Quality Improvement Strategy

2016 – 2020
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Introduction

Buckinghamshire Healthcare NHS Trust is an integrated organisation caring for children, young people and adults within community and hospital settings. There are many challenges facing the NHS but despite these we are aiming to reduce variation across our services and ensure that the people of Buckinghamshire receive safe, and compassionate care every time. To achieve that we have an ambitious set of strategic aims which are outlined in this strategy.

Aims of this strategy

This strategy document aims to do three things. Firstly, this strategy outlines how we will work together to improve the quality of care and ensure that people’s needs are at the heart of everything we do. It will do this by describing the specific quality goals for the organisation, how they will be monitored and reported so that our patients and their families and carers can have confidence in the quality of care we provide.

Secondly, it seeks to explain how we will ensure that when failure is encountered, not only is it rectified, but failure will be investigated and examined so that its root causes can be identified, lessons learned, and action taken to prevent similar failures from recurring.

Finally, the strategy document explains how we will collaborate and work with others to build services for the people of Buckinghamshire that keep people as healthy as possible and out of acute hospital settings.

We aspire to be the best in the country in terms of quality. We want our patients, families, and carers of all ages to choose to come to us to receive their healthcare because they have confidence in our reputation for providing high quality services.

This vision will only be realised if we aspire to achieve nothing short of excellence and constantly challenge and stretch ourselves to achieve it.
National and local context

Nationally *The Five Year Forward View* sets out the five year ambitions for quality for the NHS in England. Achieving safe, effective care with a good patient experience occurs when a caring culture, professional commitment and strong leadership are combined to serve patients.

This forward view is set against a very difficult financial settlement which requires the NHS as a whole to find £20bn savings before 2020. Recent increases in NHS funding are only likely to cover existing increased activity and staff costs. The financial picture therefore remains challenging.

Demands upon the National Health Service have never been higher. Our urgent care centre and MIU are both seeing more and more patients who require emergency care or who are critically ill. Part of that increase is driven by an increase in those who are elderly and frail who need support in crisis. This trend is likely to increase in the short term.

Across Buckinghamshire we have an ageing population more than half the overall population increase of 48,000 accounted for by the over 65s. The biggest rise will be in Aylesbury Vale where the number of over 75s is forecast to rise by 83%; depending on how many live in the more rural parts of the Vale, this could present challenges for community services.

The effect of the ageing population is seen most acutely in the number of people aged 85 and above which is set to more than double (in every district except Chiltern) and the additional 12,000 people are likely to place significant demands on the health and social care economy.

Our children and young people deserve better services. We need to demonstrate we have learnt lessons from the failures of the past and play our part in promoting good health by making safe, high quality, affordable and coordinated health services available at, or close to home in partnership with children, young people, their parents and carers. We also need to do more to support them to be in control of their own health where possible and to maximise their life chances as they grow up.

The national population is increasing and people are living longer which is good news in many respects. Treatment and management of conditions are improving but the costs associated with such treatment, for example new drugs and techniques, are rising. Long term conditions currently account for 70% of the health budget and more than a quarter of hospital inpatients have dementia.

At the same time the methods and locations where care is delivered is evolving with a shift towards care nearer to home and increasing use of digital technologies to help monitor and manage medical conditions.

The local and national context requires nothing less than a transformational step change in how we deliver our services.

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1 Five year forward view (Oct 2014)
## Mission, vision, values and objectives

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<th><strong>Our mission</strong></th>
<th><strong>To deliver safe and compassionate care every time</strong></th>
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<td><strong>This is our purpose</strong></td>
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<th><strong>Our vision</strong></th>
<th><strong>We will be one of the safest and most productive health and care systems in the Country by 2020. Every person will receive safe and compassionate care whether at home, in the community or in hospital</strong></th>
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<td><strong>This describes what we want to be</strong></td>
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<th><strong>Our values</strong></th>
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<td><strong>These are the values that guide the way in which we work and the behaviours we would expect to see whilst delivering on our mission and vision</strong></td>
<td><strong>We aspire to be the best</strong></td>
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<td><strong>We respect everyone, valuing each person as an individual</strong></td>
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Equality and Diversity

The Trust aims to provide personal, fair and diverse services for both patients and staff and we recognise and celebrate the rich diversity of our community and of our staff. We believe this gives us greater opportunities to empathise with our service users and to understand what is needed to provide excellent staff and patient experience.

