

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST****REPORT TO: BOARD OF DIRECTORS****DATE: 27 MARCH 2015****SUBJECT: DRAFT QUALITY & IMPROVEMENT STRATEGY  
2015 - 2018****REPORT FROM: CHIEF NURSE & DIRECTOR OF QUALITY  
MEDICAL DIRECTOR****PURPOSE: Discussion****CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT**

The Trust is currently delivering the final year of the current Quality Strategy 2013 – 2015 which will be reported on during April 2015. The new three year Quality & Improvement Strategy is being developed. This process involves engagement with all staff and stakeholders in order to develop a strategy that meets national, local and Trust quality and patient safety standards. The new strategy will encompass innovation, transformation and will be the overarching umbrella for all of the Trust's quality and patient safety improvement work.

**SUMMARY:**

- The Quality & Improvement Strategy supports us in our endeavour to continually improve the services we provide for our patients and their families. It aims to make explicit what the quality improvement goals for the Trust are over the next 3 years, how we are going to achieve those goals, and what needs to be in place to enable the goals to be achieved.
- The national priorities supporting quality improvement include: NHS England's Everyone Counts: Planning for Patients 2013/14 (2012) and Putting Patients First (2013); The findings and recommendations of the Mid Staffordshire NHS Foundation Trust Inquiry by Robert Francis QC (2013); NHS England's Five Year Forward View paper published at the end of 2014, confirming NHS priorities. The strategy recognises the importance of developing effective relationships with our commissioners so that commissioning priorities inform the Trust's quality goals and annual work-programme.
- Our Quality and Improvement strategy encompasses the principles laid out by the Care Quality Commission (CQC) to ensure that at all levels our services are:
  - Well led
  - Safe
  - Effective
  - Caring
  - Responsive
- Our Strategy recognises the importance of having good governance structures and processes which enable us to provide assurances from ward/department to the Board. The first year of the strategy embeds the

Improvement plan developed from the CQC Inspection published in 2014.

- The Strategy has been developed using over a 1300 comments and views sought from the staff. The key themes were:

- Good communication
- Adequate staffing
- Person-centred care
- Enough time to spend with patients
- Respective and supportive behaviour
- Improved facilities

These are woven into this draft.

- The 2015 - 2018 Quality & Improvement Strategy is built around our Trust Values & our Shared Purpose Framework which has four key purposes:
  - Person-centred care and improving patient experience;
  - Safe care by improving safety and reducing harm;
  - Effective care by improving clinical effectiveness and reliability of care;
  - An effective workplace culture that can sustain the above and enable quality improvement.

Driver Diagrams are presented in the attached presentation illustrating the strategic quality goals; suggested Trust wide Annual Objective for 2015 – 2016; Divisional Ward and Department actions and how we will measure our progress is also cited.

- The presentation also describes how the Quality & Improvement Strategy links and contributes to other areas of work such as service transformation, clinical audit, research and development and other areas. The governance arrangements are also depicted for consideration.
- The draft Quality & Improvement Strategy is presented for discussion by the Board of Directors. Next steps are to share the draft with our Clinical Commissioning Groups prior to final sign off at the April Board of Directors.

#### **RECOMMENDATIONS:**

- The Board of Directors are invited to note the draft Quality & Improvement Strategy;
- The Board of Directors are invited to discuss the draft Quality & Improvement Strategy to enable us to refine it and take it to the next stage of development.

#### **NEXT STEPS:**

Further development of the Quality & Improvement Strategy will be undertaken ready for approval at the April 2015 Board of Directors meeting.

#### **IMPACT ON TRUST'S STRATEGIC OBJECTIVES:**

The Quality & Improvement Strategy underpins the Trust's strategic and annual

objectives. Continuous improvements in quality and patient safety will strengthen the confidence of commissioners, patients and the public.

#### **LINKS TO BOARD ASSURANCE FRAMEWORK:**

The development of a Quality & Improvement Strategy links to AO1 of the BAF: Implement the third year of the Trust's Quality Strategy demonstrating improvements in Patient Safety, Clinical Outcomes and Patient Experience / Person Centred Care.

#### **IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:**

Identified risks include:

1. Not agreeing the Quality & Improvement Strategy in a timely fashion;
2. Lack of adequate consultation may impede the success of the Strategy. Wide consultation has taken place thus far, with more engagement scheduled.

#### **FINANCIAL AND RESOURCE IMPLICATIONS:**

Continuous improvement in quality and patient safety will make a contribution to the effective and efficient use of resources.

#### **LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:**

Reduction in clinical quality and patient safety will impact on litigation costs.

