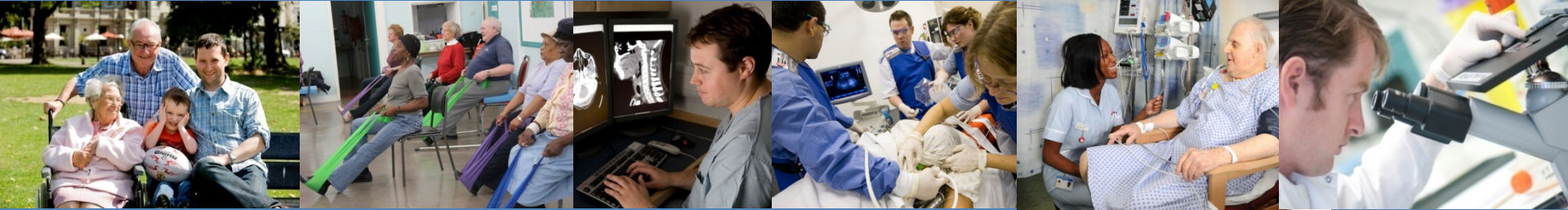




St George's Healthcare NHS Trust:
the next decade

Quality Improvement Strategy 2012 – 2017



November 2012

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Why do we need a quality improvement strategy?

There are a number of reasons why we need a quality improvement strategy based on our on aspirations and external drivers for change.

The Trust Strategy - The trust has recently refreshed its strategy which sets out what we want to achieve as an organisation over the next 10 years. The strategy is underpinned by a series of principles, one of which is to focus on quality to drive continuous improvement. It states that we must set ourselves the highest standards and outcomes, supported by a quality assurance process that gives confidence to all. More details can be found on pages 7 to 9.

The delivery of this overarching plan can only be achieved if it is supported by a series of other supporting strategies, one of which is the quality improvement strategy.

There is an increasing focus on the NHS to deliver quality rather than quantity and rightly so. The public and our patients expect that they will not only access our services in a timely and organised way, but that their care and treatment will be delivered safely, by staff who treat them with dignity and respect.

Increasingly demanding targets for quality and care are being set locally (p.13) and nationally (p.14), and increasing amounts of funding is being attached to the delivery of quality performance targets (either to reward success or to penalise failure).

Poor quality costs and this must be addressed - '*Organisations must move towards active measurement and improvement programmes on a scale commensurate with the human and economic costs of unsafe, poor quality care.*' (Charles Vincent 2007).

Getting it 'right first time' is important, not only for our patients but also for the organisation. The economic impact of delivering poor care should not be under-estimated, for example:

Treatment costs for pressure ulcer (sores) vary depending on the grade of ulcer from £1,064 for a grade 1 (superficial) ulcer to £24,214 for a grade 4 (deep) ulcer [Touche 1993]. Overall direct healthcare cost to the NHS is estimated at £15m every year, representing a cost of £92,000 a year for an 800 bed acute hospital [National Patient Safety Agency, 2007].

Measuring quality against a range of agreed metrics will enable us to know how we are doing, what we do well and, most importantly, how and where we need to do better.

What is a quality improvement strategy?

Our trust's mission is to provide excellent clinical care, education and research to improve the health of the population we serve. This drive to deliver excellence must be underpinned by a strong focus on quality. The first step to improve quality is to be clear and explicit about our standards. This strategy is a roadmap that describes what quality means to us and how we, through a series of goals and measures, will know whether we have achieved improvements in the quality of care we deliver to our patients and service users.

The objectives of this strategy are to ensure that essential standards of quality are maintained and that we drive continuous improvement. We want our patients and service users to be confident that quality is driving our strategy thereby enabling them to choose St George's with confidence.

Quality improvement is also a theme that runs through all of the other supporting strategies, such as Research, Education and Workforce, so this strategy should not be read in isolation.

◆ Defining quality

It is important that organisations are clear about what quality means to them. St George's has adopted the national approach to quality and has divided its strategy into 3 distinct but interlocking component parts:

Patient safety – quality care is care which is delivered so as to reduce or eliminate all avoidable harm and risk to the individual's safety.

Patient experience – quality care is care which looks to give the individual as positive an experience of receiving and recovering from care as possible.

Patient outcomes (clinical effectiveness) – quality care is care which is delivered according to best evidence as to what is clinically effective in improving an individual's health outcomes.

Or, put another way, from the patient's perspective how well can we answer the following 3 questions:

1. Will I feel safe, will I be protected from harm?
2. Will I feel cared for, will I be treated with compassion, dignity and respect in a clean, well managed environment?
3. How will my procedure be carried out, what will its results be?

