

# Quality Improvement Strategy

2013 to 2017

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## Forward

The ultimate aim of our Quality Improvement Strategy is to deliver the highest quality mental health services to people in each of the local communities and across the specialist services provided by our Trust. Delivering our quality ambition will result in AWP being recognised, by the communities it serves, as the best mental health service in the country.

We want to achieve this aim in a way that is recognisable and meaningful to everyone we come in contact with:

- our service users and carers
- our staff
- our commissioners
- our partners.

This is ambitious, but it is achievable and our recent history means that we are well placed to deliver. The aim is set at a high level, but the means to achieving it will be built from the bottom up.

What will make AWP a national leader will be the combined effort of our clinical staff in providing, consistently, person-centred, clinically effective and safe, services and interventions for every person that our Trust comes in contact with. The quality of the patient experience is the purpose that unites all of us working within AWP, regardless of our role.

We have consulted with our staff and they are highly motivated above all by the quality of services they provide in partnership with their team colleagues, with service users and their families.

Delivering high quality compassionate care is at the heart of our Trust 'motto:

***You matter, we care***

and is underpinned by the PRIDE we have in the services we are seeking to offer:

<b>Passion</b>	being the best that we can be
<b>Respect</b>	listening, understanding and valuing what you tell us
<b>Integrity</b>	being open, honest, straightforward and reliable
<b>Diversity</b>	relating to everyone as an individual
<b>Excellence</b>	striving to provide the highest quality support

The implementation of the Quality Improvement Strategy will strengthen confidence and pride in our Trust. We want confidence for service users and carers that our Trust is amongst the best in the country – safe, effective and responsive to their needs, every time and all of the time.

We want confidence for people working in and with our Trust that they are doing what they came into the NHS to do, are valued and are key in delivering the ambition to make AWP a

national leader in Mental Health. We want to create a sense of pride across our Trust that we are the very best that we can be.

Implementing our Quality Improvement Strategy is fundamental in delivering our key strategic objectives:

- Consolidate – ‘being brilliant at the basics’
- Integrate – ensuring our services are an integral part of the communities and the health and social care systems we serve.
- Expand – as a result of the quality of service provision we offer, extending the range and coverage of the specialist mental health service we offer.

We are all aware of the challenges of delivering reliable, responsive and high quality mental health services. These include increased public expectations, changes in lifestyles, demographic change, an ageing population, new opportunities from development in technology and information and the current economic climate which brings with it significant financial constraints.

The Quality Improvement Strategy provides the basis for us all to focus our combined clinical and managerial efforts on what is required to address the current and future challenges and to ensure high quality mental health promotion, care and support for ourselves and generations to come.

By establishing a shared understanding of quality and a commitment to place it at the heart of everything we do in AWP, this strategy represents a unique and important opportunity for our Trust, our staff and all of those using our service.

## Executive Summary

### *What is the Quality Improvement Strategy?*

Much has been written about quality in the NHS. The Francis Report 2013 epitomises the worst excesses in poor quality of healthcare and compassionless services. This strategy does not dwell on what has gone before, nor does it draw hugely from the various policy documents which have been published in recent years. Rather, the strategy is based on the basic premise that people who seek service from our NHS expect to receive safe, reliable and responsive services and on the assumption that the vast majority of those working in the NHS want to provide a helpful and high quality service.

This strategy makes the explicit connection between patient priorities and the values of our staff. It brings together, in one document, what people have told us in terms of what they expect to experience when they use our services with the aspiration of our staff to provide high quality care.

Our staff share the vision of high quality mental health care, where freedom to act and creativity in developing what is offered is fundamental in offering care that is good enough for our families. Indeed for many the drive to make the difference; caring for, supporting and enabling others is what motivated them to work in mental health and is completely aligned with their professional values and aspirations.

Capturing and sustaining this enthusiasm and commitment is what underpins quality healthcare and which enables a quality culture to thrive. There is significant evidence that demonstrates the links between staff engagement and enhanced organisational performance.