We have both an Executive and Non-Executive lead for Equality and Diversity and will work closely with local authorities and Health and Wellbeing Boards, and with the many local community groups in Buckinghamshire so that we better understand what we need to do to reduce existing inequalities in the provision and access of healthcare.

The Trust has implemented the Equality Delivery System since its initial development which has now become mandatory. This process helps us to develop patient and staff shaped equality objectives and build on progress against the outcomes based framework.

In line with the statutory duty, the Trust publishes its annual equality information to help demonstrate its compliance with the Public Sector Equality Duty.
### Our Quality Improvement Strategy on a page

**“Safe and compassionate care every time”**

#### Priority 1
**Reducing mortality and maximising best possible outcomes**
- Aims:
  - Identify, understand & reduce unwarranted variation
  - Learn lessons from all care settings
  - Collaborate to improve all our mortality measures

#### Priority 2
**Keep people safe & protect them from avoidable harm**
- Aims:
  - Zero repeated never events
  - Zero avoidable harm and injury
  - Safer services in every setting

#### Priority 3
**Engage people in their care & ensure a great experience**
- Aims:
  - Patient and carer experience driving our learning and development
  - Patients and carers engaged as leaders and co-designers of services
  - Clear focus on the needs of children and young people

#### Improvement outcomes:
- HSMR within best 10% nationally
- Fewer people with LTCs admitted to hospital in crisis
- Fewer people dying prematurely
- More patients dying in their preferred place of care
- More patients receiving the right care at the right time (eg. care bundles)

- Avoidable harm and injury eliminated
- Patients who are partner in safety
- Vulnerable people seen, heard and safe
- Frail patients as partners in care living well in their place of choice for longer
- Improved health outcomes for children and young people
- Medicines optimisation in every setting
- A culture of individual and system responsibility for safety
- Principles and duties of safeguarding adults and children applied holistically, consistently and conscientiously in all settings
- Safer discharge

**Enablers for high quality care**
- Great leadership
- Excellent IM&T
- Measuring what matters

- Great place to work
- Learning, researching organisation
Priority 1
Prevent people from dying prematurely & reduce mortality

What does this mean?
Understanding mortality also helps us to review the care we give people who are experiencing a crisis in health as a result of disease, injury or accident. We will use that evidence and the best national evidence available to improve our services and help people recover as quickly as possible.

In 2013 Buckinghamshire Healthcare Trust had a higher than expected mortality, as measured by Hospital Standardised Mortality Ratio (HSMR). A challenging improvement plan was put in place and delivered, and as a result the HSMR is now within the expected range.

We now want to reduce mortality even further as one measure of the quality of care we provide for our patients.

Our aim is to adopt a proactive approach where we seek to clearly understand unwarranted variation, learn lessons together and collaborate to continually strive for improvement in all our mortality measures. To achieve this we will focus on these areas:

More patients receiving the right care at the right time
Care bundles are one way of ensuring that every patient gets the same evidence based care every time. We will expand their use and look to innovate around their use in community settings.

Fewer people with LTCs admitted in crisis
We are committed to developing simple, easily understood integrated care pathways that guide patients to the most appropriate treatment whatever stage of their illness. To help people access the right services at the right time we will develop personalised health care programmes for people with LTCs seen in outpatients or those who are frequently admitted with a view reducing re-admissions. We will also explore greater use of dedicated clinical staff offering easily accessible support to community and primary care teams via intelligent use of technology. This will ensure we do more to support self-care and, where needed, provide targeted support to people living with complex health needs.

Preventing people dying prematurely
We are committed to achieving the elimination of all avoidable cardiac arrests (i.e. excluding those occurring in
critical care areas). This aim includes the introduction of Treatment Escalation Plans to identify patients who would not benefit from resuscitation attempts or aggressive treatment. These plans will be initiated in discussion with the patient and those important to them so that we provide compassionate, effective care and safeguard patient dignity.

Improving the recording of our patients risk factors
We aim to share more information about patients who have had sub-optimal care with our primary care colleagues to make the on-going treatment of the patient safer and reduce the risk of readmission. We are committed to improving the recording of co-morbidities; identifying all patients at the end of life within 24 hours of admission; fully implementing electronic discharge to communicate this information fully and effectively to GPs.

