

**Trust Board Meeting: Wednesday 14 January 2015**

**TB2015.09**

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| <b>Title</b> | <b>Refreshed Quality Strategy</b> |
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| <b>Status</b>  | A paper for decision   |
| <b>History</b> | <p>This covering document is a new paper; the refreshed Quality Strategy replaces previous versions.</p> <p>The refreshed Quality Strategy has been presented to quality Committee, Trust Management Executive and the Clinical Governance Committee</p> |

|                      |   |           |        |             |
|----------------------|---|-----------|--------|-------------|
| <b>Board Lead(s)</b> | <b>Dr Tony Berendt – Medical Director</b> |           |        |             |
| <b>Key purpose</b>   | <b>Strategy</b>                           | Assurance | Policy | Performance |

## Executive Summary

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| <p>1. This paper presents an updated quality strategy which has been revised to take into account progress made since the original version was implemented, changes in the internal and external context, and the recommendations identified following Monitor's review of the Trust's Quality Governance Framework.</p>   |
| <p>2. The intent of the strategy has not been changed. The amendments reflect specific changes with regard to clarification and specification of quality goals, quality priorities and measurable outcomes.</p>  |
| <p>3. A set of key enablers for successful delivery of the strategy have been included in the revised strategy. These include leadership, communication, use of the duty of candour to change culture, application of Trust values and linking them to quality outcomes, education and training, use of technology including the Electronic Patient Record, strong clinical engagement and the Peer Review Programme</p> |
| <p>4. A detailed annual implementation plan is also proposed as an integral part of this strategy that will link together the annual Quality Account and its priorities and all other quality improvement activities, ensuring coherence with this strategy.</p>   |
| <p>5. Implementation of the Quality Strategy will continue to be the responsibility of the clinical Divisions and the Trust Executive, overseen by the Clinical Governance Committee, the Trust Management Executive and the Quality Committee reporting to the Trust Board.</p>   |
| <p>6. <b>Recommendation</b></p> <p>The Trust Board is asked to agree the revised Quality Strategy with its proposed implementation and monitoring mechanisms.</p>  |

## 1. Purpose

- 1.1. To provide an overview of the changes made to the Quality Strategy and the rationale for doing so, in line with changes in the internal and external context, and the recommendations identified following Monitor's review of the Trust's Quality Governance Framework.

## 2. Background

- 2.1. Considerable work has been undertaken to improve quality since the inception of the Trust Quality Strategy
- 2.2. This has taken place in the context of further significant change in the external environment together with some internal reconfigurations in Divisional and Corporate management and leadership structures.
- 2.3. There are additional advantages to a refresh of the quality strategy, including progress made with the use of enabling technologies, the development of key in-house activities such as Peer Review, and the experience elsewhere of a focus on quality being key to the engagement of clinical staff.
- 2.4. Furthermore, as part of the OUH application for Foundation Trust Status, Monitor suggested that the Trust's quality goals could be better developed and more explicit.
- 2.5. This revised quality strategy takes into consideration the recommendations made by Monitor and incorporates changes to our quality goals and quality priorities which have specific measurable outcomes.

## 3. Key Changes to Quality Strategy

- 3.1 The major changes to the quality strategy are to clearly define our quality goals under the 3 main quality domains which are:
  - Patient Safety
  - Patient Experience
  - Effectiveness and Outcomes
- 3.2 These quality goals represent the Trust's aspirations in providing and delivering quality care throughout the organisation and which will drive year on year improvements
- 3.3 The quality priorities reflect what is relevant to patients and staff and are selected to have the highest possible impact across the Trust and to be directly linked to the work of the Divisions.
- 3.4 Priorities will no doubt change dependent on feedback from patients and staff as well as national and local initiatives, but the overall quality goals will remain unchanged

- 3.5 Success criteria have been included within the strategy whereby agreed outcomes, either measurable or aspirational, are clearly documented in order to focus on and achieve our quality goals.
- 3.6 A number of key enablers for the successful delivery of the strategy have been included. These are:
- 3.6.1 Leadership
  - 3.6.2 Communication
  - 3.6.3 Use of the duty of candour to change culture
  - 3.6.4 Application of Trust values and linking them to quality outcomes
  - 3.6.5 Education and training
  - 3.6.7 Use of technology including the Electronic Patient Record
  - 3.6.8 Strong clinical engagement
  - 3.6.9 the Peer Review Programme
- 3.7 A detailed implementation plan will be developed that will assist in tracking progress within year, and year-on-year. The plan will link the strategy and the priorities set out in the annual Quality Account.

#### **4. Implementation programme**

- 4.1 A programme of activities is planned across the Trust to;
- Engage staff – ‘Top Down’ and ‘Bottom up’ in the refreshed strategy and the implementation plan
  - Discuss and re-commit to the quality goals and priorities, and the enactment of the implementation plan
  - Identify methods of raising awareness of all elements of quality in daily clinical practice
  - Identify specific educational and training requirements
  - Achieve widespread ownership of the next phase in the life of the strategy, releasing energy for improvement action

#### **5. Recommendation**

- 5.1 The Trust Board is asked to review and agree the revised quality strategy and to note the arrangements for implementation, oversight and monitoring.

