Quality Strategy
2012-2017
(Refreshed March 2015)
# Table of Contents

1. Executive Summary .................................................................................................................. 3

2. Drivers for improvement ........................................................................................................... 4
   2.1 The Trust’s ambition - vision and mission ........................................................................... 4
   2.2 Corporate Strategy ............................................................................................................. 4
   2.3 Patient Expectations ......................................................................................................... 5
   2.4 Improving quality saves lives, improves experience and reduces costs .......................... 5

3. What Does Quality Mean to Us? ............................................................................................... 5
   3.1 Definition of Quality .......................................................................................................... 5
   3.2 Quality Governance Framework (QGF) ........................................................................... 6
   3.3 Strategy ............................................................................................................................. 6
       Patient Safety ....................................................................................................................... 7
       Patient Experience .............................................................................................................. 7
       Effectiveness of Care ......................................................................................................... 7

4. How will the strategy be delivered? .......................................................................................... 8
   4.1 Capabilities and Culture .................................................................................................... 8
   4.2 Processes and Structures .................................................................................................. 9
   4.3 Measurement ................................................................................................................... 12
   4.4 Continuous improvement ................................................................................................. 13

5. Annual Planning Cycle ........................................................................................................... 13

Appendix 1: 2015/16 Quality Goals............................................................................................. 15

Appendix 2 - Quality Goals linked to Values & Quality Domains ............................................. 16

Appendix 3: Values, patient commitments, service standards, behaviours .............................. 16

Appendix 4: The Governance Framework .................................................................................. 17

Appendix 5: Board Governance Structure ............................................................................... 21

Appendix 6: Annual Quality Planning Cycle .............................................................................. 23
1. Executive Summary

Quality underpins the Trust’s vision “Working together to deliver exceptional compassionate care, each and every time”. This Quality Strategy describes how the Trust will enhance the safety and effectiveness of care whilst continuing to improve patient experience over the next five years against a backdrop of financial constraint.

This document is a refresh of the Trust’s Quality Strategy 2012-2017, and has been updated for 2015-2017. The overarching principles of the Trust’s relentless desire to improve quality remains unchanged, however the need to update this is a reflection of the advances the Trust has made in improving the quality of care for patients, the creation of additional underpinning strategies, changes in external drivers and changes that have been made to the Trust’s Quality Governance structures.

The Trust has placed quality as the primary Trust corporate objective and all staffs have this as a key personal objective so that patients receive safe and high quality care. The Trust has defined quality goals within the three domains of quality; safety, experience and effectiveness (High Quality Care for all DH; 2008) which reflect national and local priorities. These are to prevent harm (patient safety); improve clinical outcomes (effectiveness); and listen and respond to patients concerns (patient experience). Each year the Trust’s specific measures of success of delivery of the quality goals are developed with stakeholders including patients, public and clinical commissioners and are described in the Quality Account and CQUIN scheme.

The Trust has been working to deliver quality care at Kingston for some time and have a demonstrable track record of continuous improvement and good results while continuing to ensure that the finances are well managed. It continues to be vital to have a strategy to ensure that quality is protected in the challenging environment of change and financial efficiency. This Quality Strategy is supported by other strategies within the Trust, e.g. Patient & Public Involvement, the Dementia Strategy, the Volunteering Strategy, and by the Service Lines strategies throughout the organisation.

Quality also relies upon having the right culture throughout the organisation to enable staff to deliver quality care. Staff are the Trust’s most valuable asset and as such the delivery of improvement to the experience of staff through the Trust’s Workforce Strategy should be seen as much as part of this Quality Strategy as patient focused components. The Trust has in place core values of “caring”, “safe”, “responsible” and “value each other”. Put simply, the quality vision is to create the right environment for all staff so that they, in turn, can deliver the appropriate care for patients.

Quality at Kingston Hospital NHS Trust is defined in relation to Darzi’s (2007) definition which includes three domains; patient safety, patient experience and the effectiveness of care. That is, reducing avoidable harm, personalising care and having low mortality and low complication rates. The principles of how this strategy will be delivered are founded on Monitor’s Quality Governance Framework; strategy, capabilities and culture, processes and structure and measurement.

Its aims, objectives and actions will enable quality care to be delivered by experienced and fulfilled staff working at top levels of efficiency, across all hours of the day and all days of the week to deliver clinical outcomes which are amongst the best in a district general hospital anywhere in the country:

- Staff will be partners in the running of the organisation
- Staff will be well managed and rewarded, work in efficient systems and enabled to give their very best to the patients they care for
- Patients will have a smooth journey between different organisations, for example when they need specialist care or support in the community
- Patients and the public will be fully integrated into the running of the hospital so that their voice drives the design and delivery of care and leads the strategic development of the
organisation.

The strategy describes the annual planning cycle the Trust undertakes to establish the Quality priorities. This includes the involvement of stakeholders (commissioners, local borough staff, public and members). The Trust will develop annual action plans at organisational, divisional and departmental level covering this strategy and implement, monitor and report progress during the year using the governance and performance frameworks. These plans will set out measures of success in each of the areas.

During the lifespan of the Trusts Quality Strategy, the need to be more explicit regarding the Trusts Quality Goals has been identified and to that effect, the refresh of this document sets out to simplify the annual quality goals of the Trust.

