

QUALITY STRATEGY

2012 – 2015

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1. INTRODUCTION

- 1.1 The people who use our services, their carers and families are at the heart of our quality strategy. By listening to the communities we serve and understanding their experiences we can provide a quality service involving them in their care in the ways they want. Our stated purpose as an organisation is “To Make Life Better” and this is fully expressed in our commitment to develop the highest quality services that make genuine and meaningful differences to all those who use our services.

The first principle of our quality strategy is to be honest about the quality of the care we provide, where we meet our ambitions for our service users and where we fall below those ambitions. Through this honest approach and the organisation’s ‘Just Culture’ approach, we can ensure the robust governance of quality, and continue to focus on quality improvement.

- 1.2 This Quality Strategy for 2012 to 2015 brings together all the aspects that contribute to a quality experience, our five year Integrated Business Plan (IBP), Organisational Development Strategy, Commissioning for Quality and Innovation Schemes (CQUINs), Quality Report, and Service User and Carer Involvement Strategy. It describes the intentions of our trust to continually improve from April 2012 and ensure it stays in the top quartile of all trusts by 2015.

Our quality performance and improvement will be reported annually in the Quality Report, which acts as our operational quality implementation plan. We acknowledge that the production of the Quality Report is not an isolated exercise but part of a continuous process, focussing on the most important quality aspects of our services for the specified year, monitoring them regularly, putting in place measures to ensure we deliver and sharing the results with those who use our services, their carers and families, the Trust Board and our partners.

- 1.3 This document is intended to:
- Clearly set out our quality priorities to guide our strategies and plans:
 - Ensure a coherent approach to delivering quality
 - Provide a framework to support our staff to systematically deliver the highest possible quality care, teaching and research and provide staff with an environment in which the pursuit of continuous quality improvement is both encouraged and required.
 - Set out how we will measure and share our quality performance.

2. STRATEGIC CONTEXT

- 2.1 Quality within health and social care can be defined as:

‘High quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual’

(Lord Darzi, High Quality Care for All: NHS Next Stage Review 2008)

- 2.2 Quality improvement is a key NHS priority. Equity and Excellence: Liberating the NHS (DH 2010) set out a vision for a NHS focussed on improving quality and achieving world class outcomes. Also the NHS Constitution sets out patients’ rights to high quality services, based on good access, information, cleanliness, safety and national best practice and makes pledges to patients that quality standards will be upheld throughout the NHS.
- 2.3 Monitor and the Care Quality Commission (CQC) place quality at the heart of their regulatory regimes. CQC regulatory requirements for Essential Standards of Quality and Safety are well established. Monitor’s Compliance Framework sets down standards for quality governance, with the requirement for an annual Quality Report.
- 2.4 The NHS Outcomes framework (2011) sets out a vision for the NHS which includes a focus upon delivering the outcomes that matter most to people. The framework sets out five domains:
1. Preventing people from dying prematurely
 2. Enhancing quality of life for people with long term conditions
 3. Helping people recover from episodes of illness or injury
 4. Ensuring people have a positive experience of care
 5. Treating and caring for people in a safe environment and protecting them from harm.

Within these domains, a range of indicators and improvement areas have been identified and will continue to be developed, these indicators build on current indicators which aim to improve patient outcomes and experience.

3. INTEGRATING QUALITY WITHIN THE ORGANISATION

3.1 Vision and Values

Our stated purpose as an organisation is “To Make Life Better” and this is fully expressed in our commitment to develop the highest quality services that make genuine and meaningful differences to all those who use our services.