There is also a strong correlation between staff experience and patient outcomes. So in our drive for quality, productivity and efficiency, we will ensure that this is balanced, through staff engagement and we will create a workforce that feels valued and empowered in leading and driving quality, and an approach to rewards and recognition that reinforces and spreads good practice and which learns from experience.

It is the responsibility of the Board and the Senior Management Team of the Trust to create the climate and circumstances for quality to thrive, for improvement to be a continuous priority and for learning from experience and feedback to further enhance what is offered.

- *making the right thing easy to do*
- *training and developing our staff*
- *offering a wider range of therapeutic approaches*
- *encouraging innovation and using technology*
- *cutting 'red tape'*
- *highlighting, celebrating and rewarding good practice*
- *being open about and learning from mistakes and adverse events*

Implementation of the Quality Improvement Strategy will be the means by which we ensure the longer term transformational challenges can be addressed and delivered.

### *How will we make it happen?*

The Quality Improvement Strategy builds on the firm foundation created by the commitment to ensure that our Trust is driven by quality, is clinically led and is heavily influenced by the views of users and carers. The strategy outlines how we will

1. create an organisational environment focused on quality improvement,
2. supported by a Quality Assurance Framework
3. delivered through Quality Ambitions from Delivery Units and Corporate Directorates.

Moving the **organisational environment** towards one that is focused on quality improvement entails:

- strengthening clinical engagement at every level
- establishing a “Ward to Board” quality information system (IQ) which seeks to engage all staff in understanding and assuring the quality of our services
- developing and training our staff to provide the best care
- building strong engagement and involvement networks with our patients, service users, carers, and partners
- developing a Quality Academy to design standards for care, develop care packages with increased therapeutic input and clear outcomes, and build clinical networks to share best practice
- developing corporate functions focused on enabling and supporting operational front line delivery

Our **Quality Assurance Framework** gives us the structural mechanisms to ensure robust governance, reporting and accountability throughout the organisation. The framework allows quality concerns to be raised and addressed at all levels and ensures that there is clear feedback into the Board.

This organisational change will be underpinned through the agreement of **Quality Ambitions** with our delivery units aimed at making significant positive impacts on efficiency, productivity and reputation

Underpinning this focus on quality is an integrated quality and safety plan (IQSP) which brings together all the Trust’s priorities for quality improvement into one place. The plan will provide the means by which we can monitor our progress and measure how well we have achieved our ultimate aim of delivering the highest quality mental health service.

## Introduction

The Quality Improvement strategy sets out how AWP will simultaneously assure our services are of the highest quality and strive for continuous quality improvement. The strategy outlines how we will create an organisational environment focused on quality improvement, which will enable staff to deliver the best possible care.

## Objectives of the Quality Improvement Strategy

In order to support the overall aim for quality improvement as described above, three objectives have been adopted:

- The creation of an organisational environment that allows good quality care to flourish
- The establishment a robust quality assurance framework which provides assurance of our quality
- Delivery through agreed Quality Ambitions with Delivery Units and Corporate Directorates and the development of an integrated quality and safety plan to drive through the actions needed to achieve quality improvement

Our aim is for our quality objectives to be meaningful, recognised and owned by all our staff to support engagement, motivation and pride in delivering services that we would recommend to our families and friends. Our objectives, described below, will support the cultural shift from top-down compliance and performance management, to locally-driven goals that reflect openness and trust.

## Quality Ambitions

While setting broad and ambitious quality objectives for the organisation, this strategy builds upon the existing ambition on the front line and among our Clinical Leaders. The success of this strategy will be determined by the extent to which our clinical workforce are enabled, encouraged and released to set quality ambitions for their team, their locality and for themselves.

In order to achieve this, we will begin with the agreement of Quality Ambitions for the local and specialised delivery units. The delivery of these ambitions will be supported by an agreement on key measures which will help to plot progress, inspire further improvement and spread good practice. The Quality Ambitions will be developed in line with the Trust's objectives to consolidate, integrate and expand.

