Our Quality Journey

Preface

Welcome to our Quality Journey, this is our strategy for how we will achieve the overall 'Our Journey to Change' goals of:

1. Cocreating a great experience for our patients, carers and families
2. Cocreate a great experience for colleagues
3. Be a great partner

In line with both the National Quality Board's refreshed definition of quality and the ambitions set out in the NHS' first National Patient Safety Strategy, we are committed to a shared single view of quality where, working in systems, we will deliver care that is:

➢ Safe

➢ Effective

➢ Provides a positive patient experience- responsive, personalised and kind

➢ Well led

➢ Sustainably resourced

➢ Equitable

We will continue to have an unrelenting focus on patient safety and are committed to:

- driving improvements in patient safety across our Trust, together with patients, carers and families, colleagues, and partners, and supported by a positive culture.
- providing a great experience for patients in our care and for patients, carers and families who want to work with us for better mental health in our region.
- providing safe and kind care that's based on evidence and has outcomes that matter to people

This document sets out our quality ambitions – i.e. where we want our journey to take us. It also sets out key principles and explains how our objectives connect to the national NHS Patient Safety Strategy. It outlines our key strategic quality objectives.

Our ambition is that by 2028, we will achieve the specific aims and measurable improvements set out in this Quality Journey, through continuous learning and improvement using a range of key tools and enablers.

This Journey has also been shaped by TEWV's Clinical, Cocreation, People and Infrastructure Journeys.

The development of TEWV's Care Groups, and the creation of Integrated Care Boards / Partnerships by the 2022 Health and Care Act have also been taken into account.

Contents

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1. Introduction

Our Journey to Change is about why TEWV does what TEWV does, the kind of organisation we want to be and the three big goals we've committed to. Our Journey to Change was created through our biggest ever listening exercise: it was co-created by TEWV's staff, patients, carers, families and partners.

Our Quality Journey will mean that the services we provide, and the way we provide them will change over time. This is because, as stated in OJTC, "We have a lot to be proud of, yet we don't always provide a good enough experience and at times let down those who use our services, their carers and their families". But as our services change, we still need to make sure that we deliver the 3 domains of quality in everything we do.

A single shared definition of quality was first set out in *High Quality Care for All,* in 2008 and comprised of 3 key domains:

- Clinical Effectiveness
- Patient Safety
- Patient Experience

The National Quality Board (NQB) have since refreshed its Shared Commitment to Quality (2021) to support those working in health and care **systems** and to provide a nationally agreed definition of quality and a vision for how quality can be delivered through the new landscape of Integrated Care Systems (ICS's).

Our Quality Journey therefore takes account of this definition which is set out below:

People that work in systems deliver care that is:

- **Safe** - delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights; and ensures improvements are made when problems occur.

- **Effective** - informed by consistent and up to date high quality training, guidelines and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit.

- **Positive experience**
  - Responsive and personalised - shaped by what matters to people, their preferences and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable.
  - Caring - delivered with compassion, dignity and mutual respect.

- **Well-Led** - driven by collective and compassionate leadership, which champions a shared vision, values and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame.

- **Sustainably-resourced** - focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.

- **Quality care is also equitable** - everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities.
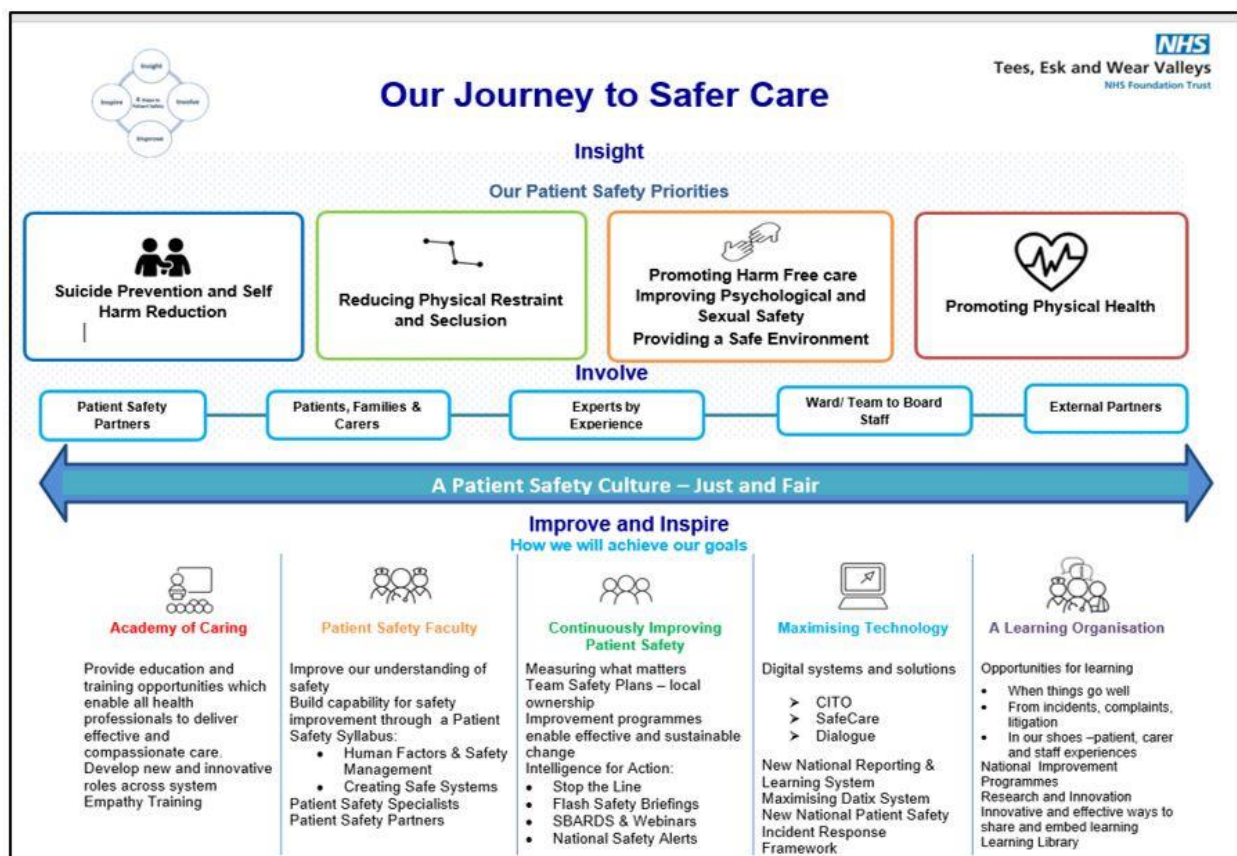
By setting out our quality ambitions and approach, Our Quality Journey will support the delivery of our three Our Journey to Change goals:

1) To co-create a great experience for our patients, carers and families.
2) To co-create a great experience for our colleagues.
3) To be a great partner.

What do we want to achieve?

Our overall approach to safety within this strategy is underpinned by the NHS Patient Safety Strategy that aims to enable **insight**, **involve** a wide range of stakeholders, make **improvements** and to **inspire** others through the recognition and sharing of quality, essential elements of a learning organisation.

The graphics below summarises what we are trying to achieve across the 3 domains for quality and some of the areas we will focus on to achieve it.

Our Journey to Excellence in Patient Experience and Involvement

Insight

- Kind and Compassionate Care
- Improving Experience through Co-creation
- Improving experience of care through improved data collection / analysis Explore Digital Enablers
- Feeling Safe in our Care

Involve

- Patient Safety Partners
- Patients, Families & Carers
- Experts by Experience
- Ward/ Team to Board Staff
- External Partners

A Patient Safety Culture – Just and Fair

Improve and Inspire
How we will achieve our goals

Academy of Caring
Provide education and training opportunities which enable all health professionals to deliver effective and compassionate care. Develop new and innovative roles across system Empathy Training

Patient Safety Faculty
Improve our understanding of safety
Build capability for safety improvement through a Patient Safety Syllabus:
- Human Factors & Safety Management
- Creating Safe Systems
Patient Safety Specialists
Patient Safety Partners

Continuously Improving Patient Safety
Measuring what matters
Team Safety Plans – local ownership
Improvement programmes enable effective and sustainable change
Intelligence for Action:
- Stop the Line
- Flash Safety Briefings
- SBARDS & Webinars
- National Safety Alerts

Maximising Technology
Digital systems and solutions
- CITO
- SafeCare
- Dialogue
New National Reporting & Learning System
Maximising Datix System
New National Patient Safety Incident Response Framework

A Learning Organisation
Opportunities for learning
- When things go well
- From incidents, complaints, litigation
- In our shoes –patient, carer and staff experiences
National Improvement Programmes
Research and Innovation
Innovative and effective ways to share and embed learning
Learning Library

Our Journey to Effective Care

Insight

- Clinical Strategy
- Clinical Outcomes
- Care Planning
- NICE and evidence-based practice

Involve

- Patient Safety Partners
- Patients, Families & Carers
- Experts by Experience
- Ward/ Team to Board Staff
- External Partners

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This Quality Journey supports all of the sub goals set out in Our Journey to Change. Some of these will be directly targeted by this Journey and others indirectly. The table below explains this, and there is more detail in section 5 to 7 of this document.

Goal	Sub Goal	How this Journey contributes
To co-create a great experience for our patients, carers and families, so you will experience	Outstanding and compassionate care, all of the time Access to the care that is right for you Support to achieve your goals Choice and Control	When we achieve ambitions in this journey, all patients will have care plans that they have cocreated and which help them achieve their goals, giving them choice and control and helping them access the right care for them. Our care will be compassionate and contribute to improved patient experience. By improving the safety of our care, we will reduce the numbers of patients lost to suicide / misadventure and the pain this causes to their families.
To co-create a great experience for our colleagues, so you will be	Proud, because your work is meaningful Involved in decisions that affect you Well led and managed That your workplace is fit for purpose	Listening to colleagues insights and empowering them to make quality improvements will make clinical roles more satisfying. We will provide the process, analysis and support the skill development needed to make sure all our services are Well-Led
To be a great partner, so we will	Have a shared understanding of the needs and strengths of our communities Be working innovatively across organisational boundaries to improve services Be widely recognised for what we have achieved together	As we achieve our quality ambitions, we will become an organisation that our partners and regulators have confidence in. In particular we will be known for our ability to use data to understand what we need to improve in services, our openness to learning from others and our willingness to share our own successful approaches with partners in our own systems and beyond.

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2. Co-creation of this Journey

Extensive engagement has taken place to shape this Quality Journey through:

- Talking to staff across the organisation through a range of quality meetings to understand what quality looks like from the perspective of individual teams from the ward to the Board
- Engagement events with families and carers focusing on their experience of care as well as experience of the Serious Incident Investigation Process
- Developing our ambitions and priorities through a programme board which included several of our service users and carers
- Regular discussions with NHSE/I Quality Board where membership includes a range of external stakeholders including Healthwatch
- Interactions with our regulator, the Care Quality Commission
- Listening to the views expressed by local authority members at Quality Account Overview and Scrutiny meetings

3. The Current State

We have a good understanding of where we currently are. This comes from:

- The range of quality data and intelligence which flows through, and is analysed within the governance processes of our Trust from ward and teams to the Board
- External inspections and reviews

In an organisation as large as TEWV, with nearly 8,000 staff and where it's 100 miles north to south from Selby to Stanley and 80 miles east to west from Wensleydale to Whitby it can be difficult to give a Trust wide view of our quality strengths and weaknesses.

However, we know that our main quality strengths are:

- Our commitment to quality
- Our partnership working
- Developing informatics, systems, and processes to support governance
- Friends and Family feedback on their experiences of care
- A trust wide dynamic quality assurance programme that measures key standards of care, patient experience and identified areas of risk and the impact of improvement work on these
- Quality Improvement – we have been using Quality Improvement methodology since 2007. This has been recently refreshed to reflect contemporaneous approaches and to provide a toolkit of pragmatic approaches to improvement.

We need to build on these strengths, but also if we are to achieve our ambitions, we will need to overcome the following issues which have been highlighted through our quality governance and external reviews and CQC inspection reports:

- Further development of our Risk Management systems and processes and to ensure connectivity to wider governance systems and improvement initiatives.
- Staff and service users must be properly engaged in order to translate the strategy into well-defined delivery plans.
- Refining our new governance arrangements to ensure we have robust systems and process in place for gaining assurance and timely, effective escalation.
  - Continue to develop an integrated approach to measuring, reporting and considering our performance to enable a holistic oversight of the quality of services we are providing ensuring staff have the right information, systems and technology to support the triangulation and delivery of high-quality care demonstrating the impact of our learning and improvement work for staff, service users and families.
- Improving communication and engagement activities to ensure they reach all professional and staff groups and adequately include services
- Improve key areas that contribute to the overall safety of patients for example, safe environments where patients are cared for, physical health care, risk assessment and care planning, promoting physical health of patients.
- We must be able to demonstrate we are a learning organisation. Learning from Patient Safety events, complaints, and patient experience feedback as well as staff experience and the impact we have had as a consequence of that learning
- Improve our systems for responding to and learning from complaints
- Fulfilling our Fulfilling our statutory Duty of Candour, providing a timely and compassionate response to when things go wrong.

We know that some of these issues are caused by staffing shortages and imperfect infrastructure. Our People and Infrastructure Journeys will ensure that the Trust is doing all that it can to tackle those problems both on our own and with system partners

4. PESTLE Environmental Analysis

External Environment (PESTLE) Analysis

This Journey, and the others produced by TEWV, includes an examination of the external environment. The analysis below is a list of those external environmental changes that are considered most important for this journey. We have used the PESTLE tool which comprises the headings of Political, Economic, Social, Technical, Legal (including regulation) and Environmental and is designed to explore wider influences that affect the overall organisation.

Political

All political parties view the quality of NHS services as important, and so the improvement of quality is an NHSE priority, driven and overseen by the National Quality Board (NQB).

In 2019 NHS England published its first National Patient Safety Strategy (2019). Its safety vision is **to continuously improve patient safety**. To do this the NHS will build on two foundations: **a patient safety culture** and **a patient safety system**. Three strategic aims will support the development of both:

a) improving understanding of safety by drawing intelligence from multiple sources of patient safety information **(Insight)**
b) equipping patients, carers, families, staff and partners with the skills and opportunities to improve patient safety throughout the whole system **(Involvement**)
c) designing and supporting programmes that deliver effective and sustainable change in the most important areas **(Improvement).**

A key insight in the NHS Patient Safety Strategy is the importance of a patient safety culture. This means having a "just" culture where there is psychological safety for our staff that facilitates openness about mistakes and sub-optimum outcomes so that these can be learned from, as opposed to a "blame culture" which encourages secrecy and deflection. Kindness and civility are also key, but these cultural factors need to be supported by a "patient safety system". This includes providers and regulators working together effectively and the use of technology such as electronic prescribing and clinical decision-making support.

Economic

In a quality context, the most significant impact of the difficulties facing the UK economy and public finances in the short to medium term are:

- falling wages (when adjusted for inflation) which increase the competition for staff from other sectors, or reduce the attractiveness of retire and return
- scarcity of capital investment to improve building quality or to put in place new technology to support clinical decision making and other quality related initiatives.

Social

The need for urgent Mental Health services is increasing with greater demand for responsive and flexible care and treatment. Society at large has greater awareness of mental health issues and people are more likely to seek help than in previous years. Wider media campaigns have resulted in greater take up of services, thus people in general have greater awareness of the need to look after their own wellbeing and seek help when it is needed.

Social media also makes it easier for patients, carers and families to publicise instances of poor-quality services, and there have been several high-profile instances of journalists using covert methods to expose this. This heightened transparency makes it even more important to deliver the quality that patients, carers and families rightly expect.

Technological

Technological development continues and the government's ambition is to make the NHS a world leader in technology. Aspects of this approach include the new Genomics Strategy and attempts to make better use of data. Advances in technology such as machine learning are yet to make a significant impact on mental health services, but they have the potential to improve safety through creating predictive and clinical decision-support capacity. Sensor technology can also reduce the need for intrusive one to one observation in inpatient units. Self-care Apps are opening up increased opportunities for self-care and self-monitoring, which if harnessed and connected to clinical interventions could improve quality.

Legal

The wider landscape is changing with the establishment of Integrated Care Boards and Partnerships now legally in place following the Health and Care Act 2022 now tasked with producing an Integrated Care Strategy by the end of March 2023, this could have an impact on our priorities and on current partnership commissioning governance.

The forthcoming Mental Health Act reforms mean services will need to adapt to this legislative change, resulting in improved rights for those with a learning disability and autism. Also, the changes to the Mental Capacity Act with the new Liberty Protection Safeguards (LPS) will result in changes to practices.

Environmental

The NHS has a big role to play in sustainability. This links to the government's aim to be net zero in line with the United Nation's 17 Sustainable Development Goals (SDGs) of which the government has signed up to achieve. As a result, the NHS has a part to play in meeting the SDGs by becoming net zero in reducing carbon footprint, emissions and tackling inequalities. The net zero target for the NHS, set in October 2020, is:

- for the NHS Carbon Footprint (emissions under NHS direct control), net zero by 2040, with an ambition for an interim 80% reduction by 2028-2032, and
- for the NHS Carbon Footprint Plus, (which includes our wider supply chain), net zero by 2045, with an ambition for an interim 80% reduction by 2036-2039

One of the big challenges for quality, particularly in community services will be how to make use of the potential for online clinician-patient meetings while still mitigating the risks that these bring for some conditions. We also know that some patients' preference will continue to be for face-to-face physical meetings.

5. Our Quality Ambition

Key Ambitions / Areas of focus

Our ambition is that by 2028, we will achieve the specific aims and measurable improvements set out in our Quality Journey, through continuous learning and improvement using a range of key tools and enablers. This will mean:

Safer Care

Through our journey of continuous improvement, we will see:

a) A reduction in the number of people ending their own lives, and incidents of self-harm
b) fewer physical restraints of patients take place than at the start of the decade and a reduction in the number of people being placed in seclusion and other restrictive practices
c) a reduction in serious sexual safety incidents
d) an increase in harm free care
e) improved physical health of patients
f) increased day to day involvement of patients, families and carers, colleagues with lived experience and external partners in promoting safety improvement
g) information flows and culture that ensure that ALL our people from ward and team to Board understand their role and play their part in maintaining and improving safety.

To achieve this ambition, we will focus on:

- The creation of an Academy to develop our people to their full potential
- Developing our capacity and capability for Patient Safety and the creation of a Patient Safety Faculty
- Improving the reporting and investigation of patient safety incidents in line with the methodology and ethos of the new national Patient Safety Incident Response Framework and feedback from patients, carers and families
- Actionable learning and strengthening our culture to become a more mature learning organisation
- Maximising the role of technology as well as developing our culture of learning.
- Use QI methodology to enable highly reliable and sustainable care

Patient Experience

Through the Big Conversation it was clear that the experience we provide to our service users, carers and colleagues was not consistently good. We are committed to ensuring that we improve this experience for everyone. Within Our Journey to Change one of our 3 big goals is: To co-create a great experience for our patients, carers and families, so they will experience:

- Outstanding and compassionate care, all of the time
- Access to the care that is right for them
- Support to achieve their goals
- Choice and control.

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When we reach our destination and have achieved our ambitions people will see:

a) Significant, demonstratable improvements in the experiences of the people using our services
b) Use of an increased range of methods and range of quantitative and qualitative information
c) Service users, carers and staff's voice making a difference – by speaking out about poor care and making suggestions for improvements they are continuously improving the experience people have of our services.
d) Patients talking positively about the impact of restrictions on their recovery
e) Patients on our wards feeling safe

To achieve this ambition, we will focus on:

- Developing a culture where people know we want to hear about their experiences when people access, use, and move between our services – whether positive or negative
- Improving data collection and analysis which backs up peoples experience of care and to use this in a way to improve the experiences of care and where possible outcomes for all.
- Making it easier for people, service users, families, advocates, and staff to give feedback in convenient and suitable ways for them, whenever they want. We will have a joined-up feedback approach, so people don't have to repeat themselves
- Developing initiatives to improve the % of patients who feel safe on our wards, starting with patients in our adult inpatient wards
- Link with patient and carer involvement / co-creation activity and feedback with our complaints and compliments team and processes
- Acting on what patients tell us and co-creating solutions to the challenges they face
- Develop digital solutions / enablers which improve the experience of care
- Regaining the Trust of the patients, their carers and families that we serve by demonstrating we are listening to them and evidencing the improvements we will continue to make in the quality of service provision.

Clinical Effectiveness

When we reach our destination and have achieved our ambitions people will see:

a) All services have a suite of clinical outcome measures and patient reported outcomes (effectiveness of care measures)
b) Data quality for 'effectiveness of care' measures is good, and so these measures are used by clinicians to better understand the impact of different approaches to patient care and treatments
c) Increasing proportion of patients reporting an improvement in their symptoms after receiving care and treatment from the Trust
d) All care plans are cocreated with services users (and where appropriate, families) and so almost all service users and families tell us that they have been able to influence and make choices over the care that we provide to them

To achieve this ambition, we will focus on:

- Identifying a set of clinical outcome measures and patient reported outcomes for each service – this will ensure we understand the effectiveness of each service
- Improving the quality of data we collect in relation to effectiveness of care and use it in a way that has the potential to make a difference
- Developing innovative analysis, artificial intelligence and data science techniques. These will help us proactively support robust and proportionate decision-making, based on the best information available
- Embracing the 'nothing about me without me' philosophy we will improve care planning and ensure the full involvement of patients, carers and their families. This will be supported by full implementation of the Dialogue system, an IT software solution.

As an organisation TEWV is committed to reviewing contemporaneous evidence and NICE guidance to ensure our services users are receiving the most effective care and treatment

- We will review and improve the way in which we receive, assess and implement NICE guidance
- We will focus on equitable and timely implementation of NICE guidance and quality standards
- We will aim to offer service users the latest evidence-based care treatment where appropriate

We are committed to participating in all relevant national audits, the outcomes of which will provide another vital means of information on the effectiveness of the care we provide.

There is also an important priority which supports all 3 parts of our Quality ambition. This is the replacement of our Risk Management IT system. This has Incident Management, Complaints and PALS, Risk Management and Claims and Litigation functions. It will become obsolete and unsupported by the end of 2024. Replacing it is necessary if we are to achieve the ambition set out in this Journey.

Method

To fulfil our Quality ambition, we need to be clear how we are going to get there.

It's often important to make quick changes to tackle quality issues, and our governance system will promote a culture and processes where data is analysed holistically, and changes implemented swiftly. This means that not everything we need to improve will have a detailed, long-term plan around it.

However, there will be some potential changes which will require lengthy development and implementation periods. These will be governed as projects, grouped into programmes and be backed by clear business cases which set out clearly the benefits (improvements) that should be seen and when they should be expected to occur.

During 2023/24 the initial set of quality related programs will be:

- Personalised care planning (implementing the Dialog model) – this is a shared ambition with the Co Creation Journey
- Harm Free Care (which includes psychological/sexual safety, self-harm / suicide / misadventure reduction, safeguarding, environmental risk minimisation
- Patient Safety (including electronic risk management system procurement; patient safety incident reporting framework (PSIRF); rapid learning from Serious Incident investigations, sharing learning at every level

There will also be a related programme of work to reduce the use of out of area placements and to lower occupancy levels on TEWV inpatient wards. This will have important patient safety benefits.

All of these programmes will be governed through the Trust's Advancing Our Clinical, Quality and Safety Journey Portfolio Board. Numerical improvement targets will be monitored as well as progress against actions. We will create opportunities for service users and carers to be involved in the governance of the programmes and in the development of specific projects. Service users will continue to be invited to participate in improvement workshops.

Our Trust Executive Group and Board of Directors will ensure that we align quality-related projects with the four other strategic journeys' (Clinical, Workforce, Infrastructure and Co-creation) to join up work and embed the right culture with a focus on doing what is right at the right time.

We will be evidence led, data informed and take into account any new research and new initiatives that are emerging, ascertaining best practice within these fields that will support the achievement of our goals.

Standards

Standards will be our cornerstone for the care provided day to day

For this Quality Journey, the Fundamental Standards of Care are the basis and at the centre of what we must do. They are the standards below which care must never fall. This link goes to a list of, and explanation of these standards. [The fundamental standards - Care Quality Commission (cqc.org.uk)](#)

We will strengthen the Trust's quality assurance processes for setting the standards for what high-quality care looks like across our services and continuously evolve our Quality Assurance Programme to provide ongoing intelligence on how well we are achieving and sustaining these.

We will build on our strong history of quality improvement capability and focus on building a culture of continuous improvement. This will enable us to increase and sustain the quality of our services for the people we serve, keeping them at the centre of all we do. In order to achieve this, we need to focus on continual learning and improvement at all levels. We will continue to enable the network of staff with QI expertise to expand throughout the organisation and align this to our ambitions of a Patient Safety Faculty, implementing the national patient safety syllabus. This will comprise of a number of training and

development options ranging from awareness for everyone to higher level expertise in patient safety, as well as specific sessions for the Trust Board.

6. Impact upon our three strategic goals

Our Quality journey is meaningless without measuring impact.

The Trust already has a range of quality metrics (measures) which it monitors each quarter and reports on publicly through the Quality Account (and mid-year presentations to local authority overview and scrutiny committees).

The monthly Quality Improvement meetings in Care Groups and the Trust as a whole feed up to the Trust's Quality Assurance Committee, where the impact of work to implement our Quality Journey will be evident.

However, we have also developed program-level targets, to ensure that the managers and clinicians leading change know what they are aiming for. Progress against these will be reported to the Programme Boards and the Advancing Portfolio Board. If we find that our actions are not producing the desired impact, we will dig beneath the surface to understand why and then, if necessary, adopt a different approach.

7. Our Guiding Principles

Principles

The National Quality Board's refreshed approach to quality, described in full on page 3 , forms our guiding principles for the delivery of our Journey to Quality:

- Safe
- Effective
- A Positive Experience – caring, responsive
- Well-Led
- Sustainably resourced
- Equitable

Underlying these domains of quality is the importance of **Caring.** TEWV's values of:

Respect	Compassion	Responsibility
• Listening • Inclusive • Working in partnership	• Kind • Supportive • Recognising and celebrating	• Honest • Learning • Ambitious

are our equivalent of the National Quality Board's call to deliver all NHS care with compassion, dignity and mutual respect**.**

8. Delivering Our Clinical Journey to Change

We are developing a set of detailed project plans to deliver the first phase of the Journey during 2023/24. We will analyse the emerging data and information through our governance meetings and committees and develop further projects for 2024/25 and beyond to deliver specific process and technology related changes.

At the same time, we recognise that a patient safety culture requires the development of the right culture. This is about day-to-day behaviour of managers / leaders and staff at all levels and in all parts of the organisation. This is one place where all of our Journeys interact (for example, the focus on expanding peer roles seen in the clinical and co-creation journeys will have an impact on culture. It is also where the day to day and month to month cycle of Trust governance is key. We will review how well this is operating on a periodic basis.

Thank you for taking the time to read this document. We hope you endorse our *Quality Journey* ambition and join us in this dynamic journey of change to improve our service offer to everyone who needs safe, compassionate, and effective care from us.

Appendix 1

Quality Metrics
1) Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'
2) Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients
3) Number of incidents of physical intervention/ restraint per 1000 occupied bed days
4) Percentage of adults discharged from CCG-commissioned mental health inpatient services receive a follow-up within 72 hours
5) Percentage of patients who reported their overall experience as very good or good
6) Percentage of patients that report that staff treated them with dignity and respect
7) The number of Medication Errors with a severity of moderate harm and above
8) Number of serious incidents reported on STEIS
9) Number of Complaints raised