Reflecting our vision, our values are:

- **Seeing from a service user perspective will be evidenced by putting people who use our services at the centre of everything we do;**
- **Excelling and improving as a value will lead to constant improvement**
- **Responsive services will facilitate collaborative working**

- **Valuing & respectful** will mean that service users, carers and staff feel valued
- **Inclusive, open and honest** will see us acting with integrity; working in the heart of the community
- **Can do attitudes** will be supporting the delivery of high quality outcomes
- **Efficient, effective, economic and equitable** tests will ensure that we deliver value at the same time

3.2 Quality Ambition

Our quality ambition is to '*Make Life Better through the provision of high quality services to people who use our services, their carers and families*'. Our challenge is to deliver this high quality of care consistently with every person who requires our services, every time they come into contact with us.

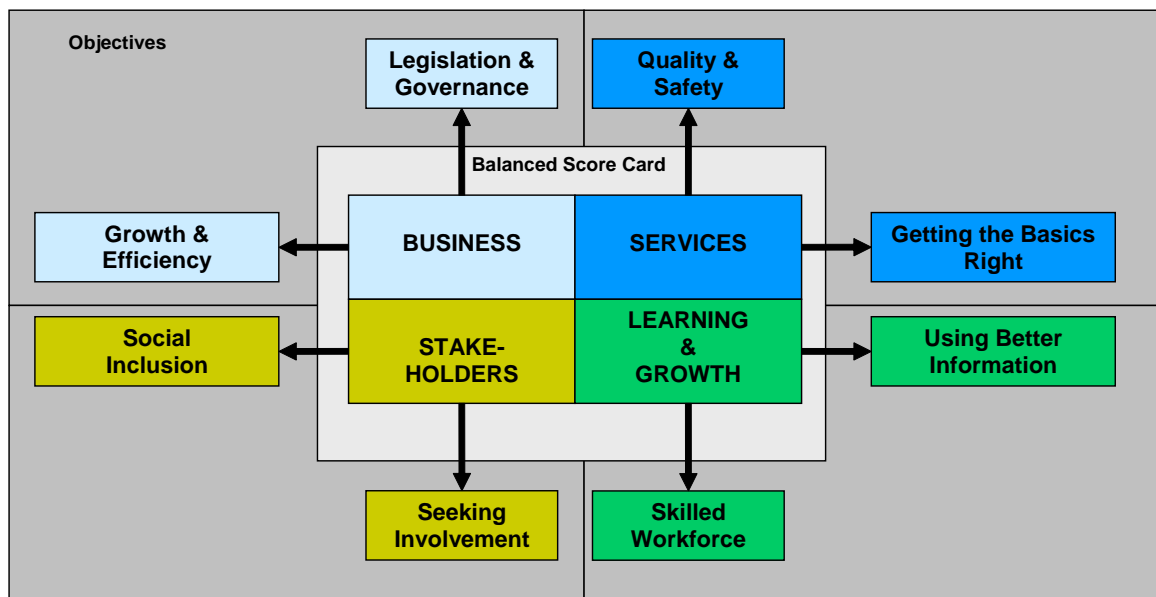
3.3 Elements of Quality

Quality can have various elements, for the purpose of this strategy; quality is defined as care that is personal, safe, and effective reflecting 'High Quality Care for All':

- **Personal** – we will ensure we place the service user and carer voice and experience at the centre of all we do. Our service users and carers will be treated with dignity, respect and compassion. Care will be collaborative in which service users and carers are involved and treated as partners. Individual rights will always be protected and championed.
- **Safe** – there will be no avoidable injury or harm to people from the healthcare advice or support they receive. Our staff will be supported and empowered to deliver the safest possible care within the context of personal autonomy of those who use our services, the recovery philosophy, and appropriate positive risk taking.
- **Effective** – we will provide high quality, evidence based care that supports and encourages recovery and continuity and ensures the best possible health outcomes. Our service users will have easy access to care at the right time and in the right place.

3.4 Integrated Business Plan

Our quality goals reflect the ambition in the 5 year Integrated Business Plan. The Business Plan adopts a balanced scorecard approach, defining the 4 dimensions of business, services, stakeholders and learning and growth. Each of the dimensions has two objectives as shown in the diagram below.