Mortality Reviews
One of the ways of reducing mortality is to screen each death for whether it was expected or not and then for each unexpected death do a clinical review to identify any sub-optimal care. Our goal is to ensure all deaths are reviewed within three months of the death occurring. From Summer 2016 we will also invite Primary Care colleagues to take part in our mortality reviews. We will link this process of sharing learning with our Serious Incident process.

High quality end of life care
We will support more patients stay in their preferred place of care at the end of life. The Five Priorities for Care define our approach toward caring for patients and their families. The new Priorities for Care mean that:

- The possibility that a person may die within the coming days and hours is **recognised** and communicated clearly, decisions about care are made in accordance with the person’s needs and wishes, and these are reviewed and revised regularly by doctors and nurses.
- **Sensitive communication** takes place between staff and the person who is dying and those important to them.
- The dying person, and those identified as important to them, are **involved** in decisions about treatment and care.
- The people important to the dying person are **listened** to and their needs are respected.
- **Care is tailored to the individual** and delivered with compassion – with an individual care plan in place.

We will continue to engage with the wider community to develop new ways of working which reflect these priorities.
How we will check on progress?

- The Trust’s performance against each of the measures are reviewed at the Mortality Reduction Group and reported to the Quality and Safety Group on a monthly basis.

- From May 2016 we will survey bereaved families every year to see if we are getting our end of life care right

- From Summer 2017 we will routinely engage people at the end of life to get their feedback on their care

- We will carry out Matrons Quality Rounds and planned audit of NEWS compliance and escalation

- We review all cardiac arrests and where possible, share learning from each stage

- We will carry out at least quarterly mortality reviews with primary care colleagues

- We will routinely audit the use of all our care bundles – kidney injury, sepsis, and so on

- Case management data will be used to review all patients with long term conditions who are admitted in crisis with a view to strengthening care planning and support closer to home

Our HSMR amongst the best 10% nationally
Priority 2
Keep people safe & protect them from avoidable harm

What does this mean?
Evidence from across the country tells us that health care can be associated with avoidable harm resulting in patients requiring further monitoring, treatment or care. Harm arises where care is delivered poorly; where care is given too late; or where the right care is not given at all.

It is unacceptable to us that any patient who chooses to receive care from Buckinghamshire Healthcare Trust should be harmed in any way. We will continue our rigorous focus on improving the safety of our services wherever they are delivered.

Our aim is to eliminate incidence of avoidable harm and injury to our patients and to ensure there is a continual reduction in harm suffered by our patients. To achieve this we will focus on these areas:

*Eliminate avoidable harm and injury*
We will only be able to eliminate avoidable harm and injury if we are effectively assessing and acting promptly.

We will use nationally recognised tools, training and competency assessments to reduce all pressure ulcer incidents in hospital and in the community. We will routinely review all healthcare acquired grade 3 and grade 4 pressure ulcers in order to learn from them and to determine if they were preventable.

A minimum of 95% of all admitted patients will undergo a VTE assessment (Deep Vein Thrombosis and Pulmonary Embolism) and where necessary receive the appropriate prophylaxis. 100% of patients who develop a new VTE will be reviewed.

The Trust has launched a falls collaborative with the focus of reducing harm from falls in hospital. Our ambition is to reduce falls per 1000 bed days by 25% from the 2014/15 baseline.

In the community we will build on the launch of a new community Falls and Bone Health service which aims to empower patients to reduce their risk of harm through falls by providing assessment, treatment, exercise programmes and activities of daily living advice.
Frail people living well for longer as partners in care
People with frailty have a substantially increased risk of falls, disability, long-term care and death. We also know that the population with frailty can range from the majority who need supported self-management at home, through to those who have advanced frailty where anticipatory care planning and end-of-life care may be appropriate interventions. There is evidence to suggest that frail people are more at risk from harm in hospital settings, and more prone to readmission.

We are therefore aiming to improve our frailty assessment and care to enable us to support people living with frailty to maintain their own health in their preferred place of care for as long as possible. Where urgent admission to hospital is required we will invest in extending initiatives like ‘discharge to assess’ and our Multidisciplinary Assessment Unit (MuDAS) to improve 7 day support as patient needs change and reduce the risk of crisis.

