

Quality Strategy 2018 - 2021

Great healthcare from great people
Improving health and wellbeing



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 research evidence knowledge of local context professional expertise and patients own knowledge of self;
- **Person-centred** – providing care that is respectful, compassionate, and responsive to individual needs and values; in partnership with patients and carers to support their choices;
- **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 or location.



Why we need the Strategy

- **The Strategy supports** us in our endeavour to continually improve the services we provide for our patients and their families;
- **The strategy aims to** make explicit what the quality improvement goals for the Trust are over 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

- 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
- Care Quality Commission Domains: safe, effective, caring, responsive & well-led;



Local Priorities

- The strategy recognises the importance of developing **effective relationships** with our commissioners and other partners to provide integrated care across the patient journey - 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.





Our vision for the future



Our vision

- Improving health and wellbeing

Our mission

- Great healthcare from great people

We will achieve this by:

Providing incredible care, delivered with expertise, using research, innovation and new technology.

Investing in our staff through education and training and upholding our shared values.

Excelling in the delivery of services and driving forward new models of care with our staff and partners.

Building services that are best in class and are a magnet to attract the best staff.

Our values

- People feel cared for, safe, respected and confident we are making a difference

Our strategic objectives - 4Ps (how we will deliver our vision and mission)

Providing high quality care to **patients** with great outcomes for their health and lives - getting the basics right every time and building healthcare that is best in class.

Attracting the best **people** to our team, who are passionate, motivated and feel able to make a difference and investing in them.

Work in **partnerships** to design health and social care which transcends the boundaries of organisations and geography.

The **provision** of high quality care through the use of technology, research, education, innovation and intelligence.

Our priorities for the next 1 - 3 years under our transformation plan

What we want to achieve by 2021

Getting to good

Higher standards for patients

Healthy finances

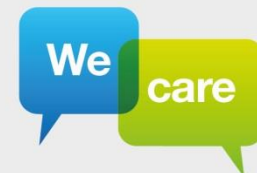
A great place to work

Delivering our future

Right skills right time right place

Our enabling strategies (these support us to deliver our priorities)

People, Quality, Clinical, Annual Plan, Estates, IT, Communications and Engagement, Research and Innovation, Diversity and Inclusion



Strategic Priorities – The 4 Ps

- Providing high quality care to **patients** with great outcomes for their health and lives - getting the basics right every time and building healthcare that is best in class;
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- Attracting the best **people** to our team, who are passionate, motivated and feel able to make a difference and investing in them;
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- Work in **partnerships** to design health and social care which transcends the boundaries of organisations and geography;
- The **provision** of high quality care through the use of technology, research, education, innovation and intelligence.



Our Annual Priorities 2018-2019

- There are the high level areas the Quality Strategy will focus on;
- These are the priorities from the Quality Strategy that the Board will measure and report on.



Patients

Improve patient experience, measured by improved Care Quality Commission (CQC) ratings, safety, patient feedback and clinical outcomes

1. We will improve Friends and Family Test (FFT) satisfaction for the Emergency Department (ED)

- Achieve national average

2. We will improve patient experience by:

- Improving privacy and dignity scores to be at national benchmark measured through monthly local survey and annual inpatient survey.

3. Promote effective care to patients with mental health needs and Learning Disabilities

- Implement best practice guidelines/National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report on mental health in general hospitals;
- Learning Disability outcomes measured by mortality rates, length of stay improvements and readmission rates.



Patients

Improve patient experience, measured by improved CQC ratings, safety, patient feedback and clinical outcomes

4. Ensure that EKHUFT work in partnership with our service users to define, monitor and deliver great care

- Scope current patient involvement within EKHUFT
- Identify and implement best practice models.

5. Embed a patient safety culture

- Measured through improvement against Texas safety culture tool

6. Deliver on our CQC Improvement journey

- Measured through the improvement plan completion and subsequent CQC inspections

Build our academic potential.

1. Strengthen engagement with our academic partners

- Measured by the number of joint honorary contracts and number of joint research and practice development activities carried out with the England Centre of Practice Development, Academic Health Science Network, Canterbury Christ Church University College & University of Kent
- Establish the Medical School



Staff Views

- Our strategy was informed by the views of our staff through:
 - Quality Improvement & Innovation Hub consultation;
 - We have sought the views of our Senior Nurse, Allied Health Professional (AHP) and Midwifery leaders through workshop(s) at the leadership forum;
 - We have sought the view of harder to reach staff groups (i.e. staff working night duty on all sites) through an ambitious programme of consultation visits, to elicit and include their views;
 - We have included our diverse workforce in the consultation process, including the views of medical staff, non- clinical, technical and support staff (including our service support partners Serco);
- Our strategy was developed to reflect the views of our patients and wider commissioning and regulatory stakeholders;
- Our strategy reflects what good quality care looks like to us, the community that we serve and those we provide services on behalf of;
- We have woven our values and themes tightly into our aims for the next year, to underline the meaning and value of the important journey ahead.

