

# Quality Strategy

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<b>Name of originator/author:</b>	Jenny Winslade, Executive Director of Nursing and Governance
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## Trust Strategy Foreword

South Western Ambulance Service NHS Foundation Trust (SWASFT) has a number of specific corporate responsibilities and obligations relating to patient safety and staff wellbeing. All Trust strategies need to appropriately include these.

### Health and Safety –

SWASFT will, so far as is reasonably practicable, act in accordance with the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and associated legislation and approved codes of practice. It will provide and maintain, so far as is reasonable, a working environment for employees which is safe, without risks to health, with adequate facilities and arrangements for health at work. SWASFT employees are expected to observe Trust policy and support the maintenance of a safe and healthy workplace.

### Risk Management –

SWASFT will maintain good risk management arrangements by all managers and staff by encouraging the active identification of risks, and eliminating those risks or reducing them to the lowest level that is reasonably practicable through appropriate control mechanisms. This is to ensure harm, damage and potential losses are avoided or minimized, and the continuing provision of high quality services to patients, stakeholders, employees and the public. SWASFT employees are expected to support the identification of risk by reporting adverse incidents or near misses through the Trust web-based incident reporting system.

### Equality Act 2010 and the Public Sector Equality Duty –

SWASFT will act in accordance with the Equality Act 2010, which bans unfair treatment and helps achieve equal opportunities in the workplace. The Equality Duty has three aims, requiring public bodies to have due regard to: eliminating unlawful discrimination, harassment, victimization and any other conduct prohibited by the Act; advancing equality of opportunity between people who share a protected characteristic and people who do not share it; and fostering good relations between people who share a protected characteristic and people who do not share it. SWASFT employees are expected to observe Trust policy and the maintenance of a fair and equitable workplace.

### NHS Constitution –

SWASFT will adhere to the principles within the NHS Constitution including: the rights to which patients, public and staff are entitled; the pledges which the NHS is committed to uphold; and the duties which public, patients and staff owe to one another to ensure the NHS operates fairly and effectively. SWASFT employees are expected to understand and uphold the duties set out in the Constitution.

### Code of Conduct and Conflict of Interest Policy –

The Trust Code of Conduct for Staff and its Conflict of Interest and Anti-Bribery policies set out the expectations of the Trust in respect of staff behaviour. SWASFT employees are expected to observe the principles of the Code of Conduct and these policies by declaring any gifts received or potential conflicts of interest in a timely manner, and upholding the Trust zero-tolerance to bribery.

### Information Governance –

SWASFT recognises that its records and information must be managed, handled and protected in accordance with the requirements of the Data Protection Act 1998 and other legislation, not only to serve its business needs, but also to support the provision of highest quality patient care and ensure individual's rights in respect of their personal data are observed. SWASFT employees are expected to respect their contact with personal or sensitive information and protect it in line with Trust policy.

## 1. Executive Summary / Introduction

- 1.1 By implementation of this Strategy the Trust/SWASFT aims to deliver high quality care. This acknowledges that The Trust has a statutory 'duty of quality' and the aim of this Quality Strategy is to ensure delivery of high quality, cost effective ambulance healthcare services to people in the Trust area, and through this, ensure that the Trust is recognized for its commitment to safe high quality care. This aim will be achieved by working from the bottom up with staff but will be supported by strong leadership from the Board of Directors including the development of an environment which will nurture quality improvement.