Helping people make the most of medicines
Medicines optimisation has four simple but important principles
- aim to understand the patient’s experience;
- evidence based choice of medicines;
- ensure medicines use is as safe as possible; and
- make medicines optimisation part of routine practice.

We will adopt these principles to improve the prescribing, dispensing, administering or taking of medicines and decrease harm by focussing on high risk medicines through:
- Awareness and education
- Standardised care processes
- Errors at transition of care
- Decision support
- Smart use of technology

At least 20% of all harm is associated with medication errors. Without reporting and recording of errors we will not have a full picture of the risks and the improvements we need to make. We aim to increase reporting of medication errors and will ensure all errors are reported to Trust safety teams.

Sign Up to safety
The Trust has joined Sign Up to Safety is a national campaign to reduce avoidable harm by half and save 6000 lives over the next three years. BHT has committed to make its contribution by pledging to:
✓ **Put safety first!**
✓ **Continually learn** by spreading quality improvement skills, sharing learning from incidents, using patient feedback to address concerns and celebrate success.
✓ **Honesty** by informing patients and carers when we get things wrong and involve them in all stages and apologising when we do not get things right
✓ **Collaborate** by including all partners in care in our service improvements
✓ **Support** by developing strong clinical governance systems in our Divisions; ensuring staff have access to timely information; training staff to carry out good investigations when we get things wrong; celebrating success at all levels of the organisation.

*Safeguarding children and adults*
All our staff have a professional responsibility to apply the principles and duties of safeguarding adults and children consistently and conscientiously in all settings. As a Trust we will continue to invest in our responsibility to provide effective services that deliver support and advice to vulnerable families and children.

We will continue to ensure that we protect children and adults from harm by working in partnership with other healthcare providers, social services and the police.

*Children’s health and well being*
Support in the early years will be a key focus working with our health visitors and children’s community services. National key performance indicators will inform our improvement journey and drive best practice. We will invest in leadership for our services so we can provide a clear focus on Children and Young People and help us implement improvements like the UNICEF baby-friendly breastfeeding initiative across acute and community and ensure the “Early Help Offer” is embedded across all C&YP services.

We will develop a women and children’s healthcare service in the North and South of our county to provide co-ordinated care in an easily accessible location. These services will bring together primary and more specialised services such as therapists and specialist nurses who collaboratively can address the needs of the children and young people in Buckinghamshire.

*Incident Reporting and learning*
In order to continually reduce harm, we must develop our ability to analyse and learn mistakes. The Trust aspires to exceed the median measure of incidents reported and
subsequently aspires to remain at the top quartile of medium sized Acute Trusts thereafter.

A timely response to concerns raised is an essential part of building a culture of safety. We will meet and aim to surpass national standards for the length of time taken to investigate incidents and report them.

The Trust will continue to develop effective mechanisms (like our Lessons Learnt events) for sharing learning from incident investigations to frontline staff.

**Vulnerable people seen, heard and safe**

Some groups of people are more vulnerable than others, particularly in hospital settings. We will focus closely on those who we know are more likely to be at risk from serious harm. These include people who cannot communicate well, those with serious mental illness, and those with learning disabilities.

**Patients participating in their own safety**

A key element of safety coming out of the Inquiry into the failures at the Mid Staffordshire NHS Trust Report in 2013 is that organisations should work to empower patients to be partners in their own safety.

Buckinghamshire Healthcare Trust is committed to this principle. Each of our Reducing Harm work streams will have clearly identified actions to support patients in managing their own safety. In addition we will work closely with the Sign Up to Safety campaign work stream to ensure best practice is implemented.

**How we will check on progress?**

- All staff trained in safeguarding vulnerable adults and children
- Year on year shift in investment from inpatient beds to community services
- Yearly administration of medicines report to Trust Board based on outcomes of regular audit and local improvement initiatives
- Number of Child development reviews monitored by the Divisional Board
- Increased investment for MUDAS to enable 7 day service from 2017
Priority 3
Engage people in their care & ensure a great experience

What does this mean?
We understand that the experience of healthcare for the people we serve is dependent on the relationships they are able to build with us. We know that we need to foster trust and confidence in us and our services and that the people who use our services want to experience kind, compassionate and competent care and treatment.

Patients and carers living with the various stages of ill health tell us that they need good information and predictable support from expert staff to help them live independently for longer.