It should be stressed that any reference made throughout this document to the term 'patient' is used to describe anyone who accesses our services (patients, service users or clients).

◆ How have we developed the Quality Improvement Strategy?

This Quality Improvement Strategy has been developed based on an assessment of changes in the external environment, an assessment of our strengths and areas for development, and most importantly to support delivery of our Trust Strategy. During the development phase we have sought feedback from the Quality and Risk Committee, the Foundation Trust Stakeholder Steering Group, the Partnership Forum, Consultants Meeting, input from the lead Non Executive Director for Quality, the Executive Management Team and the Trust Board.

◆ How will this Quality Improvement Strategy be used?

This strategy is a high level framework to improve quality across the organisation. Our clinical divisions will need to use this framework to develop their own quality plans. Progress against these plans will be tracked and corrective action taken where necessary.

Internal drivers for change - our mission, vision and values

Our mission, vision and values all have a strong focus on excellence across clinical care, education and research. This can be further seen when looking at the key components of our vision set out on the following pages.

Mission

Our purpose

Mission

To provide **excellent** clinical care, education and research to improve the health of the populations we serve

Vision

What we want to be

Vision

An **excellent** integrated care provider and a comprehensive specialist centre for south west London, Surrey and beyond with thriving programmes of education and research

Values

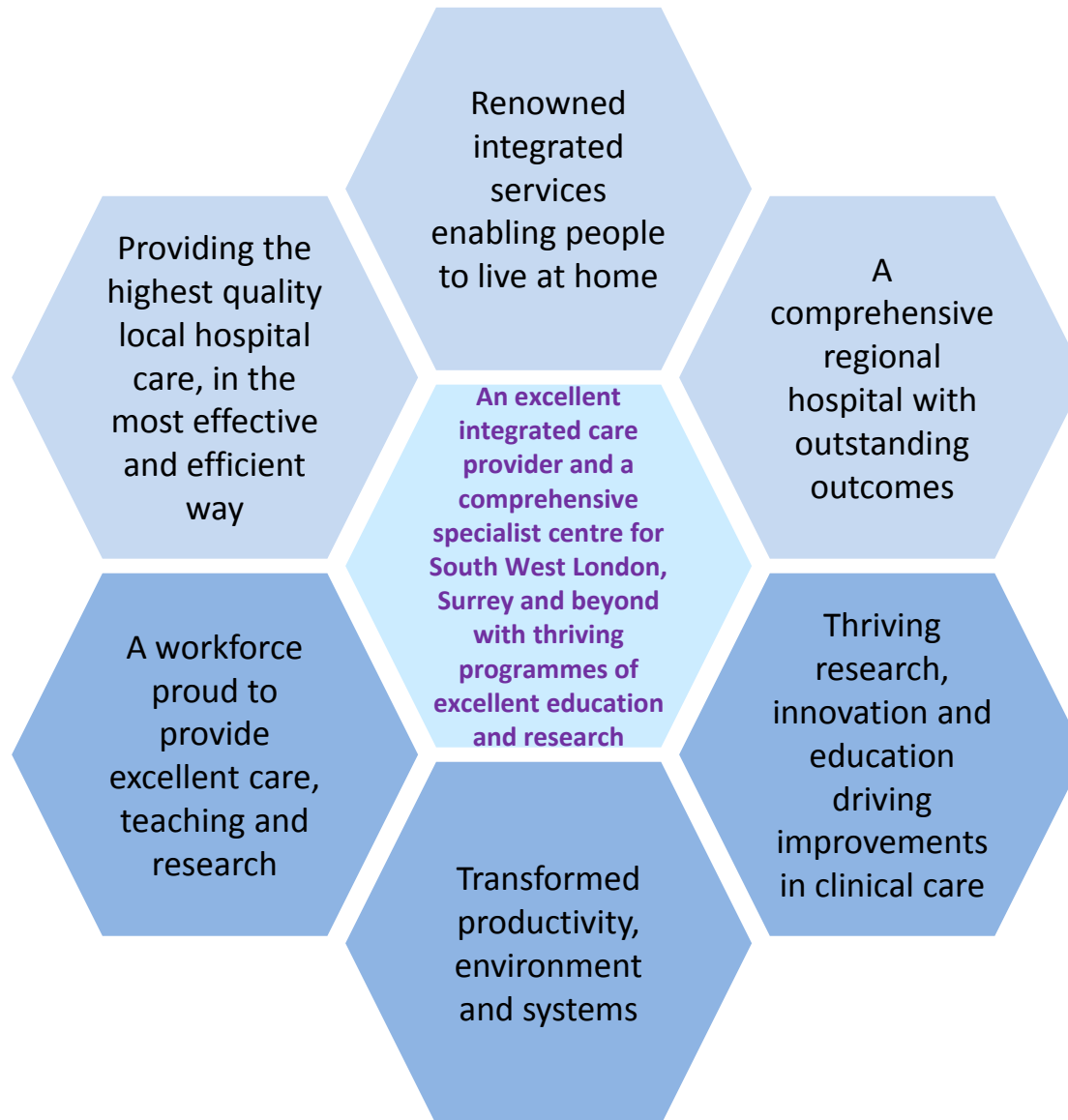
These guide the way in which we work and the behaviours we would expect to see

