



QUALITY IMPROVEMENT & ASSURANCE STRATEGY

2016-2021

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Respect

Compassion

Partnership

Accountability

Fairness

Ambition

Introduction

A message from our Chief Executive Kevan Taylor



Everyone’s contribution counts

Each and every one of us has a role in ensuring the quality of our services. All of our work has an impact at some level. In delivering quality services we want to ensure that what we provide is effective, safe and delivers a positive experience.

For years now I have been saying to new staff at induction that all I ask is that they look at what we are doing from time to time, ask themselves if it is what they would want for their family and loved ones, and if they think we can do better, say so.

We have made very significant improvements in recent years to services where there were big challenges. We have also made some significant service transformation. However we also know that we can always improve and there are areas that we clearly need to focus on.

To support that improvement, this Quality Improvement and Assurance Strategy refreshes our overall approach and framework.

The Strategy focusses on delivering continuous quality improvements. It recognises that each team will develop plans to improve quality, that we will have

a number of Trust-wide improvement priorities and a smaller number of Transformation Programmes. The Trust Board will ensure that all staff understand what Quality Standards are expected and the part they play in delivering these standards.

This strategy aligns with the Trust’s values: delivering care in partnership with staff and service users in a respectful and compassionate culture, and ensuring we are all accountable for delivering excellent care as a learning organisation.

To assure us of our performance, there is a refresh of our governance from team governance to Board. In addition, we are developing a peer review process that will have a strong focus on expertise by experience being at its heart.

You have made some fantastic improvements for people using our services and you will, I am sure, make many more. All improvements are welcome, whether big or small; they all make a difference and everyone’s contribution counts.

Thanks for reading this and I look forward to hearing more about what you are doing.

Kevan.

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Aims and objectives of the strategy

Our aim is to create a culture of continuous quality improvement, where safeguarding and improving care is everyone's responsibility. Building on our current position this strategy sets out what the Trust will do to create the conditions for quality improvement to thrive and to create excellence at the front line of care delivery. This strategy also describes the controls and systems that we have in place to ensure that all services are of a high standard and safe and that our service users and staff are able to raise any concerns about quality or safety and these will be heard and acted upon.

The quality of care service users receive is a direct result of the quality of all our teams plus the way our teams work together. For these reasons this strategy has a strong focus on empowering and supporting staff to undertake quality improvement. We will provide teams with the skills, leadership and infrastructure to make bottom up quality improvement the norm.

Our governance framework supports the delivery of the strategy by ensuring we set clear Quality Standards, are able to understand and assess the quality of care provided, and ensure the right actions are taken to deliver improvements.

What will we want to achieve?

- To provide excellent services that deliver a positive experience and promote recovery.
- To put the needs of the people who use our services, their families and carers, first.
- To be a centre of excellence and best practice within five years.
- To embed the principles of a learning organisation at all levels.
- To define how we understand quality of care through the use of clear outcome measures.

How will we achieve our aim?

We can only achieve this by continuing to work in genuine partnership with service users and carers. We will ensure our approach is person-centred and respectful of everyone we work with. We will deliver services that actively support service user aims and goals rather than the needs of services or organisations. We believe in a recovery model of hope, optimism and co-production and will deliver services that actively promote this.

The Trust Board will lead the delivery of this strategy. It will provide the strategic direction for quality improvement and provide support to the development programmes and initiatives underway across the Trust. There will be clear assurance and performance management frameworks in place that link clinical teams to the Board.

This strategy builds on our strengths and the progress we have made during 2015-16. Over the first year we will focus on ensuring the right building blocks are in place, consolidate the improvement work already underway and move forward. Getting this right will ensure we continue to embed a culture of continuous quality improvement across the organisation.