We also know that services which are responsive to patients and seek first to understand what is important to them through on-going engagement are more effective.

The Chief Nurse is our executive lead for this priority and has set a challenging aim for our Trust.

In order to improve the patient experience, the Trust aims to enhance the culture of the organisation by re-focusing attention on identifying and responding to our patient’s needs and desires in everything we do. To achieve this we will focus on these areas:

Patients and carers as leaders and co-designers of services
There is strong evidence that engaging patients in their own clinical care could make a real difference to health outcomes.

We will review all our public and patient engagement activity and ensure we include clear priority actions to involve and gather the views and experiences of children and young people. There is clear evidence that children’s views often differ from their parents/carers and that children and young people have much to contribute to developing best practice.

We will ensure patients’ are always involved in improving our written and verbal communications between the Trust and our communities. All our print and digital communications and signage will meet or exceed new Accessible Information Standards so that those who have impaired sight, hearing or abilities can easily find the information they need.
Listening events, co design of new models of care and a well-represented and powerful patient experience group will ensure patient engagement and involvement is central to our improvement journey.

*Improve patient experience*

Patient experience can be understood in two ways

- What the person experiences when they receive treatment or care
- How that made them feel

We are committed to launching a patient experience strategy in 2016 to drive improvements in this area with a clear section covering children and young people. Here are some of the ways in which we will work to improve patient experience and engagement:

- **✓** We will review and reform the methods for using real time surveys to gain patient satisfaction and opinion data. We aim to have a year on year increase in the number of patient experience surveys completed at ward, team and department level.

- **✓** To help learn from these activities we will take qualitative and quantitative feedback from a variety of sources and ensure learning and action from key themes is shared.

- **✓** We will ensure patient experience is a key part of our learning and development strategy

- **✓** Maximise the benefits of patient feedback by ensuring the In-patient and Maternity FFT Response Rate is higher than 30%

- **✓** We will continue to support the #Hellomynameis campaign and roll this out across the organisation, encouraging all staff to introduce themselves to patients

- **✓** Our new Clinical Accreditation Programme will contain a strong focus on the views of patients, families and carers.

*Value our volunteers*

The Chief Nursing Officer will oversee the implementation of the Trust’s Volunteer Strategy and increase number of volunteers at the Trust. These volunteers provide vital support to the Trust and greatly enhance the patient experience by meeting and greeting patients, assisting with directing patients and their families to the right ward and department, collecting patient feedback and where appropriate, assisting patients with eating and drinking, keeping them company and supporting them.
**Improving Children’s and Young Peoples’ experience**

We know that accessing care services can be a frightening experience for Children and Young People so we are determined to ensure their experiences of our services are sought.

The majority of children seen in an outpatient setting are seen in paediatric outpatients or in paediatric clinics in an adult setting. We have previously identified that a number of children are seen in adult clinics across the Trust. We will assess those clinics against the “You’re Welcome” standards and put in place actions plans as appropriate to improve the experience of these children.

**Person centred care planning**

In 2014/15 we ensured that all of our services were using care plans to organise are for individual patients. We will build on this work to ensure that wherever care is delivered, care plans will reflect individual needs and how we will support them in meeting those needs. We will also review care planning in our short stay areas and implement new documentation specifically designed to support those patients.

**Responding to complaints**

We know from feedback that 85% of our complainants feel that the response to their complaint addresses the matters raised. However only 61% of patients were satisfied with the response they received. Our aim is to respond to 85% of complaints within 25 working days and no complaint to take over 90 days to respond to.

The Trust will ensure patients who wish to complain about the care they have received are supported to do so. Our PALS service will support patients who have informal complaints that the Trust should be able to act on and resolve immediately.

**Safer discharge**

The introduction of the SAFER patient flow care bundle across all adult wards will improve patient flow and prevent any unnecessary waiting for patients. The ultimate aim is to improve the patients’ journey and experience when they are admitted to one of our hospitals.
How we will check on progress?

- We will continue to use the Friends and Family Test as a simple indicator of how we are improving.

- The Trust’s Patient Experience Strategy will be overseen by the Deputy Director of Nursing and reported to the Quality Committee for monitoring on behalf of the Trust Board.

- We will survey complainants every year to find out about their experiences and reported to the Trust’s Quality Committee.

- Individual Division formal complaint response performance will be monitored on a monthly basis.