2. Drivers for improvement

The delivery of high quality healthcare is important to the Trust for a number of reasons which are all equally important. These are:

- Quality is at the heart of the Trust’s ambition, vision and mission
- It is articulated in the corporate and strategic objectives of the Trust
- Patients expect high quality care and increasingly are willing to choose where they have their care based on reputation for quality
- Delivering high quality care is generally more productive and therefore costs less
- Experience from other organisations
- Regional and national drivers

2.1 The Trust’s Vision

Quality is at the heart of the Trusts strategy. The vision is “Working together to deliver exceptional compassionate care, each and every time”.

The vision for Kingston Hospital in over the next 5 years is to provide high quality:

- **Core** acute services for patients who need immediate care. These services will be provided through A+E, ITU and maternity, with inpatient beds for those patients who require emergency admission.
- **Planned care** which will include day and inpatient elective care of low complexity and variation suitable for a local hospital and which cannot be provided in primary care
- **Integrated care** which is developed with primary, community and social care wherever possible, care will be delivered in the community and supporting GPs and other community services to do so eg: prevention, specialist advice and outreach.

Care will be delivered by experienced and fulfilled staff working at top levels of efficiency, across all hours of the day and all days of the week to achieve clinical outcomes amongst the best in a district general hospital anywhere in the country. Staff will be partners in the running of the organisation. They will be valued by excellent line managers and rewarded, work in efficient systems and be enabled to give their very best to the patients they care for.

Patients will have a seamless journey between different organisations, for example when they need specialist care or support in the community.

The views of patients and the public will be fully integrated into planning the design and delivery of care so that their voice drives decisions and influences the strategic development of the organisation.

2.2 Corporate Strategy

The Trust’s four strategic objectives and Trust values drive the Quality Strategy. The Trust is
ambitions in its desire to be in the best providers nationally. High quality patient centred healthcare can only be delivered if staff are committed, skilled and highly engaged, work in effective teams and feel valued. High quality healthcare cannot be achieved in isolation and so strong partnerships must be built with our multiple partners. Finally, the Trust places great importance on delivering quality well-managed, efficient health services which are value for money for the taxpayer so that the Trust makes the best use of its resources to treat people. These objectives are:

**Strategic Objective 1:** To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience

**Strategic Objective 2:** To have a committed, skilled and highly engaged workforce who feel values, supported and developed and who work together for our patients.

**Strategic Objective 3:** To work creatively with our partners (NHS, commercial and community/voluntary) to consolidate and develop sustainable high quality care as part of a thriving health economy for the future.

**Strategic Objective 4:** To deliver sustainable, well managed, value for money services

Each strategic objective has a number of measures of success, in each of the domains of quality. The underpinning annual corporate objectives and quality account goals have been aligned to the Trust Values. Appendix 1 shows the sixteen Trusts Quality Goals for 2015/16.

**2.3 Patient Expectations**
Patients expect high quality care; they have easy access to information about services and this will inform their choice of healthcare. Patients will share their experiences and this is becoming easier through technology. The Trust must therefore ensure that it meets these expectations through delivering the Quality Strategy.

**2.4 Improving quality saves lives, improves experience and reduces costs**
Clinical quality and financial performance are inseparable. Evidence demonstrates that improving quality reduces costs.

**2.5 Experience from other organisations**
The Trust must continue to promote a culture of learning from incidents and near misses. The findings into failures of care, for example as demonstrated within the Francis Enquiry, show the need for the Trust to be ever vigilant. The Trust must continue to look outwards to learn from organisations where things have gone wrong, to learn best practice from elsewhere in order to drive continuous quality improvement.

**2.6 Regional and National Drivers**
This strategy is also driven by regional and national drivers. These drivers are not static by their nature. The Quality Governance and improvement systems in place within the organisation enable review and consideration of regional and national drivers.

Current regional and national drivers include:
- London Quality Standards
- Sign up to Safety
- Care Quality Commission – Fundamental standards.

**3 What Does Quality Mean to Us?**

**3.1 Definition of Quality**
In *High Quality Care for all* (2007) Darzi defined quality as having three domains; patient safety, patient experience and the effectiveness of care. These domains are embraced in this strategy.

**Patient safety - do no harm to patients**
This means ensuring the environment is safe and clean, reducing avoidable harm such as drug errors or healthcare associated infections.

**Patient experience – the quality of caring**
This means how “personal” care is – the compassion, dignity and respect with which patients are treated.

**Effectiveness of care – success of different treatments**
This includes clinical measures such as mortality or survival rates, complication rates and measures of clinical improvement.

3.2 **Quality Governance Framework (QGF)**
The principles of how this Strategy will be delivered are founded on Monitor’s Quality Governance Framework (figure 1). Quality Governance is the combination of structures and processes at and below board level to lead on Trust wide quality performance including:

- Ensuring required standards are achieved
- Investigating and taking action on substandard performance
- Planning and driving continuous improvement
- Identifying, sharing and ensuring delivery of best practice
- Identifying and managing risks to quality of care

Monitor has described four domains and ten questions underpinning the Quality Governance Framework. The four domains are strategy, capabilities and culture, processes and structures and measurement.

