South Devon Healthcare **NHS**

NHS Foundation Trust

Quality Strategy 2014 – 2015

<u>S</u>afety   <u>E</u>ffectiveness <u>E</u>xperience

'Do you SEE quality?'

We aim to ensure your safety, deliver effective services and care, and provide you with good experience every time.
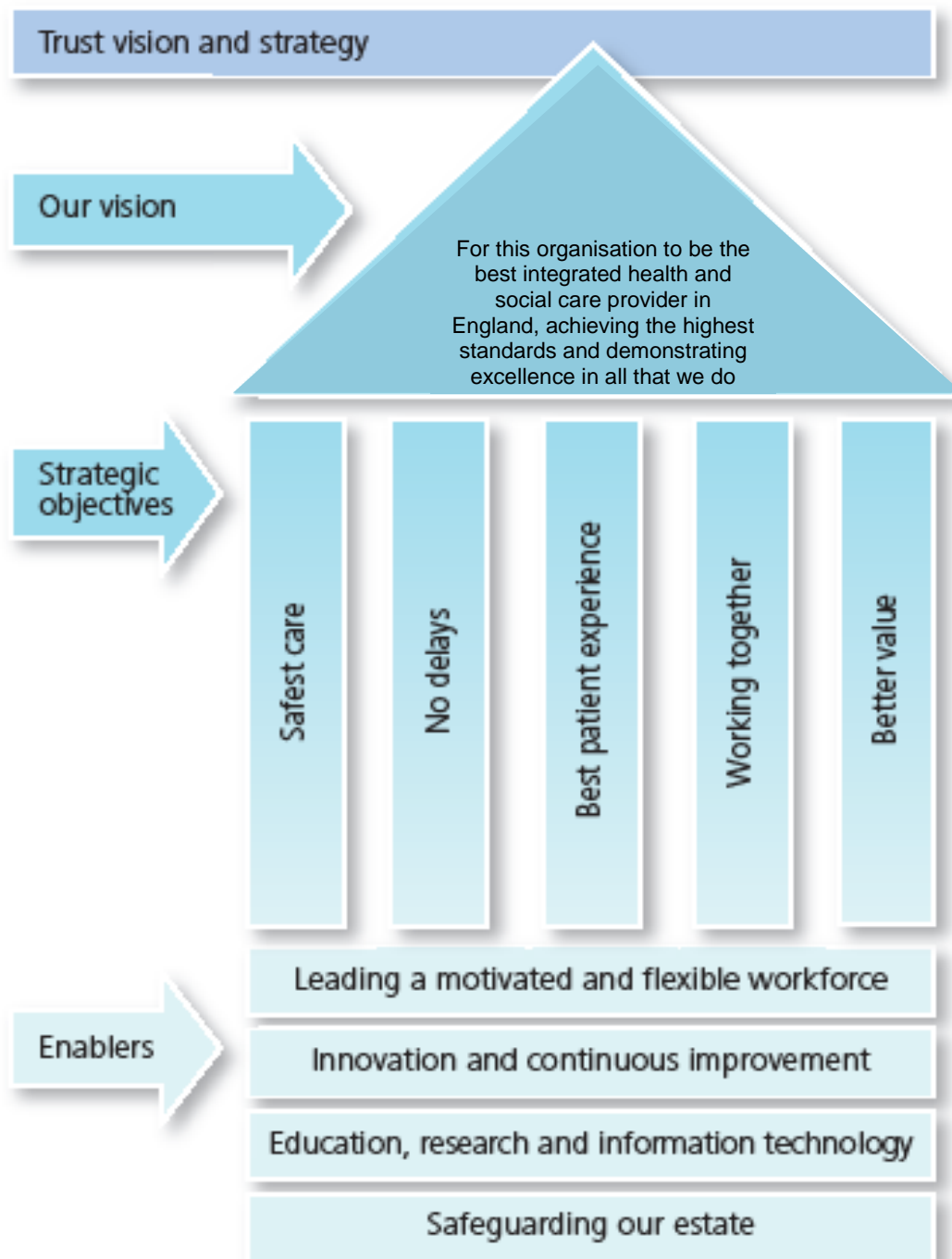
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N.B. This strategy is linked to the followoing Trust straegies:

- Workforce and Organisational Development Strategy
- Continuous Improvement Strategy – (Finance strategy)
- Estates and Infrastructure Strategy
- IM&T Strategy

Safety, Effectiveness and Experience

Trust vision and strategy

Our vision

For this organisation to be the best integrated health and social care provider in England, achieving the highest standards and demonstrating excellence in all that we do

Strategic objectives

- Safest care
- No delays
- Best patient experience
- Working together
- Better value

Enablers

- Leading a motivated and flexible workforce
- Innovation and continuous improvement
- Education, research and information technology
- Safeguarding our estate

South Devon Healthcare NHS Foundation Trust Summary Strategic Directions 2010 – 2015   05

SEE Our Quality Strategy - plan on a page

Our Vision	Our ambition is for this organisation to be the best integrated health and social care provider in England, achieving the highest standards and demonstrating excellence in all that we do
Your Outcome	People will experience high quality health and social care at the right time, in the right place, from the right people with the right skills

Our Quality Strategic Objectives

Promote public Health	High quality safe care with no delays	Best patient experience
Working together	Personal, Fair, Diverse	Value for money sustainable service

Enablers

- Motivated flexible workforce
- Innovation & improvement Practice
- Education Learning Development
- Maximising our estate
- Good citizenship & sustainability
- Information Management & Technology
- Commercial Development

Key Quality Areas

Local (CQUINs)
Safety
- Severe sepsis
- Pressure Ulcers

Experience
- Friends & family
- Bereavement

Effectiveness
- Frailty
- Enhanced recovery in medicine
- Substance misuse
- 'Front door' redesign
- Yellow card scheme

