



# **Quality Strategy**

**April 2013 – March 2014**

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## **1. Introduction**

Community based services are at the heart of a modern and flexible National Health Service (NHS). As the main provider of community healthcare across Wirral, we are committed to ensuring continuous improvements to the quality of services we provide.

Quality is at the heart of our agenda with our vision being to be the outstanding provider of high quality, integrated community care to Wirral and beyond.

This Quality Strategy describes the structures and processes within Wirral Community NHS Trust at and below Board level which influence the quality of our services including:

- How the Trust Board, commissioners, regulators, governors, staff and the public are assured around quality and safety
- How the organisation plans for and drives continuous quality improvement
- How the organisation identifies, shares and ensures the delivery of best practice
- How the organisation ensures its services provides value for money
- How the organisation identifies and manage any risks to the quality of care provided
- How the organisation investigates and take action when the required standards of quality and safety are not achieved

Implementation of the Quality Strategy will strengthen confidence and pride in Wirral Community NHS Trust with people who access our services knowing that they are amongst the best and are safe, effective and responsive to their needs, every time and all of the time.

Wirral Community NHS Trust staff share the organisational vision to be the outstanding provider of high quality, integrated community care to Wirral and beyond. For many this is what motivated them to work in health and is completely aligned with their professional values and aspirations.

Capturing and sustaining this enthusiasm and commitment is what underpins quality healthcare in effective organisations and enables the culture of quality to thrive. There is a clear link between staff experience and staff wellness with patient experience and patient outcomes. It is therefore important as we move to financially challenging times that we balance our drive for quality, productivity and efficiency, with the support and development for staff to feel engaged, valued and empowered in leading and driving quality across the organisation.

By establishing a shared understanding of quality and a commitment to place it at the heart of everything we do, Wirral Community NHS Trust's Quality Strategy represents a unique and important opportunity for us to work together to ensure Wirral Community NHS Trust becomes the outstanding provider of high quality, integrated community care to Wirral and beyond.

**Simon Gilby**  
**Chief Executive**

## 2. Vision and Values

As an organisation our vision is to be the outstanding provider of high quality, integrated community care to Wirral and beyond.

Our values are:



### **3. Wirral Community NHS Trust Board's Commitment to Quality**

Wirral Community NHS Trust Board recognises that quality is an integral part of its business strategy and for the Trust to be most effective quality must become the driving force of the organisation's culture.

The Trust Board recognises that quality is not a program or a project within the organisation and that it is not the responsibility of any one individual to implement this strategy. As such the Board is committed to ensuring that quality forms an integral part of its philosophy, practices and business plans with responsibility for driving this being accepted at all levels of the organisation.

To achieve the organisation's vision of being the outstanding provider of high quality, integrated community care to Wirral and beyond every employee in the Trust needs to feel driven to achieve excellence in what they do every day.

Wirral Community NHS Trust will only make meaningful and sustainable quality improvements in the healthcare it delivers when people at every level of the organisation feels a shared desire to make the processes and outcomes of their job better every day. This Quality Strategy represents Wirral Community NHS Trust's philosophy towards quality improvement and is built on these principles.

Achievement against the quality objectives and goals contained with this Quality Strategy will be monitored through a quality dashboard presented to the Trust Board on a monthly basis.

The Quality Strategy will be reviewed on an annual basis (April) and presented to the Trust Board for approval.

### **4. Quality and Foundation Trust Status**

Wirral Community NHS Trust's commitment to quality underpins the organisation's determination to achieve Foundation Trust status. In pursuing the Foundation Trust application the organisation can demonstrate not only the financial stability and efficiency of the organisation but most importantly that the staff deliver safe, effective and high quality services.

The Trust Board recognises that quality is therefore both a clinical and business imperative for a successful healthcare organisation.

Foundation Trust status will give the Trust greater freedom and opportunity to deliver our vision and quality strategy by:

- Promoting our independence and providing greater accountability to the communities the organisation serves
- Greater financial freedom including the ability to retain and reinvest surpluses in the provision of quality services
- Empowering and creating a new sense of purpose for staff and stakeholders.