<table>
<thead>
<tr>
<th><strong>Strategy</strong></th>
<th><strong>Capabilities and Culture</strong></th>
<th><strong>Processes and Structure</strong></th>
<th><strong>Measurement</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the board have a credible strategy to provide high quality, sustainable services to patients and is there a robust plan to deliver? Does quality drive the trust’s strategy?</td>
<td>3. Does the board have the skills and capability to lead the organisation?</td>
<td>6. Are there clear roles and accountabilities in relation to board governance (including quality governance)?</td>
<td>9. Is appropriate information on organisational and operational performance being analysed and challenged?</td>
</tr>
<tr>
<td>2. Is the board sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services?</td>
<td>4. Does the board shape and open, transparent and quality-focused culture?</td>
<td>7. Are there clearly defined, well-understood processes for escalating and resolving issues and managing performance?</td>
<td>10. Is the board assured of the robustness of information?</td>
</tr>
<tr>
<td></td>
<td>5. Does the board help support continuous learning and development across the Trust?</td>
<td>8. Does the board actively engage patients, staff, governors and other key stakeholders on quality, operational and financial performance?</td>
<td></td>
</tr>
</tbody>
</table>

*Figure 1: Monitor’s Quality Governance Framework – domains and 10 questions.*

3.3 **Strategy**

This Quality Strategy sets out how quality will be improved across the organisation and brings together previously developed key strategies to improve quality. Each of the Workforce and IT
strategies and the Organisational Development Plan are fully aligned with and enable delivery of the Quality Strategy.

The aims of the Quality Strategy are defined under the three domains of quality, patient safety, patient experience and effectiveness of care:

**Patient Safety**

*The patient safety aims of the Quality Strategy are to:*
- have staff who will put patient safety first in all their decisions and will have the right knowledge, skills and attitudes to carry out their roles
- Have consistent and effective risk management processes at all levels of the organisation
- Have an open culture where people report incidents and take responsibility for taking action to minimise risks
- Develop a learning culture to support improvements to the safety of services
- Integrate risk management into business processes so that service developments do not adversely affect safety
- Comply with relevant statutory, mandatory and professional requirements and maintain the Trust’s registration with the Care Quality Commission (CQC)

**Patient Experience**

*The patient experience aim of the Quality Strategy is:*
- To ensure the patient’s perspective drives delivery of care, design and redesign, governance and decision making of the Trust. Teams can then deliver a caring, respectful, safe and high quality experience all of the time.

**Effectiveness of Care**

*The effectiveness aims of the Quality Strategy are:*
- To sustain a safe hospital without avoidable deaths and with minimal preventable harm to patients and staff
- to use clinical pathways with the right intervention being undertaken by the right person at the right time reducing the time patients remain in hospital
- to achieve low complication rates for patients which are monitored as measures of clinical improvement
- to implement NICE quality standards and evidence based guidance.

**Supporting Strategies**

*Delivery of the Quality Strategy is underpinned by the following Trust wide Strategies*

- Patient & Public Involvement Strategy 2013-2015 (to be updated in 2015)
- Dementia Strategy 2014-2017
- Volunteering Strategy 2014-2017
- Workforce Strategy 2012- 2018 (to be refreshed in 2015)
- Communications Strategy 2014-2015

The Trust will be developing a Quality Improvement Strategy in 2015/16 in order to further refine and drive its approach to quality improvement throughout the organisation and this ambition is reflected within the 2015/16 Quality Goals.

**Quality goals**

The Trust has defined quality goals within the three domains of quality; safety, experience and effectiveness which reflect national and local priorities. These are to prevent harm (patient safety), improve clinical outcomes (effectiveness); and listen and respond to patient’s concerns (patient experience).

Each year the Trust develops specific measures of success for the quality goals with stakeholders
including patients, public and clinical commissioners and are described in the Quality Account, CQUIN scheme and corporate objectives.

The Trust has made significant progress in embedding the Trust values of caring, safe, responsible and value each other. To further emphasise the importance of the four values and their link to quality, the 2015/16 quality goals have been aligned to the Trust values. These are shown in appendix 1. They have been written deliberately to be patient and staff facing so as to be easily identifiable. Appendix 2 provides a matrix of how each of the quality goals link both with the Trust values and the three domains of quality.

Each quality goal has a measure of success as a quality account priority and/or a corporate objective with KPIs, and further organisational level measures of success. These will be tracked monthly in the Clinical Quality Report to the Trust Board, with a 6 monthly review at the Quality Assurance Committee. These will be published and tracked locally. Service lines will as part of their annual plans incorporate (where relevant) the quality goals and actions to achieve them.

4 How will the strategy be delivered?

4.1 Capabilities and Culture

The culture puts quality first throughout the organisation from the Wards to the Board and in all the Trust’s supporting and administrative areas.

Actions include:

• Continuing to create an open culture so that staff feel comfortable reporting and discussing patient safety incidents and learning from them by:
  - Reviewing the effectiveness of the scheduled Board walkabouts and develop plans to improve them.
  - Providing the Trust Board with information from complaints and patient stories at each meeting.
  - Utilising Service Line performance reviews to provide a ward and departmental based quality focussed assessment, discuss results and agree actions to be taken by frontline teams
  - Holding board seminars which have a patient safety theme
  - Implementing enhanced risk identification and management training
  - Holding regular Serious Incident learning events so that shared learning reduces the likelihood of recurrence
  - Focus on developing line managers and ensuring staff have regular 1 to 1 meetings with their manager.

These actions will improve the visibility of the leadership by the whole board with respect to quality improvement. Quality KPIs will improve and the staff survey will demonstrate improvements in key questions related to incident reporting and quality of care being seen as a top priority.

Monitoring Arrangements Performance framework Quality Account report annually.

Duration to Achieve On-going with annual review

The workforce will be fit for purpose and all staff will demonstrate behaviour which is consistent with the Trust's four values. These are to be safe, caring, responsible and value each other all of the time to deliver compassionate care consistently. The values are mapped to patient commitments, service standards and behaviours (appendix 3).

