



Quality & Clinical Strategy 2018-2020			
Document owner:	Chief Nurse & Medical Director		
Originating service:	Chief Nurse Directorate		
Purpose of document:	This document sets out the approach being taken by the Trust to deliver high quality care to patients and service users, which involves developing a culture of continuous Quality Improvement.		
Scope:	Trust wide		
Standards & legislation:	This document supports Care Quality Commission Fundamentals of Care standards.		
Approved by:	Trust Board		
Date approved:	January 2018	Review date:	March 2020
Key related documents:	<ul style="list-style-type: none"> • Communications Strategy 2016-2021 • Integrated Business Plan 2016-2021 • Operational Plan • Information Communication and Technology Strategy • Estates Strategy • Workforce, Organisational and Service Redesign Strategy 		
Equality & Diversity Impact (EDIA):	The document owner has carried out an EDIA on this document and there are no negative impacts. The EDIA assessment tool is attached to this document.		
Financial implications:	Where a document has any financial implications on the Trust, the Local Counter Fraud Specialist (LCFS) has the authority to investigate and challenge this document in regards to current fraud and bribery legislation and to ensure appropriate counter fraud measures are in place. LCFS contact details are available on the Trust's Intranet.		
Key word search:	Quality, clinical, care, workforce.		

VERSION CONTROL SUMMARY

Version	Page No.	Description of change	Date approved
1	N/A	Revision of 2016-19 strategy	January 2018

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1.0 EXECUTIVE SUMMARY

Our Quality and Clinical Strategy has been refreshed to focus on improving the quality of the services we deliver through a series of four priorities:

- Safety
- Evidence Based and Innovative Practice
- People Involvement
- Learning and Continuous Improvement

This builds on our overarching programme 'Our Quality Way', launched in 2017 which helps staff to understand their role in delivering high quality care.

The annual implementation plans for the strategy will be based on Trust wide programmes of work alongside improvement activity identified through the annual service plan process.

2.0 INTRODUCTION TO OUR QUALITY AND CLINICAL STRATEGY

There is increasing evidence that suggests the impact of quality improvement work is most significant when it forms part of a long term, structured, organisation wide approach focusing on culture (Jabbal – Kings Fund 2017).

In light of this, our Quality and Clinical Strategy has been refreshed to focus on a long term approach of continuous improvement and to also take account of evolving national and local priorities and our ever changing service portfolio. We will also focus on improving how we measure and evaluate the effectiveness of improvement interventions.

The outcome is a set of four strategic improvement priorities which underpin our ambition to deliver outstanding care. Our services will identify improvement actions in their annual service plans and will be fully engaged in delivering measurable improvement outcomes for patients and service users.

2.1 The strategy is founded on the CQC five domains:



Safe

People are protected from abuse and avoidable harm



Effective

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence



Caring

Staff involve and treat people with compassion, kindness, dignity and respect.



Responsive

Services are organised so that they meet people's needs



Well Led The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation and promotes an open and fair culture.

3.0 UNDERPINNING METHODOLOGY

The Kings Fund (2016) identified that building in house capacity for quality improvement is a key enabler for making change happen.

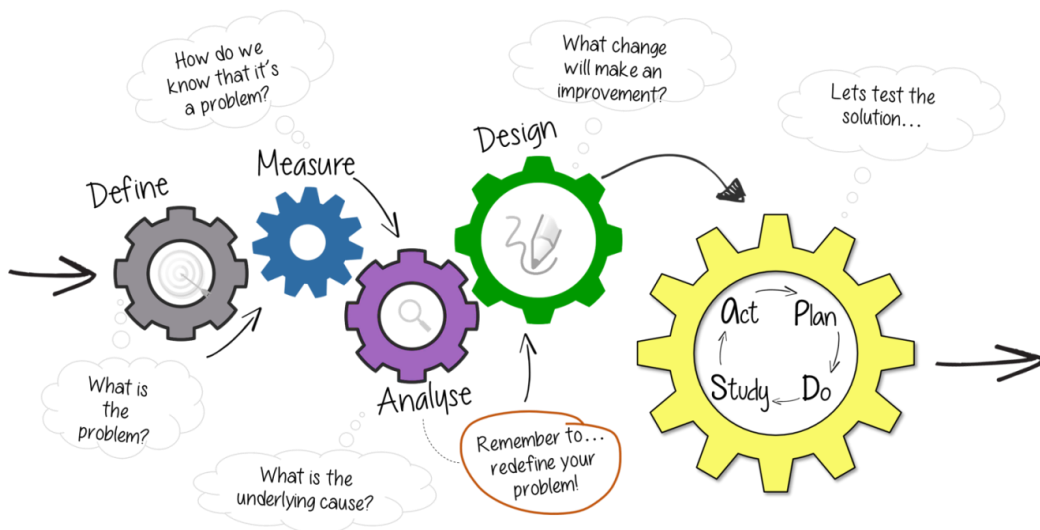
This strategy therefore builds on the launch in 2017 of 'Our Improvement Way' as an enabling methodology that is a simple approach based on best practice in implementing change designed to help us think about:

- What are we trying to achieve?
- How can we measure it?
- How can we be sure that our idea is the right “fix” for the problem we identified?
- How can we check that the improvement we’ve made is sustainable



We will continue to support teams to identify projects for improvement and to utilise the DeMAAnD – PDSA methodology illustrated below, in order to effect improvements to practice or patient experience.

DeMAAnD-PDSA



4.0 DELIVERING THE 4 PRIORITIES OF THE QUALITY AND CLINICAL STRATEGY

The strategy will be delivered over a three year timeframe and detailed one year implementation plans will be developed following collation of service level initiatives alongside Trust wide programmes of improvement activity.

Priority	Activity
1. Safety	<ul style="list-style-type: none"> • Assessment of culture • Identify Areas for Improvement • Trust wide initiatives • Leadership for safety
2. Evidence Based and Innovative Practice	<ul style="list-style-type: none"> • Standardisation • Measuring Effectiveness • Network of Clinical Leaders • Research • Clinical benchmarking
3. People Involvement	<ul style="list-style-type: none"> • People Involvement • Community Engagement • Evidenced changes in practice
4. Learning and Continuous Improvement	<ul style="list-style-type: none"> • Using data for Improvement • Learning from when things go well/ not so well • Focus on Human Factors • Learning from Deaths • External focus on learning • Embed 'Our Improvement Way'

Priority 1: Safety

Goal - A mature Patient Safety culture is evidenced throughout our services



Key underpinning programmes:

a) **Assessment**

Trust wide assessment of the maturity of our **patient safety culture** using a recognised tool. This will include views on our attitudes, values and behaviours about patient safety and whether these are positively reflected in our working practices, for example, how patient safety incidents are investigated, staff education, and training in risk management.

b) **Identify areas for improvement**

Each service will be supported to identify a number of relevant improvement actions following the cultural self-assessment.

c) **Trust wide Initiatives**

- Identify and roll out a **patient safety based escalation programme**. There have been a number of initiatives developed in different organisations that empower staff who are concerned about an immediate patient safety issue to question and challenge another clinician/ staff member in a non- threatening and de personalised way. One example is 'Stop the Line' which was developed by the automotive industry and adapted successfully into operating theatre environments.

We will review available programmes and agree the most appropriate to use for our service portfolio.

- Continue to roll out **Human factors** training and supported implementation
We have initiated a trust wide awareness programme regarding the impact and influence of Human factors in health care and patient safety. During the timeframe of this strategy we will continue to educate and raise awareness of staff and review existing processes and associated documentation to ensure that this becomes embedded in our culture when considering both proactive and reactive improvement initiatives.
- **Safeguarding** Improvement project
We will undertake a 'stock take' of our safeguarding resources and processes to identify areas for quality improvement activity based on our wide portfolio of services.

d) **Leadership for Safety**

We will review our leadership capability/ knowledge regarding patient safety and build areas for improvement into our Leadership training and development opportunities.

Priority 2: Evidence Based & Innovative Practice

Goal – Clinicians deliver practice based on best available evidence and the effectiveness of treatments and interventions is measured



Key underpinning programmes:

a) Standardisation of clinical practice against best evidence and professional standards.

This will be achieved through enhancing our clinical audit programme in key areas of practice to enable us to establish current variation and identify opportunities to adopt best practice based on outcomes.

We will work with Clinical and Professional leaders across the Trust to evidence consistency in meeting standards set by Professional Bodies. This work will be shared collectively and progress monitored at the Clinical and Professional Committee where multi professional representatives from our services meet to debate and share best practice.