Most of the patient outcomes are assessed against the nine protected characteristics in the Equality & Diversity report that is prepared for the Board of Directors annually.

#### **PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES**

None

#### **ACTION REQUIRED:**

- (a) Discuss and agree recommendations.

#### **CONSEQUENCES OF NOT TAKING ACTION:**

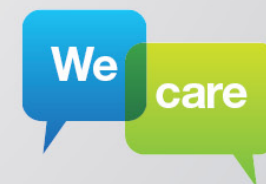
Pace of change and improvement around the patient safety programme and patient experience will be slower. Inability to deliver a safe, high quality service has the potential to affect detrimentally the Trust's reputation with its patients and within the wider health economy.

# ***Draft Quality and Improvement Strategy*** **2015-2018**

***Pursuing excellence in the quality of care and  
experience of every person, every time they access our  
services***

Julie Pearce,  
Chief Nurse & Director Of Quality

Dr Paul Stevens  
Medical Director



## What is Quality?

**Quality in healthcare** is the pursuit of excellence – safe, effective, person-centred, timely, efficient and equitable

- **Safe** – avoiding harm to patients from care that is intended to help them
- **Effective** – providing services based on scientific knowledge and which produces a clear benefit
- **Person-centred** – providing care that is respectful, compassionate, and responsive to individual needs and values
- **Timely** – reducing waits and sometimes harmful delays
- **Efficient** – avoiding waste and un-necessary cost
- **Equitable** – providing care that does not vary in quality because of a person's characteristics



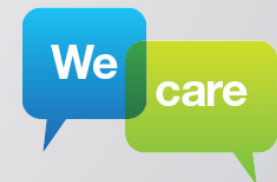
## Why do we need a Strategy?

- **The Strategy supports** us in our endeavour to continually improve the services we provide for our patients and their families by:  
*making changes that will lead to better patient outcomes (health), better system performance (care) and better team development (learning).*  
*(Batalden & Davidoff, 2007)*
- **The strategy aims to** make explicit what the quality improvement goals for the Trust are over the next 3 years, how we are going to achieve those goals, and what needs to be in place to enable the goals to be achieved.
- The strategy has been **informed** through listening to patients, staff our commissioners and other external stakeholders



## National Priorities supporting Quality Improvement

- NHS England's *Everyone Counts: Planning for Patients 2013/14 (2012)* and *Putting Patients First (2013)* outline the incentives and levers being used to improve services and provide a 3 year plan that measures performance from April 2013;
- The findings and recommendations of the *Mid Staffordshire NHS Foundation Trust Inquiry by Robert Francis QC (2013)* to drive forward improvements by putting patients at the heart of the NHS;
- NHS England's Five Year Forward View paper published at the end of 2014, confirming NHS priorities.



## Local Priorities supporting Quality Improvement

The strategy recognises the importance of developing **effective relationships** with our commissioners so that commissioning priorities inform the Trust's quality goals and annual work-programme taking into account:

- The expectations of the four Clinical Commissioning Groups (CCGs), Ashford, Canterbury Coastal, South Kent Coast and Thanet; and NHS England specialist commissioners
- The challenges and opportunities in delivering high quality and responsive local services to our patients through the joint working with commissioners on our **clinical strategy** ensuring that the configuration of services provides safe and sustainable care
- The challenges and opportunities for **innovation** through the use of technology and drivers such as workforce constraints





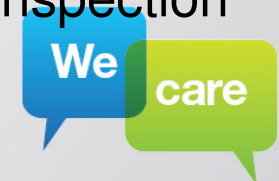
# Quality & Improvement Strategy 2015 - 18

East Kent Hospitals University   
NHS Foundation Trust

Our Quality and improvement strategy encompasses the principles laid out by the Care Quality Commission (CQC) who are the **regulators of our services** to ensure that at all levels our services are:

- Well led
- Safe
- Effective
- Caring
- Responsive

Our Strategy recognises the importance of having **good governance** structures and processes which enable us to provide assurances from ward/department to the Board. The first year of the strategy embeds the **Improvement plan** developed from the CQC Inspection published in 2014



# Quality & Improvement Strategy 2015-18

East Kent Hospitals University **NHS**  
NHS Foundation Trust

## How the Quality & Improvement Strategy was created

- At the beginning of 2015 staff were invited to comment on “What does good quality care look like to you?” and “What would you not like to see in the care we provide?” via graffiti style posters and marketplace stands. Over 1,000 comments from staff were offered providing the following key themes:-
  - **Good communication**
  - **Adequate staffing**
  - **Person-centred care**
  - **Enough time to spend with patients**
  - **Respectful and supportive behaviour**
  - **Improved facilities**