Values

- ◆ kind
- ◆ **excellent**
- ◆ respectful
- ◆ responsible



Our vision for 2022 – striving for excellence



St George's in 2022

St George's Healthcare NHS Trust's vision is to be an excellent integrated care provider and a comprehensive specialist centre for south west London, Surrey and beyond with thriving programmes of education and research.

The text on the following two pages has been taken directly from the draft Trust Strategy (September 2012) to show our vision in more detail, with its strong emphasis on quality improvement.

◆ Renowned integrated services enabling people to live at home

We will work with primary care, social care and the third sector to deliver integrated services for those with long-term conditions, older people and children.

By 2022 we will:

- Be amongst the best for the quality of our community services
- Deliver the majority of care for long term conditions at or near home, keeping hospital stays to a minimum
- Have joined up hospital, community and social care services with people's needs at the centre.



◆ Providing the highest quality local hospital care in the most effective and efficient way

We will provide outstanding quality hospital services for the local population, with as much of the pathway as possible based out of hospital.

By 2022 we will:

- Be amongst the best for the quality of our local hospital care
- Have played a clinical leadership and partnership role in developing improved, high quality and sustainable local hospital services in south west London.

◆ A comprehensive regional hospital with outstanding outcomes

We are and will be the hospital in London with the widest range of specialist services on one site, uniquely placing us to look after patients with complex clinical needs. By 2022 we will:

- Be amongst the best for the quality of our specialist care
- Have a dedicated Children's and Women's Hospital providing world class care to children and women
- Have expanded our cardiovascular and neuroscience services
- Be a renowned centre for specialist surgery
- Have developed and further improved our cancer services
- Be the renal specialist centre for south west London
- Use our helipad to ensure fast transfer of critically injured patients.

St George's in 2022

◆ Thriving research, innovation and education driving improvements in clinical care

By 2022 we will:

- Be recognised as an organisation with research at its core
- With SGUL be a partner of the King's Health Partners Academic Health and Science Centre (AHSC)
- With SGUL be a proactive member of the South London Academic Health Science Network (AHSN) ensuring the dissemination of innovation and best practice across health and social care
- Have education programmes that meet our changing clinical needs.

◆ A workforce proud to provide excellent care, teaching and research

By 2022 we will:

- Have a workforce proud both to work for St George's Healthcare NHS Trust, and proud of the excellent services they provide
- Have a workforce motivated and inspired to continuously improve the care they provide
- Play a leading role in the South London Local Education and Training Board commissioning and delivering innovative programmes that attract the best talent
- Have a workforce fully engaged in shaping the future of the trust
- Provide many more opportunities to participate in educational development and research.

◆ Transformed productivity, environment, and systems

By 2022 we will:

- Deliver consistently beyond our key clinical, operational and financial goals
- Have operational systems that are efficient, effective and add value to patient care
- Have IT systems that enable us to deliver the highest quality care, measure our performance and make the best use of our resources
- Have improved facilities for cancer services, children's and women's services, critical care, renal, trauma and private patients
- Have completed a programme to provide more single rooms.



We believe that by focusing on the above we will become a thriving Foundation Trust.

Other internal drivers for change

Whilst the vision for the Trust is a key driver for change, there are some more specific drivers that should be noted. These are set out below:

◆ Feedback from Patients and Service Users

What patients tell us about the quality of care they receive is one of the most important aspects to this strategy. Once approved it should not be set in stone, but refreshed and revised according to how well we, and others, think we are doing. Listening to what patients and the public have to say is fundamental to being a learning organisation. Feedback can be received in a variety of ways including:

- patient/service user feedback
- through representatives who sit on our internal committees, groups and forums
- statutory bodies such as local involvement networks (soon to be local health watch)
- community and specialist interest and service user groups
- local and national patient surveys
- via General Practitioners.