We will, where possible, use clinical benchmarking information to standardise our clinical practice against the best in the cohort.

b) Measure Effectiveness

A number of key elements are required to be in place to support a successful Quality Improvement approach (Ham, Kings Fund 2016). Two of these relate to the importance of having quantified and specific goals and putting in place systematic, transparent measurement and reporting of progress.

Key steps outlined by the Better Care Fund (2015) include:

- Defining outcomes to be achieved
- Developing and selecting the most appropriate measures
- Developing a monitoring and evaluation framework
- Use data to continually inform and drive improvements

We will focus on continuing to develop skills in our leaders that enable them to identify, articulate and systemise realistic goals and demonstrate the impact/ outcomes of treatments and interventions.

c) Develop a vibrant network of clinical leaders who seek innovative practice

We will continue to build on the formal and informal clinical networks that our leaders are actively involved in. We will continue to seek their views on where these relationships are well established and productive and where we could improve.

d) Generate ideas for research and seek to continually improve the quality of care delivered to patients.

We will continue to actively develop our research capacity and capability through our strong collaborations with a number of research based organisations and partnerships including the local Clinical Research Network, the East of England Collaboration for Leadership in Applied Health Research & Care (CLAHRC) and the National Institute for Healthcare Research (NIHR).

We aim to identify appropriate research opportunities in all of our services wherever relevant and support staff through the research process.

Priority 3: People Involvement

Goal – We will move from a ‘patient engagement’ to a ‘People Involvement’ Approach where service users, patients and local communities help to shape and improve future service provision.



Key underpinning programmes:

a) People Involvement

We will progress moving from a ‘patient engagement’ based approach to a model that involves communities and service users at the heart of everything we do.

We will develop a stronger level of engagement across our services by embedding a clearly articulated vision of patient, carer and people involvement alongside a robust governance structure. This will be developed from foundations of locally led ‘working together’ style groups of patients/ service users and community groups who will oversee Involvement initiatives. These will report into a Board sub committee who will monitor progress.

This builds on our more detailed Board approved approach which outlines an ambitious three year programme to strengthen and embed this way of working across all of our services.

b) Community engagement

This is an integral programme in our People Involvement Approach which requires our teams to consider the most appropriate way to engage with the communities in which they deliver services. This will include working with organisations that represent the local communities such as Healthwatch. Progress will be monitored through the governance structure outlined above.

c) Changes in practice identified and evidenced from patient and service user feedback

A number of our teams regularly seek patient and service user feedback in different ways and make adjustments to their practice and ways of working to improve the experiences of our patients and service users.

We will focus on assisting teams to evidence these and share what has gone well so that other teams can learn and make similar improvements where appropriate.

Priority 4: Learning and Continuous Improvement

Goal – High quality care is delivered by clinicians who have learned from the experiences of patients, service users and staff and continually seek to improve.



Key underpinning programmes:

a) Using data for improvement

As an organisation, we generate and receive a significant amount of data related to our clinical work, service performance and overall quality governance systems and processes.

We will focus on developing our capability and capacity to analyse and interpret the data that will help to inform improvements and innovative practice.

We will work to embed a culture of seeking to benchmark patient outcomes and experiences and seek to challenge ourselves to identify and action improvements.

b) Learning from when things go well and not so well.

We will build on our current systems and processes for sharing learning from patient safety incidents, complaints, deaths, patient feedback, improvement projects, research and clinical audit findings.

By developing a 'Learning Framework' we will outline best practice in identifying and sharing key areas for improvement and create a consistent approach for continuous improvement.

We will continue to develop our approach to the national Learning from Deaths agenda, recognising that although initial guidance focuses on in patient deaths, we seek to identify improvements to care that can be identified through a structured approach to reviewing deaths within our services (National Quality Board 2017).

c) External focus for learning

We will focus on seeking learning from other organisations and sectors in order to stimulate innovation and adoption of best practice. We will support our staff to participate in regional and national networks to share and learn.

d) Embed 'Our Improvement Way' methodology

This Quality and Clinical Strategy dovetails The Trust's Workforce Organisational and Service Redesign Strategy outlines a programme specifically targeted at developing a culture of Continuous Improvement in everything we do supported by 'Our Improvement way' methodology described in this strategy at section 3.