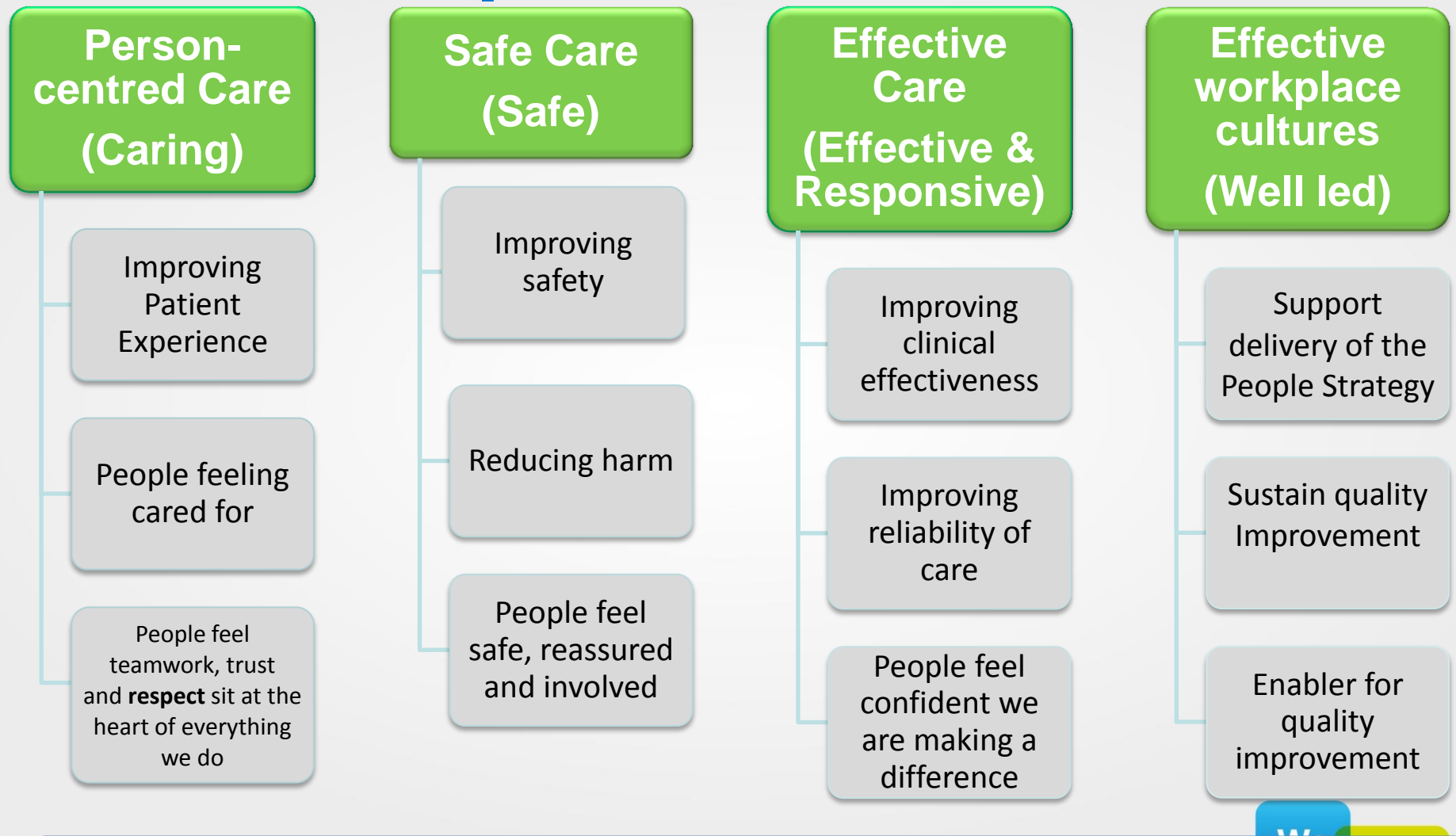


Contextual Framework

- The Quality Strategy reflects the Shared Purpose Framework developed by staff to enable them to connect their work to a shared vision and values;
- The strategy encompasses the CQC domains;
- Our Strategy recognises the importance of having **good governance** structures and processes which enable us to provide assurances from ward, department and team to the Board;
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- Our strategy builds on progress made during 2017 to embed the **Improvement plan** developed from the CQC Inspections of 2015 & 2016;
- It recognises that the strategy and achievement of our values and quality outcomes depends on developing effective cultures in our front line teams and therefore the role of quality clinical leadership and enabling organisational systems.