National
Safety
- Pressure ulcers
- Safety thermometer
- C Diff

Experience
- Friends & family test
- Chief Nursing Officer's 6 C's

Effectiveness
- Francis. Bewick & Keogh actions
- Dementia
- NHSE 11 point score card

Trust Annual Plan:
- Safest care
- No delays
- Personal Fair Diverse
- Best patient experience
- Delivering improved value
- 7 day services
- Horizon Institute
- Theatre efficiency

Quality Accounts:
Safety
- Pressure ulcers
- Falls

Experience
- Bereavement
- Carers & discharge

Effectiveness
- Frailty
- Dementia - companionship

Together We Care

Quality through safety, effectiveness and experience - SEE

Foreword

Jane Viner; Director of Professional Practice Nursing and Practice, People's Experience

"Our staff treat patients at home, at health centres and clinics, at our acute and community hospitals. They fix limbs, they improve people's lives; they celebrate births, they comfort and support the dying; they treat people with many conditions, and they get broken bodies working again. Staff use a range of different skills and expertise, but what they all have in common is their commitment to a QUALITY experience for every patient they treat.

Together we aim to **SEE** - Ensuring SAFETY, delivering EFFECTIVENESS, improving EXPERIENCE. The Trust's quality strategy describes our approach to reducing errors, preventing harm, delivering highest quality and ensuring a positive experience of care for our patients and staff all of the time".

Dr David Sinclair; Interim Medical Director

"We believe that everyone deserves the highest quality of care we can possibly provide. Our aim is to ensure staff, working with our local population, have the opportunity and the skills to improve services, whilst focusing on want people want and need".

This Quality Strategy alongside the development of the Horizon Institute, provide two road maps to ensure we **SEE** quality every day.

"The 'Health and Social Care Act' (2012) puts the patient at the centre of care and adopts the definition of quality first described by Lord Darzi in 2008 that comprises:

Safety + Effectiveness + Experience = Quality

Our ambition is to ensure that people who use our services are SAFE, that they receive high quality EFFECTIVE care, and that they have a good EXPERIENCE.

The Chief Nursing Officer for England's 2012 publication '*Compassion in Practice: our vision and strategy*' set out a shared purpose for nurses, midwives and care staff to deliver high quality, compassionate care, and to achieve excellent health and wellbeing outcomes. Whilst directed at Nurses and Midwives, the principles of Care, Compassion, Courage, Competence, Commitment and Communication are relevant to all staff whatever their role and wherever they work".

"There is a lot of evidence to show that patients value safety and effectiveness but above all they want to be treated as individuals, to feel cared for and to experience kindness. Our local experience survey consistently shows that our staff treat the people they care for with kindness and compassion and this has to be the best measure of success".

1.0 Promoting a quality culture

1.1 Drivers for improvement

The delivery of high quality healthcare is important to the Trust for a number of reasons which are all equally significant.

These are:
- Quality is at the heart of the Trust's ambition, vision and mission.
- It is articulated in the corporate strategy and reflected in strategic objectives for the next 5 years.
- Patients expect high quality care and increasingly are willing to choose where they have their care based on reputation for quality
- Delivering high quality care is generally more productive and therefore costs less.
- We know from experience in other areas that organisations which ensure a priority focus on quality tend to have more satisfied staff. The connection between satisfied staff and high quality is a key driver.

1.2 Our vision

'Our ambition is for this organisation to be the best integrated health and social care provider in England, achieving the highest standards and demonstrating excellence in all that we do.'

Our purpose is to promote healthy communities and personalised care that is focussed on the needs of 'Mrs Smith', her family, carers and neighbours by being accessible, integrated, innovative, affordable and of the highest quality. As a result, high quality **care, compassion and kindness** sit at the heart of our organisation. Every member of staff has a responsibility for providing care, compassion and kindness and we aim to achieve this with strong leadership at every level.

It isn't just about the care we give, but the way we give it. We want to understand how patients, service users and the public experience our services and not only listen to patient feedback but respond effectively. We then want to let people know what has happened as a result of their feedback. We want all our staff to see the person in every patient or service user and to engage staff and those who use our services including the wider community, in helping us to develop and deliver highest quality services.

We intend to ensure that all our services are of the highest quality because they are designed to keep people safe, prevent ill-health, treat illness and promote independence.

1.3 Our quality pledge

'We aim to ensure your safety, deliver effective treatments and care, and provide you with good experience every time'

The Trust's strategy over the next five years is to work with our health and social care partners in the local community to improve health, wellbeing and experience through developing a more integrated service. We will further develop clinical systems and processes using the well-established framework familiar to us as set out in the Safer Patient Initiative, which will keep quality and patient safety at the centre of the Trust's agenda. Within our Annual Plan we offer a number of quality pledges:

- We will strive to **drive out variation** in the level of service provision across the 24 hour period and throughout the seven day week with the aim that patients and service users will receive optimum care at the time they need it – right care, right time, all day and every day. In order to deliver this:
- We will continue to **drive improvement** in patient and service user safety and experience in our care processes, embedding enhanced recovery across all surgical specialties, applying the concept to emergency's medical admissions, reducing risk through safeguarding adults and children, involving carers and the community more and enhancing quality wherever the setting – wherever people live and in hospital.
- We will continue to **develop improved services** for the public, for patients and service users who are the most vulnerable wherever they live or are being cared for e.g. to help children achieve a good start in life and as they grow into adulthood, and for those with a dementia or learning disability, enhancing the environment alongside clinical care to better create a 'healing environment'.
- We will continue to develop all services in ways that ensures our patients and service users have **timely and appropriate information** about their care and treatment to support the public and professional decision making at the earliest opportunity.
- We will work with our public – patients, carers, support and interest groups, community groups, voluntary sector to develop service quality in **partnership**.
- We will improve the care we give to patients at the **end of their life**, delivering improved advanced care planning and treatment escalation as appropriate, with an ambition to enable more people to die in their place of choice outside of hospital.
- We will **improve the timeliness of our communication** with our professional partners across a range of settings, organisations and the community in order to have total confidence about transfers of care whereby patients and service users experience transitions between different teams and systems of care.