**Tony Berendt**  
**Medical Director**

**January 2015**

## Quality Strategy – Revised December 2014

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|--|---|
| <b>Category:-</b>                              | Strategy – revised January 2015   |
| <b>Summary:-</b>                               | <p>The purpose of this quality strategy is to outline the strategic goals for Oxford University Hospitals in providing high quality services for the local population over the next 5 years.</p> <p>It will support the broad organisational objectives and provide a vehicle for the delivery of the Trust vision, through measurable objective quality goals and metrics. This will ensure that we achieve our vision to be recognised as one of the UK's highest quality healthcare providers.</p> |
| <b>Equality Impact Assessment Undertaken:-</b> | May 2012  |
| <b>Valid From:-</b>                            | January 2015  |
| <b>Date of Next Review:-</b>                   | December 2016   |
| <b>Approval Date / Via:-</b>                   | Via Trust Board   |
| <b>Distribution:-</b>                          | <p>Trust wide via the distribution network:</p> <ul style="list-style-type: none"> <li>• Divisional Management Teams</li> <li>• Safety, Quality and Risk Intranet Site</li> <li>• Committee Chairs and Secretaries</li> <li>• Via PFI Client Contract Office to: <ul style="list-style-type: none"> <li>○ Carillion Health</li> <li>○ G4S</li> </ul> </li> </ul>  |
| <b>Related Documents:-</b>                     | Integrated Business Plan, Risk Management Strategy, Assurance Strategy, Education and Training Strategy, Workforce Strategy, Estates Strategy, Information Technology Strategy, Talent Management and Leadership Development Strategy.  |
| <b>Author (s):-</b>                            | <p style="text-align: center;">Initial Strategy- Professor Edward Baker</p> <p style="text-align: center;">Updated Strategy – Annette Anderson</p> <p style="text-align: center;">Dr Tony Berendt</p> <p style="text-align: center;">Catherine Stoddart</p>   |
| <b>Further Information:-</b>                   |   |
| <b>This Document Replaces:-</b>                | Previous versions of the Trust Quality Strategy   |

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## Quality Strategy

### 1. Introduction

1.1 This Quality Strategy sets a vision for quality for the next 5 years for Oxford University Hospitals NHS Trust (OUH). The strategy encompasses the three “Darzi” quality domains, as set out in ‘High Quality Care for All’ in 2008. These are:

- Patient Safety
- Patient Experience
- Clinical Effectiveness and Outcomes

1.2 The three quality domains apply to our clinical care for patients. Our quality strategy also applies to our other activities including education and research, and to our approach to our staff and all other stakeholders. This will result in quality being seen, felt and experienced by everyone we interact with.

1.3 This broader interpretation of the importance of quality in all aspects of the life of the Trust is captured in the Care Quality Commission’s domains used when assessing the quality of a healthcare organisation

- Safe
- Effective
- Caring
- Responsive
- Well led

1.4 The Trust Board leads on quality and will promote a culture of openness and honesty so that staff and patients feel able to raise any concerns they have about the quality and safety of care and services provided. Divisional Management Teams will implement and embed, and support their staff and clinical teams to deliver, continuous quality improvement. The Divisional Management Teams will ensure that any changes or cost improvement programmes are fully assessed for the impact they will have on quality, patient and staff safety. Quality impact assessment and monitoring will in turn be embedded into the oversight processes of the Trust Management Executive and the Trust Board.

1.5 The strategy should be read in conjunction with the related Risk Management and Assurance Strategies.

1.6 Monitor, the independent regulator of NHS Foundation Trusts, stipulate the conditions and standards required to achieve Foundation Trust status. Apart from strong financial governance, clear quality objectives need to be agreed and given equal status with financial sustainability by the organisation. Oxford University Hospitals NHS Trust is committed to driving forward the business agenda of the Trust in order to secure its future, incorporating clinical quality and safety as an integral part of that business strategy. All staff will ensure that these principles remain at the heart of our decision making.

## 2 Our Quality Vision

2.1 Patients and our staff are at the heart of what we do. We strive for excellence in healthcare by:

- 2.1.1 Encouraging a culture of support, respect, integrity, and teamwork
- 2.1.2 Monitoring and assessing our performance against national and international standards of care
- 2.1.3 Learning from our success and setbacks
- 2.1.4 Striving to improve what we do through innovation and change
- 2.1.5 Working in partnership and collaboration, and not isolation, with all the health and social care agencies in our healthcare economy.

2.2 This strategy is built on our core values which are:

- Excellence
- Compassion
- Respect
- Delivery
- Learning
- Improvement

2.3 Collaboration and partnership are central to our approach particularly of the delivery of fundamental activities of patient care, teaching and research.