**These themes have been taken into account and woven through the draft quality & improvement strategy**

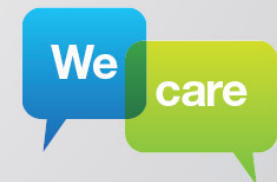


# Quality & Improvement Strategy 2015-18

East Kent Hospitals University **NHS**  
NHS Foundation Trust

**Our Quality and Improvement Strategy is built around our Trust Values & our Shared Purpose Framework which has four key purposes:**

- Person-centred care and improving patient experience;
- Safe care by improving safety and reducing harm;
- Effective care by improving clinical effectiveness and reliability of care;
- An effective workplace culture that can sustain the above and enable quality improvement.



# Quality & Improvement Strategy 2015-18

East Kent Hospitals University **NHS**  
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## EKHUFT Shared Purpose Framework

**Shared Purpose framework** - developed at EKHUFT as a tool to enable staff to connect their work to a shared vision.

**We care** – how we deliver a great staff and patient experience: commitments, values and behaviours

### Value: CARING

People feel **cared** for as individuals

- 6 Cs
- Care
  - Compassion



### Value: SAFE

People feel **safe**, reassured and involved

- 6 Cs
- Communication
  - Competency

**We care**

A shared vision for patient and staff experience

### Value: MAKING A DIFFERENCE

People feel confident we are **making a difference**

- 6 Cs
- Commitment
  - Courage

**We care**

# Quality & Improvement Strategy - Enablers

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**Developing effective work-place cultures** is an intentional focus of the shared purpose framework and growing a critical community of staff with skills in culture change is a priority that drives all the trust's workplace learning and leadership programmes with the aim of creating a social movement.

*'The most immediate culture experienced and/or perceived by staff, patients, users and other key stakeholders. This is the culture that impacts directly on the delivery of care. It both influences and is influenced by the organisational and corporate cultures with which it interfaces as well as other idiocultures through staff relationships and movement.'*

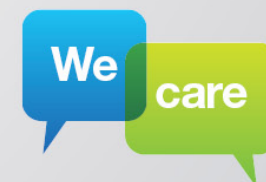
*(Manley et al, 2011:4)*



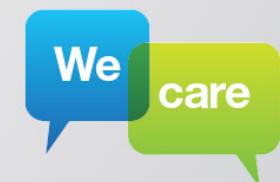
## Our Cultural Change Programme

Research shows that higher staff engagement leads to higher quality of care for patients and families. We aim to increase staff engagement at EKHUFT by making it 'a *great place to work*'.

Let's make  
our Trust a  
**great place**  
to work



## Our Vision – ‘A Great Place to Work’



# Quality & Improvement Strategy - leadership

Our strategy recognises the importance of **valuing and developing our staff** so that we all feel confident and competent that we are able to do a good job. This includes:

- Regular appraisals and personal development
- Self-assessment using the 'shared purpose' competency framework
- Encouraging staff to engage with 360 degree feedback
- Learning to give and receive feedback for improvement
- Being responsible for taking action and learning from errors & feedback
- Learning together – organising team development opportunities





## What are the things that are going to help us to improve, learn & share?

- Service improvement
- Research & development
- Clinical audit
- Quality innovation & improvement hub
- Leadership development

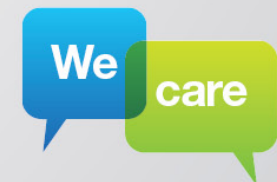


# Quality & Improvement Strategy 2015-18

East Kent Hospitals University   
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Our strategy recognises our **legal duty of candour** and our obligation to be open, transparent and accountable to the public and our patients for our actions and omissions leading to episodes of poor care. We aim to be **open and transparent** about:

- Reporting and learning from incidents and concerns
- Responding to complaints and other forms of feedback
- Embedding learning from investigations and clinical audits
- Seeking feedback from stakeholders including commissioners, health-watch, and partner organisations

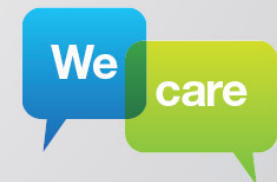


# Quality & Improvement Strategy 2015-18

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Our strategy outlines what we want to achieve over the next few years expressed as our strategic quality goals. The next few slides contain 'driver diagrams' which outline the quality goals and priorities for us over the next 3 years.