1.4 Our organisational priorities

In order to support the overall Trust vision there is a need to continue to work towards highest quality care which has been set out in four key priority areas for the coming five years as follows:
- Patient and carer experience
- Outcome measures - both patient and clinician reported measures
- Patient safety - harm free care
- Staff recommending our services to family and friends.

1.5 Our strategic statement and objectives

Our quality strategy sets out what we want to achieve (our strategic objectives) and what this will look like in terms of success (our strategic goals or measures). How this will be achieved is set out in our annual business plans (Appendix 1) and will also be translated into measureable personal objectives that will be cascaded through the Trust. Our quality performance and improvements will be reported annually in our Quality Account (Appendix 2). The Trust Board has agreed the following strategic quality objectives:

Safest care
Reducing healthcare acquired infections, avoiding unnecessary deaths or injuries, compliance with statutory safeguarding requirements, meeting all regulatory standards and improving our health and social care systems through further implementing the safety improvement programme and enabling shared learning Trust-wide.

No delays
Patients and service users being seen as quickly as possible wherever the setting, and being fully involved in their care and only staying in hospital for as long as is necessary.

Best patient experience
Providing care that patients, service users, staff and the wider public would recommend to others.

Working together
Working closely with our partners to provide seamless health and social care, and with a focus on improving health and illness prevention, we will develop our public health programme with commissioners, community groups and the public.

Delivering better value
Making best use of taxpayers' funds, generating sufficient resource to deliver our service in a sustainable way, and achieving excellent ratings for use of resources in meeting regulatory standards.

Seven day working
Recognising the pressure being experienced in the urgent care system, both locally and nationally, the Trust will develop seven day working/services, shared decision making and operational measures to improve flow.

Improved theatre efficiency
In support of elective waiting time standards, and to support the specialty level delivery both expected by patients and required under the terms of the Acute Services Contract, the Trust is engaged in activity to deliver an improvement in theatre efficiency.

Horizon Institute
Developing the Horizon Institute to support the delivery of high quality care through the Institute's continual and relentless focus on quality, ensuring staff and service uses have the skills, passion and expertise to co-design and deliver better care.

2.0   Setting quality priorities: drivers

Fostering a culture that puts the delivery of safe, high quality care at the core of service delivery is essential if we are to deliver personalised services that meet the needs of Mrs Smith and her family. Service users should be treated with **respect** and should expect to receive **safe**, **high quality** and **effective** care from appropriately qualified, experienced and caring staff. The Trust is committed to monitoring performance and where issues are identified, to acknowledge these **openly**, in order to address issues promptly and ensure rapid **improvement**. We aim to ensure that the services we provide meet the expectations of service users and meet national, professional and local standards of care.

2.1   Context : national

The '*NHS Constitution*' includes two patient rights covering quality of care. The first is the right to receive care from appropriately qualified and experienced staff and the second is that patients can expect NHS organisations to monitor and make efforts to improve the quality of the health care they provide.

The Care Quality Commission (CQC) is committed to ensuring people get the right care by driving improvement across health and adult social care, by putting people first and championing their rights, by acting swiftly to remedy bad practice and by gathering and using knowledge and expertise. The CQC has identified 28 quality and safety standards of which 16 are designated 'essential standards' covering all aspects of healthcare provision including: safeguarding and safety, personalised care, treatment, support and suitability of staffing. These standards must be fully met by clinical service providers. The CQC also contribute to the Ofsted inspection into children's services.

The '*Health and Social Care Act*' (2012) puts the patient at the centre of care and adopts the definition first described by Lord Darzi of high quality care that comprises: safety, patient experience and effectiveness.

Safety of treatment and care provided to patients – safety is of paramount importance to patients and is the bottom line when it comes to what NHS services must be delivering. It has risen up the agenda over the last ten years following the publication of *An Organisation with a Memory* and *Safety First: a report for patients, clinicians and healthcare managers*. High profile failures in more recent years, such as at Mid Staffordshire and Basildon and Thurrock, has brought further and considerable media attention to the agenda.

Experience that patients, service users and the public have of the treatment and care they receive – how positive that experience people have on their journey through the health and social care system can be even more important to the individual than how clinically effective care has been.

NHS England (NHSE) seeks to put patients first to ensure they are key decision-makers in the future of the NHS both nationally and locally. The NHSE business plan 2012/13 – 2015/16 underpins the move to a new system, where quality is at the heart of everything we do, with a set of clear core priorities. NHSE will measure progress against these to produce an 11-point NHS England Scorecard to guide providers in delivering quality.

The National Operating framework 2013/14 identifies four priority areas for particular attention including: dementia and care of older people, valuing carers, military & veterans' health, health visitor and family nurse partnerships. It set out five outcome based safety and quality priorities underpinned by NICE quality standards:

- Preventing people from dying prematurely.
- Enhancing the quality of life for those with long term conditions.
- Helping people to recover from ill health or following injury.
- Ensuring people have a positive experience of care.
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

The NHS Outcomes Framework sits alongside similar frameworks for public health and adult social care. The distinct frameworks reflect the different delivery systems and accountability models for the NHS, public health and adult social care. The three frameworks have been further aligned to encourage collaboration and integration, both in terms of how shared and complementary indicators are presented across all three frameworks, and through an increased and more systematic use of shared and complementary indicators in the revised Public Health and Adult Social Care Outcomes Frameworks for 2013/14.