## **5. Quality and the Cost Improvement Programme**

The Cost Improvement Programme (CIP) Monitoring Tool and process encompasses a robust governance structure and CIP methodology that is supported by interactive management tools to help achieve our Cost Improvement Programme.

The methodology allows the Trust to create, update and monitor CIP schemes whilst providing effective Quality Impact Assessments based on monitor guidance enabling the Trust to assess each scheme in terms of its impact on patient care, clinical effectiveness and patient experience. The process includes management reports and dashboards which enable the Trust to monitor CIP scheme progress against Service Lines and across Divisions.

The approval and delivery of all CIP schemes requires completion of Project Initiation Documents (PID's) which are then submitted for Quality Impact Assessment against Patient Safety, Clinical Effectiveness and Patient Experience criteria by the Director of Quality and Governance and Medical Director.

On going performance monitoring is assured through regular updates at the monthly Financial Performance Efficiency Group (FPEG) chaired by the Director of Finance. This group tracks the progress of schemes and make decisions on risks and issues for schemes that are not on track. This group also signs off on the financial benefits of schemes that have been completed and assesses the quality impact of schemes before they are implemented.

## **6. The Quality Account**

Quality Accounts are the key mechanism by which Wirral Community NHS Trust can demonstrate that a relentless focus on improving service quality is being maintained.

The Quality Account is a published document which informs the public about the quality of the services the Trust provides. They demonstrate the organisation's commitment to continuous, evidence-based quality and improvement across all services, whilst setting out to patients where the organisation will need to improve.

Wirral Community NHS Trust is required to produce annually a Quality Account relating to the previous year's quality achievements. The Quality Account is approved by Wirral Community NHS Trust's Audit Committee and published on NHS Choices website by 30 June each year.

## 7. Wirral Community NHS Trust Quality Objectives for 2013-2014

Quality is a complex notion and means different things to different people. For the purpose of the quality strategy the organisation's definition of quality is:

*"Excellence in the services we deliver that satisfies our patient and service user expectations and those of external agencies and professional bodies".*

It is widely accepted that excellent healthcare should have the following six characteristics:

- **Safe** – avoiding harm to patients from care that is intended to help them.
- **Effective** – providing services based on scientific knowledge and which produce a clear benefit.
- **Person-centered** – providing care that is respectful or responsive to individuals' needs and values.
- **Timely** – reducing waits and sometimes harmful delays.
- **Efficient** – avoiding waste.
- **Equitable** – providing care that does not vary in quality because of a person's characteristics.

Within this strategy Wirral Community NHS Trust Board has identified the quality objectives that will lead to improvements in the quality of care the organisation delivers and which will impact most on the quality of healthcare provided.

The quality strategy is a forward looking document that seeks to foresee changes that will occur in community based healthcare and anticipate the risks to quality that may occur as a result and seeks to take timely action to mitigate those risks.

## 7.1 Strategic Objectives

Wirral Community NHS Trust has devised Quality objectives which relate to the organisational Strategic Objectives as shown in the table below:

Strategic Theme	Strategic Objectives	Quality Theme	Quality Objectives
<b>Patient Community and commissioner</b>	Improve quality outcomes & patient satisfaction	Patient Experience	To work with patients and carers and clinical teams to ensure that all services are using a variety of methods to engage patients in developing the services we deliver.
	Increase the Trust's service provision in Wirral, Merseyside & Cheshire		To develop an annual Patient Experience Strategy and work plan to ensure patient experience feedback informs the Board in their decision making about services and patient care.
	Promote integration and partnership working		To monitor a range of patient experience measures (concerns, compliments and complaints) received across the Trust and increase the number of positive responses received and ensure learning from this feedback.
<b>Care Delivery</b>	Ensure delivery of contract requirements	Delivering Care	Achieving the Commission for Quality Improvement targets.
	Improve patient safety and risk management		To promote a patient safety culture, encourage incident reporting and learning from adverse events.
	Optimise effectiveness and efficiency of care services		To develop an annual Risk Strategy and ensure an awareness of current risks informs the Board in their decision making about services and patient care.
<b>People and Resources</b>	Improve human resource development and engagement	Getting Staffing Right/ staff experience	To demonstrate there are sufficient numbers of staff with the right competencies, knowledge, qualifications, skills and experience to meet the needs of people who use services at all times.
	Maintain financial sustainability		To develop an annual Quality Strategy and work plan to ensure that staff views inform the Board in their decision making about services and patient care.
	Provide value for money services		To increase the number of real time staff surveys undertaken and to learn from the feedback.
<b>Enabling Functions</b>	Improve utilisation of informatics & technology	Measuring Impact	To develop an annual Quality Strategy and work plan to ensure quality informs the Board in all decision making about services and patient care.
	Improve effectiveness of corporate governance & support services		To publish an annual Quality Account to demonstrate whether the quality objectives have been achieved and which is audited and agreed by the Board.
	Improve utilisation and efficiency of estates & facilities		To increased participation in national clinical audits and develop an annual local clinical audit plan which address local and national health priorities.

