMH services

- Improved quality of risk assessment, care plans and crisis plans ensuring they are personalised (QA, CQC)

- Elimination of mixed sex accommodation (SP)

LD services

- Implementation of the communication standards toolkit (QA)

ISDs

- Implementation of Making Every Contact Count (MECC) (QA)

Timely

MH / LD / OPMH services

- Complete redesign of access to SE Hants MH services (SP)

Specialised Services

- Expanded secure services for young people (SP)
- Improved adult secure services pathway (SP)

ISDs

- Integrated intermediate care pathways for frailty and long term conditions (SP)

Efficient

Trust wide

- New leadership development, revised workforce planning, improved recruitment & retention processes (SP, QA, CQC)
- Well-led framework improvement plan (CQC, EXT)
- The QI Strategy (EXT, CQC, SP)
- 6 QI coaches trained and leading the QI programme (SP)
- 60 trained QI facilitators (SP)
- Completed 12 transformation projects & 28 small scale projects (SP)
- At least 600 practitioners (SP)
- 6000 staff engaged in QI

Equitable

Trust wide

- Collaborate with local communities to reduce suicide (QA)
- Plan for care models based around primary care (SP)
- A plan for an ageless, integrated physical & mental health (SP)
- Efficient & effective use of resources to improve quality of care - financial stability (SP)

MH / LD / OPMH services

- Improve access to psychological therapies (QA, CQC)

Legend

QA – Quality Account priority

CQC – priority resulting from Care QC inspection

SP – Trust Strategic priority

EXT – external reviews / national initiative

Appendix 2 Transformation Priority Actions 2019/20

- New models of care based around primary care, recovery focused mental health step down model, IAPT target delivery
- Alternatives to inpatient beds including redesigned community offer, rehabilitation and accommodation options with partners
- Mental Health Crisis Care including single point of access, 111 service and mental health liaison
- New Trust structure to support collective, devolved leadership and system working
- Development of an ageless, integrated mental and physical health services
- Integrated intermediate care service with a focus on frailty and long term conditions,
- Implementation of redesigned Low Secure CAMHS Service and forensic LD unit
- Pathways in early intervention for psychosis, dementia & perinatal community services
- Increased opportunities for patients and families to participate in the redesign of services and also in the ways we run our organisation
- Improved safety, effectiveness and experience of our service for our patients including a zero tolerance approach to suicide and the elimination of mixed sex accommodation
- Tenders for 0-19, CHIS, immunisations and vaccinations, smoking cessation, MSK
- Develop new roles to reduce vacancy levels and deliver new models of care
- Digital solutions and effective use of estate to support patient centred care, improved efficiency and effectiveness