Quality and safety standards are also determined by the national CQUIN and QIPP priorities. Regional best practice standards identified by the former Strategic Health Authority from the learning disability and dementia peer reviews also inform the Trust's care standards and priorities. These national standards and priorities are collated to inform the development of our local plans, our CQUINs, QIPP and the Quality Account. Through this process, national priorities and standards are integrated into the Trust performance monitoring dashboard. Detailed delivery plans are developed and implemented. Progress against those relating specifically to quality and safety is monitored monthly by commissioners through the Quality Review Meeting (QRM) and internally by the Care Quality and Safety Committee and by the Board through the quality and safety report.
Effectiveness of the treatment and care provided to patients – measured by both clinical outcomes and patient-related outcomes. There is much evidence of wide variation in the clinical effectiveness of care delivered across the country.

2.2   Context: the quality improvement and accountability cycle

Local quality, safety and experience priorities are identified though the annual business planning, service improvement and quality account cycles. These processes include consultation with service users using formal and informal methods.

The Trust 'Engagement and Experience Committee' (E&E), chaired by an executive with a non-executive director (NED) and governor in attendance, strengthens the involvement of service users in setting quality priorities. The annual *Quality Account* provides an opportunity to open up a dialogue about safety and quality with service users, staff, the public and others who have a stake in our work. The *Quality Account* covers the three key areas or quality, patient safety, the effectiveness of our care and the patient's experience.

The *Quality Account* must highlight the things that matter most to people who use our services, it should ensure the priorities included, reflect the quality goals that are most relevant to patients and staff and which will have the greatest impact across the whole Trust. The annual *Quality Account* identifies priorities covering quality and safety, clinical outcomes and patient experience across the full range of our services. The *Quality Account* priorities have clear actions plans and timeframes for achievement monitored through the Engagement and Experience Committee and the Board.

The CQUIN and *Quality Account* work plans are implemented by business unit teams and matrons who use an electronic dashboard to report progress to the professional practice team. This information is collected and collated monthly for reporting. A full list of the quality and safety priorities identified through the Joined-Up, CQUIN and *Quality Account* processes can be found in Appendix 3.

The Trust participates in national quality and safety initiatives including the Safety Improvement Programme and the Productive Series. The safety programme facilitates collaboration between local healthcare providers in the delivery of improvements in a number of clinical risk areas including falls prevention, pressure ulcer reduction and medicines reconciliation. The Productive Community Hospital has been developed by the NHS Institute for Innovation as an element of their very successful 'Productive' series. It provides clinical teams with recognised tools and strategies to critically evaluate existing approaches to care delivery, to identify alternatives and to implement changes.

With the development of the Horizon Institute in 2014/15 there will be more opportunity to work with external colleagues including academics and the local Academic Health Science Network. This will enable us participate in more quality improvement initiatives (e.g. transitions of care) whilst sharing learning and expertise to improve services.

2.3   Context: professional

The director of professional practice, nursing and people's experience (DoNPPE) has responsibility for ensuring that all non-medical registered practitioners practice in accordance with their codes of professional practice. The practice of non-registered healthcare workers is also managed by the DoNPPE.

The medical director (MD) has the same responsibility for medical and dental practitioners. These executives work closely together to ensure the Trust has robust systems and processes in place to monitor professional practice, identify issues early and to manage these promptly.

Professional quality and safety standards are set by the professional bodies such as the Nursing and Midwifery Council 'Standards of conduct, performance and ethics', the General Medical Council 'State of Medical Education and Practice' and publications such as the 'Vision for Adult Social Care: Capable communities and Active Citizens' which sets out a vision for the delivery of social care services. Publications such as these provide guidance on professional best practice and quality standards.

Ombudsman reports such as 'Six Lives: the provision of public services to people with learning disabilities' (2009)', 'Care and Compassion?' (2011) and 'Listening and Learning' (2011) gain public and professional attention. Credible reports such as these provide valuable insight for the providers of healthcare into the patient experience and must inform the identification of quality and safety priorities and strategy.

2.4   Context: public perception

The findings of the **Francis Report** (February 2013), following the independent investigation into the care and treatment at Mid Staffordshire Trust concluded that patients were routinely neglected by the Mid Staffs Trust, which had been preoccupied with cost cutting, targets and processes and that the Trust had lost sight of its fundamental responsibility to provide safe care. The report made numerous recommendations that can be grouped into the following themes and that are fundamental to the delivery of this strategy:

- Emphasis on and commitment to common values throughout the system by all within it.
- Readily accessible fundamental standards and means of compliance.
- No tolerance of non-compliance and the rigorous policing of fundamental standards.
- Openness, transparency and candour in all the system's business.
- Strong leadership in nursing and other professional values.
- Strong support for leadership roles.
- A level playing field for accountability.
- Information accessible and useable by all allowing effective comparison of performance by individuals, services and organisation.

The launch of the **Chief Nursing Officer's 'Compassion in Practice Vision** (2012), referred to the 6Cs of compassionate care. The 6Cs is a national strategy for quality and delivering a culture of compassionate care, not just for nurses but all healthcare staff. This strategy embraces the delivery of the 6Cs – Care, Compassion, Courage, Competence, Communication and Commitment.

The Keogh Report (2013) from the Medical Director of NHS England focused on hospital mortality rates and sets out a number of ambitions for the NHS as a whole. These ambitions are reflected in our quality strategy and strategic implementation plan.

The Berwick Report (2013) provided a number of recommendations to improve quality among these was the need to get the culture right. Berwick concludes that there are four main principles to guide everyone in trying to build an even better learning NHS:
- Place the quality and safety of patient care above all other aims for the NHS.
- Engage, empower, and hear patients and carers throughout the entire system, and at all times.
- Foster wholeheartedly the growth and development of all staff, especially with regard to their ability and opportunity to improve the processes within which they work.
- Insist upon, and model in your own work, thorough and unequivocal transparency, in the service of accountability, trust, and the growth of knowledge.