These Quality Ambitions will provide the focus for all our activity to support our aim to become the best mental health service in the country. We believe that our shared pursuit of our Quality Ambitions will make significant positive impacts on efficiency, productivity and reputation. We also believe it will drive up staff morale and will create a virtuous cycle of counter-productive improvement.

## 1. Creating an organisational environment for quality

It is the responsibility of the Board and the Senior Management Team of the Trust to create the climate and circumstances for quality to thrive, for improvement to be a continuous priority and for learning from experience and feedback to further enhance what is offered:

- *making the right thing easy to do*
- *training and developing our staff*
- *offering a wider range of therapeutic approaches*
- *encouraging innovation and using technology*
- *cutting 'red tape'*
- *highlighting, celebrating and rewarding good practice*
- *being open about and learning from mistakes and adverse events*

In order to change the organisational environment towards one that is focused on quality, a number of initiatives are being implemented.

### *Strengthening clinical engagement*

The Trust's Fit for the Future plan recognised the need to engage clinicians in the business of the Trust so that the delivery and quality of care are embedded as organisational priorities. At the forefront of this engagement has been the development of a Clinician Engagement strategy, led by the Trust's Professional Council. This strategy seeks to establish a framework for active consultation, partnership and involvement of clinicians in the Trust's strategic and operational decision-making.

In addition, the Trust has reorganised the operational delivery of its services into units led by Clinical Directors. A new role of Head of Professions and Practice has also been introduced to each delivery unit to enable a clear clinical focus on quality governance and assurance.

Over the next five years, clinical engagement will be strengthened further implementation of the Clinician Engagement Strategy and through the development of good practice networks, clinical interest groups and links to academic clinical networks.

### *Establishing a quality information system (IQ)*

The Trust has developed a quality Information system ***IQ*** (Information for Quality)) to support the Trusts revised approach to quality governance, assurance and ongoing improvement. The system is the primary mechanism for monitoring quality and ensuring quality information is readily available across the Trust in an integrated, open and transparent way. The self-assessment provides positive encouragement for staff to feel able to identify areas of improvement.

The system provides information from 'Ward to Board' to ensure that the Board is fully sighted on matters of quality. The Trust is also shifting its focus to ensure that quality is its organising principle and the system will support wards and services to be able to demonstrate delivery of quality services.

The new system introduces clarity to wards and teams on the expectations of compliance with key quality standards across seven key quality indicators previously agreed by Board. These will also act as an early warning system to all levels of management to focus action, support and development to improve quality. The seven quality indicators are:

1. Friends and Family Test
2. Provider compliance Assessments of the CQC safety and Quality outcomes
3. Clinical Records management
4. Contracts, CQUINs and Contractual indicators of quality
5. Supervision & Appraisal
6. Staffing (sickness absence)
7. Finance

These key indicators will form the primary framework for quality monitoring and reporting to Board, our commissioners and the public via our Quality Account. They will also provide information to support outcome measures for the Quality & Safety Improvement plan, our longer term quality objectives and our annual priorities from quality improvement.

Data for several indicators is provided by an approach of 'self- assessment'; key to the success of this is for staff to be positively encouraged to be open and feel enabled to identify areas of weakness or to identify if they do not have the knowledge, evidence or information to make the assessment.

The Quality Academy will set out a framework to support staff with self-assessment process and provide the support and development where there is needed. In addition there will be a mechanism of peer review for checking self-assessment, learning and sharing good practice across clinical units.

### *Developing our staff*

'Enabling Excellence' is the Trust's organisational development programme. It describes how strategic objectives and vision will be enabled by pervasive cultural change. The Development Programme has 3 aims

1. Build Shared Purpose – Engage staff and build positive commitment around out shared purpose of providing high quality care that promotes hope and recovery
2. Develop transformational leaders capable of communicating, engaging, and inspiring staff commitment
3. Embed our revised strategy and ensure alignment of systems, structures and processes with strategic priorities.

