

Quality Strategy

Improving the quality of care



2022/27



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Executive summary

Our quality strategy sets out our commitment to improving the quality of care for our patients over the next 5 years and how we will make this a reality.

The Quality Strategy is closely aligned with ESNEFT's ambition to offer the best care and experience, its strategic objectives, and the Trust's Time Matters philosophy.

The Trust recognises that the Covid-19 pandemic has created unprecedented challenges since 2020. At the same time global and local learning has accelerated changes in our provision of quality services and highlighted inequalities in healthcare access and outcomes. A flexible approach, underpinned by Quality Improvement methodologies, is key to continuous improvement of our services at such a time of rapid change and recovery.

Background to our Trust

East Suffolk and North Essex NHS Foundation Trust (ESNEFT) is one of the largest healthcare organisation in East of England with over 11,000 people working and volunteering across our hospitals and community services. We want our Trust to be an outstanding place to work, where everyone feels valued and thrives, irrespective of their background or job role. We want our staff to be proud of what they do. We want to support them to realise their ambitions and potential and recommend ESNEFT as a place to work, train and receive care.

Our Vision

We will make sure we have the right people with the right skills in the right place at the right time to deliver excellent care for our patients. We will create a culture of continuous improvement to deliver high quality services to our patients, people and stakeholders.

This strategy sets out our quality ambition to deliver outstanding health care services to patients and service users which are safe, effective, timely, compassionate, and patient centred.

Drivers for Change

Factors which have shaped our approach within this strategy include:

National

- The NHS Patient Safety Strategy Report template - NHSI website (england.nhs.uk) (July 2019), introduced a framework for involving patients in patient safety, Patient Safety Specialists and the Patient Safety Syllabus; underpinning the development of patient safety curricula for all NHS Staff.
- The NHS Long Term Plan NHS Long Term Plan v1.2 August 2019 (January 2019) outlines the significant changes that will shape the NHS over the coming years. Of particular note for the Quality Strategy is the compelling case for preventing illness and tackling health inequalities.
- The Care Quality Commission's (CQC) most recent inspection of ESNEFT was in July 2019, when the Trust was awarded a rating of 'Requires Improvement'. A number of areas were highlighted as 'Good' or 'Excellent', however areas where some improvement was required are given focus in this strategy. Recent changes to regulatory approaches will mean the introduction of new assessments and inspections.

Regional and ICS

- The organisation of our local health and social care economy will continue to change during the lifetime of this strategy as our Integrated Care System (ICS) is developed and its strategies implemented.
- Working collaboratively as members of regional groups or networks which support learning and improvement will form the basis of our quality work moving forward.

Local

- North East Essex and East Suffolk are areas with diverse populations. There is diversity of ethnicity, deprivation, and health inequalities. These groups are those that are more likely to experience that their needs and views are less well met.

Trust

- Quality is embedded in how we plan our services and how we review our performance, forming a strong foundation on which to continually improve.
- We have a well established quality improvement faculty and programme. Our QI Faculty supports building improvement capability into the workforce.
- ESNEFT are early adopters of the Patient Safety Incident Response Framework, enabling the Trust to respond to patient safety incidents in a way that ensures we learn from them.





Purpose of this strategy

The purpose of the Quality Strategy is to articulate our ambitions for quality in a way that is meaningful for patients, carers, staff, partners in the integrated care system and other stakeholders.

Quality domains

Quality improvement has four domains:

- **Safe** – reduce avoidable harm to our patients by improving our safety culture, safety systems and how we learn from past harm.
- **Effective/responsive** – consistently deliver high quality care that is effective, timely, patient centred and efficient.
- **Caring** – give compassionate care which reflects our values and enhances the experience of our patients and their families
- **Well-led** – further improve the health and well-being of our staff to ensure we have a fit-for purpose workforce and leadership team, with a supportive organisational culture.