Under the Quality & Safety dimension, there are three key quality elements which have been mapped to the CQC outcome areas below, and it is recognised that there is some overlap to all other areas for example 'skilled workforce' and 'getting the basics right' .

3.5 Quality Elements reflected in the CQC Outcome Areas

Quality Elements	CQC Outcome Areas
Personal	1. Respecting and involving people who use services
	2. Consent to care and treatment
	3. Care and welfare of people who use services
	4. Meeting nutritional needs
	5. Co-operating with other providers
	17. Complaints
Safety	7. Safeguarding people who use services from abuse
	8. Cleanliness and infection control
	9. Management of medicines
	10. Safety and suitability of premises
	11. Safety, availability and suitability of equipment

	12. Requirements relating to workers
	13. Staffing
	14. Supporting staff
	21. Records
Effectiveness	16. Measuring and monitoring quality of service

3.6 Developing the annual quality goals and initiatives

The specific annual quality goal areas are developed annually for the Quality Report. The quality strategy and the Quality Report use the Outcomes Framework five domains.

Within these domains, a range of indicators and improvement areas are identified annually for implementation. Those involved in the development of the improvement areas are:

- Gloucestershire Local Involvement Network (LINK)
- Herefordshire Local Involvement Network (LINK)
- Gloucestershire Health, Community and Care Overview and Scrutiny Committee (HCCOSC) and Council colleagues
- Herefordshire HCCOSC and Council colleagues
- NHS Gloucestershire
- NHS Herefordshire
- Strategic Health Authority (SHA) Commissioning Frameworks (South and Midlands and East)
- Internal assessment of Care Quality Commission (CQC) Outcome compliance
- Internal audits
- South West Mental Health Patient Safety Improvement Programme
- Her Majesty's Inspectorate of Prisons Expectations (2012) and HMP Gloucester Improvement Plan
- Trust's Service Experience Committee (comprising service users)
- Trust's Governors
- Trust staff and managers

The various suggested quality initiatives are then considered and agreed by the Governance Committee, which is a sub-committee of the Board and has clinical and managerial representation from across the Trust and includes Non Executive Directors, This Committee meets formally monthly to consider information relating to quality across all of the services we provide.

Progress in each of the areas, along with an indication of the agreed measures, continues to be reported to the Governance Committee and

the Trust Board every quarter and the information is also shared with our major stakeholders.

4. QUALITY GOALS

4.1 The quality goals are described under the headings of the three domains as described in Section 3.3 above.

4.2 Personal Care

AIM: Our service users and carers will report that they are treated with dignity, respect and compassion and this will be reflected in the national service user survey results, with the Trust being in the top 10% of mental health comparator organisations.

To support this we will have:

- Robust arrangements for collating service user and carer feedback, through the Service Experience Team
- Strategy for Service Experience
- Strategy for Social Inclusion
- Specific annual initiatives are outlined in the Quality Report.

4.3 Safety

AIM: Our effectiveness of safety will be reflected by the CQC assessment of our organisational risk as a low risk. We will also achieve NHS Litigation Authority level 2.

Our staff will be supported and empowered to deliver the safest possible care within the context of personal autonomy of those who use our service, the recovery philosophy, and appropriate positive risk taking.

To support this, we have:

- Patient safety and proactive risk management systems, including reporting to external bodies
- Robust incident and serious incident reporting and management
- Aggregated learning from incidents, service experience feedback, claims and other staff and patient experiences
- Safeguarding adults and children's processes
- Health and safety management
- Clinical risk management processes
- Integrated Risk Management processes to inform the Board Assurance Framework
- Suicide Prevention Strategy
- Supporting policies, procedures and staff training
- Implementation of the Patient Safety Programme for mental health services

As well as specific annual initiatives are outlined in the Quality Report.

4.4 Effectiveness

AIM: To us, effective care means doing the right thing, in the right setting. Quality care encourages recovery and enables the best possible outcomes for those who use our services.