- The Trust will also use and review national inpatient, outpatient, bereavement and cancer surveys in order to assure itself that the Patient Experience Strategy is working for patients.
Enabling and supporting quality care

We recognise that we need to put in place a series of enablers to help us achieve our priorities. The diagram below summarises the themes that will underpin our actions in providing the very best environment for our staff to help them achieve safe and compassionate care every time.

Great leadership
The Health Foundation’s Learning Report *Building foundations for improvement* states that it is no longer enough for clinicians to be equipped with specialist clinical knowledge—they also have to have the knowledge and skills necessary to improve the quality of care and to work safely and effectively as part of a team.

Our approach to quality improvement is based on the Institute of Healthcare Improvement Model for Improvement. We will embed the use of this model through our collaborative programme which develops change packages for implementation across the organisation and in our rapid improvement projects.

We are committed to building a critical mass of staff able to understand and use formal quality improvement methodology and tools. In 2015/16 we will train 500 staff in quality improvement methodology.

In 2015/16 we will continue our clinical leadership initiatives including executive walkabouts, Quality and Safety Peer Review programme, and clinical days for senior

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[^2]: Health Foundation (2015) *Building the foundations for improvement: How five UK trusts built quality improvement capability at scale within their organisations* www.health.org.uk
clinical managers. In addition we will continue the development of a nursing leadership framework.

We will continue the Board development programme to ensure that Board members have the skills and knowledge to ensure delivery of the quality agenda. As an integrated hospital and community trust we will develop our quality dashboards to allow transparency both at service level and across integrated pathways

During 2014/15 staff reported that they felt more confident in raising issues when care was not as good as it could be. We saw significant improvements in 2016 however we know we have still some way to go before we are among the top 20% in the country.

Excellent IM&T
The IM&T Strategy is one of the key enablers that will help us to achieve our ambitions and aims to help us use technology and innovation to drive improvement and efficiencies whilst at the same time increasing quality. This will help us transform the way we provide care.

The patient is at the centre of everything that we do. This drives the need for joined up care and the sharing of clinical data across the whole locality regardless of whether the patient is being seen by the acute Trust, out of hour’s service, a GP practice, the community service or social care.

The Trust is looking innovatively at providing integrated solutions supported by enhanced IT infrastructure and Information systems. These solutions must strive to involve all key areas of health and social care against a constantly changing landscape, including

- Basic infrastructure – ensuring that the computers, core network and equipment are brought up to date and capable of supporting the needs of the Trust in a timely and efficient way.

- Patient Administration System (PAS) – implementing new PAS solutions to replace the existing systems. These provide more intuitive systems to use which in turn will help drive quality, efficiency and productivity.

- Building on the PAS foundations – Once the new PAS solutions are in place, the Trust will look to expand the use of the system to introduce the enhanced functionality that is available. The automation of electronic observations recording, calculation of National Early Warning Scores (NEWS), e-prescribing and sharing data with other Health and Social care organisations in Buckinghamshire are a small number of crucial developments that will take place to help the Trust achieve its quality agenda.

All this will be supported by improved access to systems through mobile technology so that up to date patient information is available to staff at the point of care when it is needed the most.
Great place to work
With the increasing complexity of modern health care, high quality care is less a product of one to one patient/clinician interactions and more the outcome of multiple decisions and interventions across many care settings and teams.

Our focus over the next three years will be to rebuild staff connections with our values, behaviours and goals and to support teams and individuals to develop their skills and experience to deliver these goals. At the same time, we will continue to improve the wide range of people processes within the Trust. For example we will continue to improve our communication and workforce planning processes, ensure all our staff complete mandatory training and receive well-structured appraisals, and continue to focus on our Health and Wellbeing agenda. Our key measures of success are:

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<td>More patient compliments</td>
<td>Fewer patient complaints</td>
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<td>Better friends and family test scores</td>
<td>Fewer serious incidents</td>
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Becoming a learning, researching organisation
Our approach to organisational development (OD) aims to create the environment and capability which will enable us to deliver sustainable performance. In practice this means:

- Getting the fundamentals right (e.g. staff induction, statutory and mandatory training, core competences and skills)
- Investing in our leaders and managers, in particular strengthening coaching and mentoring approaches to leading diverse teams
- Valuing clinical and managerial supervision (e.g. our preceptorship programme for newly Registered Nurses)
- Working with our partner education and training providers to commission training and development which is more clearly aligned to our wider strategic goals
- Looking for more opportunities to share learning and development across professional and service boundaries