2.4 Our strategic objectives and particularly our focus on achieving excellence also demonstrate our commitment to quality. Achievement of all six strategic objectives will result in consistently high quality outcomes for patients, staff and other stakeholders.

2.5 We recognise that patients have different needs. Our commitment to quality improvement means that we will ensure we do all we can to meet the needs of our diverse population and that our services are equitable and respectful of the needs of individuals. We also value our diverse workforce and will nurture the advantages this gives us.

2.6 Having patients and staff at the heart of everything we do, our strategic objectives and our values determine our quality vision for the next 5 years.



2.7 To support the achievement of our vision for quality we have set strategic quality goals for each of the three quality domains.

***Our 5 Year Vision for Quality:***

***By 2017 we will be recognised as one of the UK's highest quality healthcare providers. We will have embedded all the fundamental aspects of patient and staff quality and safety and will demonstrate a commitment to continuous quality improvement. All our clinical services will be recognised as providing high quality care, while some will be able to demonstrate that they provide the highest quality compared to international benchmarks.***

2.8 In order that we achieve our quality goals we have identified the quality priorities are both strategic and clinical and are directly relevant to the things that matter the most to our patients namely safety, experience and outcomes. They aim to capture whole system processes that reflect the overall quality of the organisation.

2.9 The quality goals are deliberately ambitious. They are designed to have the maximum impact on quality throughout the Trust. They will be reviewed annually to ensure we are meeting all relevant national quality standards and to ensure that goals remain relevant, stretching and effective in helping us achieve our vision for quality and continuous improvement. This annual review process will link to the annual review of the implementation plan and the generation of the quality priorities in the Quality Account.

2.10 Our quality strategy is owned by the work of the organisation and overseen by the Board. The Quality Committee will oversee the implementation of the strategy and will hold clinical service leads to account for their actions to deliver these improvements.

2.11 The Quality Committee also engages with stakeholders and scans the wider horizon, both internally and externally, to be alert to new quality initiatives and to ensure we incorporate these promptly where relevant to our services.

### 3 Scope

3.1 This strategy applies to all Trust employees, as well as contractors and other third parties working within the Trust. Every member of staff has a responsibility to support and endorse the delivery of high quality services.

3.2 The Trust endorses an open culture that encourages all Trust employees and contractors and third parties working within the Trust, to bring any issues affecting quality to the attention of their line manager (Raising Concerns Policy).

### 4 Purpose and Aims of the Strategy

4.1 The aims of this strategy are to ensure that patients and service users of the Trust receive safe, effective services with a positive patient experience. We will demonstrate a year on year improvement against baseline, within all measurable benchmarks.

4.2 The Trust monitors outcome measurements to check that no service provides outcomes that are less good than are expected for the NHS generally. These are monitored and trended via monthly quality reports to the Board or Quality Committee, and through Divisional quality reports presented at the Clinical Governance Committee.

4.3 The Trust has endorsed the importance of patient safety and has stated its aim to be a high reliability organisation.

4.4 The Trust regularly surveys patients' experience of our care and endeavours to use these experiences to form the basis of quality priorities in individual services.

4.5 This strategy has **three aims**:-

- First, it articulates our five year quality vision in a way that is meaningful and serves as a statement that patients, commissioners and other stakeholders can use to hold the Trust Board to account for the delivery of high quality services.
- Secondly, it sets strategic quality goals and outcome measures for each of the three quality domains. This will provide focus and ensure that in the future, quality initiatives, projects and programmes should only be embarked upon if there is clear alignment with the strategic quality goals. All quality initiatives, projects or programmes should demonstrate how they will support delivery of the quality strategy through measurable outcomes before being initiated.

- Third, it sets out how the strategy will be implemented, monitored and reported upon.

## 5 Context of the Strategy

5.1 The Trust Board is responsible and accountable for ensuring patients receive high quality healthcare.

5.2 In recent years the Department of Health and other external agencies have launched a number of important quality initiatives. Some have been commissioner-led such as Commissioning for Quality and Innovation (CQUIN) and Quality, Innovation, Productivity and Prevention (QIPP); others, such as the publication of Quality Accounts, are laid in statute.