## Wirral Community NHS Trust Quality Strategy relationship to the Organisation's Strategic Objectives

### 8. Strategic Theme: Patient, Community and Commissioner

#### 8.1 Quality Theme: Patient Experience

Wirral Community NHS Trust is committed to delivering high quality and efficient services which place patients, service users and the community at the heart of everything we do. We will seek to engage effectively with all our patients, service users and the local community to continue to develop services to ensure that their experience of our care is of the highest quality.

It is now standard practice in healthcare systems worldwide to ask people to provide direct feedback on the quality of their experience, treatment and care. When analysed alongside a range of additional information sources (including complaints and operational data), this information provides local clinicians and managers with intelligence on the quality of local services from the patients' and service users' point of view, which means that patient feedback has an important role to play in driving improvements in the quality of service design and delivery (The NHS Outcomes Framework 2012/2013)

#### 8.2 Quality Objectives

- A. To work with patients and carers and clinical teams to ensure that all services are using a variety of methods to engage patients in developing the services we deliver
- B. To develop an annual Patient Experience Strategy and work plan to ensure patient experience feedback informs the Board in their decision making about services and patient care.
- C. To monitor a range of patient experience measures (concerns, compliments and complaints) received across the Trust and increase the number of positive responses received and ensure learning from this feedback.

### 8.3 Patient Experience Annual Quality Goals

Quality Objective	Quality Goal	Source	Date to be achieved by	Monitored by	Reported to	Information Source	Quality Assurance of Data/benchmarking
<b>A</b>	12 Patient Shadowing events will take place to learn from the patients perspective	CQC Outcome 1 Respecting and involving people who use services Locally agreed quality target	31 March 2014	Quarterly basis at Quality, Patient Experience and Risk Group	Quality and Governance Committee	Divisional Managers	Compliance Audit
<b>A</b>	100% of Divisions to develop a Patient Experience Champion	CQC Outcome 1 Respecting and involving people who use services Locally agreed quality target	31 March 2014	Quarterly basis at Quality, Patient Experience and Risk Group	Quality and Governance Committee	Divisional Managers	Compliance Audit
<b>B</b>	12 Patient stories to be completed to learn from patient experience	CQC Outcome 1 Respecting and involving people who use services Locally agreed quality target	Monthly Basis	Trust Board	Trust Board	Patient Experience Service	Compliance Audit
<b>C</b>	95% of concerns/complaints to be acknowledged within three working days	CQC Outcome 1 Respecting and involving people who use services Locally agreed quality target	Monthly Basis	Quality and Governance Committee	Trust Board	Patient Experience Service	Compliance Audit
<b>C</b>	10% increase in the number of patient questionnaires returned as compared to 2012/13	Improve quality outcomes & patient satisfaction Improve patient safety and risk management	31 March 2014	Quarterly basis at Quality, Patient Experience and Risk Group	Quality and Governance Committee	Patient Experience Service/Divisional Managers	Compliance Audit
<b>C</b>	80% of patient feedback received states would	CQC Outcome 1 Respecting and involving people who use	Monthly Basis	Quality and Governance Committee	Trust Board	Patient Experience Service	Compliance Audit

Quality Objective	Quality Goal	Source	Date to be achieved by	Monitored by	Reported to	Information Source	Quality Assurance of Data/benchmarking
	recommend the organisation to their family and friends	services Locally agreed quality target					

#### **8.4 Internal and External Assurance**

Internal assurance of Patient Experience is provided through triangulation of the data with the information within the monthly Quality and Patient Experience Report, in particular the comments, concerns, compliments and complaints and incident reporting.

