

Our Quality Strategy 2019 – 2022

Delivering great healthcare from
great people



Foreword

Welcome to East Kent Hospitals Quality Strategy, which sets out our vision for the quality of care we want to provide, our priorities for the next three years, how we will deliver them and the difference they will make to patients and their families, carers and staff.

We provide care from the start of life, to the end of life. Every day in east Kent people need great healthcare from people who are great at what they do and who work in an environment where they can give their best, we want this for every patient, every day.

We have extremely dedicated and caring staff and some excellent services, but we know there is much more to do to deliver the quality of care that we want for our communities. This strategy, which we have developed based on feedback from our staff, patients, partners and the public, sets out the vision and values for us to achieve that goal.

To deliver the best outcomes and experience for people who use our services, we need to have an excellent, highly skilled and motivated workforce, with the right equipment and facilities to provide excellent care.

We want the people who use our services to be involved in how we design and deliver them, and be involved in decisions about the care they receive.

We also work in partnership with other providers of health and social care, and the people who commission that care. We have a vital role to play in not just improving the health and wellbeing of our communities but also by being a good employer.

Everyone has a part to play in the delivery of this strategy, and must feel empowered, skilled and enabled to make positive changes to the way we work and the care we provide.

We measure quality using the five Care Quality Commission domains. We want the care we provide to every person, every day, to be as good as it can be. We believe we will achieve this by focussing on the five domains: safe, effective, caring, responsible and well led, so that by our next inspection we are delivering care that is judged as at least Good by the CQC. We will then build on this until every service is rated as Outstanding.

This ambition is one of our six organisational objectives. Our objectives are all interlinked and support each other, to deliver our vision - great healthcare from great people - for every patient, every day.



Susan Acott
Chief Executive



Definition and context of our strategy

How we define quality?	Why do we need a strategy?	What is the strategic framework?
<p>Safe – avoiding harm to patients from care that is intended to help them;</p> <p>Effective – providing services based on research evidence knowledge of local context professional expertise and patients own knowledge of self;</p> <p>Person-centred – providing care that is respectful, compassionate, and responsive to individual needs and values; in partnership with patients and carers to support their choices;</p> <p>Timely – reducing waits and sometimes harmful delays;</p> <p>Efficient – avoiding waste and unnecessary cost;</p> <p>Equitable – providing care that does not vary in quality because of a person’s characteristics or location.</p>	<p>Our strategy supports us to continually improve the services we provide for our patients and their families; and demonstrate how we will do this so we can be held to account;</p> <p>Our strategy aims to make explicit the quality improvements we will make over the next three years, how we are going to achieve those goals, and what needs to be in place to enable the goals to be achieved;</p> <p>The strategy sets out how we will monitor the progress we are making and measure the effectiveness of the improvements we make;</p> <p>The strategy has been informed through listening to patients, staff, partners and stakeholders and feedback gathered including from patient and staff surveys.</p>	<p>Our strategy reflects the priorities of the NHS long-term plan, the importance of integration of services and partnership working;</p> <p>The strategy and our priorities reflect the needs of our communities and the priorities of the integrated care system and local partnership;</p> <p>The strategy is based on national guidance and best practice, and uses the CQC domains to measure quality;</p> <p>Our strategy recognises the importance of having good governance structures and processes which enable us to provide assurances from ward, department and team to the Board;</p> <p>It reflects our values and recognises the importance of culture.</p>



Quality at the heart of our objectives

Our vision to be a leading provider of acute healthcare services 'Great Healthcare from Great People' will be delivered through our six strategic priorities 2019-22 (Appendix 1). They will drive performance, particularly in the key access standards; make the Trust a great place to work; deliver a more sustainable future for our services; develop our staff and teams and finally, improve our finances. Each strategic objective has a number of measures of success. However, these are not the only Trust indicators of quality.

This Quality Strategy supports all of our objectives but particularly focuses on the first and foremost, Getting to Good, which drives improvements to quality and safety of care and patient experience, measured through a Good and then Outstanding CQC rating.

Our objectives are delivered through interlinking strategies, many of which have a direct influence on our patients' experiences of the care they receive. For example there is a well established link between staff experience and patient experience; patients have told us that access and waiting times significantly impact on their overall experience and evidence links access and waiting times to patient safety and clinical effectiveness.