The goals are 'aspirational' and our annual programme will support incremental improvement



# Person Centred Care:

Deliver excellent care whereby staff involve and treat people with kindness, dignity and respect

## Strategic Quality Goals 2015 - 2018

## Trust-wide Annual Objective 2015-2016

## Division / Wards / Department actions

## Open and transparent - how will we know?

99% of patients will recommend our services to friends and family

Patients will recommend our services in different settings:

- 95% inpatients
- 98% maternity
- 90% outpatients
- 90% Day Surgery
- 85% A&E

Wards and Depts to proactively respond to feedback from the FFT

Increase response rate to 35% overall, which means all wards and departments will need to make a contribution

Share feedback and embed improvements across wards and sites

You Said, We Did

Publication of results Trustwide and on our website.

99% of patients will feel informed and involved

- 75% patients will respond in the annual national survey that they feel informed and involved.
- Aim to involve the voice of the child and voice of the adult in design of service developments and service improvements

Regular ward/department peer review including emotional touchpoints

Monthly/weekly spot audits using Meridian audit tool

- Inpatient
- Outpatient
- Maternity
- Day Surgery
- A&E

All service improvements/developments to involve patients carers and seek feedback

'Hello My Name is' initiative embedded in wards/departments

Development of ward accreditation process

Publishing audit results and trends

Feedback via *In Your Shoes*, compliments, complaints & FFT

90% of complaints and concerns responded to within the time frame agreed with the client

- 85% of complaints responded to within time frame agreed
- Quarterly reduction in number of complaints

Clinical involvement in responding to complaints within agreed time frame

Divisions to identify 2 reasons for complaints for each speciality and demonstrate improvement

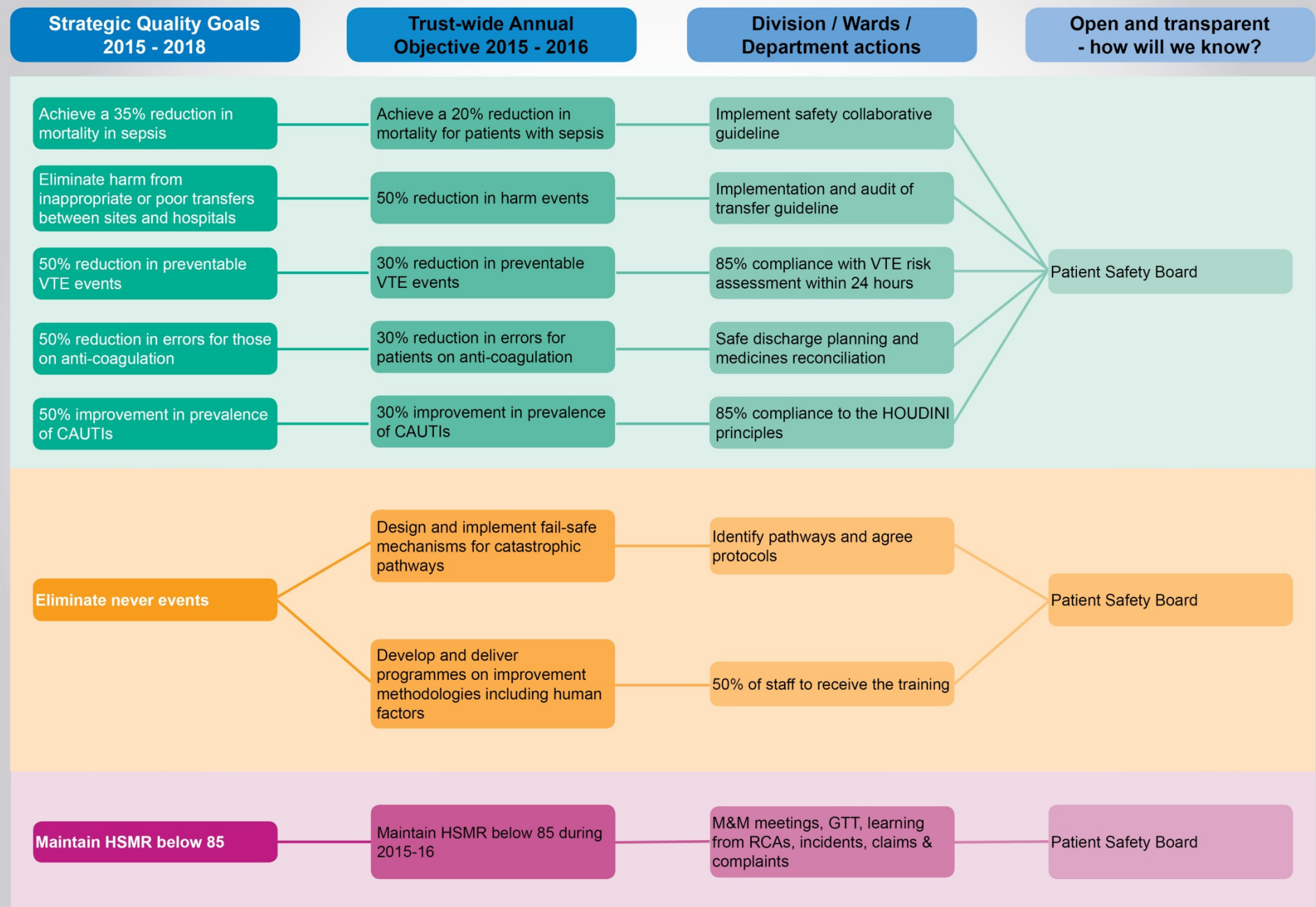
Themes and improvements embedded and shared across Divisions