5.3 A number of external drivers emphasising the importance of quality have also been taken into consideration when developing and reviewing this strategy. These include:

- The Darzi 2008 report '*High Quality Care for All*'
- *The NHS Operating Framework* setting out the direction of quality for healthcare in England
- *The Role of the Board in Improving Patient Safety* published in 2010 by Monitor.
- *Quality Governance in the NHS: A Guide for Provider Boards* published in 2011 by the DH providing guidance on how to govern for quality and ensure that essential levels of quality and safety are met.
- *Maintaining and Improving Quality during the Transition: safety, effectiveness, experience* published by the DH in 2011 emphasising that quality must remain the guiding principle throughout reorganisation of NHS functions..
- *Best practice tariffs* for certain conditions.
- *Essential Standards Of Quality and Safety regulatory standards* published by the Care Quality Commission in 2010.
- *Review into the quality of care and treatment provided by 14 hospital trusts in England: Professor Sir Bruce Keogh KBE*, (July 2013)
- *A promise to learn – a commitment to act: Improving the safety of Patients in England: Don Berwick*, (August 2013)

- *The Mid Staffordshire NHS Foundation Trust Public Inquiry*: Robert Francis QC, (February 2013)
- *Quality Governance: How does a board know that its organisation is working effectively to improve patient care?* Monitor (April 2013)

5.4 The Mid Staffordshire Inquiry found that a lack of Board focus on clinical quality was a major contributory factor to compromising patient safety at that Trust. As a result the National Quality Board and Monitor have clearly stipulated that Trust Boards are responsible and accountable for ensuring that quality patient care is a top priority.

5.5 The Berwick report states:

*Place the quality of patient care, especially patient safety, above all other aims.*

*Encourage, empower and hear patients and carers at all times*

*Foster whole heartedly the growth and development of all staff, including their ability to support and improve the processes in which they work*

*Embrace transparency unequivocally and everywhere in the service of accountability, trust and the growth of knowledge*

5.6 The Trust endorses these comments and the quality strategy provides a framework for enacting them.

## **6 Quality Domains.**

6.1 The strategic quality goals underpinning our three quality domains (safety, experience and effectiveness and outcomes) will be reviewed annually to ensure that they remain relevant and continue to support our quality vision.

6.2 Progress in each of the three domains and in the underpinning strategic quality goals will be reported upon in our annual Quality Account.

**Quality Goals**

|                    | Patient Safety  | Patient Experience   | Effectiveness & Outcomes  |
|--------------------|---|--|---|
| Quality Goals      | <p><b>To consistently deliver safe, harm-free quality care to all patients</b></p>  | <p><b>To provide an excellent quality healthcare experience for all patients, carers and visitors.</b></p>   | <p><b>To provide high quality evidence-based care that is effective and ensures best possible outcomes for patients</b></p>   |
| Quality Priorities | <ul style="list-style-type: none"> <li>• We will continue significantly to reduce the number of harmful events in relation to:                             <ul style="list-style-type: none"> <li>➢ Hospital Acquired Pressure Ulcers</li> <li>➢ In-patient Falls</li> <li>➢ Catheter associated urinary tract infection</li> <li>➢ New Venous thromboembolism</li> </ul> </li> <li>• We will review, improve and implement consistent high quality in-patient care across all four sites outside normal office hours - Care 24/7</li> </ul>                                    | <ul style="list-style-type: none"> <li>• We will ensure service users have the trust and confidence in us and that they experience kind, compassionate and competent care.</li> <li>• We will respond to feedback from service users and act upon areas for improvements.</li> <li>• We will ensure all patients receive person-centred care which meets their individual needs.</li> </ul>  | <ul style="list-style-type: none"> <li>• We will use outcome measures to drive quality improvement in all clinical services.</li> <li>• We will demonstrate that all clinical services have safe outcomes</li> <li>• We will reduce the number of avoidable deaths through robust mortality &amp; morbidity review programmes, and by benchmarking our care and patient outcomes against a range of other organisations.</li> </ul>   |
| Success Criteria   | <ul style="list-style-type: none"> <li>• Our ambition is to realise zero Avoidable Hospital Acquired Pressure Ulcers (AHAPU) by 2016</li> <li>• Reduction of falls by 25% following the introduction of the <i>Fallsafe</i> Care Bundle</li> <li>• Raising the profile of Catheter Associated Urinary Tract Infections to highlight the significant risks</li> <li>• 95% of all patients will be assessed on admission for their risk of developing of bleeding as stated by NICE guidance</li> <li>• Implementation of Care 24/7 across the Trust by February 2015.</li> </ul> | <ul style="list-style-type: none"> <li>• To continue to improve the response rate of the Friends and Family Test throughout the Trust</li> <li>• 95% of patients are 'extremely likely' or 'likely' to recommend the ward/department to Friends and Family</li> <li>• To be rated in the top 10% of hospitals for patient and staff experience.</li> <li>• Identifying common feedback themes and implementing service improvement initiatives which enhance patient experience</li> <li>• Patients receive an holistic approach to care which includes multi-specialty involvement .</li> </ul> | <ul style="list-style-type: none"> <li>• Production and management of an annual audit programme which is driven by National, Local and Internal priorities</li> <li>• Robust Governance processes to ensure all national clinical audits are reported to be presented to the Clinical Effectiveness Committee where the results are scrutinised to ensure learning and suggested improvements are planned and monitored.</li> <li>• All clinical outcomes data and consultant outcomes publications are presented to the Clinical Effectiveness Committee</li> <li>• A standardised Mortality &amp; Morbidity Review programme is in place across the whole Trust.</li> <li>• Learning from the Mortality and Morbidity programme is monitored and reported against regularly and that there are robust action in plans in place to address deficits</li> <li>• To be rated lowest in both Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) as benchmarked against our peers by 2020</li> </ul> |