The programme has a delivery plan which is aligned to the delivery plan for the Quality Improvement Strategy.

### *Building strong engagement and involvement*

Our Trust wants to be a key partner in local areas. We want to be integrated into the health and social care communities and work closely with agencies and partners to further develop really good services.

Partnerships to improve care are important to us. The Board supports the creation of strategic partnerships to explore and support new opportunities and innovative ways of working. Colleagues from partner organisations are invited to be part of trust activities – from recruitment to celebration events – at every opportunity. Our partners and our key relationships are reflected through our membership and in our Constitution to support our Foundation Trust status.

Each Delivery Unit will seek to build relationships with its local partners, and to work effectively as part of local communities.

We also know that feedback from services users, families, and other carers is a really important part of improving our own services.

A new Engagement and Involvement strategy has been developed following extensive consultation with service users and carers. The strategy seeks to make improvements that result in:

- People being involved and engaged in their care (day-to-day engagement)
- People’s experience of services being captured, understood and responded to (engagement to enable feedback)
- People’s experience leading the design and delivery of improvements to services (involvement in improvement projects).

A key feature of the new strategy is the establishment of a new trust-wide framework for involvement which seeks to take action at strategic, local, team and individual levels across the Trust. In particular, the recruitment of Involvement Coordinators in each delivery unit is seen as an important mechanism for building wider engagement.

We’ve implemented the Friends and Family Test as a key indicator as part of the IQ system. However, services have many ways of receiving feedback and will further develop ways of acting on that feedback.

### *Quality Academy*

With a Trust wide remit for clinical and non-clinical quality improvement, the Quality Academy includes a range of functions including clinical audit, clinical systems and public and patient involvement. The Quality Academy works with locality and specialised management teams, front line teams and wards, and the Executive Directors, to ensure that the Trust provides good quality services in line with the Trust’s Quality Improvement strategy. Quality, in this respect, incorporates the clinical and non-clinical aspects of service user and carer experience, effectiveness, and safety.

The Academy’s key functions are:

<b>Design</b>	designing quality standards, services and processes through the use of evidence and best practice, linking with national initiatives, working with clinicians and horizon-scanning and future planning.
<b>Assure</b>	developing information and intelligence which will allow the Trust to measure and assure its quality internally and externally. Through the use of the IQ system, mock inspections, clinical audit and other quality review methods, the Academy will develop mechanisms for quickly detecting variances in quality.
<b>Support</b>	working closely with local and specialised delivery units to identify quality improvement priorities and to take action promptly. Clinical and technical expertise will be used to support and facilitate local teams to achieve sustainable and prompt improvements .

<b>Improve</b>	leading the delivery of the Trust quality improvement strategy and the associated Integrated Quality and Safety plan. Building capacity for service improvement and innovation, providing training, advice, coaching and facilitation to clinical leaders across the Trust.
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### *“Enabling” corporate functions*

The creation of the Business Executive as an enabling function of our Trust is part of re-positioning the corporate function of the Trust in support of direct clinical provision. Feedback from our staff has told us that some of our corporate systems need to be reviewed to enable them to better support the provision of direct clinical care. This is combined with an intention to move as many resources as possible from corporate functions to supporting direct clinical care.

Each corporate directorate is challenged to revise its structure in line with the new organisational shape, and to release as much resource as possible to the front line. Timescales and deliverables will be agreed as part of the Quality Ambitions. Each corporate directorate is challenged to seek feedback from frontline staff and to revise its working processes to meet their requirements.

### *Making the right thing easier to do*

The quality of our care is as good as the quality of our staff, and their feeling enabled to act with authority and independence to provide care ‘good enough for their family’, and to feel able to comment when services are not right. Structures and processes need to change as described above, but importantly staff need to feel enabled and supported to act. The organisational development programme will contribute to this, but all opportunities need to be taken to encourage people to do the right thing. All levels of the Trust, from Board to ward, need to consider how to best enable and support staff.