Principles of quality care

The following principles will form the foundation of each of the domains:

- 1 We will maintain our focus on equality, diversity and inclusion.
- 2 We will keep our patients, service users and staff safe from harm through the delivery of harm free care.
- 3 We will ensure we focus on what matters most to patients and provide a positive patient experience.
- 4 We will create a culture where the safety of patients, their relatives and our staff is our foremost priority.
- 5 We will support staff to be open about mistakes so that we can focus on learning lessons and making improvements.
- 6 We will deliver effective care based on best practice; ensuring patients and service users receive high quality evidence-based care every day.
- 7 We will work with our partners to understand and address the causes of health inequality.
- 8 We will drive Quality Improvement in care delivery to help people stay in control of their own health.
- 9 We will make sure we 'get it right first time' by providing consistent care and supporting improvement projects which deliver the best outcomes for our patients.

Quality Objectives

Quality objective one

Safe

Reduce avoidable harm to our patients by improving our safety culture, safety systems and how we learn from past harm.

We are committed to respond quickly and appropriately when things go wrong, and continually improve the safety of services for our patients. We recognise that healthcare is not risk-free and that weaknesses in processes may lead to errors or adverse events, that sometimes result in serious consequences for our patients, staff and the organisation as a whole.

We all have a responsibility to strive to continually reduce avoidable harm.

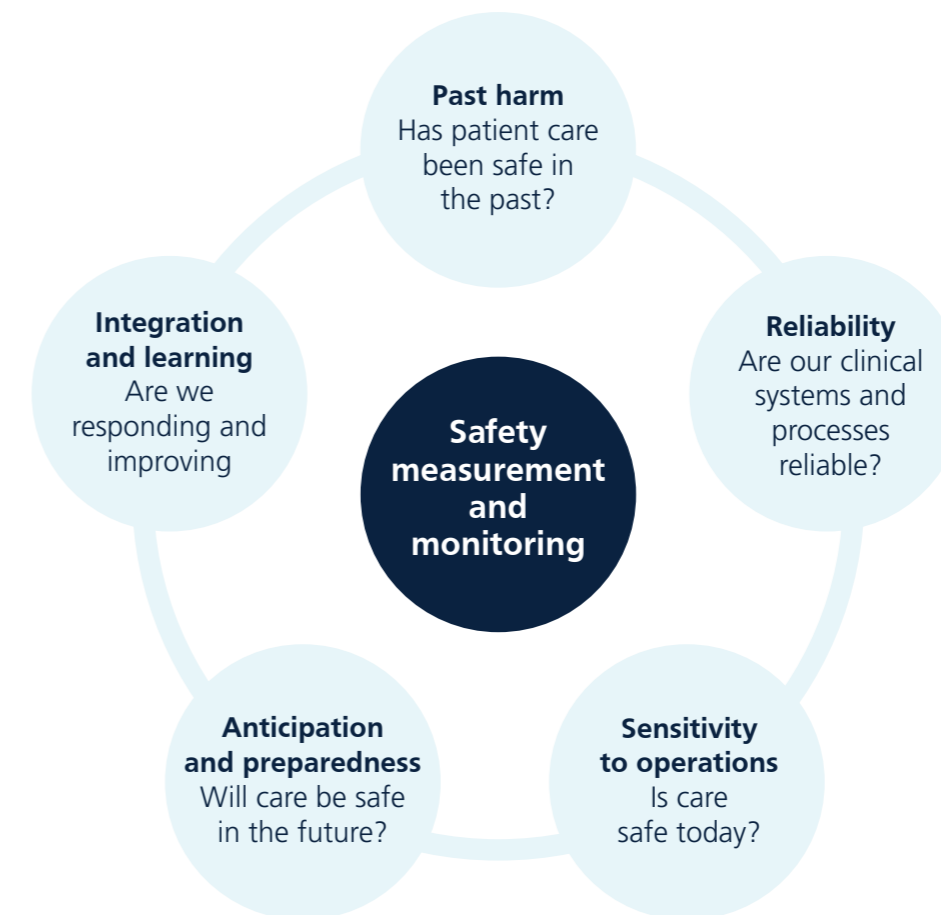
We have committed to improve patient safety through the early adoption of the Patient Safety Incident Response Framework, supporting a systematic, compassionate and proficient response to patient safety incidents; anchored in the principles of openness, fair accountability, learning and continuous improvement. The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

- 1 **Compassionate engagement and involvement of those affected by patient safety incidents**
- 2 **Application of a range of system-based approaches to learning from patient safety incidents**
- 3 **Considered and proportionate responses to patient safety incidents**
- 4 **Supportive oversight focused on strengthening response system functioning and improvement**

The Trust will support this continuous drive to improve patient safety by using the Health Foundation's framework for measuring and monitoring of safety (2016), helping the Trust to be more proactive in the avoidance of harm.