**Patient Safety - To consistently deliver safe, harm-free quality care to all patients**

- We will continue to focus on reducing the numbers and severity of episodes of avoidable hospital acquired pressure ulceration.
- We will roll out the *Fallsafe* Care Bundle to other services within the Trust where it has been identified patients are at a high risk of falling.
- We will raise the profile of the risks associated with urinary catheters and implement a programme to reduce catheter associated urinary tract infection (CAUTI).
- We will continuously meet (aspiring to exceed) the target for venous thromboembolism (VTE) risk assessments undertaken on patients admitted to the Trust
- We will ensure that quality service delivery continues to be maintained outside normal working hours.
- We will continue to robustly manage serious incidents in an open and transparent way and ensure dissemination of findings and organisational learning are integrated into clinical practice.
- Our staff will be supported and empowered to deliver the safest possible care.

**Patient Experience - To provide an excellent quality healthcare experience for patients, carers and visitors**

- We will develop a culture where staff understand the importance of providing a good patient experience and take responsibility for making this happen.
- We will improve the experience for patients across all 9 protected characteristics<sup>1</sup> (under the Equality Act 2010) and additional marginalised groups through feedback obtained from patients and outreach activities.
- We will continue to improve the experience and quality of care of vulnerable patients, those who are at the end of their life, and those with dementia, delirium, mental illness and learning disabilities.

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<sup>1</sup> The 9 protected characteristics are:-age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

- We will improve the experience for all patients with an emphasis on outpatient care, accident and emergency and maternity services to embed a culture of working in partnership with the patient to enhance self-management / care.
- We will reduce time spent in hospital for all patients (without compromising their experiences or the quality, safety and outcome of their care), particularly for patients with long term conditions
- We will continue Delivering Compassionate Excellence through a healthcare support worker academy, the 'Safe in our hands' ward manager leadership development programme and implementation of a ward programme delivered with our academic partners based on the principles of a nursing development unit.

**Clinical Effectiveness and Outcomes - *To provide high quality evidence-based care that is effective and ensures best possible outcomes***

- We will develop and implement outcome measures that are meaningful to patients and staff for all specialities.
- Based on our quality priorities we will develop, measure and monitor specific quality metrics to identify progress and areas for improvement
- We will undertake clinical audits to provide assurance of effective care delivery
- We will review all deaths that occur in the Trust to understand how we can improve our care and achieve a year on year reduction in mortality.
- We will ensure that lessons learnt from mortality reviews are shared across the Trust

6.3 Most of our priorities are linked to national priorities, CQUINs or Quality Account indicators. These priorities, many agreed with our commissioners, will have relevance to most of our clinical services. However, these priorities should not prevent or hinder services or clinical areas augmenting these with local priorities that will support the achievement of our quality vision.

6.4 The building blocks to achieving our strategic priorities are the development and implementation of ambitious quality priorities which are led from Board to Ward and underpinned by robust quality improvement plans.

6.5 The quality priorities can be linked to specialty specific indicators creating a cascade system of quality information.

6.6 Delivery of the quality strategy is supported by an implementation plan. Trust Quality priorities and a more detailed outline of the outcomes we expect to see year on year over the next five years will be reflected within Divisional quality priorities and the Trust Quality Account.

6.7 In line with national guidance, the Trust will continue to survey, using the Patient Safety Thermometer, every adult inpatient on a given day every month to identify the proportion of patients receiving 'harm-free care'.

## **7 Measurement**

7.1 In order to know whether we have been successful in achieving this strategy, robust and ambitious targets will be set against each of our strategic objectives. These will be agreed with the service leads, Divisional leads and the Quality Committee.

7.2 One of the strategic goals of the Trust is to provide seamless healthcare across traditional healthcare boundaries. The metrics that are agreed to support the delivery of this strategy will ensure that this ambition can be captured and performance measured from a perspective of integration.

7.3 We will ensure that the data are up-to-date, accurate and meaningful in order to provide assurance to the Board of targets being met, as well as any that are underachieving.

7.4 We will utilise technology to capture Trust-wide quality data in order to benchmark against other Trusts, compare performance and make necessary improvements.

## **8. Monitoring and Reporting**

8.1 Under the Health Act 2009 and the NHS Quality Account regulations 2010, Directors of health Trusts are required to prepare Quality Accounts for each financial year.

8.2 Each year, our Quality Account priorities will reflect the priorities in this quality strategy. Selection of the priorities each year will be achieved through reviewing a combination of Trust performance data, national benchmarking, incidents and complaints, and consultation with internal and external stakeholders.