Feedback from surveys show the following:

- Scores against the 5 key questions in the CQUIN measure:
 - St George's 66.1
 - London Average 65
 - National Average 67.4
- Performance in maternity is improving
- Poor or static performance in cancer
- Limited progress in converting improvements in our outpatient services into meaningful improvements in the patient experience.

◆ Trust Improvement Programme

It is well established that poor quality and safety costs highly in human and reputational terms but also wastes valuable and limited healthcare resources.

At St George's we have formally launched our Improvement Programme which aims to ensure that we have a comprehensive, trust wide approach to improving services by teaching staff to adopt a disciplined approach to reducing waste (Lean techniques) and reducing variation (Six Sigma techniques). We will not only improve quality and safety but also drive out inefficiencies, increase our productivity and use our resources more wisely.

Our quality improvement strategy is very much linked to this work.

◆ Assessment of our current performance

The following two pages set out a summary of our current performance against safety, experience and outcomes, that have been used to determine where we need to focus effort in future.

Assessment of our current quality performance

We are good at some things and not so good at others. Critically appraising and being honest with ourselves is key to a successful organisation. It is important to celebrate our successes and not hide from our failures. These are unique opportunities to learn and plan to do better.

	Strengths	Areas for Improvement
Safety	<p>Track record of reducing MRSA and C.difficile infection</p> <p>Trust-wide priority projects linked to Serious Incidents (SI) themes, in place with enthusiastic leads.</p> <p>Groundswell of staff interest following high profile media concerns – establishment of safety forum to talk about SIs and link to safety initiatives.</p> <p>Governance processes for declaring, investigating and reporting SIs are recognised as being strong.</p>	<p>Need to keep our focus on the infection control agenda.</p> <p>Place more emphasis on assurance rather than improvement .</p> <p>Need to disseminate learning and embedded actions from serious incidents.</p> <p>Move towards a systems approach to embed and sustain improvement. Need for overarching reports that show the big picture, triangulating information where possible.</p> <p>Need for clear leadership and responsibility at all levels.</p> <p>Need to improve handover and communication.</p> <p>Need to get better about communicating with our staff to encourage awareness and engagement with the safety agenda.</p>
Experience	<p>Significantly improved women's experience of maternity services over the last 2 years, caesarean section rate is the lowest in London.</p> <p>Real-time bespoke feedback mechanisms in place.</p> <p>Establishment of privacy and dignity visits undertaken by volunteers for more objective views of our performance.</p> <p>Introducing the '15 step challenge' – structured approach to assessing the ward and its environment.</p>	<p>Further address mixed sex accommodation (patients delayed transferring from ITU to the ward).</p> <p>Improve complaints response rate - achieve and consistently perform at 85%</p> <p>Improve patient experience as it is too inconsistent – as demonstrated by the survey results on page 10</p> <p>Improve discharge arrangements are not rated as good by our users.</p> <p>Need to increase the range and sources of our patient feedback.</p> <p>Need to commit to taking action based on patient feedback – to develop a continuous cycle of improvement for all our services.</p>

Assessment of our current quality performance

	Strengths	Areas for Improvement
Outcomes	<p>Stroke services – 7th Place nationally, 4th within London.</p> <p>Trauma services – saving lives across London.</p> <p>Best survival rate in London for patients being treated for their heart attacks requiring angioplasty 72.4% (overall rate in London = 63.3%).</p> <p>Mortality – our summary hospital level mortality indicator (SHMI) shows us to have lower than expected mortality.</p> <p>Participation in national clinical audits is improving.</p>	<p>Evidence of compliance with NICE guidance needs to be improved.</p> <p>Need to ensure we act on the findings of clinical audits to bring about improvement.</p> <p>Promote better prioritisation of audits and improvements at divisional level.</p> <p>Triangulation of quality information - we need to own, understand and use our data more systematically to achieve better outcomes and results.</p>

Local drivers for change

Set out below are some of the key local external drivers for change.

◆ Re-design of health services in South West London

The proposed reconfiguration of acute, community and primary care services, as developed through the Better Services Better Value (BSBV) programme, is focused on how we deliver sustainable and highest quality services in South West London. When a final conclusion is reached, following public consultation, we will need to ensure that we plan our changes carefully and that there is no adverse impact on the quality of care during the transition. Quality metrics will be tracked as part of this initiative to ensure that the final reconfiguration delivers better services for better value.

◆ Local HealthWatch

To be established in April 2013, an independent organisation aimed at giving citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. Until then Local Involvement Networks (LINKs) will operate as usual.

◆ Health and Well Being Boards

Health and Well Being Boards will be established from April 2013. Based in local authorities they will bring together NHS commissioners with local government to help join up the commissioning of NHS, public health, social care and other local services.