## 2. Background

- 2.1 This strategy will articulate the Trust's priorities for quality and set out clear lines of responsibility at all levels. It will be structured around the three quality pillars underpinned by the feedback from patients, the public and staff. Strong leadership by the Board of Directors will ensure governance arrangements are appropriate and the culture of quality improvement is encouraged and supported.
- 2.2 This strategy has been developed in the context of the following key publications and the overall strategic direction of the Trust:

Context	Implications
<p><b>Political</b></p>	<ul style="list-style-type: none"> <li>• NHS Outcomes Framework</li> <li>• High Quality Care For All: NHS Next Stage Review (Final Report), Darzi. Department of Health (2008).</li> <li>• Review into the Quality of Care and Treatment Provided by 14 Hospital Trusts in England, Keogh. Department of Health (2013).</li> <li>• The Health and Social Care Bill (2012)</li> <li>• Five Year Forward View, NHS England (2014)</li> <li>• NHS Foundation Trusts Annual Reporting Manual</li> <li>• Transforming Care: A National Response to Winterbourne View Hospital, Department of Health Review Final Report (2012)</li> <li>• The Mid Staffordshire NHS Foundation Trust Public Inquiry</li> <li>• Berwick Review: A promise to learn – a commitment to act. Department of Health (2013)</li> <li>• National Never Events Framework, NHS England, 2015</li> <li>• National Serious Incident Framework, NHS England, 2015</li> <li>• High Quality Care for All. NHS Next Stage Review Final Report. Department of Health (2008).</li> <li>• Sign up to Safety Campaign</li> <li>• The Government's mandate to NHS England for 2016-17, Department of Health (2015)</li> <li>• Improving Quality in the English NHS, The Kings Fund (2016)</li> </ul>
<p><b>Economic</b></p>	<ul style="list-style-type: none"> <li>• Integrated business plan</li> <li>• Cost improvement schemes</li> <li>• CQUIN schemes</li> </ul>

<b>Social</b>	<ul style="list-style-type: none"> <li>• Care Act 2015</li> <li>• Crisis Care Concordat</li> <li>• Emergency Care Improvement Programme (ECIP)</li> </ul>
<b>Technological</b>	<ul style="list-style-type: none"> <li>• ECS</li> <li>• Surveys</li> <li>• Opportunities to feedback</li> <li>• NHS National Programme for IT</li> <li>• NHS Patient Data</li> </ul>
<b>Environmental</b>	<ul style="list-style-type: none"> <li>• Geography of the Trust</li> <li>• Rurality of the Trust</li> </ul>
<b>Legal</b>	<ul style="list-style-type: none"> <li>• Care Act 2015,</li> <li>• Children Act 1989 and 1994,</li> <li>• Prevent Duty Guidance 2015</li> <li>• Intercollegiate Document children 2015</li> <li>• Intercollegiate document safeguarding adults 2016</li> <li>• Controlling or coercive behaviour in intimate or family December 2015</li> <li>• Working Together 2015</li> <li>• Statutory Duty of Candour, Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</li> <li>• NHS Constitution, The NHS belongs to all of us. Department of Health (2015).</li> </ul>
<b>Trust Values</b> The Trust commits to placing the patient at the heart of everything it does and this strategy is intended to strengthen and support patient services particularly in relation to:	<ul style="list-style-type: none"> <li>• <b>RESPECT AND DIGNITY:</b> We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits.</li> <li>• <b>COMMITMENT TO QUALITY OF CARE:</b> We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care – safety, effectiveness and patient experience – right every time.</li> <li>• <b>COMPASSION:</b> We ensure that compassion is central to the care we provide and we respond with humanity and kindness to each person’s pain, distress, anxiety or need.</li> <li>• <b>IMPROVING LIVES:</b> We strive to improve health and well-being and people’s experiences of the NHS.</li> <li>• <b>WORKING TOGETHER FOR PATIENTS:</b> We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals inside and outside the NHS.</li> <li>• <b>EVERYONE COUNTS:</b> We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind.</li> </ul>

### 3. Quality Strategy aims

3.1 The Trust approach to delivery of high quality care will be built on:

- A revised Quality Strategy aligned to NHS England's three pillars of quality.
- Quality development at the heart of committees and working groups.
- Accountability and reporting to the Quality Committee and the Trust Board of Directors.