8.3 The Quality Account will report performance against these objectives using agreed metrics.



## 9. Key Enablers to Deliver the Quality Strategy

9.1 To deliver quality we recognise the importance of effective enablers that support continuous quality improvement. We will deliver our strategy through:

- Strong clinical and managerial leadership (“from the Board to the Ward”). Since 2011 our “clinically led” organisational structure has strengthened clinical leadership. The Talent Management and Leadership Development strategy sets out our intentions to develop further our leadership capability and capacity. Leadership at all levels is essential for the delivery of quality.
- Robust communications so that we listen, learn and communicate effectively with patients, staff, internal and external service providers as well as regulatory bodies. With Foundation Trust status, we expect wider and deeper participation of patients and public in our governance including that of quality.
- Duty of Candour – we will continue to be open and transparent with our service users about their care and the treatment they receive, including when things go wrong. We will use the duty of candour to change our clinical culture to one of greater openness, shared decision making and partnership, and accountability to our patients and their carers, improving all domains of quality by so doing.
- Enactment of our core values across the whole of the organisation, linking them to key quality outcomes such as patient safety and experience.
- Education and training so that all our staff have the skills and knowledge required to deliver the quality goals including increasing the numbers of staff with skills in improvement methodology and incident investigation and analysis. We will further develop electronic learning platforms to improve access to essential knowledge. This will allow face-to-face learning events to focus on more interactive learning including simulation, and learning in teams and peer groups. We will use our partnerships with the University of Oxford and Oxford Brookes University to continue to raise educational standards, and our relationships with HETV and the AHSN as resources to improve our training.
- Use of novel technologies for improving safety, data capture, accessibility and reliability of health records, decision support, and

data analysis. Our adoption of the Electronic Patient Record, with implementation of electronic medicines prescribing, is an example of this, as are technologies for safer blood transfusion and for the electronic recording of vital signs to improve the identification of deteriorating patients. We will refine our electronic incident reporting systems to be more aligned with the EPR, producing more data that clinicians can use, for themselves, to drive improvements in clinical quality.

- Strong clinical engagement and the development of a “just culture” in which all staff understand their roles in delivering, improving, and monitoring quality.
- Further development of our Peer Review Programme to continue to improve quality through mutual learning, challenge and support.

## **10 Governance**

10.1 As well as the specific areas in the quality domains identified in this strategy, the performance of the Trust against national quality standards will be evidenced through internal and external mechanisms such as the Quality Dashboard, performance against our CQUINs, outcomes of CQC inspections, and effective and robust clinical governance structures, including the management of risk.

10.2 Each of the divisions will produce a quality report with agreed quality objectives as part of their annual work plans and will report to the Quality Committee, a sub-committee of Trust Board, as well as to the Trust Management Executive via the Clinical Governance Committee.

## **11 Clinical Audit**

11.1 Audit is an important means of ensuring continuous improvement in the quality and effectiveness of care. The Trust will continue to produce an annual audit programme which is driven by national, local and internal priorities. Each division will have an agreed audit programme and will be required to report on progress in line with the audit policy. The programme will support the quality agenda and review of clinical performance.

## 12. Links to other Strategies, Policies and Guidance

- 12.1 This strategy should be read in conjunction with our Integrated Business Plan and the following Trust strategies: Estates, Risk Management, Assurance, Education and Training, Workforce, Information Technology and Talent Management and Leadership Development. Achievement of our quality vision and strategy is dependent upon realising the synergies and interdependencies these strategies create.

## 13. Implementation of the Quality Strategy

- 13.1 Duties and responsibilities in relation to quality within the Trust are discharged in two ways, through individual roles and via committee structures.

### 13.2 Individual Responsibilities:-

**The Chief Executive** is the Accountable Officer for the Oxford University Hospitals NHS Trust. The Chief Executive is accountable for ensuring the Trust can discharge its legal duty for all aspects of quality. Operationally, the Chief Executive has delegated responsibility for the implementation of the quality strategy as outlined below.

**The Medical Director** Is the Executive lead for all aspects of Clinical Governance – including safety, quality, clinical effectiveness, and patient outcomes, and ensures organisational arrangements are in place to satisfy the legal requirement of the Trust for clinical quality and continuing improvements for patients and staff. Operationally this responsibility is delegated to the Deputy Medical Director and the Head of Clinical Governance

**The Chief Nurse** will also ensure organisational arrangements are in place to satisfy the legal requirements of the Trust for quality and continuing improvements for patients and staff. S/he is the lead executive for Trust wide patient experience, and patient feedback mechanisms.

**The Director of Assurance** has delegated authority for the assurance of systems to effectively demonstrate quality and organisational wide continuous quality improvement.

**Executive Directors** have responsibility for quality within their defined portfolio. These include reporting on non-clinical aspects of quality and ensuring that any initiatives undertaken do not negatively impact on the quality of services provided or the experience of staff.