Our patient safety improvement programme will reduce avoidable harm and strengthen our patient safety systems and culture. This work is being led by the Chief Nurse and Chief Medical Officer, supported by the Head of Patient Safety and the Patient Safety & Quality Team.



*A framework for measuring and monitoring safety: A practical guide to using a new framework for measuring and monitoring safety in the NHS, The Health Foundation, 2016



Reduce Avoidable Harm

Key Priority/Outcome	Measures of Success – achieved by 2027
We will keep our patients, service users and staff safe from harm through the delivery of harm free care.	<ul style="list-style-type: none"> To reduce the number of inpatient falls across ESNEFT to less than 5.0 per thousand bed days in the acute hospitals and less than 15 per thousand bed days in the community hospitals. To reduce the likelihood of nosocomial infections in our patients. These targets are allocated annually in line with NHS planning guidance. Introduce the ReSPECT tool across the organisation (agree success measures year 1). We will ensure our inpatients receive a continence assessment reducing the likelihood of long term incontinence and functional decline. (2024)
We will create a culture where the safety of patients, their relatives and our staff is our foremost priority	<ul style="list-style-type: none"> We will undertake a safety culture survey across the organisation in 2023/2024, providing a baseline and improvement plan We will develop a Patient Safety Learning platform in 2023/2024 for all staff and work with our Patient Safety Partners to extend the learning platform to our patients, carers and stakeholders in 2025/26 We will develop a response platform to enable our patients and stakeholders who have reported through the Learning from Patient Safety Events (LFPSE), responding to all safety concerns raised by 2026 We will report our incidents to the Learn From Patient Safety Events (LFPSE) service in line with changes to the current National Learning & Reporting System (NRLS) in 2023/2024 We will share our incident reporting rates and themes publicly through Board Reports and Annual Reports 50% of staff will have undertaken Level 1 Patient Safety Training by 2024.
We will support staff to be open about mistakes and sharing best practice so that we can focus on learning lessons and making improvements	<ul style="list-style-type: none"> We will show a position of incident reporting in the upper quartile of all NHS organisations by 2025 We will develop a programme of 'Greatix', supporting staff and patients to report when things went well, ensuring there is organisational approach to learning from success in 2024.

Quality objective two

Effective/responsive

To consistently deliver high quality care that is effective, timely, patient-centred and efficient.

Improvements in quality are delivered first and foremost by our staff (both clinical and managerial) and it is these teams who often identify and develop quality improvements. To improve outcomes for patients, quality should be at the core of all teams.

Effective Patient Centred Care

Key Priority/Outcome	Measures of Success
We will make sure we 'get it right first time' by providing consistent care and supporting improvement projects which deliver the best outcomes for our patients	<ul style="list-style-type: none"> GIRFT (Getting it Right First Time) – National programme working with frontline clinicians to identify and reduce unwarranted variations in service delivery and clinical practice. GIRFT visits from the national team have now recommenced following Covid and Action Plans within the Specialities are under development in response to these. All services are asked to identify their top 3 priorities from GIRFT reports and reviews to address through Quality and Service Improvements following GIRFT review, setting firm delivery dates as per the GIRFT recommendations. Human Factors training to be delivered across the Trust to all staff groups in 2023. To include in-situ training in areas where invasive procedures are carried out. We will ensure 95% compliance in the use of LocSSIPs across the organisation
We will continue to deliver improvement training to all staff across ESNEFT increasing awareness, understanding and engagement.	<ul style="list-style-type: none"> All new staff at induction to be made aware of QI service at ESNEFT by 2023/24 Half day 'Silver QI Training' focussed on QI methodology and application to the attendees QI ideas to be delivered to 350 staff by 2023/24 Band 7 staff to attend a mandatory 'Introduction to QI' training session by 2026/27 Launch a 'QI for senior leaders' training session for staff Band 8b and above by 2026/27 Launch 'QI Patient Partner training' to upskill patients to become part of Trust QI projects by 2026/27
We will prioritise the application of QI training to measurable improvement work with identifiable learning and results.	<ul style="list-style-type: none"> Converting attendance on Silver Training to attendees registering QI projects to achieve 50% by 2023/4 Monitoring NHS Staff Survey results around engagement with improvement (Questions 4b, 4c and 4d) to target areas requiring extra support8 (ongoing) Ensure conversion of registered QI project to completed project is 60% by 2023/24 All completed projects to be assessed against the ELFT Return on investment model to draw learning and output with results shared locally and Trust wide as required (ongoing)