Actions include:

• Implementing the organisational development plan to embed the Trust values. This
includes:
  o The staff awards scheme which recognises individuals and teams who are living the values, including volunteers in this approach.
  o Reinforcing the values in recruitment, appraisal and personal development plans to ensure staff are recruited with the right attitude and ensure that those employed demonstrate behaviours which are consistent with the Trust’s values.
  o Undertaking reviews of establishments and acuity of patients in line with safe staffing requirements.

- Recruiting the right attitude and managing staff behaviour by:
  o Incorporating values into objectives, personal development plans (PDPs), appraisals and recruitment.
  o Ensuring the appraisal and objective setting process translates the Trusts quality goals into personal objectives.

- Focusing on education and development, including leadership, ownership and accountability by:
  o Developing and implement leadership programmes for frontline staff
  o Implementing Team Development Sessions to better enable teams to drive quality improvement.

These actions will embed the values throughout the employee lifecycle, reinforcing expectations of how staff should interact with each other and patients and equip staff with the skills to “live the values everyday”. Improvement will be seen in the numbers of staff who undertake training in these areas, the staff survey will demonstrate improvement in questions relating to appraisal and management feedback, and the Friends and Family Score.

**Monitoring Arrangements**

| Performance framework | Quality Account report annually |

**Duration to Achieve**

On-going with annual review

### 4.2 Processes and Structures

A robust systematic approach to governance and risk management, which permeates right through the organisation and creates and maintains reliable processes and continuous learning.

Actions include:

- Quality (and safety) being addressed first on the Board agenda and the Trust Board receiving a formal quality report.
- Utilising the WHO Safe Surgery Checklist to ensure that vital information is conveyed in clinical situations.
- Ensuring roles and responsibilities in relation to delivering high quality care are identified in the Governance Framework, and Performance Management Framework (appendix 4).
- Using the Governance Frameworks and structures (appendix 4 & 5) to monitor performance and progress.
- Reviewing the policy template to require patient comment where appropriate when developing or reviewing policies, not at the point of approval, but in the development stage
- Implement NICE quality standards and evidence based guidance
- Improving the integration of internal and clinical audit.
- Service line governance structures ensuring local review of quality and actions to improve.

Evidence of challenge regarding quality will be visible in the minutes of meetings throughout the organisation. WHO and Internal Audit results will improve. Escalation of risks and awareness of gaps in control will be visible from ward to board. A range of
assurance mechanisms will be used including internal and external audit.

**Monitoring Arrangements** Trust Board via the Quality Assurance Committee.

**Duration to Achieve** On-going with annual review

Communication systems must be effective and accurate and maximise the capacity of IT to share information efficiently within and outside of the organisation.

Actions include:

- Integrating with other healthcare providers in primary secondary and tertiary settings ensuring that patient safety is not compromised in complex care pathways
- Paying particular attention to transfers between different healthcare providers especially at the primary and secondary care interface e.g.: safe discharge
- Ensuring robust and consistent information sharing at handovers using structured communication techniques e.g.: SBAR (Situation, Background, Assessment, Recommendation)
- Utilising communication flows and escalation of relevant information within the organisation, including feedback from walkabouts communicated back to teams and the organisation.

The risk of incidents relating to the handover of care between organisations and individuals will be reduced. Incidents will be monitored and learning shared.

**Monitoring Arrangements** Clinical Quality Improvement Committee

- Quality Account report - annually

**Duration to Achieve** On-going with annual review

Patients and the public will be involved, heard from and are responded to.

Actions include:

- Ensuring governance and management committees continue to focus on improving the patient experience.
- Strengthen the Quality Improvement Volunteers Group to support quality improvement in service lines.
- Ensuring local Healthwatch participate in the monitoring of services.
- Increasing the number of patients and public involved in service redesign and improvement.
- Taking action about what patients say and feeding back to them by developing action plans and an evidence base of changes made as a result of their feedback. Eg: patient surveys, Complaints, PALS and Friends and Family Test.
- Monitor, report and use compliments to recognise teams and individuals.
- Ensure service lines include patient involvement that is visible, structured, and purposeful and provides feedback.
- Governors will be involved in quality scrutiny and improvement through the Governor Quality Scrutiny Committee.
- A complaints committee which looks at qualitative and quantitative complaints information and improves patient’s experience of the complaints process.

The patient and public contribution will be visible at all levels of the organisation.

**Monitoring Arrangements** Patient Experience Committee

- Report annually in the Quality Account
- Trust Board via PPI strategy Progress Report
- Governor Quality Scrutiny Committee

**Duration to Achieve** On-going with annual review
Mechanisms will be developed to enable the Trust to place itself at the forefront of publishing accessible and useful information on the quality and outcomes of the services delivered for patients.

Actions include:

- Publishing publically data in line with the Open and Honest Care Programme.
- Involving Members, Governors, Staff, local Healthwatch and stakeholders in the development of Quality Accounts to ensure that the priorities chosen for the Trust to focus on are reflective of things which mean most to patients.

Outcomes will be available on the Trust website for patients to see. The contribution of patients and the public to the development of the Quality Account, its priorities and the publication of outcomes will be evident and reflected in the stakeholder commentary of the annual Quality Account.

**Monitoring Arrangements**

- Clinical Quality Improvement Committee
- Patient Experience Committee

**Duration to Achieve**

On-going with annual review

Services will be fit for purpose having captured patient’s ideas on improving efficiency and redesign of services.

Actions include:

- Ensuring that patients are involved in designing and redesigning services, so that they meet the needs of the local community.
- Utilising feedback from volunteers to identify and action improvements.
- Utilising patient feedback to identify services and patient journeys which should be prioritised for redesign.
- Using experience based co-design methods to improve services where poorest feedback is received.
- Reviewing the Equality and Diversity profile of services and work with hard to reach groups to undertake focussed work to ensure services are designed to reflect the needs of minority groups.
- Working with GPs, local Stakeholders including local Healthwatch to obtain feedback about patient experience and views and prioritise areas for action.