And a culture for Quality which is based on:

- A patient centred approach, reflecting the uniqueness of each individual, their experience of their health and illness and aiming to enable them to share in decision making.
- Putting patients at the centre of our interaction with other services, adhering to the pledge: "The needs of our patients are our priority. We strive to achieve the safest and best possible patient experience. Patient handovers must be a timely and dignified process which delivers the highest possible quality of care."
- Learning and improvement rather than blame.
- Compassion and care where people matter.
- A language for quality and quality development which is simple and understood by patients and all staff both clinical and non-clinical.
- Simple outcome measures based on the use of 'I' statements in the measurement of quality outcomes to complement existing data sets.
- Improving staff engagement and experience at all levels, building capacity and providing support to staff in order that they can fully realise their clinical potential and making the right thing the easiest thing to do.
- Partnership based – looking to develop innovative partnerships with public and third sector partners, staff, independent contractors, patients and carers;
- Demonstrating the 'value for money' of high quality care Systems based – simplifying the systems around policy and delivery to avoid unnecessary 'waste' and to reduce the potential for 'human error'.
- A recognition that in order to deliver quality a sound financial system is required.
- A brand that represents high quality innovative clinical care.

This will be built from staff who are supported to raise concerns and suggestions for improvement, receive feedback and are treated fairly and where they are able to see the impact of their actions. This will also take account of the feedback from people who use our services, as well as encouraging patients to raise concerns or provide compliments we will proactively engage with service users to ensure we learn from their feedback.

3.2 Delivery of these aims will be monitored through the Quality Committee meetings that are held quarterly and through an annual report to the Trust Board of Directors.

## 4. Objectives of the Quality Strategy

4.1 The objective for the Strategy is to provide a strategic framework for quality development, improvement and assurance and the focus will be to:

- Ensure clear accountability and responsibility for quality
- Continuously improve the quality of patient and staff experience
- Achieve the highest standards of patient and staff safety
- Bring clarity to quality for staff enabling them achieve the highest standards of professional clinical practice and effectiveness
- Promote the right behaviours with visible leadership from all staff from board to frontline
- Achieve the highest standards of quality assurance, ensuring that early warning alerts are in place to inform the Board of any issues affecting quality
- Foster a 'quality culture' encouraging all staff to speak out when quality could be improved
- Ensure that there is a clear link between financial stability and high quality care, demonstrating the value of quality and ensuring that there is a robust quality impact assessment process where challenging decisions are required.

4.2 Quality will be defined using three elements pivotal to delivery of the Strategy:

- Safety - avoiding harm to patients from healthcare that was intended to help them, and ensuring staff remain safe
- Clinical effectiveness - providing services / interventions based on the current understanding of what is the most effective care
- Experience - providing care that is responsive to individual personal preferences, needs and values and ensuring that patient and staff feedback guides quality development.

Underpinning these three elements of quality are two principles which support the delivery of quality care

- Access - ensuring ease and speed of access to appropriate care for all
- Value for money - maximizing the efficiency of the service and eliminating waste

- 4.3 **Care Quality Commission (CQC) Registration** – the CQC focuses on improving patient experience and outcomes. The Trust registered in April 2010 for operating regulated NHS services under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The CQC define quality under five domains;

- Well Led
- Safe
- Effective
- Responsive
- Caring

- 4.4 Ongoing compliance with the legislation will be monitored through the CQC Inspection, the quarterly CQC relationship meetings, and internally through the monitoring of the Quality Improvement Plan through the Trust Quality Development Group.

## 5.0 Creating a Quality Culture

### 5.1 Patient Experience

The use of 'I' statements' focuses the attention of organizations on what patients actually want and need rather than making assumptions. I statements will be developed in partnership with user groups, tested annually, and will form a key part of the monitoring of this strategy. Patient experience feedback tells that patients want;

- to be cared for by compassionate staff,
- clear communication and explanation about care and treatment,
- effective collaboration between clinicians and other services,
- clean and safe care environments,
- continuity of care,
- to feel safe in our care.