All four priorities will be encompassed by the fifth Key Line Of Enquiry - Well Led



5.0 HOW THE STRATEGY LINKS WITH OTHER STRATEGIES

This strategy links to each of the other Trust strategies:

- Workforce, Organisational Development and service redesign through the Quality improvement and continuous improvement actions.
- ICT – the use of technology will underpin much of our clinical quality improvements.
- Estates – supporting the maintenance of safe facilities and ensuring that our estate meets the needs of the people and staff who use them.
- Communications – ensuring that we engage with the public and our staff to effect quality improvement which meets their needs.
- The long term financial model – ensuring that quality is maintained within a financially viable service delivery model, using innovation to create efficiency.

6.0 ACCOUNTABILITY, GOVERNANCE AND THE MONITORING OF THE DELIVERY OF THE STRATEGY

Implementation of this strategy will be monitored through our Quality Improvement and Safety Committee.

The following groups will oversee delivery of key work areas to enable this strategy to be delivered:

- Clinical Operational Boards
- Strategic Change Board
- Quality Improvement and Safety Committee and its sub groups ie Clinical & Professional Committee and Safeguarding Group.

7.0 REFERENCES

Ham C, Berwick D, Dixon J (2016). *Improving Quality in the English NHS: a strategy for action*. The Kings Fund. Available at: www.kingsfund.org.uk/search?search=improving+quality+in+the+english+nhs (accessed 12th December 2017)

Jabbal J (2017). *Embedding a culture of quality improvement*. The Kings Fund. Available at: www.kingsfund.org.uk/publications/embedding-culture-quality-improvement (accessed 12th December 2017)

The Better Care Fund (2015) . *How to... understand and measure impact*. DH, DCLG, LGA, NHSE. Issue 4

Care Quality Commission (2015) *Fundamentals of Care standards*. Available at: www.cqc.org.uk/guidance-providers/regulations-enforcement/regulations-service-providers-managers.

National Quality Board (2017) *National Guidance on Learning from Deaths*. National Quality Board.

8.0 EQUALITY AND DIVERSITY IMPACT ASSESSMENT

A Rapid Equality and Diversity Impact Assessment has been carried out and no negative impacts have been identified.

Rapid Equality and Diversity Impact Assessment Tool

The purpose of an Equality Impact Assessment is to improve the work of the Trust by ensuring that it does not discriminate and that, where possible, promotes equality. It is a way to ensure individuals and teams think carefully about the likely impact of their work on service users and take action to improve activities, where appropriate. As a public authority the Trust is required to carry out an assessment on all of its approved documents.

Name of document being assessed:	Quality & Clinical Strategy 2018-2020
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State the name and job role of the reviewer:

Name:	Chief Nurse & Medical Director
Job Role:	
Date:	January 2018

Choose either Positive or Negative impact. POSITIVE it could benefit or would have very little or no impact. NEGATIVE, it could disadvantage. If you choose NEGATIVE you will be required to complete a FULL EQUALITY IMPACT ASSESSMENT

Minority ethnic including Gypsy/travellers, refugees and asylum seekers	Positive
Women and men	Positive
People in religious/faith groups	Positive
Disabled people	Positive
Older people	Positive
Children and young people	Positive
Lesbian, gay, bisexual and transgender people	Positive
Marriage and Civil Partnership status	Positive
Maternity status	Positive
People of low income	Positive
People with learning disabilities	Positive
People with mental health problems	Positive
Homeless people	Positive

People involved in criminal justice system	Positive
Staff	Positive
Diet and nutrition	Positive
Exercise and physical activity	Positive
Substance use: tobacco, alcohol or drugs	Positive
Risk taking behaviour	Positive
Education and learning, or skills	Positive
Social status	Positive
Employment (paid or unpaid)	Positive
Social family support	Positive
Stress	Positive
Income	Positive
Discrimination	Positive
Equality of opportunity	Positive
Relations between groups	Positive
Living conditions	Positive
Working conditions	Positive
Pollution or climate change	Positive
Accidental injuries or public safety	Positive
Transmission of infectious disease	Positive
Health care	Positive
Transport	Positive
Social services	Positive
Housing services	Positive
Education	Positive
Any other areas	Positive
Were any NEGATIVE impacts identified?	NO
If YES please contact the Assistant Director of Corporate Governance who is the Equality & Diversity Lead for the Trust to complete a full Equality Impact Assessment	