EPR

Patient experience newsletter

# Safe Care:

By improving safety and reducing harm





# Effective Care:

Deliver care, treatment and support that achieves good outcomes and is based on best available evidence

## Strategic Quality Goals 2015 - 2018

## Trust-wide Annual Objective 2015 - 2016

## Division / Wards / Department actions

## Open and transparent - how will we know?

Clinical outcomes achieved  
will be within the top quartile  
for benchmarked Trusts  
(CHKS)

- Create CHKS quality dashboard
- Identify baseline benchmarks for priority areas for improvement
- Participate in 100% relevant national clinical audits
- Publish local clinical audit programme linked to their priorities

Information team to facilitate agreement of quality dashboards & improvement trajectories with Divisional and Specialty teams

Clinical Audit teams to work with Divisions to identify programme for national and local audits

Gap analysis NICE, CEPOD, National Standards for key service lines and pitch for improvements

Demonstrate improvements embedded learning from audits

EPR to monitor progress

Clinical Advisory Board to publish clinical audit results

Clinical Advisory Board & EPR to demonstrate improvement

EPR and opportunities for sharing across divisions

Service Improvement and transformation will be an embedded approach to continuous quality improvement

- Improve outpatient booking and service
- 90% patients seen and treated in 18 weeks elective pathways
- Cancer pathway standards achieved
- 95% patients seen, treated and discharged from A&E
- Achievement of clinical standards for children and young people
- Achievement of quality improvements through CQUIN Programme
- Embed end of life conversations

Implement outpatient improvement programme and monitor milestones

Implement diagnostic access improvement plan

Focus on improving 2 week access standard for patients with suspected cancer

Implement the improvement plan from gap analysis on delivering childrens' standards

Implement elements of the CQUIN improvement programme

Action plan identified and implemented in response to audit of End of Life conversations

Management Board to monitor implementation

Children's Services Improvement Board to monitor improvement and provide assurance to the Management board

Clinical Advisory Board to monitor improvements

End of Life Board to monitor

Improved quality with demonstrable cost reduction

- Service Improvement and transformation of care pathways lead to genuine efficiency, cost avoidance as well as quality improvement

- Designed methodology to capture efficiencies that align with cost reductions + CIP's
- Align with serviceline reporting

CAB and Management Board

# Effective Care - continued:

Deliver care, treatment and support that achieves good outcomes and is based on best available evidence

## Strategic Quality Goals 2015 - 2018

## Trust-wide Annual Objective 2015 - 2016

## Division / Wards / Department actions

## Open and transparent - how will we know?

**Deliver staff and patient  
facilities and equipment which  
meet the needs of a high  
performing organisation**

- Complete implementation and review initial learning from the Equipment Libraries
- Instigate replacement program, through EME, for equipment used in the provision of care
- Working with IT, roll out patient electronic meal ordering system
- Increase Patient Environment Investment Committee (PEIC) capital allocation by £1m
- Deliver support hub, relocating staff into fit for purpose facilities and releasing clinical space
- Deliver 15/16 capital program
- Roll out Planet, new online and electronic helpdesk system

Re-launch Patient Environment Investment Committee and encourage front line staff in prioritising spend

Continue to support Infection Control teams to ensure focus on risk areas, including cleaning and defogging.