### 5.2 Staff at the Centre

Staff experience is critical to the provision of high quality patient care, staff are motivated to provide caring and compassionate care when they feel supported and trusted in the workplace. In conjunction with the work on the health and wellbeing of staff The Trust will continue to:

- ensure that staff feel supported to raise concerns,
- provide feedback to staff is clear, consistent and timely,
- ensure stress in the workplace is minimized wherever possible,
- ensure staff are engaged actively in the delivery of high quality care,
- ensure that staff feel cared for.

### 5.3 Assurance

The strategy identifies the necessary components for the Trust Quality Assurance arrangements. The definition of quality governance being taken from NHSI (formerly Monitor) as:

“The combination of structures and processes at and below board level to lead on Trust wide quality performance including:

- Ensuring required standards are achieved,
- Investigating and taking action on sub-standard performance,
- Planning and driving continuous improvement,
- Identifying, sharing and ensuring delivery of best practice,
- Identifying and managing risks to quality of care”.

The strategy takes account of the guidance set out by NHSI (formerly Monitor) entitled ‘the role of boards in patient safety’ which will form the basis for a greater level of scrutiny and focus on patient safety at Board level.

This guidance highlights six elements crucial for delivering safe patient care:

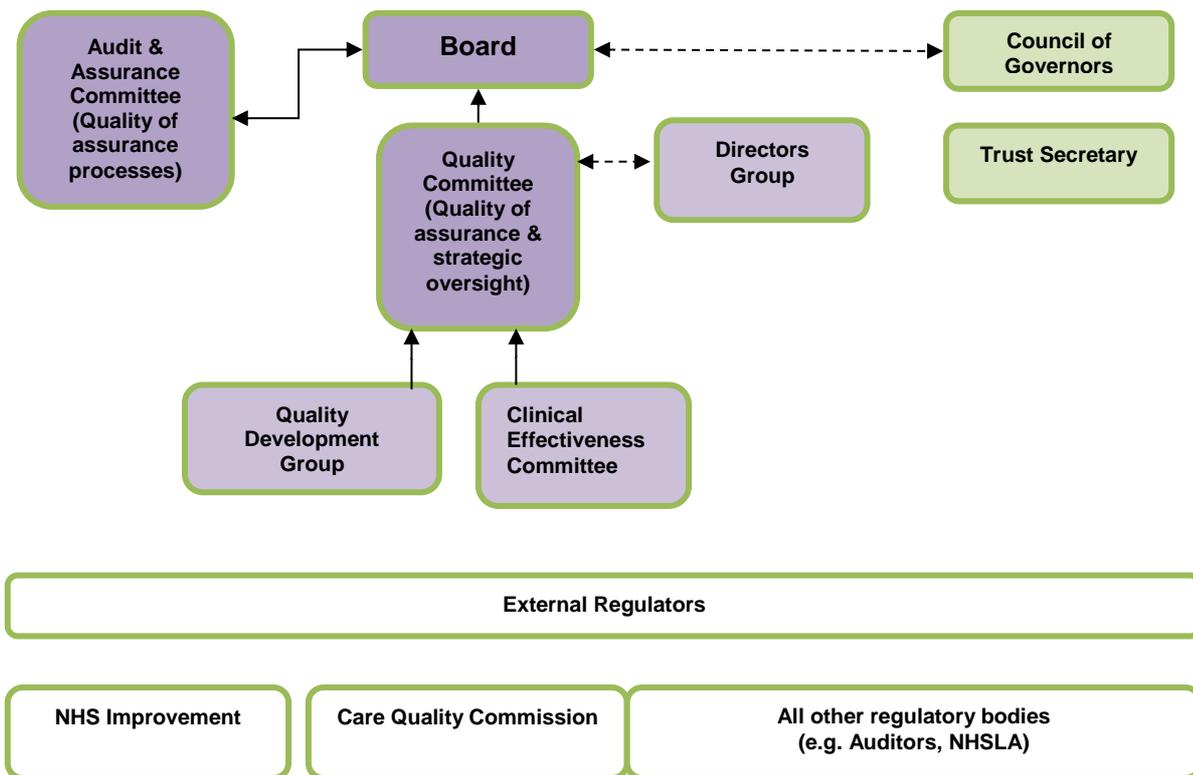
- Leadership
- Staff engagement
- Guidelines and training
- Safety metrics
- The learning cycle
- Resourcing

The Strategy will guide the reporting of assurance on quality improvement through the Executive Directors, Quality Committee and Trust Board of Directors.