Key Priority/Outcome	Measures of Success
We will work with our partners to understand and address the causes of health inequality to help people stay in control of their own health.	<ul style="list-style-type: none"> We will ensure the food we offer our patients and staff includes a variety of healthy options by 2023/24. This will be validated through survey, the Nutrition Steering Group and PLACE assessments We will ensure all patients are offered smoking cessation referrals, and work with our partner organisations to support people on discharge by 2024 We will ensure Children & Young People attending our organisation have a personalised Asthma Management Plan (AMP) through collaborative working with our partner organisations All children and young people attending our organisation will have height and weight measurement, BMI calculation and information/discussions/signposting around healthy eating and living well We will ensure that we Make Every Contact Count (MECC), offering advice and signposting our patients and community to support them to make healthy choices
We will deliver smart, effective care; ensuring patients and service users receive high quality evidence based care every day.	<ul style="list-style-type: none"> We will promote research, in house and with our university partners to ensure we deliver effective care, We will commission 3 care related research programmes with our university partners in 2023/24 We will ensure patients and those receiving care are involved in Quality Improvement and service development through the 15 Step Programme commencing in 2022 and through our staff undertaking co-production training commencing in 2023/24

Enhancing the experience of our patients, their families and the community

Key Priority/Outcome	Measures of Success
We will ensure a positive patient experience, enhancing the experience of our patients and service users.	<ul style="list-style-type: none"> We will improve the care and management of patients with Dementia, and their families and carers ensuring they have the opportunity to contribute to their care. To enhance and improve existing dementia friendly space for patients and families to enjoy. We will ensure the 'This is Me' booklet is used for 90% of our patients with Dementia by 2024. We will ensure our patients are assessed for frailty and offered Advance Care Planning in hospital or in the community, including further advice and signposting to the relevant healthcare agencies by 2024. End of Life Care – Continue to develop a system wide approach to EOLC with development of processes that aim to ensure patients in their last year of life are recognised and supported, with particular focus on our patients achieving their preferred place of care in a timely manner. We will recognise individuals who may be in their last year of life and have open and honest conversations about dying and bereavement with them and those most important to them, supported by the Respect tool when possible. We will develop and increase the volunteer service to support patients and their families within the hospital, by increasing the support from Butterfly Volunteers in the acute and community hospitals. Work closely with other charitable partners to support our patients and carers. We will have Trust-wide engagement with end of life care, ensuring it is everybody's business.
We will work with our partners to improve the experience patients have when accessing care and making sure patients are given the chance to influence the way services are designed and delivered.	<ul style="list-style-type: none"> To improve clinical outcomes for patients with mental health conditions, and transform Mental Health provision across ESNEFT through the Mental Health Steering Board We will ensure our organisation is a Trauma Informed Organisation by 2027 We will agree a Trauma Informed Model for the organisation and develop a training and awareness programme to ensure the care provided by staff is trauma informed and supports positive outcomes for patients who may be affected by trauma.
We will maintain our focus on equality diversity and inclusion.	<ul style="list-style-type: none"> We will ensure we use our patient level data to determine how protected characteristics affect outcomes and patient experience through analytics and research. We will deliver the Accessible Information Standard across our Trust to ensure all people are able to access services and understand their care We will work with our partner organisations to ensure we are actively seeking the experience of those with protected characteristics through our Patient Panel programmes

Quality objective three **Caring** Give compassionate care which reflects our values and enhances the experience of our patients and their families.