**The Deputy Medical Director** provides leadership for clinical governance and risk in the Trust to ensure the delivery of efficient, high quality and safe services. They will ensure all regulatory and risk requirements are met and will direct the development of systems and control processes that will establish safe and consistent service delivery and monitoring arrangements. S/he will also lead on the development and use of outcomes metrics to drive quality improvement

**The Head of Clinical Governance** provides leadership and operational drive for clinical governance and risk in the Trust. They will ensure practical application, implementation, and evaluation of quality improvement initiatives and strategies. They will provide the Executive with a view of performance both Divisionally and Trust wide, in relation to quality improvement, clinical care and patient outcomes.

**Divisional Directors** have overall accountability for quality, alongside finance and performance in their Divisions.

**Divisional Nurses** provide Divisional leadership to clinicians, and in liaison with Clinical Governance and Risk Practitioners drive sustainable quality improvement within the Division.

**Divisional General Managers** are responsible for ensuring that the prioritisation, assessment and maintenance of clinical quality are embedded within management decisions and in the processes sets out below.

**Operational and Corporate Divisional Staff.** All operational and corporate Divisional Management Teams are accountable for quality within their Division. It is the responsibility of the Divisional Management Teams to ensure that the Trust core values and quality priorities are implemented and embedded within the Divisions. The Divisions are also responsible for:

- **Planning** – Each Division should have plans that combine quality and performance to ensure these are continuously measured alongside activity, target achievement and finance.
- **Risk Impact** – Each Division should ensure that all initiatives are assessed for their impact on quality. Any initiatives with significant potential to impact on quality must be supported by a detailed assessment that includes monitoring of quality metrics before and after implementation.

- **Cost Improvement Plans** – For each CIP in place, the Division should clearly identify the impact on the quality of care – this in the form of a Quality Impact Assessment (QIA).
- **Compliance** – Each Division should review on an on-going basis their quality programme to ensure year on year quality improvement in all three quality domains. The dashboard of performance and quality indicators should support compliance monitoring. The Divisions must ensure that CQC registration and compliance requirements applicable to them are met.
- **Assurance** – Each Divisional Management Team should be ‘assured’ (i.e. with triangulated evidence collation through, surveys, audits and walkabouts etc.) that they can demonstrate patient and staff quality outcomes, and continuous quality improvement, as well as compliance with CQC standards and other relevant accreditation requirements.
- **Sharing and Learning** – Divisions should be sharing areas of good practice and learning across the Trust, both when things go well and when things could be improved.
- **Leadership and drive for outcomes** – Each Division needs to support the Trust in achieving excellence by encouraging a culture of support, respect, integrity, collaboration, partnerships and teamwork. Each Division should make year on year quality improvements.

13.3 All staff within the Divisions are responsible for:-

|                                    |  |
|------------------------------------|--|
| <p><b>Divisional Directors</b></p> | <p>Accountable for delivering the Quality Strategy and demonstrable year on year quality improvements within the Division, ensuring quality is discussed and monitored at divisional management team meetings. They should report on non-compliance or poor results to Clinical Governance Committee, Divisional Performance Compacts and TME.</p> <p>Responsible for managing divisional progress with the quality strategy. This includes monitoring to ensure the quality strategy is delivered, and that there is evidence of continuous quality improvement responsive to feedback received from patients, staff, the public and other key stakeholders such as service commissioners and Local Involvement Networks.</p> |
|------------------------------------|--|

|                           |  |
|---------------------------|--|
| <b>Clinical Directors</b> | Have responsibility for managing and supporting staff to implement the quality strategy and for monitoring and reporting performance throughout their Directorate and for sharing learning at Divisional and local team meetings.  |
| <b>All Staff</b>          | Are responsible for providing high quality care by ensuring they enact the Trust values and abide by all quality policies and protocols. They are responsible for measuring the quality of the care they provide across all 3 quality domains. They should report on the quality of their service and on any concerns they have about it or adverse incidents that occur. They should participate in quality initiatives to support the delivery of this strategy and the continuous quality improvement of their service. |

### 13.4 Committee Duties and Responsibilities.

**The Board** is the body accountable for quality and is responsible for ensuring the Trust has effective systems for embedding and sustaining quality and continuous quality improvement. The Board is responsible for assurance, the safety of clinical and corporate services, and for ensuring that the Trust is on track to achieve its quality goals. Quality is a key part of all main Board meetings. The Board regularly reviews and interrogates complaints, incidents and serious incidents to ensure appropriate actions are taken and lessons are learnt and spread across the organisation. The responsibility for managing quality across the organisation has been delegated by the Board to the following inter-relating committees:

- The Quality Committee
- The Trust Management Executive and its sub-committees

**The Quality Committee** is a sub-committee of the Trust Board and is responsible for providing the Trust Board with assurance on all aspects of quality; governance systems including risks for clinical, corporate, human resources, information and research and development issues; and regulatory standards of quality and safety.