To support this we will have:

- Robust clinical audit and assurance processes to ensure compliance with national and local quality requirements
- Internal processes for assessment of compliance with CQC Essential Standards and the Mental Health Act
- Evolve the use of evidence based local and national care pathways including the alignment of care to evidence based care packages with the development of specific outcome measures and qualitative data.
- Collaborative arrangements with Regional Research Unit and internal assurance. We will also participate in national audit and research.
- Library and knowledge strategy
- Learning from benchmarking and best practice
- Innovation development projects
- Workforce plan and on Education and Training Strategy
- Specific annual initiatives are outlined in the Quality Report.

5. ENSURING THE DELIVERY OF OUR QUALITY GOALS

5.1 Roles and responsibilities

The delivery of high quality services is the responsibility of all staff working in the Trust. Below key roles and responsibilities are outlined:

- The Trust Board is accountable for ensuring that the services provided by the Trust are safe and of the highest quality that can be achieved with the resources available. It takes an active leadership role through:
 - Board visit discussions
 - Executives leading Patient Safety Walk rounds
 - Quality is a priority on the Board agenda
 - Governance Committee of the Board
 - Following the principles in the Burdett Sustaining Quality Report (2011)
 - Organisational culture development focussing upon quality, including risk management processes and 'just culture'.
 - Investment in a Quality Management Team for the organisation.
- The Chief Executive is accountable to the Trust Board for delivery of quality improvement activities, setting quality objectives for the Executive

Management Team

- The Director of Quality and Performance will take lead responsibility for the assurance and reporting of information produced from quality improvement activities to the Trust Board.
- The Medical Director will take lead responsibility for the investigation, assurance and reporting of serious incidents to the Trust Board.
- Other Executive Directors are responsible, and accountable to the Chief Executive, for ensuring that quality improvement forms part of the objectives of all their staff. Executive Directors will ensure that data quality and completeness is sufficient to fulfil the requirements of local and national quality frameworks and are accountable for demonstrating improvement in quality metrics year on year.
- Trust Governance Committee is chaired by a Non-Executive Director and the membership includes the Clinical Directors for each of the Localities and Super Clusters. The Committee is responsible for receiving and monitoring information on quality assurance and improvement activities from both locality/countywide governance groups as well as the Trust wide quality improvement sub-groups. There are formal reports and risks highlighted to the Trust Board on a monthly basis. Representatives from each of the localities/countywide groups are members of the Governance Committee to enable this process to work effectively.
- Chairs of the locality/countywide Governance Groups and trust wide quality improvement sub-groups are responsible for making reports to the Trust Governance Committee in line with the agenda planner schedule. This includes key learning and actions taken, as a result of quality improvement activities. Each Governance Group will have its own performance and quality dashboard in order to take action to improve the quality of services when required and to identify topics requiring further investigation. They will also contribute to the Quality Account by reporting progress on the quality indicators, with regard to the relevant services managed by each service line.
- All members of trust staff (clinical and non-clinical) are responsible for ensuring that patient safety, patient experience and the effectiveness of the clinical and social care services provided by the Trust improve year on year.
- Staff will be supported in focusing on the quality of services and will receive the necessary training and development to improve the quality of services.
- All staff will encourage service users, their carers, friends and families, to give feedback on the services that they receive.

5.2 Culture

The significance of an organisation's culture is well recognised, and its ability to deliver our quality ambition to '*Make Life Better through the provision of high quality services to people who use our services, their carers and families*'. Within the Trust, we have defined culture "how things are done around here".