Staff will be supported in their ambition to develop and deliver good quality care, and we will make every effort to ensure that processes, systems, and structures don’t get in the way.

## **2. Establishing a Quality Assurance Framework**

The Trust established a Quality Assurance Framework in May 2013 designed to provide robust assurance concerning quality systems. Alongside the Integrated Quality Plan and Information Quality System (IQ), the Quality Assurance Framework illustrates the structural mechanisms which have been established from Board level through to local teams and wards to ensure quality governance, improvement and assurance and clarifies lines of responsibility and reporting.

The Quality Assurance Framework addresses organisational quality in its broadest sense, mapping Board Assurance Committees (clarifying terms of reference and membership) and their relevant management groups. In relation to clinical quality the key structures within the Quality Assurance Framework are:

**Quality and Standards Committee** focuses on the following work streams:

- Quality Improvement
- Safety, Safeguarding

- Patient experience
- Mental Health Legislation
- Learning from events, reviews and incidents
- Regulatory compliance.

**Management groups** have a monitoring role for aspects of clinical quality and provide assurance to Quality and Standards Committee. Management Groups concerned with clinical quality are listed below;

- Service User Carer Steering Group
- Critical Incident Overview Group
- Infection control, physical healthcare and medical devices
- Clinical Systems Group
- Mental Health Legislation Management Group
- Medicines Management

**Professional Council** is a clinical leadership group reporting to the Senior Management Team. The responsibilities of Professional Council include;

- To ensure that the strategic decision-making of the Trust is informed by clinical expertise and experience
- To identify clinical improvement priorities through:
  - oversight of the Trust Integrated Quality and Safety plan and
  - development of the Trust's IQ system
- To advise on the design and development of clinical pathways, clinical policies and clinical standards
- To “horizon scan” for changes in the evidence base, innovation and improvement opportunities
- To ensure and strengthen the representation of the views of health and social care professions, professional networks and other clinical groups in the process of policy, service, corporate and organisational development

**Specialist and Local Governance Groups** – Each service delivery unit operates a governance group that maintains oversight for compliance with quality standards, delivery of local improvement plans and risk management. Using information from a variety of sources, including IQS, the leadership team take appropriate action to maintain and improve local performance and report to relevant management groups.

## Quality Ambitions

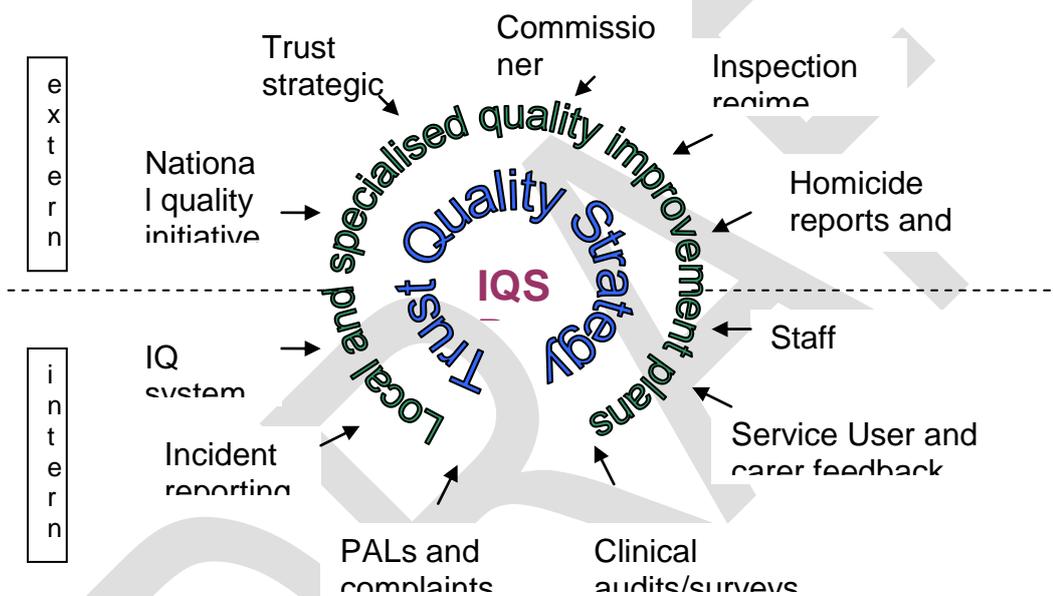
Each local and specialist service area of the Trust is different. Whilst we share common aspirations and goals, the delivery of those in each area will have a different focus and will need to respond to local needs. The triumvirate management structures in the local areas have started to develop their local areas and to consider their business and quality priorities. Quality Ambitions will describe the aspirations of each area. Through the Quality and Business Planning processes, Quality Ambitions will be agreed between the Quality Academy and each delivery unit. These ambitions will describe the help and support required from the Academy, to support the work programme of the Academy.