Again, it will be important for St George's to understand the Board's priorities and to ensure we play our part in delivery improvements in the health and well being of our local population.

◆ Clinical commissioning groups (CCGs)

CCGs will replace primary care trusts in April 2013. They will have the responsibility for commissioning the majority of local health services for their populations. St George's will principally link with 3 CCGs – Wandsworth, Sutton and Merton. It will be important for us to build effective working relationships with these new organisations and that we understand and align with their commissioning intentions.

◆ London Quality & Safety Programme

A priority for the NHS in London in 2012/13 is to address variation in services and patient outcomes. Key areas of focus are:

- acute medicine
- emergency general surgery
- maternity
- paediatric emergency services

All acute provider trusts such as ourselves will be audited against these standards. It is expected that they will form part of the commissioning intentions in 2013/14.

External drivers for change

Set out below are some of the key external drivers for change.

● **NHS Constitution** – establishes a set of legal rights for patients and members of the public. These rights make clear what they should expect from the NHS in terms of the quality of care and the environment. They include:

- to be treated with a professional standard of care
- to be treated by appropriately qualified and experienced staff in a properly approved organisation that meets the required levels of safety
- to expect NHS organisations to monitor and make efforts to improve their quality of care.

● **Health & Social Care Act 2012** - this is fundamentally changing the way the NHS in England is organised and run. Through this the NHS is organising itself around a single definition of quality: care that is effective, safe and provides as positive an experience as possible. This new legislation has built quality into the new duties for the Secretary of State for Health, the new NHS Commissioning Board and the soon to be established clinical commissioning groups who all must act with a view to securing continuous quality improvements of services provided to patients.

● Thus, the debate has very much moved on from increasing capacity and improving access (i.e. treating more people more quickly) to creating a National Health Service that is focussed on improving quality which is the central platform for the first ever NHS outcomes framework. The purpose behind this framework is to act as a catalyst for driving quality improvement and outcome measurement throughout the NHS by encouraging a change in cultures and behaviours.

● **National bodies** - Our strategy must align to the expectations and requirements of national bodies and initiatives which have a role to play in developing and delivering quality improvement across England such as:

- **National Quality Board** - whose purpose is to provide leadership and system alignment for quality and to provide a forum for developing collective, cross system advice to the Department of Health and ministers on quality

- **Care Quality commission** – drives the improvement of quality by registering and monitoring services and ensuring that providers meet the essential standards of safety and quality. These standards should be regarded by organisations as the minimum

- **Monitor** – their main duty is to protect and promote the interests of people who use healthcare services by promoting services which are economic, efficient, effective and maintain or improve the quality of their services.

- **Health Watch** – will become the new champion for the patient voice both nationally and locally.

● **National Quality Dashboard** - It is expected that by the end of 2012 the National Trust Development Agency (NTDA) will be assessing the organisational quality performance of aspirant foundation trusts (FT) using the national quality dashboard that is currently in development.

As an aspirant FT St George's will need to understand the metrics included and ensure that mechanisms are put in place to collect and collate this information. These measures will form the 'back bone' of our own quality dashboard. They will be our fundamental 'must dos'.

External drivers for change (continued)

◆ **Mid Staffordshire NHS Foundation Trust Public Inquiry** – this report is due to be published in January 2013. Its findings may have a bearing on our quality improvement strategy and we will need to review our goals in light of the report's recommendations.

◆ **In summary**, there is an:

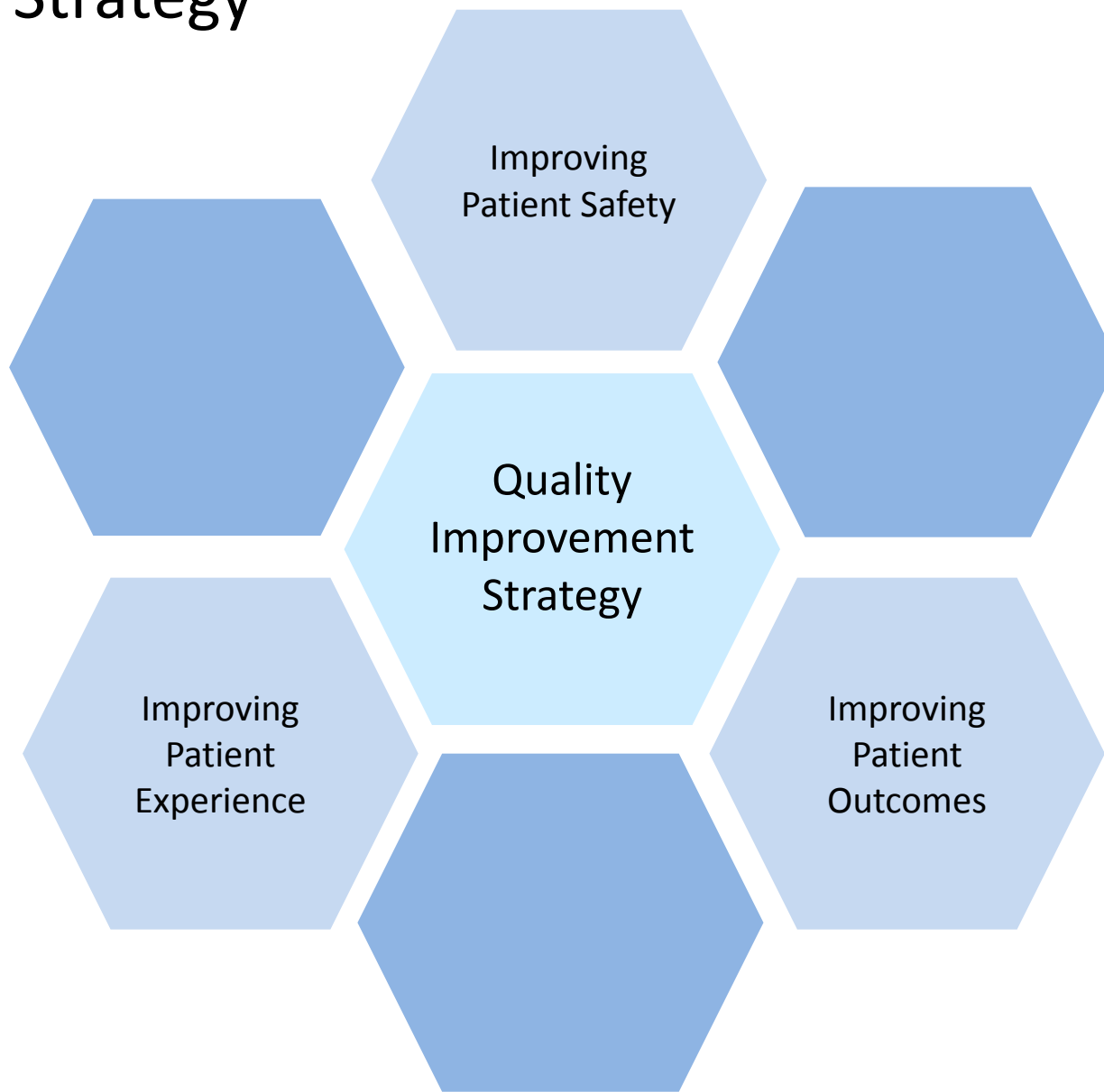
- Increasing focus on the NHS to deliver quality rather than quantity
- Increasing public scrutiny of the quality care we provide
- Increasingly demanding targets being set nationally and by local commissioners
- Increasing amounts of funding attached to the delivery of quality performance targets (either to succeeding or to penalise for failure).
- Increasing requirements to be able to describe/demonstrate quality and quality improvement.

So what does this mean?

- ◆ St George's has much to be proud of, we deliver a range of services that are comparable against national or international best practice standards.
- ◆ We have a developing patient safety programme but there is more work to do to become a learning organisation that is prepared to challenge poor practice in order to increase our reliability and reduce inconsistency.
- ◆ We are building a strong foundation to improve our patient and service users experience and can demonstrate that a relentless focus on this can deliver results, such as in our maternity services. However, again it is too inconsistent and we want to continue to demonstrate continual improvement in this domain of quality. Caring for patients is our core business and we need to make sure that staff strongly focus on every aspect of the experience of the care and services they provide to ensure that our patients report a high patient experience.
- ◆ This means that we need to overlay our quality improvement strategy on a strong organisational culture with all our staff taking responsibility, not only for what they do but for what others do.
- ◆ The following pages set out the commitments we have developed to ensure that we improve quality across the three domains.



Components of the Quality Improvement Strategy



Our quality improvement strategy will be underpinned by three supporting domains:-

Patient safety

- Will I feel safe?
- Will I be protected from avoidable harm?

Patient experience

- Will I feel cared for?
- Will I be treated with compassion, dignity and respect in a clean, safe and well managed environment?

Patient outcomes

- How will my clinical procedure be carried out?
- What will its results be?
- What about my quality of life after treatment?

These are set out in more detail on the following pages.

Improving Patient Safety – our commitment to patients



We need to:

- continue to improve our systems and processes to make it easier for staff to do the right thing
- become an organisation that is willing to challenge when things are not right with staff able to challenge and accept challenge.