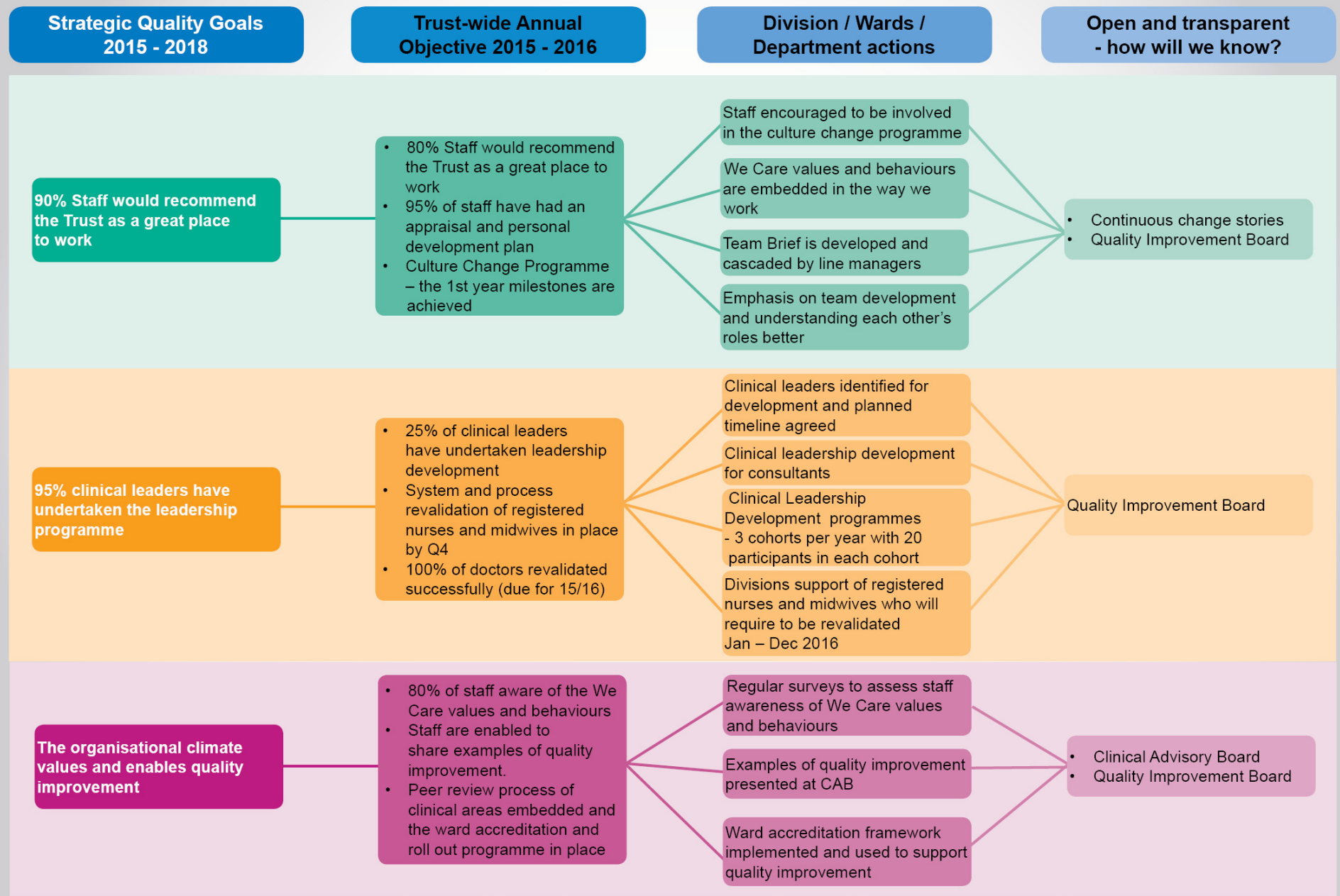
Participate in "open clinics" to be held by Deputy Chief Nurse and Director of Estates – raise issues and participation

- Improved sense of ownership of our buildings and equipment
- Surveying staff feedback on quality of working environment and service levels
- Effective Equipment Library Service – measuring user feedback
- Effective new Estates service – measuring user feedback