Our strategic objectives

- Set out what we want to achieve for our patients and staff



- Improving quality, safety and experience, resulting in **Good** and then **Outstanding** care

Quality Strategy

Clinical Strategy

Workforce Strategy

People Strategy

IT Strategy

Operational Plan

Research and Innovation

Communications and Engagement



How we measure and deliver quality

We **measure quality** using the five Care Quality Commission domains: safe, effective, caring, responsible and well led. Our ambition is to be delivering, by our next inspection, care that is judged as at least Good by the CQC. We will then build on this until every service is rated as Outstanding.

Safe

1. Agency use
2. Deteriorating patient
3. Handovers
4. Incident reporting / Serious incidents
5. Infection prevention and control
6. Learning and improving
7. Maintenance and use of equipment
8. Mandatory training
9. Medicines
10. Patient records
11. Patient risk management
12. Recruitment
13. Safe facilities and premises
14. Safe staffing levels
15. Safeguarding
16. Safety alerts
17. Transfer of information
18. Waste management

Effective

1. Appraisals, one to ones, PDPs
2. Clinical supervision
3. Collaborative and multi-disciplinary working
4. Consent
5. Discharge planning
6. Deprivation of Liberty Safeguards (DoLs)
7. Empowering patients
8. Equality Act
9. Holistic, personalised assessment
10. Improving health
11. Mental capacity
12. Mental Health Act
13. Monitoring quality of care
14. National guidance, standards and best practice
15. NICE guidance
16. Nutrition and hydration
17. Pain management
18. Performance management
19. Restraint and restrictive interventions
20. Training and development
21. Transfer of care

Caring

1. Accessible communication and information
2. Advocacy
3. Chaperones
4. Compassion and understanding
5. Emotional support
6. Hello my name is...
7. Patients, carers, family involvement
8. Personal, cultural, social, religious need
9. Privacy and dignity
10. Respecting confidentiality
11. Sensitive and supportive attitudes
12. Sharing service contact details

Responsible

1. Access to care and treatment
2. Accessible communication
3. Accessible facilities and premises
4. Appointment systems
5. Complaints
6. End of life care
7. Equality Act - protected characteristics
8. Flexibility, choice and continuity of care
9. Openness and transparency
10. Prioritisation of urgent care
11. Protection from disadvantage
12. Reasonable adjustments
13. Reduce service delays
14. Support during referral
15. Transfer and discharge
16. Waiting times

Well led

1. Accreditation schemes
2. Equality groups
3. External partners
4. Governance and management
5. Integrity, openness and honesty
6. Leadership skills, knowledge and experience
7. Learning, improvement and innovation
8. Mortality reviews
9. People's views and experiences
10. Positivity and pride
11. Quality and sustainability
12. Quality impact assessments
13. Research
14. Risks and issues
15. Roles, objectives and accountability
16. Service planning
17. Staff development
18. Staff involvement and engagement
19. Staff safety and wellbeing
20. Visibility and approachability
21. Vision and values

How we measure and deliver quality

How we will deliver these objectives will be driven by our values, these are very important to us and we want everyone who experiences our Trust, as a patient, visitor or member of staff, to feel cared for, safe, respected and confident we are making a difference.



These are the values we as a Trust Board will demonstrate and expect from our staff in our every day working lives. Quality and the values we expect and demonstrate at all levels of the organisation impact directly on our patients. It is important our responsibilities and expectations are explicit.

It is the responsibility of the Board to create a culture within EKHUFT that enables multidisciplinary working at its best and have systems in place for measuring and monitoring quality and escalating issues, including to the Board.

Ultimately our quality strategy will be monitored by the Trust Board through the Quality Committee which is chaired by a Non-executive Director. The Board will seek assurance that our quality priorities are being met and that we can evidence our success measures.

Four quality priorities are described in this strategy:

- Improving quality and safety to improve patient experience and outcomes
- Delivering CQC Improvement Plan, integrating it as our core business
- Transforming end of life care
- Learning from deaths

Each of the above are supported by key actions and measures of success.