Patient Experience starts and ends in our patients homes. Our teams have the biggest impact on patient experience. Although there have been significant improvements in the management of our patients through our hospitals and in our communities, we readily acknowledge that there's still room for improvement to enhance the quality of our patients' experience.

A positive patient and family experience is a priority for everyone at ESNEFT. We understand that many of our patients often experience life-changing diagnoses and treatments, and it's our ambition to make their experience the best it can possibly be.

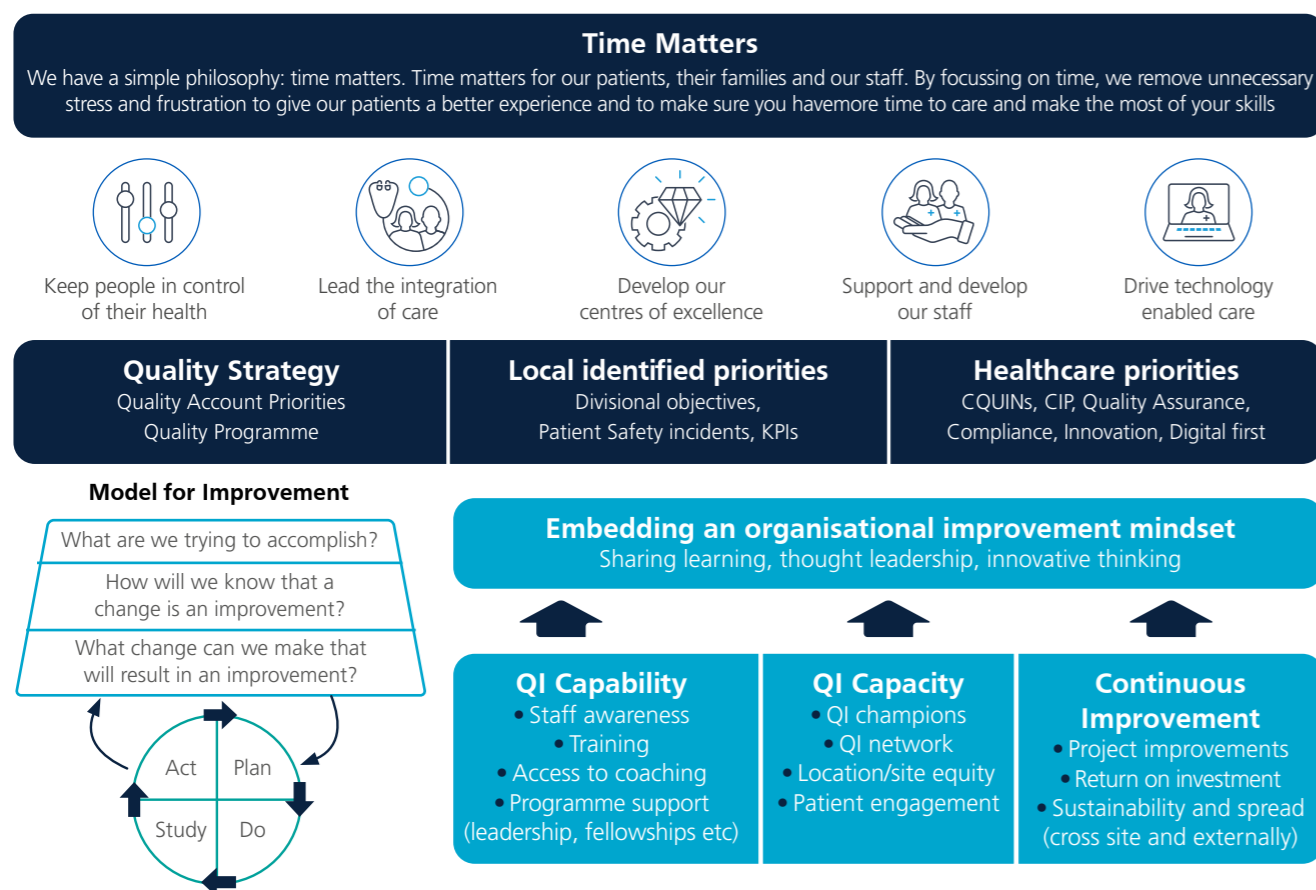
Delivering the Quality Strategy

Our quality strategy provides the overarching framework for the delivery of quality care at ESNEFT. The way in which staff are empowered and enabled to design and deliver the quality objectives is key to our ongoing success, through the QI methodology and approach. We have structured our Quality Strategy to deliver each set of objectives over a 24 month period. This will allow Divisions and staff to be fully engaged in how we plan and deliver our aims over the next 5 years, and enable the Divisions to focus on our Quality Objectives during business planning cycles. Each Division also provides a quarterly update to our Patient Safety Group, Clinical Effectiveness Group and Patient Experience Group which includes progress against the Quality Objectives.