Patient feedback will improve in those services where patients have been involved in redesign.

**Monitoring Arrangements**

- Patient Experience Committee
  - Report annually in the Quality Account

**Duration to Achieve**

On-going with annual review

The impact of any service development or service change is assessed to ensure that the quality and equality of the service or care delivered is not compromised.

Actions include:

- Ensuring that the Hospitals Productivity Programme is focussed on quality as well as cost improvement. All productivity schemes are developed "bottom up" with clinical involvement and are Quality and Equality Impact Assessed (QEIA) with KPIs developed to act as early warning signs.
- Executive Directors and Divisional Directors assessing QEIA s to understand and approve, reject or request revisions as a result of these assessments.
- The Board will have oversight of productivity schemes and the QEIA process.
• Evaluating the impact on quality of large schemes pre and post implementation.

Post implementation reviews will be scheduled and learning built into future plans. Patient and staff experience and quality KPIs will be maintained or improved. The quality impact and measures of improvement will be monitored through the

*Monitoring Arrangements*  Performance and governance frameworks
Trust Board via the Quality Assurance Committee

*Duration to Achieve*  On-going with bi-monthly review

### 4.3 Measurement

Systematic flows of information are used from frontline staff to the organisational leaders and back, to achieve high reliability and enhance quality.

**Actions include:**

- Reporting mortality, survival rates, complication rates and measures of clinical outcome.
- Using and reviewing incident trigger lists to ensure that staff are able to easily identify harm and risks
- Using the IHI global trigger tool and report on findings
- Using the Trust’s own information e.g. incident reporting, clinical and internal audit, complaints, patient experience trackers to make changes to practice
- Using benchmarking in scorecards
- Undertaking a review of the organisational flows of information from ward to board and back, and take actions to improve its effectiveness.
- Reviewing monthly KPIs at the Trust Board which address the Trust’s quality goals. These include:
  - Effectiveness and Outcomes; HSMR and SHMI, Length of Stay, complication rates
  - Patient Safety; falls, pressure ulcers, nutrition, medication incidents, serious incidents, never events, infection control
  - Maternity; caesarean section, induction, ventouse, 1:1 care in labour
  - Patient Experience: Mixed Sex Breaches, complaints, Friends & Family Test scores
  - CQC Intelligent Monitoring Report where each CQC standard has an identified Executive owner.
  - Monitor Governance KPIs, Contract KPIs and Operational ad Efficiency indicators.
  - Monitor Quality Governance dashboard to highlight past, current and future quality governance ratings.
- Drawing on external sources such as the Acute Hospital Indicator set
- Achieving, maintaining and monitoring external accreditation of the Trust’s services e.g. CQC registration.
- Qualitative Information will be triangulated with qualitative feedback from staff, patient, volunteers and stakeholders, to identify areas for improvement.
- Information will be used to drive the Trusts Quality Improvement Programme.

Performance relating to national standards will improve, exception reporting and forecasting will be used and lead to evidence of actions at all levels. Quality KPIs will improve.

*Monitoring Arrangements*  Clinical Quality Improvement Committee
Performance and governance frameworks.

*Duration to Achieve*  On-going with annual review

Quality standards are set, monitored and published to drive quality improvement.

**Actions include:**

- Setting specific aims to reduce harm and ensure executive accountability for clear improvement targets
Developing of reliable methods of monitoring the impact on quality of changes to services and models of care delivery using key performance indicators and scorecards.

Using the NHS Outcomes framework and surveying patients who use the Trust's services in all areas.

Embedding the use of the Nursing Quality Ward Scorecard demonstrating improvement.

Monitoring the impact of the “Living Our Values Everyday” programme using metrics.

Publishing the results of Patient Experience Surveys both within the hospital and on the Trust’s website.

Taking action on the feedback received through complaints, PALS, patient experience survey and the Friends and Family Test.

Participating in the Commissioning for Quality and Innovation (CQuIN) framework.

Publishing an annual Quality Account and develop specific measures of success for the quality goals annually with stakeholders including patients, public and clinical commissioners, having considered the national, regional local and organisational priorities and challenges.

Extending the range of outcomes published.


The performance of the Trust with respect to national standards will be visible within and externally to the organisation. Action plans will be developed at the right level to address areas for improvement.

**Monitoring Arrangements**

Clinical Quality Improvement Committee
Performance and governance frameworks

**Duration to Achieve**

On-going with annual review

### 4.4 Continuous improvement

The Trust seeks to continuously improve by setting challenging goals, build on successes and evaluating achievements and taking lessons and implementing best practice from world-wide exemplars.

Actions include:

- Using clinical audit results to influence improvement processes and targets.
- Sharing lessons from quality improvements organisationally, locally and externally eg: national confidential enquiries.
- Developing a Quality Improvement strategy in 2015/16 and Kingston Hospital Model of Quality Improvement.

Clinical audit results will demonstrate improvement year on year. Lessons will be shared at the annual Clinical Audit Seminar, and departmental governance meetings.