External assurance of Patient Experience is provided through the supporting statements in the Quality Account from:

- Wirral Links/Health Watch
- Clinical Commissioning Group
- The Local Authority

#### **8.5 Quality Improvement**

Services will use Patient Experience Feedback to:

- Ensure continual integration of Patient Experience in their business objectives and planning
- Improve the Patient Experience of their services
- Ensure that any future Patient Experience work focuses directly on the issues that matter most to people using or needing to access to their services
- Develop of a range of new methodologies, approaches, instruments and indicators that build on and support the wide range of local measurement systems

#### **8.6 Annual Patient Experience Report**

This will be a public document which will be available in hard copy and via Wirral Community NHS Trust's website. It will contain a review of the Patient Experience feedback for the last financial year and include examples of point of service and in depth feedback and how they have been used to improve our services.

**9.1 Quality Theme: Delivering Care**

The ability to monitor key indicators of clinical practice is a priority for the organisation. The creation of a care dashboard based on the delivering care outcome measures which cover the key areas of patient centred; fundamental care will provide assurance to the Trust Board of the quality of the clinical services proved by the organisation.

**9.2 Quality Objectives**

- A.** Achieving the Commission for Quality Improvement targets (CQUIN) for dementia assessment, end of life care, wound care, preventing harm to patients, self-care and clinical handover and to and improving wound management for pressure and leg ulcers.
- B.** To promote a patient safety culture, encourage incident reporting and learning from adverse events.
- C.** To develop and annual Risk Strategy and ensure an awareness of current risks informs the Board in their decision making about services and patient care.

### 9.3 Delivering Care Annual Quality Goals

Quality Objective	Quality Goal	Source	Date to be achieved by	Monitored by	Reported to	Information Source	Quality Assurance of Data/benchmarking
<b>A</b>	100% of agreed CQUIN targets achieved	National Requirements NICE Guidance CQC Outcome 4 Care and Welfare of people who use services  Locally agreed quality (CQUIN) targets	31 March 2014	Monthly by Quality and Governance Committee	Trust Board	Quality & Governance Service Divisional Managers Service Leads	Compliance audit Local benchmarking between teams
<b>B</b>	Zero (with tolerance) of avoidable pressure ulcers attributable to WCT services	Locally agreed quality target	31 March 2014	Monthly by Quality and Governance Committee	Trust Board	Quality & Governance Service Divisional Managers Service Leads	Compliance audit Local benchmarking between teams
<b>B</b>	Zero (with tolerance) of controlled drug errors attributable to WCT Services	Locally agreed quality target	31 March 2014	Monthly by Quality and Governance Committee	Trust Board	Quality & Governance Service Divisional Managers Service Leads	Compliance audit Local benchmarking between teams
<b>B</b>	Zero (with tolerance) of medication incidents attributable to WCT Services	Locally agreed quality target	31 March 2014	Monthly by Quality and Governance Committee	Trust Board	Quality & Governance Service Divisional Managers Service Leads	Compliance audit Local benchmarking between teams
<b>B</b>	Zero (with no tolerance) Serious and Untoward incidents	Locally agreed quality target	31 March 2014	Monthly by Quality and Governance Committee	Trust Board	Quality & Governance Service Divisional Managers	Compliance audit Local benchmarking between teams