During the next year we will work to ensure that the key recommendations from the Francis, Keogh and Berwick reports (2012) are implemented through an **Integrated Action Plan** that has been developed. We will embrace and nurture the Berwick principles throughout our Trust that:
- Leaders should place quality of care in general, and patient safety in particular at the top of their priorities - focus on creating a culture firmly rooted in continuous improvement.
- Patients and their carers should be present, powerful and involved at all levels of healthcare organisations from wards (and Communities of Care) to the Board.
- All data on quality and safety should be shared with all relevant parties including the public.

We will prioritise a system devoted to continual learning and improvement of patient care, embracing complete transparency, and given our history as a Safer Patient Initiative organisation look forward to being part of the network of safety improvement collaborative nationally.

Through our Workforce and Organisational Development Strategy and the Horizon Institute we will develop leadership capacity and capability for SEE – safety, effectiveness and experience throughout the Trust, utilising service improvement and innovation, appraisal, training, revalidation, practice development, to develop the quality of our service to patients, service users and the public. For this reason the Trust Workforce and Organisation Development Strategy and the development of the Horizon Institute is critical to the delivery of high quality care.

The NHS Choices website provides timely information on the experience of people who use services and this is reviewed by the Trust head of engagement and experience monthly to include in the monthly report to the Engagement and Experience committee.

3.0   Quality Governance Framework

3.1   Overview

The Board is responsible for setting the culture and overseeing the quality of care being delivered across all the services within the Trust and assuring itself through relevant evidence that quality and good health outcomes are being achieved throughout the organisation. Effective governance therefore means that the Board pays as much attention to the quality of care as they do to the management of the Trust's finances. The Board's responsibility has three components as detailed below:

- To ensure that the standards of quality and safety (as determined by the CQC) are being met as a minimum by every service that we deliver, every day.
- To ensure that the Trust is committed to continuous quality improvement in the outcomes of the services it delivers.
- To ensure that every member of staff that has contact with a patient/service user, or whose actions directly impact on patient care, is motivated and enabled to deliver effective, safe and person centred care.

This strategy will underpin and support the delivery of these responsibilities. In order for the Board to achieve this it also needs the right structures and processes in place allied to an appropriate culture with supporting values and behaviours and staff who are appropriately trained. The collective term used for these areas is 'quality governance' and is illustrated below. The principles of how this Strategy will be delivered are founded on Monitor's Quality Governance Framework (figure 1). Quality Governance is the combination of structures and processes at and below Board level to lead on Trust wide quality performance including:
- Ensuring required standards are achieved
- Investigating and taking action on sub-standard performance
- Planning and driving continuous improvement
- Identifying, sharing and ensuring delivery of best practice
- Identifying and managing risks to quality of care.

Monitor has described four domains and ten questions underpinning the Quality Governance Framework. These will inform and guide the business of the Trust going forward. The four domains are strategy, capabilities and culture, processes and structures and measurement.

Strategy	Capabilities and Culture	Processes & Structure	Measurement
•1A - Does quality drive the Trust's strategy? •1B - Is the Board sufficiently aware of potential risks to quality?	•2A - Does the Board have the necessary leadership, skills and knowledge to ensure delivery of the quality agenda? •2B - Does the Board promote a quality-focused culture throughout the Trust?	•3A - Are there clear roles and accountabilities in relation to quality governance? •3B - Are there clearly defined, well understood processes for escalating and resolving issues and managing quality performance? •3C - Does the Board actively engage patients, staff and other key stakeholders on quality?	•4A - Is appropriate quality information being analysed and challenged? •4B - Is the Board assured of the robustness of the quality information? •4C – Is quality information used effectively?

Figure 1 above: Monitor's Quality Governance Framework – domains and 10 questions.

Five governance workstreams report to the Trust Board. Each workstream includes in its membership senior clinicians, nurse leads, Trust Executives and a Non-Executive Director. Governors attend as observers and local commissioners are represented in both the safety and patient experience committees. Each is tasked with reviewing sources of assurance in their specific area of responsibility. Each Division produces a quality account for Workstream 1 and reports to Workstream 2 with subsequent reporting to the Board.

Workstream 1	Workstream 2	Workstream 3	Workstream 4	Workstream 5
Patient safety and clinical effectiveness (Inc. safeguarding)	Patient Experience and community partnerships	Finance committee	Workforce and educational governance	Infrastructure and Environment

The Board needs to have clear line of sight for all quality objectives, starting at the individual patient / clinician encounter and through to team outcomes, directorate outcomes and Trust wide outcomes.

4.0   Delivery of the strategy

4.1   Culture and capability

The culture and values of the organisation put quality first throughout the organisation (wherever services are provided) from the wards and community teams to the Board and in all the Trust's supporting and administrative areas.

Actions include continuing to create an open culture so that staff feel comfortable reporting and discussing patient safety incidents and learning from them by:

- Reviewing the effectiveness of the scheduled Board walkabouts and developing plans to improve them.

- Providing the Trust Board with information from complaints and patient stories at each meeting.
- Holding Board seminars which have a patient safety theme
- Implementing enhanced risk identification and management training
- Holding regular Serious Incident learning events so that shared learning reduces the likelihood of recurrence.
- Developing the Horizon Institute to support the organisation in delivering high quality care.

These actions will improve the visibility of leadership by the whole Board with respect to quality improvement.

4.2 Roles and Responsibilities

4.2.1 Board

The Trust Board holds ultimate and collective accountability for quality governance and the executive and non-executive directors are responsible for ensuring they are adequately equipped with the leadership, knowledge, skills and values to maintain and improve the quality of all clinical services. The Board will undertake an annual review of the effectiveness of its quality governance process, dashboard and KPIs, quality improvement priorities and indicators for its own effectiveness, skills and capability in line with best practice.