**Monitoring Arrangements**

Clinical Quality Improvement Committee
Clinical Audit and Effectiveness Committee

**Duration to Achieve**

On-going with annual review

### 5. Annual Planning Cycle

Each year the Trust undertakes a planning cycle to establish the Quality Priorities. This includes the involvement of stakeholders (commissioners, local borough staff, public and members). The Trust develops annual action plans at organisational, divisional and departmental level covering this strategy, implement, monitor and report progress during the year using the governance and performance frameworks. This process and leads responsible is detailed in appendix 6.
Appendix 1: 2015/16 Quality Goals

OUR 2015/6 QUALITY GOALS

Working Together to deliver exceptional, compassionate care - each and every time

- Implement year 2 of our dementia strategy
- Make it easier to contact us and improve our correspondence with you
- Improve end of life care
- Deliver exceptional cancer services

- Reduce hospital acquired pressure ulcers
- Improve recognition and management of sepsis
- Reduce catheter associated urinary tract infections
- Develop our maternity staff to deliver even safer care for women in labour

- Create an active Quality Improvement Programme
- Make more services available at the weekend
- Improve discharge planning so more patients can go home when they’re ready
- Make more of your medical notes electronic

- Reduce use of agency staff by reducing vacancies
- Improve staff happiness and motivation
- Keep all staff up to date with mandatory training
- A personal development plan, meaningful appraisal & clear objectives for all staff
## Appendix 2: 2015/16 Quality Goals Linked to Values & Quality Domains

<table>
<thead>
<tr>
<th>Quality Goal</th>
<th>Quality Domain – Safety, Experience, Effectiveness</th>
<th>Trust Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Implement year 2 of our dementia strategy</td>
<td>Experience</td>
<td></td>
</tr>
<tr>
<td>2. Make it easier to contact us and improve our correspondence with you</td>
<td>Experience</td>
<td></td>
</tr>
<tr>
<td>3. Improve end of life care</td>
<td>Experience</td>
<td></td>
</tr>
<tr>
<td>4. Deliver exceptional cancer services</td>
<td>Experience</td>
<td></td>
</tr>
<tr>
<td>5. Reduce hospital acquired pressure ulcers</td>
<td>Safety</td>
<td></td>
</tr>
<tr>
<td>6. Improve recognition and management of sepsis</td>
<td>Safety</td>
<td></td>
</tr>
<tr>
<td>7. Reduce catheter associated urinary tract infections</td>
<td>Safety</td>
<td></td>
</tr>
<tr>
<td>8. Develop our maternity staff to deliver even safer care for women in labour</td>
<td>Effectiveness</td>
<td></td>
</tr>
<tr>
<td>9. Create an active Quality Improvement Programme</td>
<td>Effectiveness</td>
<td></td>
</tr>
<tr>
<td>10. Make more services available at the weekend</td>
<td>Effectiveness</td>
<td></td>
</tr>
<tr>
<td>11. Improve discharge planning so more patients can go home when they’re ready</td>
<td>Experience</td>
<td></td>
</tr>
<tr>
<td>12. Make more of your medical notes electronic</td>
<td>Safety</td>
<td></td>
</tr>
<tr>
<td>13. Reduce use of agency staff by reducing vacancies</td>
<td>Safety</td>
<td></td>
</tr>
<tr>
<td>14. Improve staff happiness and motivation</td>
<td>Effectiveness</td>
<td></td>
</tr>
<tr>
<td>15. Keep all staff up to date with mandatory training</td>
<td>Effectiveness</td>
<td></td>
</tr>
<tr>
<td>16. A personal development plan, meaningful appraisal &amp; clear objectives for all staff</td>
<td>Effectiveness</td>
<td></td>
</tr>
</tbody>
</table>
# Appendix 3: Values, patient commitments, service standards, behaviours

## Values, standards and behaviours

*Reflecting a range of perspectives from staff and patients*

<table>
<thead>
<tr>
<th>Our commitments to all our patients and colleagues…</th>
<th>By consistently living up to our service standards to…</th>
<th>And you will be able to see we are doing this through our specific behaviours…</th>
</tr>
</thead>
<tbody>
<tr>
<td>We design and deliver care around each individual patient's needs and wants.</td>
<td>• Care for you as an individual</td>
<td>• Putting patients at the heart of everything we do</td>
</tr>
<tr>
<td></td>
<td>• Be welcoming and timely</td>
<td>• Listening to people and responding to their needs</td>
</tr>
<tr>
<td></td>
<td>• Show kindness and compassion</td>
<td>• Consider the wellbeing of the whole person</td>
</tr>
<tr>
<td></td>
<td>• Guarantee dignity and privacy</td>
<td>• Be prompt and courteous, valuing patients and colleagues time</td>
</tr>
</tbody>
</table>

**We promise to care for you like family,**

| Our safety comes first |
|----------------------------------|--------------------------------------------------|
| so you always feel in safe hands, |
| and you will be able to see we are doing this through our specific behaviours… |
| • Ensure a clean, safe environment and practice | • We all make safety our first priority |
| • Offer the best possible clinical care | • Sticking to achieve the best possible clinical outcomes for our patients |
| • Be aware we are always ‘in the spotlight’ | • Being open, honest and transparent |

**We make the safety of patients and staff our prime concern (safety comes first)**

| We take responsibility for the hospital, its services and our own actions |
|-------------------------------------------------|----------------------------------|
| to take responsibility and keep you informed, | • Keep you informed with regular communication |
| • Be ‘can-do’ and keep our word | • Involving patients and carers |
| • Look for solutions not problems | • Regular explanations, what’s happening now, what happens next? |
| • Look out for and speak up for you | • Attentive, clear, and jargon-free, don’t talk at or over people |