Quality Objective	Quality Goal	Source	Date to be achieved by	Monitored by	Reported to	Information Source	Quality Assurance of Data/benchmarking
	attributable to WCT Services					Service Leads	
<b>B</b>	Zero (with no tolerance) Never Events attributable to WCT Services	Nationally agreed DoH quality target	31 March 2014	Monthly by Quality and Governance Committee	Trust Board	Quality & Governance Service Divisional Managers Service Leads	Compliance audit Local benchmarking between teams
<b>B</b>	Zero (with no tolerance) healthcare associated infections attributable to WCT Services	Locally agreed quality target	31 March 2014	Monthly by Quality and Governance Committee	Trust Board	Quality & Governance Service Divisional Managers Service Leads	Compliance audit Local benchmarking between teams
<b>C</b>	Zero (with tolerance) of Information Governance incidents attributable to WCT Services	Locally agreed quality target	31 March 2014	Monthly by Quality and Governance Committee	Trust Board	Quality & Governance Service Divisional Managers Service Leads	Compliance audit Local benchmarking between teams

### Agreed Tolerances

<b>Red</b>	IG Incidents (5+) Never Events (1) Serious Untoward Incidents (1) Medication (10+) Controlled Drug Errors (5+) Healthcare Associated Infections (1) CQUIN (2 targets not achieved) Avoidable Pressure Ulcers (3+)	<b>Amber</b>	IG Incidents (1-4) / Medication (5-9) Controlled Drug Errors (1-4) Avoidable Pressure Ulcers (1-2) CQUIN (1 targets not achieved)	<b>Green</b>	IG Incidents (0) / Medication (1-4) Controlled Drug Errors (0) Avoidable Pressure Ulcers (0) CQUIN (all targets achieved)
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#### **9.4 Internal and External Quality Assurance of the Data**

Internal assurance of the quality for the deliver of care is provided through internal compliance reports which will be reported monthly via the Quality and Patient Experience Report to the Quality and Governance Committee and quarterly to the Trust Board.

External assurance of the Delivery of Care is provided through the Quality and Risk Profile produced by the Care Quality Commission.

The following quality improvements are monitored using both internal and external assurance.

#### **9.5 Quality Improvement**

Services will use the Quality and Patient Experience Report to

- Ensure continual integration of Quality in their business objectives and planning
- Improve the Quality of their services
- Ensure that any future Quality work focuses directly on the issues that matter most to people using or needing access to their services
- Develop of a range of new methodologies, approaches, instruments and indicators that build on and support the wide range of local measurement systems

## **10. Strategic Theme: People and Resources**

### **10.1 Quality Theme: Getting staffing right and improving staff experience**

As part of corporate accountability Wirral Community NHS Trust has a duty to ensure that patients are cared for by appropriately qualified, experienced staff in safe environments with appropriate staffing levels. Demonstrating sufficient staffing is one of the essential standards that all health care providers must meet to comply with Care Quality Commission (CQC) regulations.

There is a growing body of research evidence which shows that staffing levels make a difference to patient outcomes (mortality and adverse events), patient experience, quality of care and the efficiency of care delivery.

### **10.2 Quality Objectives**

- A.** To demonstrate there are sufficient numbers of staff with the right competencies, knowledge, qualifications, skills and experience to meet the needs of people who use services at all times.
- B.** To ensure that staff views inform the Board in their decision making about services and patient care.
- C.** To increase the number of real time staff surveys undertaken and to learn from the feedback.

