

2019 – 2021

# Quality Strategy

## Introduction

This quality strategy sets out our commitment to improving the quality of care for our patients and how we will make this a reality in terms of equipping our staff with the skills and knowledge to deliver quality patient care. The Quality Strategy is closely aligned with ESNEFT's ambition to *offer the best care and experience*, its strategic objectives, and the Trust's *Time Matters* philosophy. This will guide our approach to delivery between 2019 and 2021.

East Suffolk and North Essex NHS Foundation Trust (ESNEFT) provides hospital and community health care. We serve a wide geographical area with a population approaching 800,000 residents. We deliver care services from two main hospitals in Colchester and Ipswich, six community hospitals, high street clinics and in patients' own homes. We have nearly 10,000 staff, with an annual budget of over £650 million. We are the largest NHS organisation in the east of England.

The merger of Colchester and Ipswich hospital Trusts in 2018 brought together two vibrant NHS organisations. We have excellent specialised services established as networks between the hospitals over the last decade.

Our Quality Strategy will to help us to sustain and improve the quality of services for local residents.

## Our philosophy

We believe that time matters.

Dealing with health issues can be stressful, both for the individual affected and for those caring for them. There is the necessary stress of the health need and the emotional effort of caring. However, too often the complexity of the health and care system adds unnecessary stress. At the heart of this is time. Time is important to everyone whether as patients, as family or carers, or as staff delivering care. Our philosophy is that time matters. We will improve services to make every moment count.



## Purpose

The purpose of the quality strategy is to articulate our ambitions for quality in a way that is meaningful and serves as a statement of intent that patients, carers, staff, commissioners and other stakeholders can use to hold the Trust Board to account for the delivery of high quality services. The Quality Strategy will help the Trust to deliver on its strategic objectives to – keep people in control of their health, lead the integration of care, develop our centres of excellence, support and develop our staff, and drive technology-enabled care.

### Our quality objectives:

- To ensure that quality underpins every decision
- To provide the safest health care services to patients and service users
- To be recognised as a caring organisation locally, regionally and nationally
- To ensure quality and best use of resources are not considered in isolation, but together through the concept of value
- Ensure our services are responsive to the needs of our patients and communities
- Attract, retain, support and train the best staff

By implementing this strategy, we want to enhance our reputation for providing the best possible treatment, delivered with care and compassion.

Our desire to deliver the highest quality care is driven by a range of local and national factors, some of which are described below:

- Knowing what matters most to patients, carers, staff and public;
- Implementing the NHS Quality Framework;
- Quality as the check and balance to necessary efficiency savings;
- Implementing recognised best practice, eg National Institute for Health and Care Excellence (NICE) standards and guidance;
- The need to learn from our mistakes; Being open, transparent and candid about quality (Duty of Candour)
- Responding to patient feedback and concerns;
- Developing a patient safety culture
- Meeting regulatory requirement, eg Care Quality Commission (CQC)

Our strategy is therefore structured around the core quality themes:

- Delivering safe and reliable care
- Improving patient and staff experience
- Improving outcomes and clinical variation, including mortality
- Culture of Continuous Quality Improvement
- Harm free care – and learning from incidents

One of the most important aspects of quality care is effective team working and leadership. ESNEFT fosters an environment of respect for and between professions and a commitment to explore new models of care. The ESNEFT Quality Strategy ensures investment in its leaders and has designed a clinical leadership structure to ensure that clinicians of all professions are closely aligned with the business of the Trust.

## How we will achieve our objectives

### Improving safety

- Develop a culture of patient safety using a series of staff engagement events, training including Human Factors, patient safety walkabouts, patient feedback sessions to staff and the development of a 'patient safety pledge' for all staff to formally sign.
- Continually learn by constantly measuring and monitoring how safe our services are and to help staff to understand why things go wrong and support them with the education and tools they need to put them right.
- Develop tools to support the reduction in avoidable harm.
- Take a leading role in supporting local collaborative learning so that improvements are made across all of the local services that patients use.

**Examples of measures:** Numbers of inpatient falls, the development of pressure ulcers and recognition and treatment of Sepsis and the Deteriorating patient.

**2020/21 target:** Reduction in the numbers of inpatient falls resulting in less than 5 per 1,000 bed days in the acute hospital, 20% reduction in the number of developed pressure ulcers in the Community based on the 2019/20 baseline & Recognition & Treatment of Sepsis in ED 90% for key 3 elements & Screening for Sepsis in inpatient areas 90%.

### Improving patient & carer experience

- Further develop an ESNEFT user involvement network with a focus for involving, engaging and improving the patient experience, including listening events.
- Support staff to ask service users 'what matters to you' and develop a system of capturing themes to drive improvement.
- Develop accessible, comprehensive patient information across a range of mediums eg paper, computer and phone.
- Embed national standards for mental health, learning disabilities, and children and young people
- Improve end of life care for users and their loved ones.

**Examples of measures:** Ensuring patients at end of life are in their preferred place of care, positive responses in the National Patient Survey and positive outcomes reported on Patient Reported Outcome Measures (PROMs).

**2020/21 target:** Appropriate care planning is in place to support discharge to preferred place of care for patients in last weeks of life within 24 hours of request & Improved experience for Patients, Families and Carers demonstrated by reduction in complaints. National Inpatient Survey outcomes will be at or above the national average for patients knowing which nurse is in charge of their care, discharge – aware of danger signals to look for, staff not contradicting each other, self-administration of medications and including the patient in medical conversations.

## Clinical effectiveness

- Work to identify clinical models for 7-day working week.
- Implement recommendations from the national Get It Right First Time (GIRFT) programme.
- Use the clinical audit to identify improvements required and work closely with the Quality Improvement Faculty to support staff to embed quality improvement through everyday working.
- To maintain an audit programme and forward plan that reflects organisational need prioritised upon the national clinical audit programme, ensuring the timely reporting of outcomes; and a local clinical audit programme based on current best evidence and good practice guidelines, including projects arising from concerns/trends from complaints, adverse or serious incidents and ensures that all activity within the organisation is formally recorded and monitored.
- Improve clinical outcomes by further development of the learning from deaths programme including underpinning care pathways for high risk conditions such as pneumonia, COPD, heart failure, introduction of the Medical examiner.
- Promote Clinical Audit & Effectiveness expertise to assist staff develop competencies, with support and time to participate in clinical audit.
- Effectively communicate the outcomes of clinical audit & effectiveness to demonstrate the benefits of clinical audit to internal staff and the public.

**Examples of measures:** 7-Day Services outcomes, GIRFT programme achievements, timely reporting of audit, outcomes and next steps from audit outcomes.

**2020/21 target:** Top 3 recommendations from GIRFT review completed within timeframe. Reduction in SHMI mortality indicators to within expected limits.

## Embedding the QI methodology through the Quality Improvement Faculty

- Establish resources, tools and methodologies for a consistent approach to QI.
- Provide Trust wide overview and coordination of QI projects, aligned to Trust and National priorities, linking projects wherever possible with other Trust initiatives.
- Establish training throughout the Trust in QI methodology; including training the trainers, individual coaching, team training and coaching and signposting.
- Establish data analysis expertise and communications support to allow Trust wide learning from QI. Including scale up and spread.
- Joint working with other Trusts and collaborative working with external partners to establish a system-wide approach.

**Examples of measures:** Number of staff trained in QI methodologies, number of registered QI projects and number completed, increased number of QI showcases throughout the Trust and reporting of those from Division to Board.

**2020/21 target:** Increase number of staff trained in QI methodologies to more than 300. Number of QI registered projects increased to more than 300.