**by working together as a supportive team.**

<table>
<thead>
<tr>
<th>We value and appreciate each other</th>
<th>• Value and appreciate each other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Giving praise, feedback, and saying thank you</td>
</tr>
<tr>
<td></td>
<td>• Clearly work together as a team</td>
</tr>
<tr>
<td></td>
<td>• Working collaboratively in teams, valuing everyone as individuals and appreciating differences</td>
</tr>
<tr>
<td></td>
<td>• Communicate with others who care for you</td>
</tr>
<tr>
<td></td>
<td>• Communicating effectively within and between teams</td>
</tr>
</tbody>
</table>

| Kingston Hospital NHS Trust | – | – |

**Living our values everyday**

| – | – | – | – |

[Image of Kingston Hospital logo]
Appendix 4: The Governance Framework

**Trust Board**

Quality and Safety are the first items on Trust Board agendas. All board papers highlight their relationship to Corporate Objectives, CQC Outcomes and Quality Governance. The Trust Board receives reports from the Trust Board sub-committees at every meeting. The Board also listens to a patient, carer, staff or volunteer story at the start of each Board to

**Trust Board Sub Committees**

- **Audit Committee**
  The Audit Committee is a sub Committee of the Trust Board. The Committee is responsible for reviewing the establishment and maintenance of an effective system of internal control and risk management across the whole of the Trust’s activities (both clinical and non-clinical), that supports the achievement of the Trust's objectives and also to ensure effective internal and external audit, enabling the assessment and measurement of quality governance processes.

- **The Quality Assurance Committee (QAC)**
  The Quality Assurance Committee is a sub Committee of the Trust Board. The committee provides assurance to the Trust Board that there are adequate controls, measures and checks in place to ensure high quality care is provided to the patients using the services provided by Kingston Hospital. The committee is responsible for gaining assurance that the Quality Strategy is being delivered and is chaired by a non-executive director with clinical experience.

- **The Complaints Committee**
  The Complaints Committee is a sub-committee of the QAC, and is chaired by a non-executive director and attended by members of the Board. The purpose of the committee is to enable the Board to have a deeper understanding of the nature of complaints about the Trust, and to gain assurance that the systems in place to manage, respond and learn from complaints are adequate.

- **Finance and Investment Committee**
  The Finance and Investment Committee is a sub Committee of the Trust Board. The Committee is responsible for conducting independent and objective review of financial and investment policy and financial performance issues.

- **Remuneration Committee**
  The Remuneration Committee is a sub Committee of the Trust Board. The Committee is responsible for advising the Board about appropriate remuneration and terms of service for the Chief Executive and other Executive Directors and senior managers, ensuring that the Trust attracts senior staff able to develop and maintain a quality service.

- **Charitable Fund Committee**
  The Charitable Fund Committee is a sub Committee of the Trust Board. The Committee acts for the Trust in all charitable fund matters in relation to Kingston Hospital NHS Trust General Charitable Fund. The Committee is responsible for ensuring that charitable funds are managed in accordance with the objects of the umbrella registration with the Charity Commission and in accordance with the further objectives of any subsidiary registrations or special funds. The Committee ensures that the best use of charitable funds is achieved in supporting high quality patient care.
Compliance & Risk Committee
The Compliance and Risk Committee is responsible for ensuring that Trust complies with relevant legislation and requirements to practice and that there is an effective risk management strategy and system in place with risk effectively managed at every level of the organisation. The Committee will identify risk areas that have Trust-wide implications, instituting action plans and reviewing them for effectiveness. The Committee ensures that systems are in place to ensure that the Trust can deliver compliance with both legislation and mandatory NHS standards. Where improvements need to be made, the committee will oversee that actions are taken to meet such standards.

Clinical Quality Improvement Committee (CQIC)
The CQIC is responsible for leading the Trust Strategy for the delivery of high quality Clinical Care ensuring that quality standards are maintained and constantly improved. The Committee is also responsible for ensuring the Trust has an active Quality Improvement Programme, based on needs identified through triangulation of information. The Committee monitors the Trust’s Quality Performance Indicators in relation to patient safety, patient experience and patient outcomes, including infection control, as well as progress in responding to Serious Incidents and the implementation of actions arising from them.

Patient Experience Committee (PEC)
The Patient Experience Committee is responsible for leading Trusts Strategy for delivering excellent patient experience, ensuring there are effective systems to learn from patient, covers, the public, staff and volunteers. The Committee will oversee the development and delivery of patient experience action plans and implementation of the volunteering strategy and patient and public involvement strategy; and work to improve end of life care.

Executive Management Committee
The Executive Management Committee consists of the core leadership team for the Trust and ensures the active liaison, coordination and cooperation between the clinical divisions and central directorates. It ensures clinical contribution to determining the strategic direction, proposing that direction to the Trust Board and ensuring operational delivery. The Committee monitors the delivery of the organisation’s operational, quality, financial and performance targets, ensuring corrective strategies are agreed where required.

Workforce Committee
The Workforce Committee is to oversee progress on the workforce and Organisational Development agenda and provide leadership and oversight for the Trust on workforce issues that supports the delivery of the Board approved Workforce objectives, including monitoring the operational performance of the Trust and Human Resources functions in people management, recruitment and retention, and employee wellbeing.

Governor Quality Scrutiny Committee
The Governors Quality Scrutiny Committee (CQSC) is a subcommittee of the Council of Governors, the aim of which is to aid the Council of Governors in their duties with regard to oversight and scrutiny in order to ensure that the Trust is delivering quality services to patients and that patients and the public are involved in the quality work of the Trust.