Quality Improvement

Quality Improvement 'Quality Improvement' is not the same as 'improving quality'. Quality Improvement is the use of a systematic method to involve those closest to the quality issue in discovering solutions to a complex problem. It applies a consistent method and tools, engages people (both staff in clinical/corporate teams and patients/service users/families) more deeply in identifying and testing ideas, and uses measurement to see if changes have led to improvement.

At ESNEFT we have adopted the Institute for Healthcare Improvement (IHI) Model for Improvement as the approach we deliver improvement work. We do however include elements of LEAN and Kaizen in our improvement toolbox to ensure the best approach is adopted to the problems we face. This approach is built into the ENEFT QI Strategy.



Cross Cutting Enablers to Deliver our Quality Strategy

Addressing Healthcare Inequalities

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. There are many kinds of health inequality, and many ways in which the term is used. This means that when we talk about 'health inequality', it is useful to be clear on which measure is unequally distributed, and between which people.

Health inequalities are ultimately about differences in the status of people's health. But the term is also used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives – both of which can contribute to their health status.

Our focus on inequality in health outcomes covers a number of areas and an Inequalities Work Plan has been developed to give this structure. This has been broken down into two key areas of focus: Risk Factor Management including obesity and smoking and the nationally recognised CORE20Plus 5 approach (most deprived 20% of the population, core ICS groups with poorer health outcomes, plus 5 clinical areas of health inequalities- 1. Maternity, 2. Severe Mental Illness, 3. Chronic Respiratory Disease, 4. Early Cancer Diagnosis, 5. Hypertension case-finding) with a focus on ensuring access to care and treatment is equitable for all our patients and communities.

Our projects to address poor health behaviours and risk factors include:

- Tobacco Treatment
- Healthy Eating Adults
- Healthy Eating QI Project, Children & Young People
- Making Every Contact Count

Psychological safety/Just Culture/Staff involvement

There is a very important relationship between an open and psychologically safe culture at ESNEFT, our patients' expectations, and the values, ambitions and skills of our staff. Organisations whose staff who are engaged and have job satisfaction deliver better care; there is compelling evidence that staff well-being and experience correlate with patient experience and outcomes. We want our staff to feel listened to, valued and empowered in delivering the quality improvements essential to achieving our ambition of delivering world-class quality care that is consistent with our values. Our People Strategy details our strategic objectives to ensure we have the right number of staff in the right place at the right time with the right skills.

Compassionate & Visible leadership

Organisational improvement requires empowerment and participation at all levels. We will ensure that our leadership is compassionate & visible, focussed on solving problems and fostering innovation in practice. We will do this through the developing a culture that embodies the Trust's vision, values and ways of working, using tools that are evidence-based, meaningful and appropriate for our staff and users of our services.

We expect leadership to be consistent across the whole organisation, clearly focused on delivering high-quality care to patients. We will drive the values of collective leadership, modelled by leaders at all levels in the organisation.

Just and Learning Culture

The fair treatment of staff supports a culture of fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame. Supporting staff to be open about mistakes allows valuable lessons to be learnt so the same errors can be prevented from being repeated. In any organisations or teams where a blame culture is still prevalent, this guide will be a powerful tool in promoting cultural change.