## 6.0 Governance

6.1 The Trust Board of Directors is accountable for the quality of care provided.

6.2 The Trust Board of Directors gains assurance through key reporting arrangements for Quality as set out below:



## 7.0 Measurements and KPIs

- 7.1 Measurement is a key component of assessing whether high quality care is being provided and quality improvement supported and must underpin all quality processes. The Trust Board of Directors must ensure it has clear, comprehensive reports to enable members to analyse trends and benchmark against other Trusts to enable challenges to be made and acted upon if appropriate. Key risks to quality need to be identified and remedial action taken to mitigate the risk.

<b>“I Need, I Want”</b>	<b>Measures</b>
<p><b><u>Patients</u></b></p> <ul style="list-style-type: none"> <li>• Professional and competent staff</li> <li>• I have the information, and support to use it, that I need to make decisions</li> <li>• To feel safe</li> <li>• To understand what you offer</li> <li>• To receive care, compassion and empathy</li> </ul> <p><b><u>Staff</u></b></p> <ul style="list-style-type: none"> <li>• To feel supported to raise concerns</li> <li>• To feel listened to and understood To continually improve quality of care through learning from events, listening to our patients and sharing good practice</li> </ul> <p><b><u>Health Care Providers</u></b></p> <ul style="list-style-type: none"> <li>• SWASFT Staff to be more knowledgeable about mental health</li> <li>• To engage with the ECIP principles involving patient handovers to Emergency Departments</li> </ul> <p><b><u>Board</u></b></p> <ul style="list-style-type: none"> <li>• To provide deliver the highest level of infection control</li> <li>• To ensure essential training is up to date</li> <li>• To actively engage with staff, patients and health care providers</li> </ul>	<ul style="list-style-type: none"> <li>• Quality indicator and performance measures report.</li> <li>• CQC Intelligent Monitoring reports</li> <li>• Exception reports of quality issues</li> <li>• Progress against key national and local audits and peer reviews.</li> <li>• Assurance framework, patient safety incidents, risk reports</li> <li>• Patient experience feedback, survey results and patient stories.</li> <li>• Complaints, concerns, comments and compliments.</li> <li>• Workforce and training reports.</li> <li>• Staff survey results.</li> </ul>

## **8.0 Links to other strategies**

- 8.1 The Trust has well-established Governance and Risk Management Strategy which support this Quality Strategy. The implementation of all three strategies will ensure the Trust has a strong Quality Framework. The Risk Assessment Process through which all risks to the organisations are assessed will underpin the identification and management of risks to Quality.

## **9.0 Approval, review, monitoring and governance**

- 9.1 The Trust Quality Improvement Plan will serve as the implementation plan for this strategy. The plan will incorporate all actions in response to the Trusts CQC Inspection and will include any actions arising from the implementation of this Strategy. This will help to ensure the clear accountability and responsibility for quality as described in the objectives. The plan will be reported to each Quality Committee.
- 9.2 This Strategy will be subject to an annual review by the Quality Committee with a report being sent to the Trust Board of Directors.
- 9.3 Performance management will be aligned to the Trust Performance Management Strategy. Staff will be required to develop at least one individual quality objective as part of their annual objective setting, which should align with the Trust corporate objectives and its vision.
- 9.4 The Trust will provide assurance to NHSI against the terms of its license and current regulatory requirements.
- 9.5 The Trust will facilitate regular relationship meetings with the Care Quality Commission, involving the Executive Director of Nursing & Governance.
- 9.6 The Trust will attend and support regular Quality Monitoring Contract Review Meetings with commissioners and the Commissioning Support Unit for both the A&E/PTS and UCS contracts.