Roles
Chairman and Non-Executive Directors
The Chairman and Non-Executive Directors are responsible for providing oversight, governance and leadership in the development and delivery of the Trust's strategies to provide effective and high quality healthcare services. They scrutinise the performance of the management team in meeting agreed goals and objectives and monitor the reporting of performance, in order that they may satisfy themselves as to the integrity of financial, clinical and other information, and that
financial and clinical quality controls and systems of risk management and governance are robust and implemented

Chief Executive Officer
The Chief Executive is ultimately responsible and accountable for the quality of care delivered. S/he will ensure the appropriate resourcing, management and reporting structures are in place to deliver the quality agenda through the Trust Objectives and management structure. S/he will delegate specific roles and responsibilities to the appointed Executive Directors to ensure all quality and improvement work is co-ordinated and implemented equitably to meet the Trust objectives safely without detriment to patient care.

Executive Directors
Executive Directors are accountable for the delivery of quality services in the areas within their remit whether clinical or operational and lead the delivery of the Trust's Strategy. They will ensure the quality agenda is effectively co-ordinated, resourced and implemented across the Trust in an integrated way. They will ensure actions taken to improve the quality of service delivery are completed, measured and shared to promote learning. Executive Directors are accountable for ensuring that the potential effect on the quality of service delivery is risk assessed prior to approval of any new business proposal. They will ensure that the infrastructure to enable staff to deliver high quality care within their areas of responsibility is in place.

Medical Director
The Medical Director has the overall responsibility for leading on, and the delivery of, the Patient Safety agenda and to ensure quality and the best possible clinical outcomes, as well as to enable medical staff to achieve better outcomes and a safe service. S/he is also the Caldicott Guardian and Responsible Officer for medical revalidation.

Director of Nursing and Patient Experience
The Director of Nursing has the responsibility to ensure nurses and allied professionals are focussed on quality and safety and participate in the quality programme. S/he is also the Executive Director responsible for the Patient Experience and safeguarding agendas and is the Director of Infection Prevention and Control.

Deputy Chief Executive
The Deputy Chief Executive is responsible for the delivery of the quality and finances of the organisation, through the line management of the Divisional Directors and Divisions. S/he has specific responsibility for the leadership and delivery of the Health and Safety agenda and Estates Strategy.

Finance Director
The Finance Director is responsible for ensuring adequate resourcing to deliver quality services and is also the Senior Information Risk Owner.

Director of Workforce and Organisational Development
The Director of Workforce and Organisational Development is responsible for delivery of the Workforce Strategy, the learning and development agenda and is the lead for ensuring compliance with equality and diversity requirements.

Divisions and Corporate Departments
Each division and corporate department has inclusive systems in place to ensure that all aspects of their work are subject to regular review across all specialties and teams. This will be identified within their documented governance structure and reflect the Trust requirement for specified outcomes for each aspect of service provision.

Divisional Directors, Divisional Managers and other Managers with an operational role
All Senior Managers will ensure systems are in place to implement and monitor programmes of quality improvement within their areas of responsibility in line with the Trust's priorities. They will
identify risks within the division, will ensure appropriate actions are taken to mitigate these risks, and will comply with the reporting and governance requirements to ensure learning is shared across the organisation. They will monitor their staff and service compliance against identified standards and safe systems of work whether set nationally or locally and will facilitate and act upon regular user feedback.

**All Staff**

All staffs are accountable for the quality of services they deliver. They will comply with identified standards and safe systems of work specific to their roles, whether identified in national, professional or Trust policy, procedures, and guidelines. They will report quality issues however caused through identified channels to ensure prompt action can be taken using existing reporting systems within the Trust.

Quality goals have identified leads at and below board level and action plans are monitored through the governance and performance frameworks. Quality performance is reviewed as the first agenda item at Divisional Quarterly Performance Reviews.

**Foundation Trust Governors**

Governors have an important role in making an NHS foundation trust publicly accountable for the services it provides. They bring valuable perspectives and contributions to its activities. Governors hold non-executive directors to account for the performance of the board and represent the interests of NHS foundation trust members and the public. Members of the Council of Governors will provide scrutiny and oversight of the activities of the Trust related to quality through the Governors Quality Scrutiny Committee (CQSC).
Appendix 5: Board Governance Structures
### Appendix 6: Annual Quality Planning Cycle

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Timescale</th>
</tr>
</thead>
</table>
| 1. Implement annual action plans relating to  
  o Patient Experience  
  o Organisational Development  
  o Audit and Clinical Effectiveness | Director of Nursing and Patient Experience  
  Director of Workforce and OD  
  Medical Director | March (Annually) |
| 2. Develop annual action plans relating to  
  o Patient Safety  
  o Patient Experience  
  o Organisational Development  
  o Audit and Clinical Effectiveness | Medical Director  
  Director of Nursing and Patient Experience  
  Director of Workforce and OD  
  Medical Director | End March (annually) |
| 3. Develop and agree Quality Goals and measures of success | Medical Director & Director of Nursing and Patient Experience | End March (Annually) |
| 4. Develop Service Line Quality Action plans | Divisional Directors | End April (annually) |
| 5. Monitor delivery of quality action plans through the Performance and Governance Frameworks | Chief Executive Officer | Ongoing |
| 6. Monitor delivery of the Quality Strategy at the Quality Assurance Committee | Trust Board Secretary | Annual Plan |
| 7. Produce a report of progress in relation to the Quality Goals to the Trust Board (via Quality Assurance Committee). | Medical Director & Director of Nursing and Patient Experience | (6 monthly) Annual Plan |
| 8. Update the Quality Strategy annually | Medical Director & Director of Nursing and Patient Experience | Annual Plan |