### 10.3 Getting Staffing Right/Improving Staff Experience Annual Quality Goals

Quality Objective	Quality Goal	Source	Date to be achieved by	Monitored by	Reported to	Information Source	Quality Assurance of Data/benchmarking
<b>A</b>	95% of new staff to the organisation to have attended corporate induction within six weeks of commencing in the organisation	NHSLA Risk Management Standards CQC Outcomes 12, 13 and 14 Locally agreed target	31 March 2014	Quarterly at Education & Workforce Committee	Trust Board	HR Department	Annual Compliance Audit
<b>A</b>	95% of new staff to the organisation to have completed their local induction within four weeks of commencing in the organisation	NHSLA Risk Management Standards CQC Outcomes 12, 13 and 14 Locally agreed target	31 March 2014	Quarterly at Education & Workforce Committee	Trust Board	HR Department	Annual Compliance Audit
<b>A</b>	95% of staff to attend their Mandatory Essential Learning programme within the agreed timeframe	NHSLA Risk Management Standards CQC Outcomes 12, 13 and 14 Locally agreed target	31 March 2014	Quarterly at Education & Workforce Committee	Trust Board	Quality & Governance Service	Annual Compliance Audit
<b>A</b>	100 % of eligible staff to have an annual appraisal	NHSLA Risk Management Standards CQC Outcomes 12, 13 and 14 Locally agreed target	31 August 2013	Quarterly at Education & Workforce Committee	Trust Board	HR Department	Annual Compliance Audit
<b>A</b>	100% of eligible staff to have a learning and development	NHSLA Risk Management Standards CQC Outcomes	31 August 2013	Quarterly at Education & Workforce Committee	Trust Board	HR Department	Annual Compliance Audit

Quality Objective	Quality Goal	Source	Date to be achieved by	Monitored by	Reported to	Information Source	Quality Assurance of Data/benchmarking
	plan as a result of the annual appraisal process	12, 13 and 14 Locally agreed target					
<b>A</b>	100% eligible medical staff to has an appraisal (revalidation)	NHSLA Risk Management Standards CQC Outcomes 12, 13 and 14 Locally agreed target	31 March 2014	Quarterly at Education & Workforce Committee	Trust Board	Medical Director	Annual Compliance
<b>A</b>	A decrease in the staff sickness rate to the national NHS target of 3.4%	NHSLA Risk Management Standards CQC Outcomes 12, 13 and 14 Locally agreed target	31 March 2014	Quarterly at Education & Workforce Committee	Trust Board	HR Department	Annual Compliance Audit
<b>B</b>	*A 5% increase of staff reporting job satisfaction in the National NHS staff survey	NHSLA Risk Management Standards CQC Outcomes 12, 13 and 14 Locally agreed target	31 March 2014	Quarterly at Education & Workforce Committee	Trust Board	Staff Survey	National Benchmarking
<b>B</b>	*A 5% increase in staff recommending the Trust as a place to work or receive treatment	NHSLA Risk Management Standards CQC Outcomes 12, 13 and 14 Locally agreed target	31 March 2014	Quarterly at Education & Workforce Committee	Trust Board	Staff Survey	National Benchmarking
<b>B</b>	*95% of staff reporting they know how to report concerns regarding fraud and malpractice in the National	NHSLA Risk Management Standards CQC Outcomes 12, 13 and 14 Locally agreed target	31 March 2014	Quarterly at Education & Workforce Committee	Trust Board	Staff Survey	National Benchmarking

<b>Quality Objective</b>	<b>Quality Goal</b>	<b>Source</b>	<b>Date to be achieved by</b>	<b>Monitored by</b>	<b>Reported to</b>	<b>Information Source</b>	<b>Quality Assurance of Data/benchmarking</b>
	NHS staff survey						
<b>C</b>	6 mini surveys to be undertaken	CQC Outcomes 12, 13 and 14 Locally agreed target	31 March 2014	Quarterly at Education & Workforce Committee	Trust Board	HR Department	Annual Compliance Audit

\*Results from the staff survey consist of aggregate scores from specific questions

## **10.4 Internal and External Quality Assurance of the Data**

Internally the data presented will be assured through the real time staff survey process and through internal quality assurance compliance audits.

The data presented is assured externally through the Care Quality Commission Quality and Risk Profiles which are presented quarterly to the Board and through the National Staff Survey data.

## **10.5 Quality Improvement**

Services will use the above reports to:

- Ensure continual integration of workforce data in their business objectives and planning
- Improve the Quality of their services
- Ensure that any future Quality work focuses directly on the issues that matter most to people using or needing access to their services
- Develop of a range of new methodologies, approaches, instruments and indicators that build on and support the wide range of local measurement systems

## **11. Strategic Theme: Enabling Functions**

### **11.1 Quality Theme: Measuring Impact**

Patient outcome data will give Wirral Community NHS Trust an indication of its performance. However, in isolation this may not provide the best information to improve performance and patient outcomes. By comparing our performance and outcomes with other local, regional and national data, this will assist the Trust Board to improve quality.