All Board members will engage in regular walkabouts to triangulate staff and patient feedback and experience with the key quality metrics that they are assessing at the Board. The Board will also be informed by patient stories from across the Trust services which may be gathered in a variety of means such as first-hand accounts, videos, diaries and narratives.

All committees and groups that form part of the Trust governance structure have clear terms of reference agreed by the Board. Each group is expected to carry out an annual review of performance against the terms of reference. All Board committees will review their performance annually and report on their effectiveness to the Audit and Assurance Committee and this will inform an annual review by the Board of the effectiveness of the arrangements.

4.2.2 Chief Executive Officer (CEO)

The CEO has overall responsibility for Quality Governance and the delivery of high quality care for all. The CEO has delegated this responsibility to the Executive Director of Professional Practice, Nursing and People's Experience who is responsible for providing assurance to the Board that a robust 'Point of Care to Chair' structure is in place across the organisation and reporting on milestones for quality. However, all staff at all levels have a personal accountability for quality which is set out below along with how they deliver this.

4.2.3 Medical Director

The Medical Director is the executive lead for safety, clinical effectiveness and is the executive sponsor for the Horizon Institute

4.2.4 Director of Professional Practice, Nursing & People's Experience (DoNPPE)

The Director of Nursing is the executive lead for quality and patient experience and is the executive lead for infection prevention and control.

4.2.5 Executive and Non-Executive Directors

The executive directors are responsible and accountable for ensuring that the divisions and directorates are implementing the Quality Strategy and related policies. They provide assurance via key reports and indicators to the clinical effectiveness group and board of directors.

The non-executive directors have a responsibility as part of the Trust Board to ensure the Quality Strategy structures and processes are providing them with adequate and appropriate information and assurances related to quality, safety and risks against the Trust's objectives.

4.2.6 Divisional management teams

Divisional management teams (DMTs) are accountable and responsible for ensuring appropriate quality governance processes are implemented within their directorates. Each DMT is required to:

- Lead and implement the Quality Strategy and Quality Account priorities, Risk Management Strategy and related policies.
- Ensure directorate activity is compliant with Care Quality Commission outcomes and work to improve quality.
- Develop a clear vision for service development which reflects the quality priorities and improvement process, as well as the management of risk. Maintain a directorate risk register and report high and extreme risks to quality and safety to the Executive team as per the Risk Management policy.
- Ensure a directorate workforce, education, training, supervision, leadership development plan and appraisal system is in place and reviewed regularly.
- Ensure up to date protocols and guidelines are in place along with an annual directorate clinical audit plan to provide evidence of good patient outcomes and good practice.
- Support the application and implementation of research and development studies within the directorate and lead innovative practice for quality improvement.
- Report and monitor progress through the use of key quality indicators and performance measures which are reviewed and challenged at the 3:3 meetings with the executive team.
- Receive patient real time feedback, national patient survey reports, complaints, concerns, comments and compliments and act on areas which require improvement.

4.2.7 Clinical leads and department managers

- Clinical leads and department managers are responsible for providing effective leadership and ensuring patients/service users receive safe, effective, compassionate and dignified care within every clinical and community area.
- Develop good multidisciplinary team working and networks to ensure patients/service users receive good quality care. Progress will be monitored through 1:1 meetings with line manager, DMT meetings and executive safety and quality walk rounds.
- Lead and implement service development plans and Quality Account priorities, risk management and related policies reporting risks to quality and safety to the DMT.
- Ensure a workforce plan, education, training, supervision and appraisal process is implemented and reviewed regularly.
- Ensure the team work to up to date policies and guidelines and an annual clinical audit plan is implemented to provide evidence of improvement and good patient outcomes.
- Review and monitor progress through the use of key quality indicators and performance measures and take action to improve as needed.
- Receive patient/service user real time feedback, national patient survey reports, complaints, concerns, comments and compliments and act on areas which require improvement.

4.2.8 Individual staff

The Trust and staff work in partnership to deliver quality care and have a shared commitment to deliver the pledges set out in the NHS constitution.

Trust commitment to staff	**Staff commitment to trust**
Honour Trust values Endeavour to provide job security for permanent staff Recognise that our staff go the extra mile Adopt principles of the NHS Constitution Promote health and well-being for all staff Support staff through change programme Actively listen to staff Be honest and not make promises which can't be upheld	Endeavour to work flexibly Go the "extra mile" Adopt the principles of the NHS Constitution Speak up and ask to be heard Engage with the organisation Work together to secure the future Respect each other Be open to change and new ideas Engage with staff representatives. Develop the skills to undertake safety, quality and experience improvement work.

- All staff are responsible for ensuring they provide high quality care to all patients/service users and treat everyone with respect, dignity and compassion, working in compliance with professional registration requirements and/or local standards of practice.
- Work as part of a multidisciplinary team to ensure patients/service users receive good quality care. Progress will be monitored through one to one meetings with the line manager.
- Contribute to the progress of the quality priorities, service development plans and comply with related policies to ensure patients/service users receive good quality care reporting risks to quality, safety and experience to the line manager.
- Undertake mandatory training, continuing education and contribute to service improvement appropriate to role and have an annual appraisal and development plan process in place with their line manager.
- Comply with Trust policies, procedures and guidelines to protect the safety and wellbeing of patients/service users and contribute to the audit programme.
- Understand key quality indicators, performance measures and patient/service user feedback and be involved in quality improvement initiatives.

4.2.9 Horizon Institute
The Horizon Institute has three principle functions:
- To work with teams/microsystems to redesign care systems to ensure the delivery of the highest quality joined-up care.
- To enhance the culture and skills needed to enable innovation & improvement and the 'joy of work'.
- To create an academic base from which to undertake operational research into care system improvements, measure and evaluate the changes and learn from them.