The strategy has 5 key components

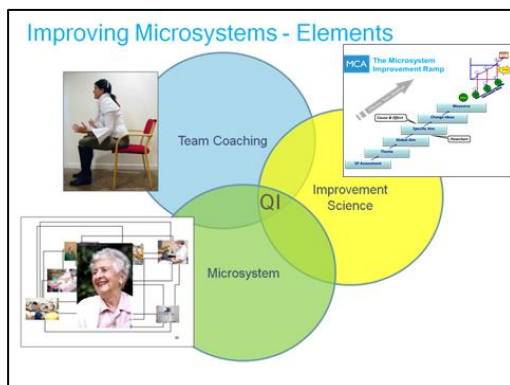
- Delivering quality by creating the conditions for all our staff and every team to engage successfully in quality improvement underpinned by effective team governance
- Ensuring measurable quality objectives are agreed across the organisation
- Ensuring effective, supportive and responsive trust governance and assurance systems
- Having clear arrangements to support delivery and accountability
- Ensuring we have accurate and appropriate information available about the quality of care provided at all levels

Quality improvement - delivering quality through our staff and teams

Every member of staff delivering improvements in quality

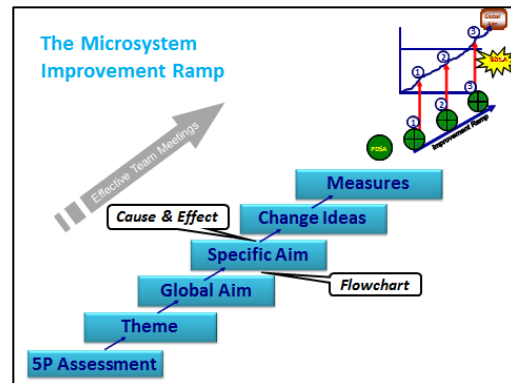
If we want to make sustainable quality improvements it has to be owned and led by staff within the team concerned. Every member of staff is responsible for maintaining and delivering high standards of care and is expected to strive to improve the quality of care we provide. Our approach will ensure staff experience quality improvement positively. We will create and develop the conditions across all our services to make this a reality all of the time.

The ability for the Trust to deliver on this strategy depends on staff having the ability to engage with improvement techniques. To support this strategy we have a programme to equip staff and teams with the information, time and the skills to deliver continuous quality improvement. While we will use a range of quality improvement techniques as appropriate, the core Trust wide approach that we will use will be Microsystems improvement methodology. All teams will be trained in this methodology and have access to on-going coaching and supervision.



A Microsystem is essentially a team, described as a “small group of people who work together on a regular basis to provide care to discrete populations of service users”. Microsystem improvement involves engaging members from that team to work collectively as an interdisciplinary group to improve the quality of care for service users as well as

the workplace for staff who work there. A trained Microsystem Coach facilitates the team through a structured improvement process, known as the Microsystem Improvement Ramp, empowering teams to influence change from the front-line.



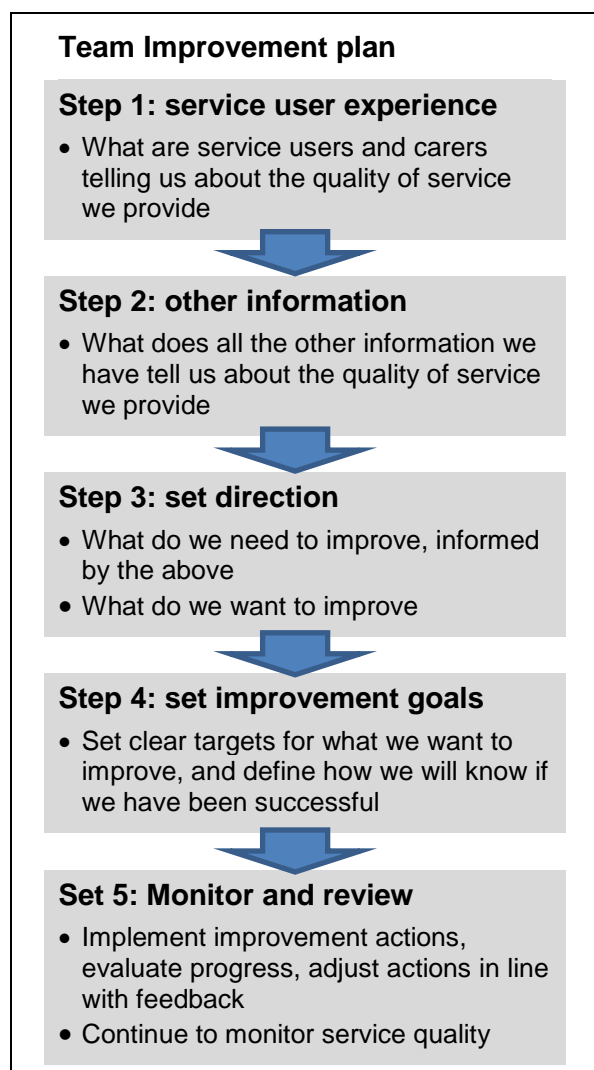
Working in teams that deliver quality care