# Effective Workplace Culture – A Great Place to Work

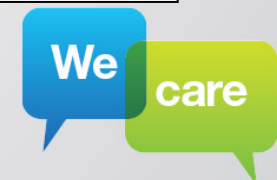
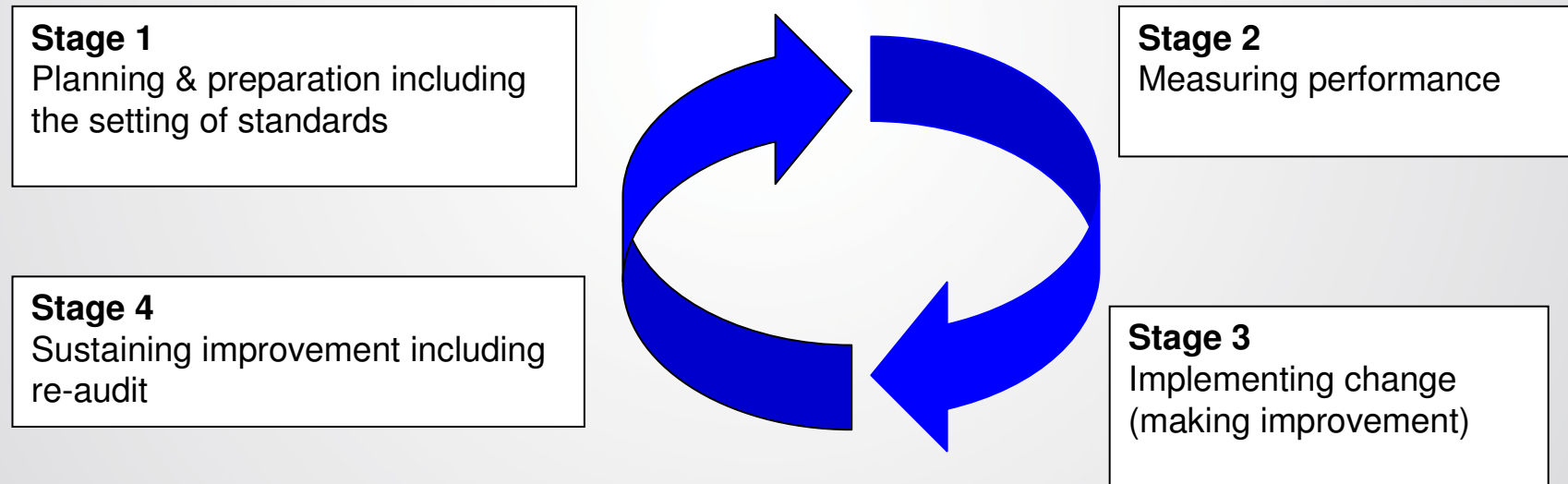
Ensure the Trust has strong leadership, governance and culture to drive and improve the delivery of high quality, person-centred care (well led)





# Quality & Improvement Strategy – Clinical Audit

- Clinical audit will work with clinicians to strengthen the impact of clinical audit on clinical practice and support improved outcomes for patients through the clinical audit cycle



# Quality & Improvement Strategy 2015 -18

## How is clinical audit contributing to this ambition?

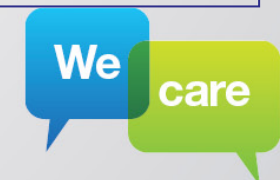
### Purpose:

- Improving patient experience
  - Co-designed pathways
  - Transforming the point of care
- Improving safety & reducing harm
  - Preventing avoidable deaths
  - Removing avoidable harm
  - Delivering harm free care
- Improving clinical effectiveness & reliability of care – SSNAP
  - Enhancing Q/R pathways
  - Best practice tariff pathways
  - Satisfaction with outcomes
- Enabling quality improvement
  - Developing our culture
  - Engaging & involving our workforce
  - Team working

### Programmes:

- Clinical audit of “new” pathways – COPD local pathway.
- Purple Syringe audit
- Consent audit
- Sepsis audit
- EQP & ERP pathway audits
- EQP & ERP pathway audits
- Heart Failure audit data in support of BPT
- CHKS – clinical audit link
- Sepsis Collaborative.
- SSNAP/MINAP audits
- NHFD/Joint Registry collaborative work

**Regular audit to ensure consistent delivery of care to the patient and identify improvements to improve consistency of delivery**



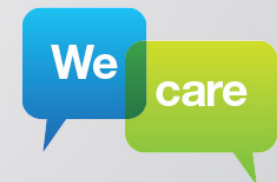
# Quality & Improvement Strategy - Enablers

**Service Improvement & Transformation** uses an approach to Quality Improvements in order to embed and sustain change:

- Engagement
- Integration
- Enablement
- Ownership

**To achieve this, we seek to:**

- LISTEN & LEARN from frontline staff (Clinical & Administrative)
- Reduce interventions which have little, or no, benefit to patients
- Reduce inappropriate variation in how care is provided
- Reduce unnecessary waits for patients, by enhancing patient flow throughout their Pathway
- Capture the patients voice & journey and use this to improve patients experience of our services in future
- Establish systems and processes that prevent “work-arounds” and enable accountability / ownership