Quality priorities

1. Improve quality and safety to improve patient experience and outcomes, by:

- Improved medicines management safety; identification, treatment and support of patients at high risk of deterioration; pressure ulcers and MUST scores
- Delivering the Falls Stop programme and a reduction in falls
- Embedding culture of safety and quality excellence, improvement in patient care and experience
- Patient experience and clinical outcomes in top quartile
- Improving clinical outcomes for patients by ensuring, where clinical audits identify scope for improvement, action is taken

How we will know:

- Sustained top quartile FFT performance
- Patient surveys and the annual results of the national patient cancer survey will show year on year improvements that demonstrate our commitment to keeping our patients safe
- Harm as identified in our strategic objectives is reduced as set out in “Getting to Good” 2019/20 (appendix 2); Further improvements will be agreed for 2020/21 and 2021/22 respectively
- Human factors training delivered in all high risk areas
- Patient safety culture survey tool agreed, demonstrating year on year improvement
- Patient VTE percentages agreed and improved on year on year
- Improvements in staff survey results year on year
- Action taken as a result of clinical audit are evidenced through the NICE CAEC report to the Quality Committee
- Key national audits show improving compliance within set timeframes
- Sustained reduction in complaints



Quality priorities

2. Deliver CQC Improvement Plan, integrating it as our core business, by:

- Achieving a CQC rating of good by our inspection in 2020/21
- Being recognised for delivering outstanding care by 2022/23

How we will know:

- Constitutional standards met
- Avoidable harm reduced
- Appraisal compliance met and year on year improvements demonstrated
- Mandatory training compliance met year on year and sustained
- Improvements evidenced in the national emergency department; Cancer and Inpatient surveys
- Improvements evidenced in the annual staff survey and staff recommending the Trust to friends and family, as well as a good employer
- Reduction in serious incidents and never events as a result of organisational learning



Quality priorities

3. Transform end of life care, by:

- The Compassion Project is embedded across the organisation
- End of life care that is compassionate, caring and provided in conjunction with the wishes of patients and their carers, meeting the national audit standards

How we will know:

- Patient and carer experience feedback – FFT above Trust average
- Annual national patient survey results will reflect year on year improvement in the experience of patients, families and carers
- Compassion project delivered
- Increased uptake of compassion training – 10% improvement year on year
- The number of patients who die in their preferred place is improved and will improve year on year
- Improvement in Do Not Attempt Resuscitation (DNAR) recording, reflecting discussion has taken place with patients and families including those without mental capacity
- National audit standards delivered by 2021/22



Quality priorities

4. Reduce mortality and increasing learning from deaths, by:

- The maternity transformation programme in line with the Saving Babies' Lives Campaign
- The continuing national ambition set out in Better Births
- Further development of a programme of structured judgement review of deaths occurring in our hospitals to understand where there have been problems with the quality of care so that common themes and trends can focus the organisations' quality improvement work
- Improved identification, escalation and response to the deteriorating patient

How we will know:

- Year on year improvements in the Trust mortality indices
- Increased percentage of deaths within hospital having a structured judgement review
- Reduction in the number of cases where a problem in care is identified
- Maternity transformation programme delivered
- The continuing ambition set out in Better Births is delivered
- Year on year continuous improvement in clinical outcomes, e.g in stroke and diabetes audits nationally
- Clinical incident data shows a reduction in incidents relating to the recognition and response to deteriorating patients causing moderate or above harm
- Learning from deaths programme delivered both at corporate and Care Group level
- End of life care national standards met
- Medical Examiner appointed by April 2020



Implementing our strategy

Learning and cultural change	Engagement and culture	Governance and accountability
<ul style="list-style-type: none"> • Continuous learning and quality improvement • Embedding and sustaining learning • Embedding a patient safety culture • Leadership development strategy • Service and improvement training plan - (KENT) • Research and innovation • Quality improvement and innovation hubs 	<ul style="list-style-type: none"> • Team working and integration • Permission to make change • Empowering our staff • Staff engagement • Patient experience and engagement • Engagement with external partners and stakeholders • Every member of staff understanding their contribution, and included in professional and personal objectives • Regular feedback and recognition of individual's contributions • Monitoring of patient and staff feedback to establish the difference we are making 	<ul style="list-style-type: none"> • Owned by Care Group Clinical Director, Operations Director and Director of Nursing responsible with their teams for delivery • Clinically led with quality standards developed and agreed with Clinical Care Groups • Clinical audit and clinical effectiveness • Integrated governance and support systems across the organisation • Clinical Care Groups monitoring and reporting delivery through the Trust's governance framework • Annual review and realignment to the Trust's strategic objectives • Executive responsibility: Chief Nurse / Director of Quality and Medical Director • Oversight through the Trust's Quality and Risk Group and Patient Safety Committee, reporting at Board level through the Quality Committee.