Patient Safety Incident Response Framework (PSIRF)

ESNEFT are early adopters of the Patient Safety Incident Response Framework, which has replaced the Serious Incident Framework. PSIRF was developed as part of the NHS Patient Safety Strategy (2019) outlining how providers should respond to patient safety incidents and how and when a patient safety investigation should be conducted. The PSIRF differs in the following key aspects:

- **Broader scope:** the PSIRF moves away from reactive and hard-to-define thresholds for 'Serious Incident' investigation and towards a proactive approach to learning from incidents. It promotes a range of proportionate safety management responses.
- **Investigation approach:** safety investigation is now tightly defined. The quality of investigation is the priority with the selection of incidents for safety investigations based on opportunities for learning and need to cover the range of incident outcomes.
- **Experience for those affected:** expectations are clearly set for informing, engaging and supporting patients, families, carers and staff involved in patient safety incidents and investigations. In accordance with a just culture, staff involved in incidents are treated with equity and fairness

We will continue to implement PSIRF and to support other organisations across the NHS as they begin their journeys. We encourage staff, patients and carers to raise concerns through incident reporting, complaints and through the Freedom to Speak Up Guardian in line with NHS Improvement guidance. We encourage our staff to report and share information related to a patient safety risk or concern and we have robust procedures in place to fulfil external reporting and notification requirements, as well as a programme for reviewing and investigating incidents, namely our Patient Safety Incident Response Plan (PSIRP), which is reviewed regularly.

We share learning and changes from patient safety incidents through our safety huddles, governance structures and through our bite size learning via QR codes, which are updated bi-weekly. Responses to incidents are proportionate, with the focus and emphasis on learning from what happened, or to learn from any near misses, so that we can prevent harm in the future.

Patient Safety Specialists

Patient Safety Specialists are individuals in healthcare organisations who have been designated to provide dynamic senior patient safety leadership. Each Patient Safety Specialist is dedicated to providing expert support to their organisation, and is expected to have direct access to their executive team, which facilitates the escalation of patient safety issues or concerns. They also play a key role in the development of a patient safety culture, safety systems and improvement activity.

The requirement for NHS organisations in England to identify one or more Patient Safety Specialist is a key part of the NHS patient safety strategy, and ESNEFT has three Patient Safety Specialists, one of which is specific to Maternity.



Patient Safety Partners

The Framework for Involving Patients in Patient Safety was announced as a key priority in the NHS Patient Safety Strategy published in 2019. It provides guidance on how the NHS can involve people in their own safety as well as improving patient safety in partnership with staff: the aim is to maximise the things that go right and minimise the things that go wrong for people receiving healthcare. Where patients, carers and other non-clinical people become involved in improving and leading organisational patient safety, we refer to them as 'Patient Safety Partners'.

It is recognised that organisations will need to prepare to embrace the concept of Patient Safety Partners, with many organisations being in different places to support the programme. ESNEFT has always welcomed the support of patients and their carers in developing patient safety programmes, as well as sharing patient experiences, and the Board has agreed to support the development of our Patient Safety Partner Programme.

Patient safety partner (PSP) involvement in organisational safety relates to the role that patients and other people can play in supporting and contributing to a healthcare organisation's governance and management processes for patient safety. Roles for PSPs can therefore include:

- membership of safety and quality committees whose responsibilities include the review and analysis of safety data
- involvement in patient safety improvement projects
- working with organisation boards to consider how to improve safety
- involvement in staff patient safety training
- participation in investigation oversight groups.

PSPs can support effective safety governance at all levels in the organisation. PSPs can act as 'knowledge brokers' as they often have the insight of a user of services across different parts of the NHS, or may have experience of avoidable harm and can therefore help inform learning and holistic safety solutions that cross organisational boundaries. They provide a different perspective on patient safety, one that is not influenced by organisational bias or historical systems. By reinforcing the patient voice at all levels in an organisation and across integrated care systems, PSPs can support a patient-centred approach to safer healthcare. PSPs perform a very different role from that of a governor in a foundation trust or a traditional NHS volunteer; however, individuals working in these roles can also apply to be a PSP.

The benefits of PSP involvement include:

- promoting openness and transparency
- supporting the organisation to consider how processes appear and feel to patients
- helping the organisation know what is important to patients
- helping the organisation identify risk by hearing what feels unsafe to patients
- supporting the prioritisation of risks that need to be addressed and subsequent improvement programmes
- supporting the organisation in developing an action plan following an investigation, particularly so that actions address the needs of patients
- helping the organisation produce patient information that patients understand and can access.