## Quality Improvement & Innovation Hub: A web based resource for staff

### Purpose:

- Improve
- Develop
- Innovate
- Inquire



### Components:

- Tools and resources
- Events: Master-classes, grand rounds, creative spaces, sharing best practice
- Work based learning programmes
- Mentors and expertise
- Project Templates
- Publications written by staff
- Shared purpose competences and related self assessment tools



# Quality & Improvement Strategy - Enablers

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**The Quality, Improvement and Innovation Hub website** will enable the Trustwide sharing of best practice and expertise through a central repository containing information on:

- Develop, improve, inquire and innovate journey – getting started, practice development, quality and service improvement, inquiry and research
- Projects, tools and resources - these will be focused around Person Centred, Safe Care, Effective Care and Effective Workplace Culture
- Education and learning – work-based programmes, internal and external programmes and learner videos, bursaries and grants
- Network and Communities – newsletters, mentors/experts and getting involved



# Research, Development & Innovation Strategy

2013-2016

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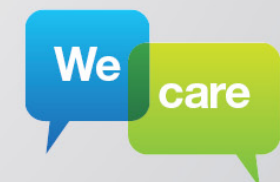
## Vision:

“Providing better care to our patients and local population by bringing sustainable transformational change to health research, development and innovation in East Kent.”

*‘We recognise that high quality clinical care, research, development and innovation are inextricably linked’*

## Goal 1: Fostering a vibrant R, D & I culture

Our **aim** is: to foster a vibrant research, inquiry, development and innovation culture across every area of EKHUFT, manifested in: evidence informed practice and services; evidence developed from practice through scholarly, systematic inquiry and evaluation of developments; innovations in practice, the patient experience, service and quality improvement; and increased number of patients, service users and staff involved in research across a spectrum of approaches





# Quality & Improvement Strategy 2015-18

## How does being a research-active Trust enhance quality?

- Gives patients the opportunity to participate in clinical trials which:
  - Provides patients with earlier access to novel medicines (e.g. in cancer, skin & eye disease – all recent examples from within EKHUFT)
  - Grows the evidence base to provide better and/or more cost-effective treatments to future generations
- Helps us to recruit and retain talented staff
- Helps enhance the Trust's reputation
  - Highly research-active organisations and those that work in them are perceived by public and peers as being more 'cutting-edge'
- Helps to systematically inquire into quality related issues:
  - Developing a person centred culture (e.g. NIHR PIE study - acute care of people with dementia)
  - Evaluating leadership development ( to identify the salient strategies that impact on culture change)
  - Explore how medication practice in residential homes can improve older peoples quality of life and reduce admission/readmission to hospital (action research)

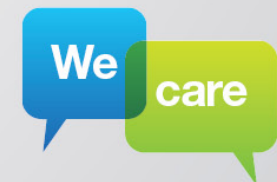


# Quality & Improvement Strategy 2015-18

East Kent Hospitals University   
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## Responsibility & Accountability for delivery

- Each of us individually will have a responsibility to either deliver or contribute to the delivery of high quality care, for that reason our ambition for quality will be a key component of job descriptions, appraisals and our organisational development plans
- Implementation will be supported by the Executive Directors & Divisional Leadership teams, clinical and operational leaders on all hospital sites. We will be held to account through the monthly executive performance review process
- Executive accountability for the delivery of this strategy is jointly owned by the Chief Nurse & Director of Quality and the Medical Director;
- The Board of Directors will agree the overall strategy and annual work-programme and will monitor the effectiveness of delivery





# Quality & Improvement Strategy 2015-18

East Kent Hospitals University   
NHS Foundation Trust

## Governance and Development

- Reporting of Trust performance against the current year's measures of success within the Quality & Improvement Strategy will be submitted to the Management Board and Board's Quality Committee on a quarterly basis
- The Council of Governors will provide effective support and challenge to ensure that implementation of the strategy is achieving its goals
- A review of the Quality & Improvement strategy will take place during January-March each year, led jointly by the Chief Nurse and Director of Quality & Trust's Medical Director to:-
  - ensure the strategy remains relevant and appropriate to the current health environment and overall Trust strategy;
  - refresh and publish the measures of success relevant for the following year;
  - ensure that the Trust annual objectives support the delivery of this strategy.



# Quality & Improvement Strategy 2015-18

East Kent Hospitals University   
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- Public accountability will be through the annual publication of the Quality Account as part of the Trust's annual report and will be subject to external audit
- Commissioners and key stakeholders will be invited to comment on our Quality Account
- The contents of the Account will form part of the annual governance statement of the Foundation Trust