Shared Purpose Framework



The Improvement Journey – Getting to Good

Person-centred care

Aim

Improve patient experience, measured by improved CQC ratings, safety, patient feedback and clinical outcomes

By 2021 we will have a CQC rating of at least 'good' overall. To achieve this we will:

- Deliver the **Improvement Journey**;
- Deliver the **'Getting to Good' transformation workstream**;
- Working in **partnership with our service users** deliver and develop services;
- Implement national guidance / best practice to deliver great care to our **patients with dementia** and become **dementia friendly in all aspects of our service**;
- We will **deliver effective person centred care** to meet the needs of our of all patients, specifically focusing on **people with mental health needs**;
- Enable patients to become more **independent and self caring**. Working in partnership to enable **patient empowerment, independence and growing expertise**. **Building** on existing stoma and orthopaedic, haemophilia / haemodialysis, Musculoskeletal (MSK) EKHUFT models, we will:
 - A) identify and roll out identified practice strategies across the trust over 3 years to imp relationships;
 - B) Improve patient access to quality assured information (internet / people) so that they can better secure practical support
 - C) Improve information available to them regarding medication and clinical treatment.



Person-centred care

Aim

Improve patient experience, measured by improved CQC ratings, safety, patient feedback and clinical outcomes

Annual Objective - By 2019 we will:

- **We will Improve FFT satisfaction** for ED and maintain scores for inpatients, paediatrics, outpatients and day surgery;
- **We will improve patient experience by identifying** a clear and consistent trust wide approach to enable patients to be aware of who is delivering / accountable for their care and who to go to when they are concerned. We will identify best practice models to deliver a resilient and responsive proactive PALS service, integrating the use of emotional touch points across the patient journey;
- Identify best practice, to deliver great **(relationship based) care to patients with dementia, Trust wide** - identifying optimum models of care delivery and MDT tools. Confirming and undertaking an implementation programme including patient and carer feedback – with consideration of roll out of PIE;
- Recognising the role of an acute hospital, raise awareness of and **promote effective care delivery to patients with mental health needs and Learning Disabilities** - implement best practice guidelines (including but not limited to NCPOD Bridging the gap between mental and physical healthcare in general hospitals);
- **Enable patients to become more independent and self caring:**, we will A) identify and confirm roll out plan to improve relationships', B) scope and confirm plan to improve patient access to information (internet / people) so that they can better access practical support and information;
- **We will strengthen the way we use patient and user input to improve and guide our services:** we will agree a programme of work using evidenced based methodologies that proactively involve patients and users and we will listen and act on their feedback to develop improved services.



We care

Safe care

Aim

Improve patient experience, measured by improved CQC ratings, safety, patient feedback and clinical outcomes



By 2021 we will have improved safety and reduced harm through a strong safety culture at all levels. To achieve this we will:

- Work together to implement 'Learning from Excellence' achievement measured through identifying and implementing a programme of Human Factors training to staff ;
- The organisation identifies the implications of the SCQIRE project and confirms project response and goals;
- The number of recognised facilitators / critical companions to support front line clinical leaders with improvement and suggest learning, development and improvement;
- Participation in the TIPs programme, leadership and ACE accreditation programme and implement support structures and processes to support front line clinical leaders;
- Further strengthen our Safety culture through implementing improvement against key safety indicators:
- Develop a plan to work towards adopting a model of appreciative inquiry, to consider briefings, debriefs, huddles.

Safe care

Annual Objective - By 2019 we will:

Aim

Improve safety and reduce harm and embed a patient safety culture

- Increase the falls risk assessment rate and maintain the falls rate to be at least the national average;
- Reduce avoidable category 2 pressure ulcer rates and secure a 25% increase in risk assessment within 6 hours of admission;
- Deliver the Sepsis Commissioning for Quality and Innovation (CQUIN);
- Embed National Safety Standards for Invasive Procedures (NATSiPPs) and achieve compliance to the patient safety alert;
- Reduce omitted medicine doses to be at least as good as the national average;
- Maintain Hospital Standardised Mortality Ratio (HSMR) below 85 & maintain Summary Hospital-level Mortality Indicator (SHMI) below 100;
- Maintain Venous Thromboembolism (VTE) assessment above 95%;



Effective Responsive care

Aim

Improve people's experience of and our performance in emergency care

By 2021 we will have achieved good outcomes and be delivering care that is based on best available evidence. To achieve this we will:

- Be delivering all of the **constitutional access standards**;
- Delivering **clinical outcomes within the top quartile for benchmarked Trusts**;
- **Evidence strong Multidisciplinary Team (MDT) decision making** to promote safe and effective patient management and discharge;
- **Implementation of national guidelines in relation to:**
 - assessing and responding to pain (MDT/registered and non registered);
 - ensure the safe and effective oxygen administration and prescribing;