The building blocks of care are our teams. It is at the interface between the team and service user that value, safety and experience are created. It is also the place where staff satisfaction is enhanced or undermined, where professionals learn to practice and where changes to delivery of care can be tested. We will ensure that our clinical teams:

- Are Service User focussed and working collaboratively with service users to deliver personalised care
- Collect and use appropriate outcome measures to understand effectiveness, safety, experience, and efficiency
- Have fully trained staff who are supported through supervision and appraisal, understand the quality standards to be delivered and their responsibilities in this
- Have access to and use high quality information and IT
- Have training and coaching in process improvement skills
- Have committed and shared leadership
- Have support from the wider organisation when needed.

Team Improvement plans

On an annual basis we expect all teams to report on the quality of the services they have provided over the previous year and the improvement objectives they have set themselves for the next year. As an integral part of this Teams will routinely collect and review information that shows what the quality of care provided is like. The process to support this will be



Team level governance – ensuring each team knows how it is doing

Continuous quality improvement is about how everyone is engaged in and taking actions every day to deliver quality care. Alongside this it is important that teams have space and time to stand back and look at how they are doing, ensuring development plans remain on track and

actions required to maintain quality are identified and taken.

We expect teams to review frequently how they are performing. The arrangements in place to support this are summarised below.

Team level governance

Focus of team quality meetings

- To know how the team is performing
- Review, reflect on issues informed by appropriate sources of information
- Agreeing and taking action where highlighted and monitoring the impact
- Reviewing progress of quality improvement projects
- Escalating and reporting concerns to the Directorate Management team
- Considering issues cascaded from the Directorate/ Trust relating to quality and sharing good practice from other teams

Measuring quality of care

- Each Team will have an agreed set of metrics it will use to monitor how it is performing in respect of quality of care.
- A trust wide framework for defining quality will support consistency of approach

A range of information sources

- The Team will draw upon a range of information sources to understand its performance, for example
 - *Management information/ data*
 - *Survey/ service user experience feedback, themes and learning from complaints and incidents*
 - *Audits and self-assessments*
 - *Feedback from external stakeholders (eg inspections, external accreditation, peer inspections, 15 step challenge)*
- Where there are gaps in the available information then plans to obtain the information should be made.

Setting our priorities - being clear about our improvement goals

Each year our priorities will define the improvement we want to make

We continually review the quality of the care we deliver. On an annual basis we stand back, take stock and agree the improvement priorities for the following year. We will ensure that the views, and experiences of the people who use our services will shape and inform the goals we set. We will set clear quality objectives with Care Directorates and Commissioners by reviewing the current quality of care and considering how we need to improve services in the future. We will do this through the governance frameworks described in the next two sections (pages 6 and 7). The agreed quality objectives will provide a framework within which clinical teams deliver their annual quality improvement plans.

Through this way of engaging and working with our Directorates and clinical teams we will agree what the improvement goals and objectives of the Trust are. We confirm these each year in our operational plan and our quality account. We will have a range of improvement plans.