As new workforce roles emerge in the coming years (e.g. associate nurses, expansion of apprenticeships) there is a clear need to equip our staff for working in very different ways but always keeping our teams centred on the patient. Our OD strategy outlines our ambitions for the above and how we will be more proactive in valuing our talented staff and recognising their achievements.
We are also very proud of our record in participating in or leading research. The Trust will continue to support and promote high quality research as part of a service culture committed to the development and implementation of best practice in the delivery of care. There is a strong belief in the value of participation in research for patients, staff and the trust, and a clear strategy linking research to the trust’s own objectives, to clinical governance, and to national priorities and needs.

The trust recognises that quality improvement strategy can only be achieved with the integration of research participation into clinical service, and by incorporating evidence obtained from research into practice development.

**Measuring what matters**

The Trust Board will assure itself that the data and information it uses to inform decisions relating to quality is robust and valid. In order to achieve this, the Trust Board will commission regular ward and departmental visits for the Trust’s Governors so they can meet with patients and staff in order to assess the quality of care as experienced by our frontline staff and our patients. This will ensure that the Board is assured that the measures of quality that are routinely reported to the Board accurately reflect the quality of care as delivered to our patients.

The Trust Board will review how quality indicators are collected, checked and reported so that the Board is assured of each of the six dimensions of data quality for the quality metrics and performance indicators.

We will develop and launch a Clinical Accreditation Programme which wrap up all the quality measures we use in one of three simple ratings which we will make public for each team or ward.
Monitoring and reporting on quality

The Trust is committed to keeping a relentless focus on to ensure we deliver safe and compassionate care every time. To achieve that goal, we have created a clear structure of leadership and accountability to support our staff in delivering the best care. This is illustrated in the figure below and described in more detail afterwards.

Trust Board

Quality is central to the Trust Board agenda. Each month the Trust Board reviews a Quality Report and an Integrated Performance Report. This outlines the Trust’s performance against the quality indicators above aligned to national quality KPIs as well as locally negotiated and internally generated quality indicators.

This quality report is reported alongside other performance reports including financial and workforce so that quality performance can be triangulated and considered alongside other relevant corporate information.

At the end of the year, the Trust Board will review the Trust’s performance against each of its quality objectives prior to this being included in the Quality Accounts and Annual Report for the year.

Quality Committee

The Trust Board is supported by the Quality Committee which is chaired by a non-executive director and enables more robust scrutiny of the Trust’s quality performance. The committee will meet bi-monthly and the non-executive director
chair of the committee provides a formal report to Trust Board to assure the Board of the effectiveness of the committee.

The Quality Committee will also monitor the Trust’s plans for mitigating risks to quality associated with financial and operational initiatives (such as major service changes or cost improvement plans) whilst ensuring the standards of clinical care are maintained.

The Quality Committee will oversee the development and implementation of the Quality Strategy, associated policies and action plans. The Quality Committee will also seek assurance on the Trust’s arrangements for engaging patients, staff and other key stakeholders on quality.

Divisions
Each Division has committed to deliver locally defined quality objectives which are stipulated on the Divisional Business Plans. Each of these objectives are aligned to national policy or local patient needs and requirements.

The Division Performance reports feed in to the Trust Board Integrated Performance Report which is reviewed at Trust Board.

Process for Monitoring Compliance and Effectiveness
The Trust’s achievement of the quality objectives outlined in the Quality Strategy will be formally reported to the Trust Board at the end of each financial year and this will subsequently be included in our annual Quality Accounts and the Trust’s Annual Report. Performance against these quality objectives will also inform the choice of quality objectives and metrics for the following year.

Clinical audit
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 Buckinghamshire Healthcare NHS Trust audit policy. The programme will support the quality agenda and review of clinical performance. Progress with the programme will be monitored through the divisional boards and the Quality Committee. There is a clinical audit strategy for the organisation and a clinical audit policy that sets out roles and responsibilities as well as the strategic direction of clinical audit within the Trust. Implementation of both the strategy and the policy is monitored by the Quality Committee.