The purpose of the Horizon Institute is to help the care system solve its critical care problems. It will:
- Work with the leaders of our care system to capture improvement priorities and to work with them to develop improvement approaches.
- Work with teams/microsystems to redesign care systems to ensure the delivery of the highest quality joined-up care.
- Create a space where academia and our care system can come together to undertake operational research and measure change.
- Provide opportunities for learning in theory and practice (learning by doing) in improvement science, to include methodologies, measurement and the psychology of change develop individuals and teams in an environment where staff, patients and clients

SEE (*safety, experience, effectiveness*) innovation and improvement as part of their day to day work.

- Provide a process and expertise in innovation to enable good ideas to be developed into marketable products which are widely adopted.
- Communicate the learning gained internally and externally, in order to spread knowledge and enhance the reputation of the care system and the Institute.
- Act as a conduit between our care system and external bodies who have an interest in innovation and results from our research, such as the AHSN, NHS IQ, universities and industry.

4.3   Structures and processes

- The clinical executive group on behalf of the Trust Board is responsible for ensuring the Trust delivers and drives the key principles of quality and assures safe, clinically effective, patient centred care, identifying where improvements may be required.
- The joint Board of directors on behalf of the Trust Board provides oversight of operational, health and safety, education and training and human resource functions which impact on quality and safety.
- Executive directors provide leadership for the performance management of the systems in place for assuring governance of quality and safety.
- DMT undertakes at least a quarterly review of team, ward, department, specialities performance and quality. The DMT is responsible for providing a quality report at quality meetings.
- Teams, departments, ward or speciality have monthly review meetings with line manager and/or DMT to monitor performance and plan and implement improvements. Teams are responsible for recording their quality governance meetings.
- Individual staff must have an annual appraisal and personal development plan and ensure they undertake education and training to maintain knowledge and skills within their field of expertise. Involvement in quality improvement is required with access to relevant data to measure outcomes.
- The Horizon Institute supports the Trust delivering high quality services through a continual and relentless focus on quality improvement.

5.0   Quality measurement

Measurement is a key component of assessing whether quality care is being provided and quality improvement supported and must underpin all quality processes. The Board must ensure it has clear, comprehensive reports to enable members to analyse trends and benchmark against others to enable challenges to be made and acted upon if appropriate. Key risks to quality need to be identified and remedial action taken to mitigate the risk. The type of quality information the Board should expect to review on a regular basis is:

- Trust strategic performance score card.
- Key quality indicator and performance measures report including HSMR/SHMI, PROMS
- CQC standards.
- Mandated Quality Account indicators.
- Exception reports of quality issues (e.g. health care records).
- Progress against key national and local audits and peer reviews.
- Assurance framework, patient safety incidents, risk reports.
- Patient/Service User experience feedback, survey results and stories.
- Complaints, concerns, comments and compliments.
- Action plans following executive safety and quality walk rounds.
- Staff survey and feedback, education, training and development reports.
- The demonstration of transparency in reporting and a productive lessons learned approach.

5.1   Approval and review

This strategy and quality action plan will be reviewed annually by the Trust Board. The quality governance structure will be reviewed annually by Trust Board. The DoNPPE and the Medical Director will monitor the process for governing quality locally to ensure it is being complied with in respect of this strategy. This will be reported at the directorate management team meetings and within the annual quality governance report. Aspects of quality governance implementation will be monitored through the annual internal audit review.

5.2   Data quality

The collection and collation of accurate and timely data on a range of quality, safety and experience metrics is critical to the SEE – Safety, Effectiveness, Experience improvement cycle. Measurements of safety, effectiveness and experience across the organisation enable us to monitor progress and identify areas of concern that require intervention. Data collection and collation can be challenging and time intensive for clinical teams and for Information Management and Technology Directorate, therefore we want to ensure that wherever possible clinical performance data is sourced and reported electronically.

High quality data is accurate, up-to-date, free from duplication and confusion and is important in supporting care, clinical governance, management and service agreements for care planning, accountability and transparency. It is essential to the operation of the Trust to be able to identify and locate information and is an important part of the Information Governance Framework and Strategy within the Trust. The Management of Information Group regularly monitors the work being done to improve data quality in staff and patient/client electronic systems. The Records Management Group meets bi-monthly to ensure that high quality data is used to support patient/client care and receives and monitors record keeping audits.

Clinical quality and safety performance data is derived from a number of sources including the Community Hospital Quality, Effectiveness and Safety Trigger Tool (**QuESTT**). The electronic data collection tool allows triangulation of quality and safety data to provide an indicative score that can be monitored and highlights variance.

Incident data is collected through the safeguard system. One system enables reporting via an electronic incident form, the other relies on the completion of a paper incident form. We are currently exploring options to move to a single web based electronic reporting system which will improve the speed of data capture, the quality of reporting and enhance data analysis.

Complaints are reported to the complaints and PALs team and are managed centrally to ensure a consistent approach to responses but to also ensure data quality and analysis to identify common themes. These themes are recorded centrally on an electronic database to inform CQUIN and Quality Account priorities.

6.0 Summary conclusions

- The provision of safe high quality care and good experience for people who use our services is the fundamental principle informing all that we do. Fostering a culture that puts the delivery of safe, high quality care at the core of service delivery is essential if we are to deliver personalised services that meet the needs of Mrs Smith and her family.

- We regard the involvement of stakeholders and service users in setting safety, effectiveness and experience (SEE) priorities as an essential element of the quality and safety improvement process.

- Board members have a key role in safeguarding quality; they need to understand how the three key elements of quality: safety, effectiveness and patient/service user experience are being delivered in practice.

- We constantly strive to improve our services; feedback from staff, patients/service users and their friends and families is extremely valuable in identifying improvement priorities and also areas where we are doing well so that we can share best practice.