## **10.0 Responsibilities and Accountable Arrangements**

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- 10.1 The Trust will ensure that appropriate structures are in place across the whole organization to manage reporting and assurance in relation to Quality, giving individuals and groups specific responsibilities for implementation of the Quality Strategy.**
- 10.2 Board of Directors**  
The Board will set the Trust's strategic aims, and its values, standards and behaviours and provide leadership to promote a positive quality culture throughout the organisation. They will ensure that appropriate structures and processes are in place to: implement the Trust's objectives; demonstrate commitment to compliance with external quality requirements; monitor performance; ensure appropriate financial, managerial, technological, and educational resources are available to adequately provide assurance on the quality of care provided and ensure services are of a high quality and safe for patients.
- 10.3 Non-Executive Directors**  
Non-Executives will constructively challenge and seek assurance from the Executive Team that quality objectives and outcomes are appropriately managed and successfully implemented.
- 10.4 Executive Director of Nursing and Governance**  
The Executive Director of Nursing and Governance is the Executive with overarching responsibility for Quality and the Quality Strategy and for development and implementation of the Governance and for Risk Management Framework. The Executive Director of Nursing and Governance will also provide guidance to those with responsibilities for Quality in The Trust.
- 10.5 Executive, Associate, and Deputy Directors**  
Directors will ensure that the Quality Strategy is implemented effectively with the co-operation of managers and staff; and ensure that steps are taken to secure resources for the implementation of appropriate internal controls and to ensure the continuing provision of high quality services to patients, stakeholders, employees and the public. They will identify, manage and continually review high level strategic risks to Quality.
- 10.6 Council of Governors**  
The Council of Governors will hold the Chairman and Non-Executive Directors to account for the performance of the Trust, including ensuring the Board of Directors acts in such a manner that the Trust does not breach the conditions of the provider license.
- 10.7 Trust Secretary**  
The Trust Secretary is the senior manager with responsibility for fulfilling the role of Corporate Secretary as set out in the Trust Constitution ensuring the flow of information between the Board, its committees and the Governors. The Trust

Secretary will also ensure that the Trust's quality and governance arrangements provide assurance to the Board.

**10.8 Executive Medical Director**

The Executive Medical Director reports to the Chief Executive and has responsibility for Clinical Effectiveness, quality and innovation, implementation of NICE Guidelines, Infection Prevention and Control and Research and Clinical Audit. The Executive Medical Director will be responsible for the effective management of and assurance for Clinical Effectiveness.

**10.9 Head of Patient Safety and Risk**

The Head of Patient Safety and Risk is the senior manager with responsibility for Risk Management, Patient Experience, Patient Safety, Health and Safety, and Claims and Inquests.

### Associated documents:

- Governance & Risk Strategy
- Patient Experience and Engagement Strategy
- Communication and Engagement Strategy
- Safeguarding Strategy
- Safeguarding Policy
- Duty of Candour Procedure
- Annual Plan
- Health and Safety Strategy
- Quality Account
- Quality Improvement Plan
- Training and Education Policy
- Health and Safety policies
- Employment policies
- Clinical policies
- Clinical Notices
- Serious and Moderate Harm Incident Policy
- Complaints Policy
- Claims and Inquests Policy
- Code of Conduct
- Speak Up Speak Out Policy
- Trust Strategic Goals
- Trust Standard Operating Procedures

### Version Control Sheet

Version	Date	Author	Summary of Key Changes
1	July 2016	Executive Director of Nursing & Governance	New document – Quality Strategy
2	Nov 2016 – Jan 2017	Head of Quality Development	Engagement with the public on I statements Inclusion of staff feedback on quality approach Significant re-write so track changes are not shown
3	February 2017	Executive Director of Nursing & Governance	Final amendments