The organisation culture that we aspire to is one which at all times supports our staff in:

- Preventing harm and being 'just'
- Being honest and candid straightaway
- Achieving outcomes and coping well with the pressures that seem to prevent an outcome focus
- Welcoming and dealing with change as part of 'business as usual'
- Following process to the point where innovation is required in the interests of safe outcomes; being able to recognise that point; and having the skills and the confidence to 'switch' in time
- Working across professional and organisational boundaries with a common Trust mind-set
- Creating an internal reality and an external image that are the same
- Being nice and having fun

A 'just culture' is supported acknowledging that within systems that there will be mistakes as a consequence of human fallibility. It is a learning culture where we openly identify and examine our own weaknesses, as well as celebrating our successes.

5.3 Governance structure

A clear Trust Governance structure enables quality to be embedded and monitored throughout the organisation. This is outlined in Appendix 1.

There is an annual Governance Committee workplan reflecting the areas of quality in this strategy to ensure regular reporting, assurance and monitoring of all areas of quality.

5.4 Managing risks to delivery

We will monitor and manage risks to the implementation of this quality strategy through our existing risk management framework so that all risks are identified and appropriately managed.

Triangulation is integral to our approach to assurance and risk management. Risks to the provision of quality of care are raised, documented and addressed through clear organisational risk management processes. Detailed reports are provided to the Governance Committee and the Board on:

- patient safety issues which includes serious incidents,
- complaints as part of the Patient Experience Report,

- CQC Compliance
- Risk Management
- Infection Control compliance
- Monitor compliance.

There are Locality Risk Registers feeding into Corporate Risk Register and the Board Assurance Framework which informs the Board of significant risks to achievement of our strategic objectives and will include risks associated with delivery of this quality strategy.

6. CULTURE OF CONTINUOUS QUALITY IMPROVEMENT

6.1 Creating a culture of continuous quality improvement requires supporting approaches within the Trust, the key areas are outlined below.

6.2 Workforce and leadership development

There is a well-evidenced link between service user experience and staff experience. This is reflected in the organisational development strategy and is supported by the Education and Training Strategy. The key elements within the Trust of supporting workforce and leadership development that contribute to quality of care are:

- Human resource management and workforce planning.
- Professional self regulation
- Appraisal and Development Review - linked to competency frameworks
- Continuing Professional Development
- Leadership and Team Building
- Performance Management
- Education, Learning and Development - to achieve job competency, national targets and standards as well as trust objectives and personal development plans.
- Education governance – quality assurance and contract management of internal and external provision.

6.3 Best Practice Delivery

Benchmarking provides reliable evidence to drive quality through improvements to service delivery and our business processes. We will use benchmarking data for all our services where available and have a strategic approach this area.

6.4 Audit and Assurance

Audit is an important means of ensuring continuous improvement in the quality and effectiveness of care. The Trust will continue to produce an annual audit programme driven by national, local and internal priorities. This programme will support our quality agenda and focus in particular on our services' safety, effectiveness, efficiency and personalisation.

The internal CQC Outcome assurance process will also continue with an annual plan reflecting national and local priorities.

6.5 Research, development and innovation

The Trust is committed to the development of a targeted and strategic approach to research, development and innovation. The development work in the Trust is overseen by the Development Committee of the Board, with the Governance Committee receiving regular reports from the Research Group.

The Trust actively seeks new and innovative ways of driving quality improvements through partnership working with other healthcare providers, academic organisations and industry to improve the translation of evidence into practice. Staff are encouraged and supported to pursue high quality, ethical and relevant research that supports their work.

6.6 External regulation and accreditation

The Trust is regulated by Monitor as a Foundation Trust, and the Care Quality Commission as an NHS provider of services. Compliance with their regulatory systems which is assessed and reported to the Governance Committee and the Board at least on a quarterly basis provides assurance that the provision of service meets national standards and requirements.

There is also a culture with our NHS commissioners to visit services and provide external assurance through written feedback on their assessments.

The Trust is also committed to accreditation systems that assure the organisation and those who use its services of the quality of care provided, these include:

- NHS Litigation Authority Scheme
- Royal College of Psychiatrists AIMs accreditation for mental health and learning disability in-patient units.