Transformation programmes for services

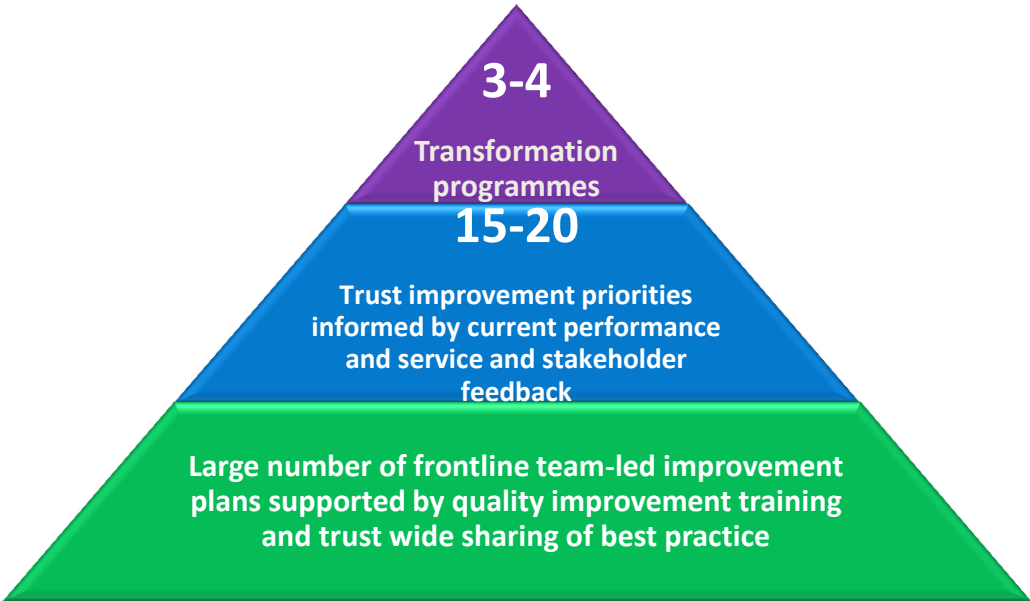
These programmes reflect improvements that we believe will be delivered through a significant re-design of our current services and models of care. In all of these programmes we are clear about the benefits we expect to realise as a result of the change and we monitor how these are being achieved. These programmes will receive significant levels of support to ensure they are delivered effectively and in line with the Trust's values.

Trust wide improvement priorities

These reflect areas for improvement that apply to several or many of our teams. These will often be focussed on improving practice or the consistency of the service user experience. These programmes will have been agreed by the Board of Directors and will be directly sponsored by an executive director to ensure delivery.

Team led improvements

These will be the priorities local teams agree and set for themselves based on their assessment of the quality of care they are providing. These initiatives will be supported by training and development in quality improvement and sharing of learning across all services.



Quality governance assurance framework - how we monitor the quality of care we provide

A clear quality governance framework

An essential component of our Quality strategy is to ensure we maintain effective governance systems. These are designed to assess, monitor and improve the quality and safety of the services provided. Careful monitoring of the outcomes from our governance processes enables the Trust to take action where there is room for improvement or a need to take corrective action.

Across the Trust a range of permanent processes and systems are in place designed to monitor quality. These are monitored and reviewed through following framework.



The Trust has in place a range of committees and groups that are established under this framework. The overall purpose of each of the committees and groups is to

- Monitor the on-going effectiveness of the systems and processes and initiate action when required.
- Evaluate relevant data and information from across the Trusts services, ensuring necessary information is available for teams
- Identify and recommend areas for improvement for inclusion in the Trust’s quality improvement programme (see page 4)

Safety
<ul style="list-style-type: none"> • Safety incidents surveillance • Service User Safety Group • Medicines Optimisation Committee • Medicines Safety Group • Falls Prevention Group • Infection Prevention & Control Committee • Psychological Therapies Committee • Adult Safeguarding Committee • Children’s Safeguarding Committee • Restrictive Practices Group • Physical Health Group
Experience
<ul style="list-style-type: none"> • Service User Engagement Strategy Group • Collaborative Care Planning
Effectiveness
<ul style="list-style-type: none"> • NICE Guidelines • Outcome measures • Clinical Audit Programme • Mental Health Act – Code of Practice & Policy • Mental Capacity Act

Performance framework – ensuring there is clear accountability for the quality we deliver

The previous section summarises how we monitor and understand the quality of care provided across the Trust. The Trusts performance framework complements this by providing a clear focus on how each service is performing.