- The Quality Committee discusses, scrutinises and challenges quality performance. This supports the Board in discharging its duty for quality and enables the Board to focus effectively on discussing relevant issues that affect quality and delivery of their objectives and duties.
- The Quality Committee receives reports from the Clinical Governance Committee to assess quality delivery, adverse performance,

compliance with regulation, accreditation and legislation to take decisions to address any concerns, issues or risks.

- The Quality Committee reports to the Trust Board on the level of assurance it has obtained from the information it has received and discussed.

**The Trust Management Executive (TME)** is the senior managerial decision making body of the Trust. It is chaired by the Chief Executive, and consists of the Trust's Executive Directors, five Divisional Directors and the University of Oxford Medical Sciences Division's Associate Head of Division (Clinical Affairs). It oversees the Trust's management of operational quality and risk in all aspects of the delivery of its services. The Trust Management Executive is assured on the quality and safety of services and of any issues affecting quality within the Trust by:

- Ensuring there are clear and robust accountability arrangements at all levels of the Trust for delivering the quality strategy.
- Ensuring that intelligent information is available to assess the impact of decisions on quality and safety prior to making decisions particularly those relating to cost improvements.
- Ensuring that organisational learning is taking place and shared across the organisation and with key partners.
- Receiving reports on quality from all the committees and groups reporting to TME namely Clinical Governance, Strategic Planning, Workforce, Performance Review, Education, Research & Development, Health Informatics and the Cost Improvement Programme Steering Group.

**The Clinical Governance Committee** monitors the effectiveness of clinical governance processes related to quality, risk, patient safety, experience, clinical effectiveness and outcomes, and ensures that appropriate actions are taken. It provides a closer scrutiny on these issues than is possible via Divisional performance reviews and, with all Divisions represented, can support consistency of approach across the organisation. Monthly Divisional quality reports are provided to the Clinical Governance Committee. The Divisional reports also identify trends in complaints and incidents. The Clinical Governance Committee (CGC) reports to the Trust Management Executive and escalates issues of concern where necessary for information and action. The committee oversees the maintenance of all regulatory standards and accreditation

systems including the Care Quality Commission standards and NHS Litigation Authority standards.

### 13.5 Patient, Public and Staff Engagement.

The Board is keen to engage patients on quality matters and make sure that the Trust uses a variety of different methods to obtain patient feedback. Patient views on quality are actively sought through:

- Annual patient surveys and specific patient surveys
- Feedback forms, the Trust and NHS Choices websites and email contact
- The Patient Panel
- Friends and Family Test
- Involvement in all significant service and pathway redesign as part of our obligation under section 242 of the 2006 NHS Act.
- A variety of other initiatives looking at patient outcomes – detailed in the Patient Experience Framework
  - a. The Trust has over 6,000 members who are asked their views on specific issues.
  - b. The Trust actively encourages external representation on its key quality committees.
  - c. Oxford University Hospital staff attend a variety of external meetings and forums to provide information and feedback on the quality of services provided by the Trust. These include the LINKS, Healthwatch, the Overview and Scrutiny Committee and other meetings with specialist commissioners, Oxfordshire Clinical Commissioning Group, GP's, other providers and key stakeholders.
  - d. Meetings are regularly held with all our commissioners. Performance on quality is openly and transparently reported to the commissioners to support them making informed decisions about the care provided at OUH.
  - e. Staff feedback is also received and sought using a range of different methods such as:
    - The annual staff survey
    - Staff appraisal
    - Consultations



### 13.6. Implementation Plan: detailed timelines.

The Implementation Plan will be set out in a separate document that will be updated annually and will set out the high level priorities to be included annually in the Quality Account, together with expected progress over the five years of the strategy to achieve the final goals. The Implementation Plan will set out year-on-year plans (such as the intended trajectory for reduction in SHMI and HSMR) that will be linked to the annual priorities and the strategic goals.

## 14. Conclusion

The Quality Strategy articulates our vision for quality and our commitment to deliver the vision. Quality is integral to the Trust's business and is at the heart of all our clinical and non-clinical practice. Thus the Quality Strategy forms a basis not only for the delivery of high quality clinical care for our patients, but also for a compact with all staff in the Trust. Because organisational viability depends on financial stability, and organisational credibility depends on delivery against basic financial and performance requirements, some staff and patients may believe that these essentials alone are the focus of the organisation. The Quality Strategy is a constant and underpinning reminder that the primary purpose of the Trust is the care and services delivered to its patients, and is a constant opportunity for all staff to connect their own activities with the vision and goals for patient care that are set out here.

## 15 Key References

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- National Archives (2012) The Health and Social Care Act 2012. National Archives London.

## 16 Equality Impact Assessment

An Equality Impact Assessment was completed in May 2012, and ascertained that this strategy should not have any adverse impact on maintaining equality if implemented as per its intent.