Delivery Units will report progress on their Quality Ambitions to Quality and Standards as part of their governance presentations, as well as responding to trust requirements to report and celebrate change.

Quality ambitions for delivery units will be aligned with Trust strategic objectives of consolidate, integrate and expand. Improvement priorities (including CQUINs) will be selected on an annual basis through a revised method of prioritisation that intelligently triangulates information held in the Trust Integrated Quality Plan, Service Delivery Unit Quality Plans, IQ with accepted domains of care quality. A proactive approach to continuous quality improvement will be led by the Quality Academy through agreed quality improvement programmes and rigorous use of improvement and innovation tools and techniques

### Integrated Quality and Safety Plan (IQSP)

This plan summarises all the actions the Trust prioritises to improve its quality of services. The diagram below demonstrates how this plan is developed from the comprehensive sources of qualitative and quantitative information available to the Trust:



The IQSP has been developed in partnership with our commissioners and our regulators. The plan will be a “live” document, which will be continually added to, reviewed and monitored through the Trust’s Quality Assurance Framework. It will ensure that each action is developed to SMART methodology and actions will be categorised by theme, source and CQC outcome as well as being classified by priority.

Reporting on the plan will have two aspects:

- An assessment of the progress with completing the action to planned timescales
- Specific outcome measures to demonstrate that the action has achieved its purpose

Each delivery unit will develop their own plans that will reflect Trust wide actions and those specific to each area derived locally or at Trust level. Local plans will need to reflect responsive actions to localised information such as patient experience feedback, staff feedback and local clinical audit findings. In addition, actions derived locally that have Trust wide implications will be escalated to the Trustwide plan

### **Annual prioritisation of quality improvement priorities**

This strategy describes the actions the Trust will take to improve the quality of our services. However, in line with our responsibilities for publishing our annual Quality Account, we will be identifying annual quality improvement priorities for the Trust. These annual priorities will be drawn from the agreed Quality Ambitions.

Developing our annual priorities will include engagement and involvement with our clinicians, staff, service users, carers, commissioners and other stakeholders in each delivery unit. There will also be a period of external consultation with our commissioners, Healthwatch, local authority health overview and scrutiny committees and service users and carers to 'sense check' and provide comment on our proposals as part of the 'Quality Account' process.

This process will inform our annual discussions with commissioners in developing the contractual quality schedule of quality measures, key performance indicators and the development of the mutually agreed Commissioning for Quality and Innovation schemes (CQUINs).

The annual cycle of developing our quality improvement priorities is built on the annual quality and business planning process to ensure that all aspects of the business are considered alongside our strategic, principal and quality objectives. This ensures the annual operating plan priorities reflect the key quality priorities for our trust. These key indicators will form the primary framework for quality monitoring and reporting to Board, our commissioners and the public via our Quality Account.

### **Summary**

The Quality Improvement Strategy 2013-2017 reinforces AWP commitment to the provision of high quality care and provides a platform to integrate multiple strands of activity working towards this common aim. The Strategy describes development of an integrated quality system that will simultaneously assure our services are of the highest quality and strive for on-going improvement in clinical quality.

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