Accounting for quality at Buckinghamshire Healthcare Trust
In order to assure the public and our commissioners that Buckinghamshire Healthcare Trust provides high quality healthcare, we will publish an annual Quality Account to detail the Trust’s achievement against the quality objectives. This will help patients make informed choices about where they receive their care and in doing so they will be able to hold the Trust Board to account for the quality of care we provide.
The Trust Board invites comments from commissioners and patients in the development of the annual Quality Accounts. This process will include the evaluation of the existing quality objectives and the development of new quality objectives for inclusion in the quality accounts and the coming financial year.

The Trust Board will also review this quality strategy annually alongside the development of the quality accounts. This will enable the quality objectives and metrics for coming years to be constantly refreshed in order to stretch the Trust and in so doing enable it to realise the ambition to compete on quality with the leading healthcare providers.
Collaboration across the local health economy

The Trust recognises that it does not operate in isolation and works as part of a wider health economy that seeks to effectively and efficiently meet the healthcare needs of the local population. Continued focus on strengthening relationships with social care and the voluntary sector will be crucial to success.

In order to do this, each year the Trust will agree a series of increasingly demanding quality objectives with its commissioners. This will ensure that continuous improvements in quality are made that are tailored to meet the changing needs of our patients and responsive to their experiences of the care they have received.

Local quality objectives governance
Each of the local quality objectives agreed with the Commissioners has been aligned with the Trust’s Performance Management Framework. This enables the Trust Executive to scrutinise the achievement of each of these local objectives via the monthly Division Performance Meeting. Each of these objectives has been integrated into the Qlikview Performance Management Dashboards. This will ensure that robust monitoring of the delivery of these objectives is in place so that clear accountability can be maintained.

Furthermore, the Trust’s Commissioners will review the achievement of each local quality objective in order to ensure that the Trust has delivered each quality objective. Where the Commissioners are not satisfied that an agreed objective has been delivered, an action plan will be agreed between the Trust and the Commissioners in order to ensure the achievement of the quality objective. This external review process will occur at the Trust’s monthly Clinical Quality Review Meeting with the Commissioners.

CQUINS Governance
The Trust will provide the Commissioners with draft performance figures for delivery against each of the national and locally agreed CQUINs in line with the schedule outlined in the Standard Contract. These figures will be reviewed and agreed by both the Trust and Commissioners and formally reported to the Clinical Quality Review Meeting between the Trust and the Commissioners. Where the Trust meets the CQUINs requirements, CQUIN payments will be made to the Trust in line with the proportions and schedule outlined in the contract. If the Trust fails to deliver against any of the CQUINs, the proportion of CQUINs monies identified in the contract will be withheld from the Trust.

Once agreed with the Commissioners, performance against the CQUINs will also be reported to the Trust Board on a quarterly basis.
References


Appendix 1
Duties, roles and responsibilities

Trust staff are signed up to the spirit and letter of the NHS Constitution which clearly lays out the various responsibilities of those working in the NHS. The diagram below summarises how we all work together to ensure that the public in our care get the very best service – safe and compassion care every time.

Executive Directors
- Focus on quality, improvement and performance
- Visible leadership
- Enabling and supporting delivery
- Holding to account

Clinical Leaders
- Quality
- Promoting appropriate culture, values and behaviours
- Identification, assessment and management of risk
- Service Improvement
- Staff development

Non Executive Directors
- Scrutiny of quality & finance
- Challenge and assurance

Trust Board
- Quality of services
- Culture of the organisation
- Ambition and vision
- Partnership

All staff
- Safe and compassionate care, everytime
- Compliance with national, professional or Trust policies, procedures and guidelines
- Reporting concerns
- Lifelong learning
Appendix 2
What is quality?

The Health and Social Care Act 2012 put a clear definition of quality into legislation. Quality is comprised of three dimensions; clinical effectiveness, safety and patient experience.

Clinical effectiveness – high quality healthcare is care that is delivered in accordance with the best and most up to date evidence as to what is clinically effective in improving patients' health outcomes.

Safety – high quality healthcare also has to be safe in so much as it must be delivered in such a way as to avoid all avoidable harm through the management of risks to the patient's health.

Patient experience – high quality healthcare also gives individual patients and their carers a positive experience of receiving and recovering from their care. Such care must be delivered in accordance with what the patient wants or needs, and with compassion, dignity and respect.