Monitoring performance

Routine monitoring: of services each month through the Trust's standard performance monitoring of key performance indicators and escalation of additional issues of concern through the Executive Directors Group and the Board of Directors.

Team reporting: to their Directorates periodically through the year on overall team performance

Directorate reporting: Directorate level performance reviews through the Service Reviews each quarter with the Executive Team (see below)

Board reporting: the Board review of routine performance reports and progress reports of development programmes on a planned cycle. Additional assurance and monitoring is undertaken by the Boards Quality Assurance Committee in respect of

- Service user engagement and experience
- Service user safety
- Effectiveness
- Improvement priorities

Service Reviews

On an established quarterly cycle through the year the performance of all services are reviewed through Directorate level Service Reviews. The Executive Team reviews with each operational directorate how they are performing in relation to delivering their

- Standards for quality care and services
- Service improvement plans
- Workforce plans
- Financial plans

Trust indicator framework

The Trust has a standard indicator framework in place. This provides for a common understanding of how services are performing against Trust wide quality standards, and allows local teams to tailor their own measures as they relate to the services provided. Through this framework we will ensure the agreed Quality Standards are defined and delivered.

Strategic Goal: Quality (*focus of this strategy*)

- Safety
- Caring
- Responsive
- Effective
- Quality improvement priorities

Strategic Goal: Workforce

- Staffing availability and capacity
- Staff motivation and engagement
- Workforce relations
- Staff access to clinical supervision

Strategic Goal: Viable, effective and well governed

- Financial balance
- Productivity
- Commissioned activity
- Well governed/ led (Governance and regulation, national standards)

How we understand quality – ensuring we have the information we need

Knowing and understanding what people are experiencing

The final essential part of our strategy is to ensure we understand the reality of the experience of those who receive care from us. We have in place a range of approaches to ensure we can draw on different and complementary sources of feedback to draw an informed view.

Our approach to quality assurance is gained through a number of different mechanisms. These are:

- Service/Specialty Accreditation Schemes
- Nurse Accreditation Processes
- Peer Inspections

Following the revised governance arrangements in place for Clinical Operations, quality assurance is firmly embedded within operational services, with the Care Standards team providing support where required.

This allows for a broader coverage of accreditation, self-assessment and peer inspections.

Peer reviews undertaken will build on our experience of being reviewed by the CQC. The review process will incorporate the CQC methodology and framework domains of:

- Safe
- Effective
- Caring
- Responsive
- Well-led

There will be a significant emphasis on the role of expertise by experience which will

be supported by the Engagement and Experience Team.

As team governance is key to the maintenance and improvement of quality, metrics will be developed to specifically review the effectiveness of team governance at team level and escalation.

Reviews will be presented by the Chief Operating Officer to the Executive Team for scrutiny and management and to the Quality Assurance Committee for assurance.

Service user led monitoring

Understanding the experiences of the people who use our services is essential if we are to be successful in achieving quality improvement. The Trust uses a range of information to monitor service quality and performance. Our approach is to work with service users so they gather feedback from service users about their experiences of services on our behalf. This provides a richer and more informed view about the experience people have of receiving care from us.

Team level information needs

Alongside Trust wide information about quality each Team will have additional information needs that reflects the care they provide and deliver.