6.7 Clinical and social care leadership and engagement

Our workforce is our most valuable resource in delivering high quality care. The organisational strategy agreed in June 2011, supports this through 6 work streams to:

- Become a 'Just Culture' that learns and encourages timely openness and frankness
- Understand, codify and implement appropriate 'professional autonomy'
- Become a single professional system, especially joining the clinicians into the whole
- Make a 'whole single Trust' out of high performing local teams and good local leaders
- Establish effective two-way communication, especially but not only for clinicians and more junior grades

- Manage pace better and making ‘administration’ support it better.

6.8 Partnership working

The Trust is committed to working with those who use our services, their carers, partner organisations and commissioners to achieve our stated purpose ‘To make life better’. We have a strong history of multi-agency working. All of our partnerships are based on:

- Improving access and quality of service provision through recovery, inclusion and a contribution to sustainable and healthy communities.
- Developing new and innovative approaches to service provision by bringing together the contribution and expertise of different independent and voluntary sector partners.
- Engaging with our commissioners about our quality improvement plans and ensure they are consistent with local health economy quality priorities.

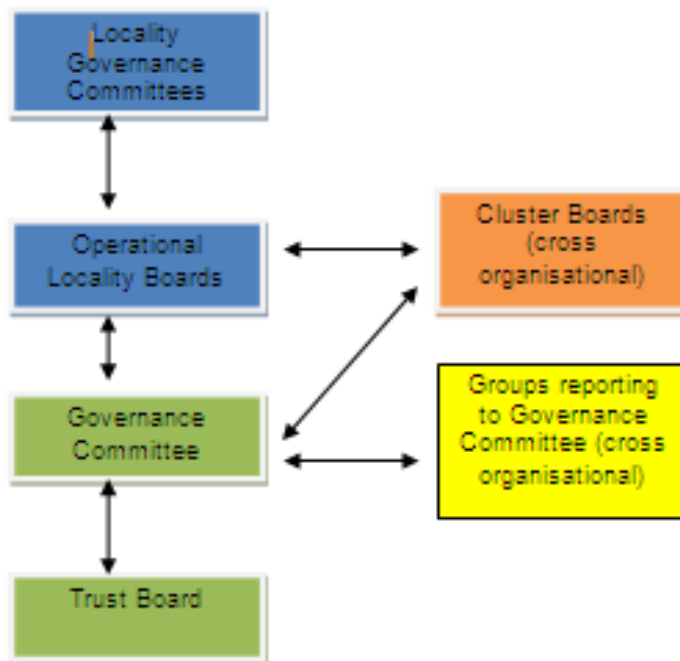
7. **CONCLUSION**

Quality and patient safety are our top priorities. The Trust is committed to continuously improving the quality of our services in ways that are meaningful to the people that use them, as their expectations and priorities change and our understanding of effective care develops.

Our quality goals are integral to our ambition ‘*To Make Life Better through the provision of high quality services to people who use our services, their carers and families*’. We are extremely proud of the commitment of our staff towards improving the quality of services

This quality strategy is intended to build upon the quality achievement made and provide a framework to make further improvements over the next five years.

Governance structure



Locality Boards	Locality Governance Committees	Cluster Boards	Groups reporting to Governance
<ul style="list-style-type: none"> • Countywide • North Locality • South Locality • West Locality • Children and Young Peoples • Herefordshire 	<ul style="list-style-type: none"> • Countywide • North Locality • South Locality • West Locality • Children and Young Peoples • Herefordshire 	<ul style="list-style-type: none"> • Learning Disabilities • Organic • Psychosis • Non Psychosis • Substance Misuse • Forensic 	<ul style="list-style-type: none"> • Clinical Risk • Drugs & Therapeutics • Safeguarding • Physical health • Infection Control • Patient Experience • Patient Environment Action Group • Occupational Health & Safety • Research & Development • Information Governance • Health & Social Care Professions • Medical Staff Committee • Policy Group