Next Steps

- Quality strategy is embedded in the Care Group governance framework
- The quality strategy will be subject to annual review and inform the Care Group planning cycle
- The Trust will implement a Quality Improvement methodology
- Quality improvement to be whole system thinking



Our strategic objectives

Getting to good

Improve quality, safety and experience, resulting in **Good** and then **Outstanding** care

Higher standards for patients

Improve the **quality and experience** of the care we offer, so patients are **treated in a timely way** and **access the best care** at all times.

A great place to work

Making the Trust a **Great Place to Work** for our current and future staff

Delivering our future

Transforming the way we provide services across east Kent, enabling the whole system to offer **excellent integrated services**

Right skills right time right place

Developing teams with the **right skills** to provide care at the **right time**, in the **right place** and achieve the **best outcomes for patients**

Healthy finances

Having Healthy Finances by providing better, **more effective patient care** that makes resources go further.

We care

Getting to good 2019-20

Objective	Quarter 1 milestone	Quarter 2 milestone	Quarter 3 milestone	Quarter 4 milestone	Measure
<p>Deliver the Falls Stop programme and reduction in falls</p> <p>Falls limit at year end is <5 per 1000 bed days</p> <p>April 2019 5.76 achieved.</p>	Target of 5.65 falls per 1000 bed days	Target 5.50 falls per 1000 bed days	Target 5.25 falls per 1000 bed days	Target 5.00 falls per 1000 bed days	Falls <5 per 1000 bed days
		Monitor plan against timeframes	Monitor plan against timeframes	Monitor plan against timeframes	Programme Delivered
<p>Pressure Ulcers</p> <p>Pressure ulcers: 10% reduction against 2018/19 baseline of 0.884 per 1000 bed days</p>	Target of 0.86 per 1000 bed days	Milestone target of 0.84	Milestone target of 0.82	Milestone target of 0.795	Target 0.795per 100 bed days by year end

Objective	Quarter 1 milestone	Quarter 2 milestone	Quarter 3 milestone	Quarter 4 milestone	Measure
Improved medicines safety	Reduction in omitted doses of medicines to 19%	Reduction in omitted doses of medicines to 15%	Reduction in omitted doses of medicines to 9%	Sustain 9% trajectory of omitted doses of medicines	Omitted doses of medicines is comparable to the National Average (between 9 – 11%)
	Percentage of missed doses due to 'not documented' is reduced towards a trajectory of <55%	The percentage of missed doses due to 'not documented' is < 25% of all missed doses	The percentage of missed doses due to 'not documented' is < 15% of all missed doses	The percentage of missed doses due to 'not documented' is < 1% of all missed doses	Missed doses due to 'not documented' is < 1% of all missed doses
	Reduction in missed critical medicines to 8% (including patient refusal)	The percentage of patients of a missed dose of critical medicine is < 6.5% (including patient refusal)	The percentage of patients of a missed dose of critical medicine is < 5% (including patient refusal)	The percentage of patients of a missed dose of critical medicine is < 5% (including patient refusal)	Missed doses of critical medicine is below National Average of 5.9%
	The percentage of missed critical medicines is 70% (excluding patient refusal)	The percentage of missed critical medicines is 25% (excluding patient refusal)	The percentage of missed critical medicines is 15% (excluding patient refusal)	The percentage of missed critical medicines is 1% (excluding patient refusal)	Missed doses of critical medicine is < 1%
	All wards should have a ward storage audit compliance in each of the six metrics > 90%	All wards should have a ward storage audit compliance in each of the six metrics > 95%	All wards should have a ward storage audit compliance in each of the six metrics > 98%	All wards should have a ward storage audit compliance in each of the six metrics at 100%	Ward storage audit compliance consistently 100%
	All ward audits should have CD audit compliance >90%	All ward audits should have CD audit compliance >95%	All ward audits should have CD audit compliance >98%	All ward audits should have CD audit compliance >100%	CD audit compliance to be consistently at 100%