We will recruit two Patient Safety Partners at ESNEFT who will be directly supported by the ESNEFT Patient Safety Specialist. A training programme will support the Patient Safety Partners to fulfil their role both with the Trust and across the system, working with other organisations to enrich the level of support to all organisations. There will be 2 Patient Safety Partners in post in 2022.

Patient Safety Science Academy

We will develop the ESNEFT Patient Safety Science Academy from 2023 to 2025. The Head of Patient Safety will be responsible to develop the curriculum in accordance with the Quality Strategy, and will offer training in a range of programmes across the ICB and wider. The programmes in the academy will support improving the patient safety culture of the organisation, supporting staff to feel psychologically safe to raise concerns and drive improvements in the care we deliver.

The Patient Safety Science Academy will consist of the following programmes:

After Action Reviews (AAR)

AARs seek to build strong effective multi professional teams, deliver swift, smart solutions to problems, structure open and honest and productive conversations, provide a supportive operating environment for teams in which to reflect and learn and increase psychological safety.

AARs provide an opportunity to assess what happened and why. They are learning-focused discussions that are designed to help the team and the organisation discover what to do differently. AAR is a structured approach to learning using one or more facilitators to identify what was expected to happen as opposed to what actually happened, identifying actions for improvement.

There are currently 60 members of staff trained as facilitators, with a further 4 cohorts of 12 booked in the coming months during 2022. Following further embedding of the programme and with the support of the Executive Team, the Trust will have AAR trainers, offering all ESNEFT staff the opportunity to become AAR facilitators and offer the AAR methodology to the wider ICS.

Debrief

The Trust uses the Psychological First Aid model of Debrief. PFA is an evidence-informed modular approach to help people in the immediate aftermath of an incident. It is designed to reduce the initial distress caused by traumatic events and to foster short and long-term adaptive functioning and coping.

This approach includes elements such as compassionate listening, psychoeducation and normalising as well as signposting and linking people to resources/ community supports. When delivered by mental health trained individuals this model can also facilitate the identification of exacerbation of previous mental health difficulties, risk and those who require more intense psychosocial interventions.

Human Factors

Human Factors training differs from traditional safety training in that the focus is on the cognitive and interpersonal skills needed to effectively manage a team-based activity rather than the technical knowledge and skills required to perform specific operations.

Human Factors Training helps build the defences that reduce and mitigate human errors by developing an awareness of the individual factors that can impact human performance that lead to errors in the first place. Human Factors Training in the organisation is currently on request only, due to the limited numbers of trainers and their availability. We will increase the number of Human Factor Trainers to expand our capability to deliver Human Factors across the organisation with a flexible approach. This will ensure that the majority of staff are offered the opportunity to undertake Human Factors training, and all leaders will undertake the training as part of their role development.

Patient Safety Investigation and Review Training

Provision of training to support staff to review and investigate patient safety incidents and complaints in line with PSIRF and under the principles of Just Culture.

ESNEFT will use the eLearning for Healthcare Platform (eLFH) and follow the NHS Patient Safety Syllabus Training. There are 5 levels which build on each other starting with Level 1-Essentials for Patient Safety (also Level 1 for boards and senior leadership teams) which all staff will complete. All staff Band 6 and above will be asked to do Level 2 eLFH Patient Safety training. As part of leadership development, Level 2 training will support a deeper level of patient safety understanding.

A short eLearning course is also included in the mandatory training requirements which is a simple guide to incident reporting as well as 'Being Open' and Duty of Candour, ensuring all staff are empowered to be open and honest where mistakes may have occurred.

Training will be offered to all staff undertaking incident investigations, which is led by the Patient Safety Team. All persons who are identified as Incident Investigators will undertake the training, which will focus on PSIRF principles to identify early learning from all incidents reported.

Governance

Robust governance is about having a system in place that delivers effective oversight of the Trust's operations to ensure it is operating in the best interests of patients. This strategy is supported by other trust enabling strategies and outlines the processes in place to provide an oversight of quality and reinforces our commitment to enabling robust governance arrangements. We have adopted the elements of the NHS patient safety strategy to ensure our control and assurance processes and our work with partners continue to keep people safe.

Our Trust Clinical Governance Structure:

