



Quality Strategy 2012-15:

A framework for delivering High Quality Care

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Background:

The Trust has a strong track record on improving the quality of its systems for delivering safe, reliable and patient-centred care, but recognises that there is still much more to be done. The Trust's new Service Development Strategy (SDS 3), covering the period 2012 to 2015, reinforces our commitment to further developing a strong culture of quality within the organisation and sets out a range of initiatives designed to ensure the Trust is offering services comparable to the best in the United Kingdom.

The term "Quality" as used in this document is defined as the systems and processes deployed within the Trust that:

- Improve safety by reducing the potential of harm to patients caused by the risks inherent in delivering often complex treatments and procedures (**Safe Care**)
- Involves patients and carers in the choices they need to make, in ways that respect their dignity as human beings, and that the care we provide is coordinated and organised in ways that are personal to each individual. Ensure that our staff are supported, trained and have the behaviours to provide high quality care (Patient and staff focused **Caring**)
- Ensure that the systems and processes we use in delivering care achieve the best outcome possible for patients through the systematic delivery of care based upon what is known to work best (**Reliable Care**)

At the heart of this strategy is the need for strong clinical and managerial leadership, the alignment of system incentives to support and encourage behaviour and culture change, and the strengthening of compliance through robust assurance and governance systems and the implementation of National and International learning that can bring world class measurable improvements in care to patients.

Critical to success will be high quality data to monitor and report progress against specific and measurable objectives. Our vision is to eventually develop self-managing, self-sustaining staff, structures and accountabilities in which every member understands their role in delivering clinical quality, and works towards delivering the 'best in class' care every day.

What is the aim of our Strategy?

Our strategy aims to sets out where we are trying to get to in the long-term. It will guide how we organise our resources either financial, people, estates or equipment, information and technology to ensure that we benefit patients.

Our overarching aim is to:

- 1. Provide safe care by reducing the risk of harm***
- 2. Own and enhance the patient experience, end to end***
- 3. Deliver effective care systematically and consistently***

Working with our key partners to ensure we have productive working relationships will be critical as will be harnessing innovation and diversification. Our clinical system and business processes all need to be efficient and effective. In order to sustain change we need to engage staff fully in the improvement agenda.

Our desired outcomes for delivering Safe, Caring, Reliable services.

In developing this strategy, our aims are aligned to the Trusts' vision and mission statement and relate specifically to three 'high quality care' domains: **Safe, Caring and Reliable**.

SAFE	CARING	RELIABLE
Do no Harm	Patient and Staff Focused	Consistent care
<ul style="list-style-type: none"> • Establishing patient safety as the Board's highest priority; • Creating an effective infrastructure at corporate and CSU level to ensure the Trust effectively coordinates safety and risk reduction strategies; • Ensuring the Trust complies with the quality and safety standards set by organisations such as the CQC, NPSA, and other authorised regulatory bodies; • Harnessing the power of Information Technology to increase safety and reduce the risk of harm; • Ensuring compliance with the Trust's risk management systems and using "Community to Board" feedback from those systems to drive safety improvements across the Trust; • Ensuring that the environment we provide is clean and safe for both patients and staff; • Creating a "fair blame" culture in which staff feel confident of fair treatment when reporting errors, but which also makes unacceptable non-disclosure of those errors. 	<ul style="list-style-type: none"> • Respect for patient-centred values, preferences, and expressed needs, including: cultural issues; the dignity, independence and privacy of patients and service users; awareness of quality-of-life issues; and shared decision making; • Ensure coordination and integration of care across the health and social care system; • Enhance information, communication, and education on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion; • Ensure we provide physical comfort including pain management, help with activities of daily living, and clean and comfortable surroundings; • Provide emotional support and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances; • Welcoming the involvement of family and friends, on whom patients and service users rely, and demonstrating awareness and accommodation of their needs as care-givers; • Enable transition and continuity as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions; • Improved access to care 	<ul style="list-style-type: none"> • Getting it right first time, because anything else potentially harms the patient, damages the reputation of the Trust and wastes valuable resources i.e. that required to put it right; • Ensure treatments comply with that which is known to work best i.e NICE Quality Standards; • Pathway driven i.e. developed in collaboration with key partners to ensure that the journey is as seamless as possible for patients and that interventions occur in the most appropriate setting to maximise the resources available for health care • Pro-actively seek out and identify variation and its impact on patients, in particular where outcomes are not in line with expectations.

What will we do differently to enable this change?

Developing Leaders

Executive leadership, with clear accountability for all aspects of the quality agenda will be clarified, supporting matrix working, collaborative approaches and the elimination of silo working. We will further develop our corporate leadership structures, led by the Chief Medical Officer (CMO) and Chief Nurse (CNO), that is streamlined, more transparent and Clinical Directors, with the support of senior nursing staff, taking a clear lead for improving the quality of care within their systems. Effective collaboration between clinicians, patients and others to facilitate shared decision making in every care setting will be the objective of leadership at all levels.

Introducing new structures and processes

We have already introduced a quality governance team to support the development and implementation of key policies. An important aspect of ensuring robust quality and performance management will be a root and branch review of our committee structures with the aim of rationalising the numbers and ensure more effective information sharing and monitoring with the added benefit of allowing more time for quality initiatives.

An **Investigation and Learning Unit (ILU)** will be introduced to ensure we have high quality, consistent investigations, the learning from which will be shared actively with CMO and CNO and clinical directors to implement rapid change. This will support the development of more effective, efficient feedback systems.

We will develop clinical processes that provide innovative end to end care by developing integrated pathways. Engagement of clinicians and key stakeholders has, and will continue to be, key to the development of these care pathways.

Embedding Strategies and Policies

We will ensure that all of our policies (supported by the newly developed quality governance team) and strategies are aligned to the quality agenda, the key strategies being: Patient Experience, Patient Safety, Clinical Audit and Effectiveness, Business Intelligence and Data Quality, Health and Safety, Workforce Development.

Developing our Workforce

We will ensure we recruit staff with the right attributes and behaviours and ensure a reward system reflects the value we place on this. Training and education of staff in systematic application of known safe working practices with the aim of creating and embedding a **safety culture** within the organisation will be developed and delivered. The training will include team-working, **human factors** and encouraging more open and transparent reporting of incidents. Staff will be provided training in custom care to make sure every interaction is positive for patients. Continuing Professional Development (CPD) will be supported by providing time to allocated quality improvement activities as part of re-validation and clinical excellence awards. Nursing and Midwifery reviews will include consideration of staffing level to allow these staff time to engage in the quality improvement agenda.

Improving Patient Access

We will make it easier for patients to navigate the healthcare system and to get information they need through the introduction of a **Single Point of Access**. Ensuring that the **Equality and Diversity System** action plan is implemented across all our activity will ensure appropriate, timely and equitable access to all patients.

Information and Technology Development

We will continue to develop Electronic Patient Record (EPR) and SystmOne, and similar information technology to support clinicians in making better decisions and delivering safer services (through patient monitoring, risk scoring, triggers/alerts and decision support tools. The Datix web based risk management system will be more effectively utilised to capture incidents and potential risks, and sharing information by the development of safety dashboards, with clinical directors held to account for remedial action. Better and faster systems to provide feedback will be provided through the establishment of a new **Business Intelligence Unit**

Improving Measurement and performance management

All operational quality objectives will align to our strategic quality objectives so that we have information to support total quality management approach. This will be supported by the development of benchmarks and dashboards, with clinical directorates and specialities developing their own quality improvement strategies with clear, measurable objectives and targets to manage performance within their services accordingly. The implementation of re-validation will extend this to individual clinicians.

What are our strategic quality improvement programme objectives? The table below sets out specific improvement targets over the next 3 years to support the activities set out in this strategy. An additional quality improvement plan will set out the programmes of work in more detail. The targets relate to specific improvement objectives included in programmes aligned to our **Quality Account, CQUIN** and **National Outcomes Framework** requirements.

Domain and programmes	Targets 2012/13	Targets 2013/14	Targets 2014/15	NHS Outcomes Framework Domains	Supporting Strategies
Safe				1 and 3	Patient Safety Health and Safety
Reducing mortality	SHMI<85	SHMI<80	SHMI<75		
Never Events	Zero	Zero	Zero		
Medicines Management Code Standards	90% compliance	100%	100%		
NHS Safety Thermometer: Falls, Pressure Ulcers, UTI VTE Harm Free Patients (HFP)	>30% reduction all 4 topics 80% HFP	>40% 90% HFP	>50% 100% HFP		
Caring				3 and 4	Patient Experience Workforce Development
End of Life Care Pathway Indicators	95% compliance	100%	100%		
Patient Responsiveness	Top 20% National Survey	Top 15%	Top 10%		
Dementia CQUIN & NICE Standards	90% compliance	100% compliance	100% Compliance		
Staff national survey	Top 20%	Top 15%	Top 10%		
Reliable				2 and 3	Clinical Audit Effectiveness
NICE Quality Standards (40 per year)	80% reliability	85% reliability	90% reliability		
5 Long Term Condition pathways	80% reliability	85%	90% reliability		
NHS Outcomes Framework	Domain 1: Preventing People from dying prematurely Domain 2: Enhancing the quality of life for people with long term conditions Domain 3: Helping people to recover from episodes of ill health following injury Domain 4: Ensuring that people have a positive experience of Care Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm				

Conclusion

The environment in which we provide services is changing very rapidly and we need to ensure that we are responsive and flexible to the external challenges to ensure we continue to consistently deliver high quality care for all our patients. We will constantly explore opportunities to become more efficient and effective in how we work. Providing high quality care for all of our patients will be the driving force at the forefront of everything we do.

We will therefore review the strategy and our implementation plan on an annual basis as part of our Quality Account consultation process and to ensure that it continues to fit with the changing demands of the NHS and always meets the needs of our patients.

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