Objective	Quarter 1 milestone	Quarter 2 milestone	Quarter 3 milestone	Quarter 4 milestone	Measure
	<p>Medicines reconciliation rate within 24 hours to be at 22%</p> <p>40% of EDN's to be screened by pharmacist</p> <p>Annual review with stakeholders and publication of the Trust Medication Self Assessment Report</p>	<p>Medicines reconciliation rate within 24 hours to be at 20%</p> <p>50% of EDN's to be screened by pharmacist</p>	<p>Medicines reconciliation rate within 24 hours to be at 30%</p> <p>Sustained 50% of EDN's to be screened by pharmacist</p>	<p>Medicines reconciliation rate within 24 hours to be at 30%</p> <p>Sustained 50% of EDN's to be screened by pharmacist</p>	<p>Over three years, medicines reconciliation within 24 hours to be at 90%</p> <p>Over three years, screening of EDN's required by pharmacists to be at >95%</p>
Improved identification, treatment and support of patients at high risk of deterioration	<p>Scoping exercise and agreement for areas of focus completed.</p>	<p>Data toll for collection of baseline data of the deteriorating patient agreed</p> <p>Use of RESPeCT tool across the East Kent System agreed</p> <p>Clinical leads identified to include an intensivist</p>	<p>Trustwide baseline data collection audit of escalation baseline review of vitalpac observation data completed</p> <p>Agreed and mandated education programme for next 3 years for medical, registered and non registered staff</p> <p>Education programme in place for RESPeCT</p> <p>All care groups to report on response to escalation and cardiac arrest monthly</p>	<p>25% of all Trust clinical Nursing assistants to have completed Beach Course</p> <p>10% of Band 5 registered nurses to have completed the skills framework for deteriorating patient</p> <p>10% of Band 5 AHP's to have completed the skills framework for deteriorating patient</p> <p>90% of Foundation Doctors to have completed agreed education programme on deteriorating patient</p>	<p>Achieve 98% of patients having their vital signs recorded in accordance with VitalPac protocol to ensure early detection of deterioration.</p> <p>30% reduction in cardiac arrests over 3 years</p> <p>% compliance with NEWS2 escalation protocol (will need base line data before committing ourselves to an improvement target)</p> <p>>90% of patients receiving antibiotics within the golden hour</p> <p>>90% patients with a NEWS of 7 having a TEP by April 2022</p>

Objective	Quarter 1 milestone	Quarter 2 milestone	Quarter 3 milestone	Quarter 4 milestone	Measure
Nutrition	Milestone target. Audit programme for quality measures reviewed and agreed.	<p>Baseline audit/review of MUST compliance in all clinical areas against National standards to be completed</p> <p>95% of all wards/departmental managers and link nurses to have received a MUST training update</p> <p>Monthly reporting from all relevant care groups on MUST compliance</p> <p>Multi professional plan on dietary management agreed</p>	<p>90% of audits to be collected electronically by all clinical areas</p> <p>50% improvement from baseline on mealtime standards (RAG Green)</p> <p>Must improvement to 80% on initial and ongoing assessment in all areas</p> <p>Education programme for Nutrition with agreed milestones in place</p>	<p>90% of audits to be collected electronically by all clinical areas</p> <p>90% improvement from baseline on mealtime standards (RAG Green)</p> <p>Must improvement to 95% on <i>initial and ongoing</i> assessments in all areas</p> <p>100% of all ward/departmental managers to have completed NG insertion training</p> <p>Relevant ward managers to have received PN training</p> <p>95% of all ward/departmental managers and link nurses to have received a <i>MUST training</i> update</p>	<p>90% of audits to be collected electronically by all clinical areas</p> <p>90% improvement on from baseline on mealtime standards (RAG Green)</p> <p>MUST assessment within 24 hours – 95% and ongoing weekly in all areas.</p>
All ward based audits complete	Milestone target – standardised and agreed electronic ward audit programme for wards/departments with REG rated performance for compliance in place	<p>Education for clinical staff complete with expectations of undertaking audits to agreed standard in own areas</p> <p>Electronic Audit dashboard in place and 30% of audits completed from ward areas</p>	100% of all clinical areas completing agreed audits in own areas	Peer reviews for auditing in place across all areas	All wards peers reviewed and consistently exceeding minimum % rating for good / compliance Monthly audits – “green”, zero tolerance of nil returns Mock CQC surveys in all care groups – rating Good