

**CAMPAIGN ONE: A POSTIVE PATIENT EXPERIENCE**

Key Outcomes	Measures of success 2018-19
<p><b>Service developments and plans of care co-designed with patients and service users</b></p>	<p>92% or above of proportion of patients whose care was explained in an understandable way</p> <p>90% of proportion of patients who were involved in planning their care</p> <p>The use of co-design will be evaluated across the organisation</p> <p>Evaluation from patient feedback of their involvement in the Quality Councils</p>
<p><b>Patient stories and diaries used across pathways to identify touch points</b></p>	<p>Evaluation of Always Events and their impact on patient experience</p> <p>Quality Councils to start leading on the development of Always Events with local implementation</p> <p>Thematic analysis of previous year's stories with shared learning</p> <p>Continued use of patient stories by all services and shared at Divisional and Trust forums</p> <p>Evaluation of patient diaries and the impact on patient experience</p>
<p><b>Patient feedback used to inform staff training</b></p>	<p>Patient feedback will be integral to the review and development of education and training</p> <p>Evaluate how patient feedback has influenced training and education</p> <p>Evaluate the use of patient stories as part of learning from serious incident reviews</p>
<p><b>Divisional quality council objectives</b></p>	<p>Two objectives with outcome measures</p>

**CAMPAIGN TWO : PREVENTING HARM**

<b>Key Outcomes</b>	<b>Measures of success 2018-19</b>
Systems in place to provide early warning to illness, service failure or a reduction in the quality of care	Maintenance of 98% or > harm free care  Incidence of PU and falls will continue to fall (5%)  Red flag evaluation will take place  Reporting of incidents increases whilst levels of harm reduce  0% PU in bedded areas  100% RCA completed on time
Safety culture and activities signed up to in ALL services	Safety culture and activities signed up to in all services
Variations in practice identified and acted upon	Quality Action Teams to develop areas to exemplars  Develop a learning repository to enable teams and services to share issues identified from incidents 2017-18 and evaluate the use of the repository and its effectiveness 2018-19.
Divisional quality council objectives	Two objectives with outcome measures.

**CAMPAIGN THREE: SMART EFFECTIVE CARE**

<b>Key Outcomes</b>	<b>Measures of success 2018-19</b>
Clinical staff use the most up to date clinical practices	CAS alerts (inc. PSAs) - Monthly Board KPI target for timely alert closure $\geq 90\%$  NICE – 80% of services complete a Baseline Assessment Form for NICE Guidance within the agreed timeframe
There will be demonstrable culture of clinical enquiry and continuous improvement across the Trust	78% staff able to contribute to improvements at work (staff survey)  Central resource dedicated to improvement analytics
CLCH will be a leader in innovative community practice	Each division to identify within business planning process an innovation for 2018/19  Research activity increased by 5%
Divisional quality council objectives	Two objectives with outcome measures.

**CAMPAIGN FOUR: MODELLING THE WAY**

Key Outcomes	Measures of success 2018-19
New roles and career pathways are in place which supports the needs of patients/service users	Reduction of vacancy rates across the Trust (10%) Improved staff turnover across the Trust (10%) The continued implementation of Apprenticeship roles The evaluation of the Nurse Associate pilots in Adults and Children services The evaluation of the Capital Nurse Foundation rotation programme pilots The evaluation of the staffing models in all clinical services Staff survey results Evaluation of fast track programmes
Each clinical profession has a clear and successful model of professional practice which includes their role in improving population health as health champions	Implement and evaluate a model of professional practice for clinical staff across the Trust
Clinical staff are well led, educated, trained and involved in research to evidence the impact of what they do	Increase the number of research projects involving / led by clinical staff within the Trust
Divisional quality council objectives	Two objectives with outcome measures.

**CAMPAIGN FIVE :    HERE, HAPPY AND HEALTHY**

<b>Key Outcomes</b>	<b>Measures of success 2018-19</b>
Staff are fully engaged and involved in the model of shared governance	Four to five Quality Councils are established per division and well attended.  Shared governance forums are effective at resolving issues and concerns
Voluntary staff turnover below 10% by 2020  Staff vacancies below 10% by 2020	Voluntary staff turnover below 10%  Staff vacancy rate below 10% by March 2018
Staff surveys are undertaken which demonstrate improving levels of staff engagement	0.5+ on staff engagement index compared to the average for other community Trusts nationally
Wellbeing strategy to support staff health and well-being and reduce staff absence	A 3% reduction in the number of staff who report feeling unwell as a result of work related stress in the 2018 Staff Survey  Sickness absence remains below target of 3.5%
The Trust is committed to and makes demonstrable reductions to agency spend	Agency spend is proportionally reduced as sickness, turnover and vacancy rates reduce  The number of staff recruited to staff bank increases by 15%
Divisional quality council objectives	Two objectives with outcome measures.

**CAMPAIGN SIX: VALUE ADDED CARE**

Key Outcomes	Measures of success 2018-19
The user experience across CLCH, primary care, specialist services and social care is as seamless as possible	Implement actions from assessment
Clinical staff use the latest technology to improve care delivery	<p>Each Division to identify within business planning process an innovation for 2018/19</p> <p>Each division has used improvement tools to improve 1% of services</p>
Front line staff lead new lean ways of working	<p>Each Division to identify within business planning process an innovation for 2018/19</p> <p>Each division has used improvement tools to improve 1% of services</p>
Divisional quality council objectives	Two objectives with outcome measures.