Effective Responsive care

Aim

Deliver care, treatment and support that achieves good outcomes and is based on best available evidence
Improve people's experience of and our performance in emergency care

By 2019 we will:

- Deliver on our **CQC Improvement Plan**;
- Deliver **Referral to Treatment (RTT), ED & Cancer agreed trajectories**;
- Deliver consistent and sustained **improvement in patient outcomes** – within the top quartile for benchmarked trusts;
- **Evidence strong MDT decision making** to promote safe and effective patient management and discharge, effectiveness measured through establishment of clearly document management plan reflecting consistently delivered, appropriately attended and resilient board rounds;
- **Implementation of national guidelines in relation to:**
 - Develop staff skills assessing and responding to pain (MDT/registered and non registered);
 - Ensure the safe and effective oxygen administration and prescribing;
- **Identify Quality Improvement (QI) principles to improve how we use our resources to create and safe and effective physical working environment.**
 - Roll out inter disciplinary peer review trust wide;
 - Identify trust action to achieve positive change, with effectiveness evaluated through patient and staff feedback/outcome of repeat review;



Build our Academic Potential

Aim

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



By 2021 we will have improved our potential as a University Trust. To achieve this we will:

- Increase our partnerships at every level - building on joint chairs with England Centre for Practice Development (ECPD) at Canterbury Christ Church University (CCCU) and University of Kent (UoK) so that we can a) improve our capacity and capability and b) become a knowledge rich organisation that informs our decision making at every level by evidence blended with local knowledge, expertise and patient experience;
- Position the Trust as a centre of excellence for research and innovation in all areas not just clinical research and establish a renown track record of practice development achievement with the England Centre of Practice Development;
- Develop the evidence base through undertaking research across our organisation – to underpin implementation of models of care and service improvement;
- Increase flexible opportunities for support of staff to use the workplace as the main resource for inquiry, innovation and research i.e. through partnerships with local HEI providers.
- Enable and encourage staff to undertake higher research qualifications including PHD by publication, providing academic opportunities including posts i.e. Darzi fellow posts
- Work with partners to establish a Medical School in Kent.

We care

Build our Academic Potential

Aim

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



By 2019 we will:

- To promote the accessibility of evidence based Continuing Professional Development (CPD) across our diverse work force, we will strengthen our QII hubs to provide greater access to evidence based resources (providing both information and access to specialist personnel) with a strong focus on supporting professional progression and revalidation;
- We will scope current research and improvement, activity / capability, with a view to establishing a Trust system which can both support and utilise upon this resource;
- Consider career framework for honorary joint posts at consultant level –all professional groups
- Work on the establishment of the Medical School.

Effective workplace cultures

Aim

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



By 2021 we will have a workforce that demonstrates a) an inter relationship between holistic safety, being person centred and team effectiveness (SCQIRE project principles) and that we b) live and breath this culture everyday. To achieve this we will have:

- A CQC rating of at least '**Good for caring;**'
- **Embed our risk leadership behaviours**, growing the number of our quality clinical leaders and providing organisational wide facilitation support to front line teams and our clinical leaders ;
- **Work together to implement 'Learning from Excellence'** using the Appreciative Inquiry approach;
- Further **strengthen our Safety culture** through improvement against key safety indicators and the Texas Safety Culture Tool



Effective workplace cultures

By 2019 we will:

Aim

A living risk, safety and celebration of excellence and learning culture



- Implement the **Learning from Excellence** tools using **appreciative inquiry**;
- Increase support for **ACE accreditation** by teams;
- Increase the number of **critical companions** who have the skills to support frontline teams;
- Identify and implement a programme of **Human Factors** training for staff;
- Grow more **quality clinical leaders** who can integrate holistic safety with being person centred and team effectiveness;
- Learn from **best practice** across the organisation and using **shared governance** spread expertise from the shopfloor upwards;
- Develop a plan to work towards adopting a model of **appreciative inquiry**, to consider briefings, debriefs, huddles.



Enablers for delivery

The things that are going to help us to improve, learn & share

- Integrated governance and support systems across the organisation and skilled facilitators and critical companions to provide focused support;
- Improvement, learning and development support;
- Research & innovation;
- Clinical audit;
- Quality Improvement & Innovation Hubs;
- Leadership development;
- Web site support.



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.



Governance & 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 the 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 Strategy will take place during January-March each year, led jointly by the Chief Nurse and Director of Quality & Trust's Medical Director; to:-
 - a) ensure the strategy remains relevant and appropriate to the current health environment and overall Trust strategy;
 - b) refresh and publish the measures of success relevant for the following year;
 - c) ensure that the Trust annual objectives support the delivery of this strategy.



Governance & Development

- 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 Quality Account will form part of the annual governance statement of the Trust.