- Collecting and collating information from a range of sources such as the quality and safety dashboard, incidents and complaints allows triangulation of data. This method provides a more accurate and reliable measure of performance, and allows the early identification of issues and the implementation of a prompt response.

Appendix 1 – Trust Annual Business/Corporate Plan:

Appendix 2 – Trust Quality Account

Appendix 3 – Quality Performance Indicators Dashboard

A monthly report is contained within each Board pack

Appendix 4 – Quality plan overview

Driver	KPIs	Quality			SIRO					Performance measured by	Monitored by
		safety	Experience	Effectiveness	Director of Nursing	Medical Director	Director Workforce & OD	DoF & Deputy CEO	Director of Operations		
Francis / Keogh / Berwick / Kennedy	Increase Transparency			x	*					NHS Choices / People's voice	WS 2
	Compassion / kindness		x		*					National / local surveys	WS2
	Reduce Mortality	x				*				Foster / SHMI	WS1
	Transitions of Care			x	*					Flow data/ User feedback	WS2
Joined-Up / Pioneer	Focus on young people & families		x			*				Care Model / Pioneer plans	WS2
	Reduce self-harm attendances	x				*				ED performance data	WS1
	Improve user experience		x		*					National / local surveys	WS2
	Reduce alcohol admissions			x					*	ED performance data	WS1
	Individuals personal goals reached		x						*	Social care performance	WS1
	Reduce frequent attenders			x	*					ED performance data	WS1
	Reduce admissions for LTCs			x	*					ED performance data	WS1
	Reduce hospital admissions			x					*	Admissions data	WS1
	Improve dementia care		x		*					Achieve CQUINs	WS2
	Increase EoL desired location		x		*					Achieve Quality Account	WS2
	Reduce hospital deaths	x				*				Foster / SHMI	WS1
	Reduce average LoS			x					*	Admissions / LoS data	WS1
Trust Strategic	Promote public health			x	*					Care Model / Pioneer plans	WS2
	No delays	x							*	Engagement & Experience	WS1/2
	Best patient experience		x		*					National / local surveys	WS2
	Working together			x					*	National / local Staff survey	WS4
	VFM sustainable service			x				*		Achievement of CIP	WS3
	Personal, Fair, Diverse		x				*			National / local patient / staff surveys	WS4

Appendix 4 cont.

Driver	KPIs	Quality			SIRO					Perfomance Measured by:	Monitored By:
		safety	Experience	Effectiveness	Director of Nursing	Medical Direcotr	Director Workforce & OD	DoF & Deputy CEO	Director of Operations		
CQUINs (Local & national)	Friends and Family: patient		x		*					UNIFY/CQUIN	WS2
	Friends & family: staff		X				*			CQUIN	WS4
	Dementia: find, assess & refer		x		*					UNIFY/CQUIN	WS2
	Dementia Training	x			*					CQUIN	WS1
	Severe sepsis: recognition & management	x				*				CQUIN	WS1
	Pressure ulcer reduction	x								CQUIN / Quality Acct	WS1
	Enhanced recovery in medicine :rollout			x	*					CQUIN / Quality Acct	WS1
	Frailty: frailty index			x		*				CQUIN /Quality Acct	WS1
	Alcohol - referrals			x		*				CQUIN /Quality Acct	WS1
	Patient Flow – ambulatory care			x					*	CQUIN	WS1
	Front door redesign –senior decision maker			x					*	CQUIN	WS1
	Bereavement, notification / signposting		x		*					CQUIN /Quality Acct	WS1
	Yellow card scheme		x		*					CQUIN	WS1
	Carers discharge planning		x		*					CQUIN /Quality Acct	WS2
Quality Account	Pressure ulcers: reduction	x			*					STEIS	WS1
	Falls : reduction	x			*					Quality Account update	WS1
	Severe sepsis: recognition & management	X				*				Quality Account update	WS1
	Frailty: frailty index			x		*				Quality Account update	WS1
	Discharge pathway & carers		x						*	Quality Account update	WS2
Other QI priorities	Theatre efficiency inc. RTTs: improvement			X					*	Performance dashboard	WS1
	7 day services: development			X		*				Board report	
	Horizon Institute: development			X		*				Board report	
	CNO's 6Cs: implementation		x		*					Staff/Patient Surveys	WS2

Bibliography:

Berwick (2013) A promise to learn a commitment to act: improving he safety of patients in England. Crown Copywright 2901213

Clyd & Hart (2013) A review of the NHS Hospitals complaints system: putting patients back in the picture. Crown Copywright 2901299.

Department of Health (DoH) (2013) NHS Outcomes Framework 2014/15. DoH 2901495. London

DoH (2013) Hard Truths Vol 1: the journey to putting patients first. DoH CM8754-1. London

DoH (2012) The NHS outcomes framework (2013). DoH, 2901495. London.

DoH (2012) Compassion in Practice, Nursing Midwifery & Care Staff: Our Vision and Our Strategy. DoH Gateway 18479. London

DoH (2012) Improving outcomes and supporting transparency. Part 1A&B – A public health outcomes framework for England 2013 – 2016. London

DoH (2012) Transparency in outcomes. (DoH 2012) A framework for quality in adult social care. The 2012/13 adult social care outcomes framework. DoH, London

DoH (2010) The NHS Constitution for England. DoH, 2900013. London.

DoH (2008) High Quality Care For All. NHS Next Stage Review Final Report. DoH, London CM 7432 London

Keogh (2013) Mortality Review NHSE

Monitor, Independent Regulator of NHS Foundation Trusts (Sept 2011) Compliance Framework 2011/12. Monitor.

HM Government (2012) The Health and Social Care Act. Crown, London.

National Quality Board (2011) Quality Governance in the NHS – a guide for provider boards.