Our patient safety priorities are set out in the diagram opposite and explained on the following page.

Improving Patient Safety

1. We will create reliable processes to reduce avoidable harm

We will:

- Concentrate on improvement of everyday core processes:
- Using internal intelligence and national priorities to identify patient safety projects across the trust
- Adopting a system approach to action planning
- Identifying systems that support clinical work (e.g. documentation, IT and policies) and prioritise for improvement.

2. We will establish strong multidisciplinary teams who communicate clearly across boundaries

We will:

- Develop clinical governance leads in all care groups with clear responsibilities, showing leadership across all disciplines
- Develop clear processes for communication and handover
- Strengthen accountability particularly where patients have complex needs
- Align initiatives for improvement so that staff do not become weary of new ideas and duplication is minimised.

3. We will give timely and relevant feedback to teams to enable staff to be knowledgeable about patient safety

We will:

- Give detailed analysis and feedback to clinical teams about their complaints, incidents and audits so that they are better able to identify areas for improvement.

4. We will promote a culture of zero tolerance through challenging unsafe practice

We will:

- Encourage staff to challenge unsafe systems or poor practice and support them when they do this
- Train staff to be articulate about their own practice and able to seek feedback to improve.

5. We will promote an open and transparent culture where we listen and act on staff concerns

We will:

- Treat staff fairly when they are involved in incidents
- Hold regular staff forum for feedback and follow up
- Engage front line staff more closely in the identification of issues from incidents and the planning of actions
- Encourage a “fresh pair of eyes” approach to identify systems that could be improved
- Ensure that managers at all levels have systems to listen to staff concerns.

6. We will encourage the involvement of patients in patient safety initiatives

We will:

- Develop effective communication with patients and their families
- Further develop a programme to listen to patient stories for use at all levels of the organisation
- Give consistent information to enable patients to contribute to their own safety.

Improving Patient Experience – our commitment to patients



Feedback from our patients tells us that their experience is too variable.

We need to evidence that changes are made and lessons learned as a result.

Our patient experience priorities are set out in the diagram opposite and explained on the following page.

Improving Patient Experience

1. We will listen to and involve people who use our services

We will:

- Complete the roll out of our real time system of patient feed back and ensure that results are scrutinised, action taken and reported through divisional governance boards
- Launch the family and friends test and create a public facing webpage with results and information about what we have done to make improvements
- Compare sources of feedback (complaints, incidents, quality rounds etc) to identify themes and patterns which in turn will help to develop focused action plans, e.g. improving discharge arrangements and reducing noise at night
- Look at ways to ensure that we are taking every opportunity to involve and listen to patients and carers.

2. We will use feedback as a vehicle for continuous improvement adopting best practice where possible

We will:

- Provide regular, accurate complaints performance reports to divisions
- Complete the review of our complaints process using service improvement techniques
- Provide analysis at divisional and care group level to ensure that we act on recurrent themes on a specific subject to reduce the number of complaints received
- Survey our complainants to ask them about their experience of the process and whether they felt listened to, received an apology and an adequate explanation on the issues that they raised.

3. We will ensure that our patients are cared for in a clean, safe and comfortable environment

We will:

- Continue to focus on and reduce healthcare acquired infection
- Conduct regular internal, unannounced inspections to check that the standards of cleanliness and infection prevention and control meet trust expectations

- Introduce the I5 Step Challenge – a structured approach to assessing the quality/safety of the environment
- Maintain/improve our performance in the Patient Environment Action Team (PEAT) assessments of the environment.

4. We will ensure that our most vulnerable patients and service users are listened to and protected from harm

We will:

- Continue to ensure that we remain compliant with our requirement to safeguard vulnerable children, young people and adults
- Develop an integrated plan to improve the care of patients with learning disabilities in our acute and community services
- Continue to embed the 'butterfly scheme' through training and awareness and achieve the measures in the national CQUIN to improve the care of patients with dementia.

5. We will protect patients' dignity by ensuring that we comply with the national requirement to eliminate mixed sex accommodation

We will:

- By process redesign reduce delays for patients waiting to transfer out of ITU to the most clinically appropriate ward
- Continue to conduct regular audits of the patient experience of their stay in relation to mixed sex accommodation.

6. We will focus on the fundamentals of care that matters to patients

We will:

- Continue to champion the 'Protected Mealtime' initiative
- Ensure that those who require help at meal times are properly supported
- Continue to embed practice in support of ensuring that all appropriate patients are screened for malnutrition
- Continue to roll out intentional rounding.