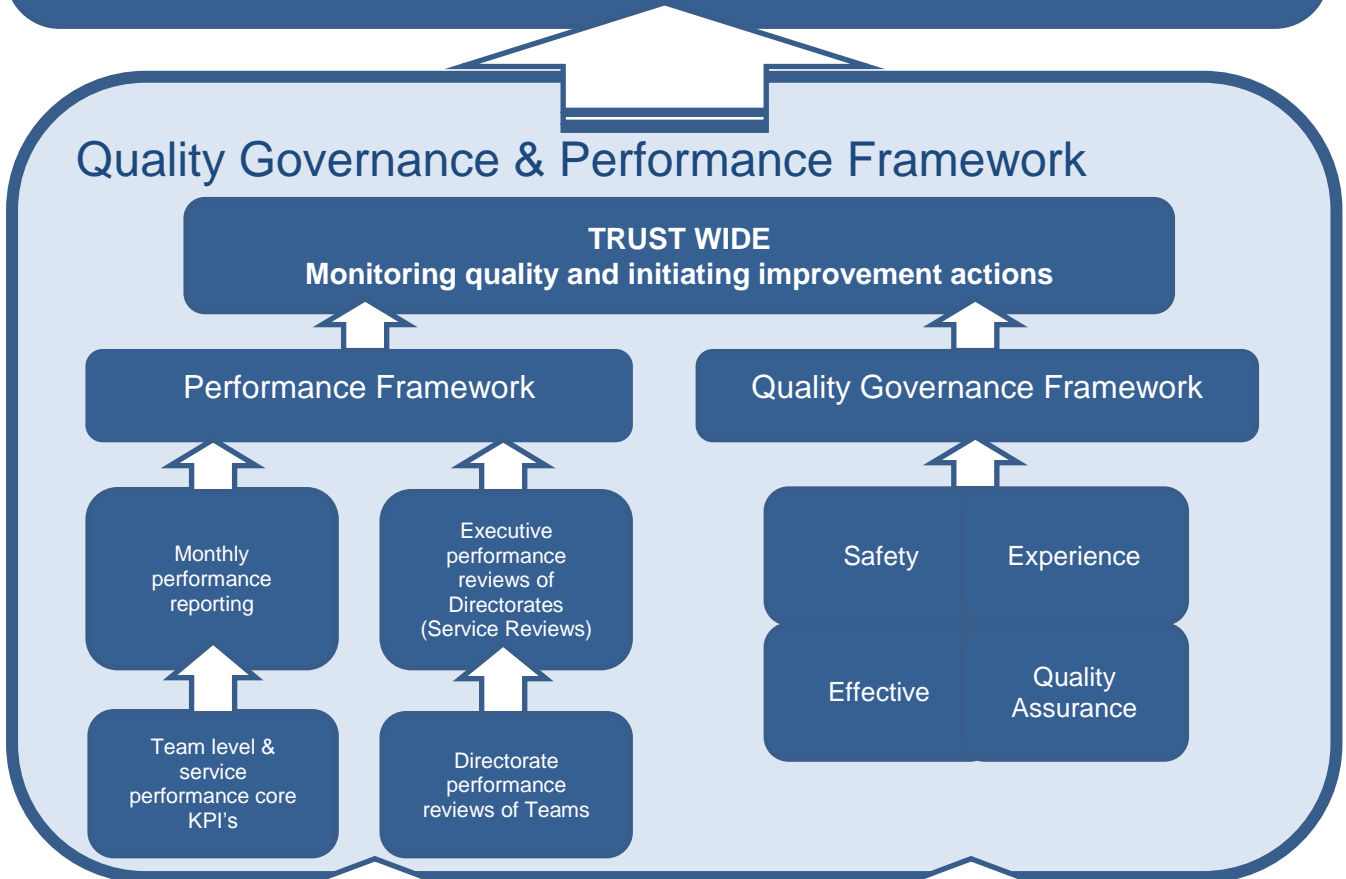
Teams will be supported to establish their own information requirements so they have a balanced and informed understanding of the quality of care they are providing. As teams progress their quality improvement plans being able to measure if improvements are being achieved will be key to the success of their quality improvement work.

Bringing it all together

Achieving our aims

- To provide excellent services that deliver a positive experience and promote recovery.
- To put the needs of the people who use our services, their families and carers, first.
- To be a centre of excellence and best practice within five years.
- To embed the principles of a learning organisation at all levels.

Quality Governance & Performance Framework



Creating the conditions