Improving Patient Outcomes – our commitment to patients

Improving Patient Outcomes



Our clinical audit strategy, approved by the Board, underpins these aims and will be key to achieving them.

Our patient outcomes are outlined in the diagram opposite and explained on the following page.

Improving Patient Outcomes

1. We will evaluate clinical audit results and act on findings to ensure audit contributes to improvements for patients

We will:

- Where audits and other quality and performance data indicate that we are not achieving best practice, act on these findings through designing and implementing change and measuring to ensure this is effective
- Improve communication and systems to monitor implementation of change. Better use of the intranet and the redesign of the audit database will be central to this
- Through the Clinical Effectiveness and Audit Committee, identify areas where quality issues need to be escalated and will use this to inform the programme of re-audits.

2. We will support staff to improve outcomes by provision of training and expert support

We will:

- Dedicate staff resource to support services in conducting prioritised audits
- Extend the use of IT to improve efficiency and productivity in assessment of quality
- Make training and guidance available to staff to increase skills
- Ensure clinical audit strategy milestones are met
- Clarify roles and responsibilities for governance and improvement, and support those with key leadership duties
- Link information on registered audit activity to evidence for revalidation.

3. We will evidence that we are clinically effective and implementing evidence based best practice

We will:

- Improve our evidence of implementation of best practice guidance from the National Institute for Health and Clinical Excellence. This will be demonstrated through achievement of nationally recognised standards e.g. NHSLA, CNST, CQC etc.

4. We will communicate outcomes, promoting shared learning & prioritisation of improvement projects

We will:

- Provide intelligence on performance to all levels of the organisation, from Board to ward staff and clinical teams, to enable effective prioritisation of improvement projects
- Improve the sharing of results of quality assessment, in order to learn from each other, to ensure findings are acted on and benefits can be demonstrated
- Share key outcome and performance data with patients and the public through the Quality Account and other communications.

5. We will fully participate in national clinical audits and use results to improve local practice

We will:

- Contribute to quality assessment nationally and act on these results, engaging with national and regional teams to strengthen local implementation of recommendations
- Demonstrate to our stakeholders the impact this has on quality through the Quality Account.

6. We will achieve best practice across all clinical areas so that patients have the best possible outcome

We will:

- Recognise and celebrate where we are performing well, such as mortality and stroke care, and take action where our outcomes do not compare well nationally
- Maintain our lower than expected mortality rates and investigate any areas where improvement may be needed
- Continue to introduce service improvements and innovative ways of working to ensure we achieve the best outcome for all of our patients.

Implementation

Implementing the Quality Improvement Strategy

- The improvement of quality across the organisation is reliant on a change in culture and every member of staff will need to take responsibility for the quality of care and services they, and others, provide.
- This Quality Improvement Strategy is a high level framework and will be underpinned by a trust wide patient safety plan, patient experience plan and a clinical audit and effectiveness plan.
- The detailed implementation of the elements of the Quality Improvement Strategy will take place through the clinical divisions. The clinical divisions will take this strategy and develop their own set of deliverables against each of the three domains and the associated commitments. Each division will be expected to undertake their own SWOT (strengths, weaknesses, opportunities and threats) analysis and identify where they perform well and where they need to improve. Using this analysis they will then be expected to take the commitments set out in this high level framework and develop a tailored set of actions that are relevant to their context, their services and their patient groups.
- This process will be aligned to the annual business planning round and progress will be tracked and corrective action taken where necessary.
- Detailed reports will be reviewed regularly by the Quality and Risk Committee and the Trust Board will receive reports on progress against the three domains.

The role of other supporting strategies in delivering quality improvement

- This Quality Improvement Strategy must not be seen as the only way in which we will seek to improve quality. Each of our other supporting strategies, such as research, education and workforce, also have a strong focus on quality improvement. Together all of our strategies will support our overarching aim of excellence throughout clinical service, teaching and research.

How we will know that implementation is delivering the desired outcomes

- We will use the following ways to measure progress and ensure that the Quality Improvement Strategy is delivering the desired outcomes:
 - Quantified annual goals will be set for each of the three domains of quality. The Quality and Risk Committee will sign these off, monitor delivery against them and report to the Trust Board.
 - Quality Indicators – performance against key quality indicators will be tracked in a variety of ways; by the Divisional Governance Committees through Divisional scorecards, by the Quality and Risk Committee through the quality dashboard and by the Trust Board through the monthly Trust Performance Scorecard.
 - Process metrics and tasks will be tracked at granular level by the Quality and Risk Committee, and at higher level by the Trust Board through quarterly reporting against the Trust's Annual Business Objectives.