### **11.2 Quality Objectives**

- A.** To publish an annual governance audit plan which demonstrates the quality of the data and information the organisation bases its Quality Account on and increase the number of observational audits carried out in the organisation.
- B.** To develop an annual clinical audit programme which is agreed by the audit committee and to increased participation in national clinical audits and develop an annual local clinical audit plan which address local and national health priorities and which also includes the use of the National Safety Thermometer for Harm Free Care, the use of Dementia screening and leg ulcer healing rates.
- C.** To introduce a practical application of lean based techniques for clinical services that will vastly increase the organisation's capacity and capability for continuous improvement through the use of the Productive Community Services Programme

### 11.3 Measuring Impact Annual Quality Goals

Quality Objective	Quality Goal	Source	Date to be achieved by	Monitored by	Reported to	Information Source	Quality Assurance of Data/benchmarking
<b>A</b>	100% of compliance audits agreed in the audit plan to be completed	Monitor Quality Framework NHSLA Risk Management Standards CQC Essential Standards for Quality and Safety Locally agreed target	31 March 2014	Quality and Governance Committee	Trust Board	Divisional Managers Service Leads Quality & Governance Service	Annual Compliance Audit
<b>A</b>	60 patients will have the quality of their clinical care measured using the CQC standards	Monitor Quality Framework NHSLA Risk Management Standards CQC Essential Standards for Quality and Safety Locally agreed target	31 March 2014	Quality and Governance Committee	Trust Board	Divisional Managers Service Leads Quality & Governance Service	Annual Compliance Audit
<b>B</b>	100% of clinical audits agreed in the audit plan to be completed	Monitor Quality Framework NHSLA Risk Management Standards CQC Essential Standards for Quality and Safety	31 March 2014	Audit Committee	Trust Board	Divisional Managers Service Leads Quality & Governance Service	Annual Compliance Audit

Quality Objective	Quality Goal	Source	Date to be achieved by	Monitored by	Reported to	Information Source	Quality Assurance of Data/benchmarking
		Locally agreed target					
<b>B</b>	95% of patients to receive harm free care	National Requirements NICE Guidance CQC Outcome 4 Care and Welfare of people who use services  Locally agreed quality (CQUIN) targets	31 March 2014	Monthly by Quality and Governance Committee	Trust Board	Quality & Governance Service Divisional Managers Service Leads	Compliance audit Local benchmarking between teams
<b>B</b>	90% of patients aged 65 and over screened for dementia using a mini mental health assessment test	National Requirements NICE Guidance CQC Outcome 4 Care and Welfare of people who use services  Locally agreed quality (CQUIN) targets	31 March 2014	Monthly by Quality and Governance Committee	Trust Board	Quality & Governance Service Divisional Managers Service Leads	Compliance audit Local benchmarking between teams
<b>B</b>	70% of patients with a leg ulcer to heal within 15 weeks	National Requirements NICE Guidance CQC Outcome 4 Care and Welfare of people who use services	31 March 2014	Monthly by Quality and Governance Committee	Trust Board	Quality & Governance Service Divisional Managers Service Leads	Compliance audit Local benchmarking between teams

Quality Objective	Quality Goal	Source	Date to be achieved by	Monitored by	Reported to	Information Source	Quality Assurance of Data/benchmarking
		Locally agreed quality (CQUIN) targets					
<b>C</b>	100% of eligible teams to complete the Productive Community Services Programme	Quality, Innovation, Productivity and Prevention (QIPP) Cost Improvement Programme (CIP) Locally agreed target	31 March 2014	Finance & Performance Committee	Trust Board	Divisional Managers Service Leads Quality & Governance Service	Annual Compliance Audit

#### **11.4 Internal and External Quality Assurance of the Data**

Internal assurance of the clinical audit data is provided through triangulation of the data with the information within the Quality Report, in particular the comments, concerns, compliments and complaints, incident reporting and the service level and organisational risk registers. The clinical audit team complete annual compliance audits of the data submitted.

External assurance of the clinical audit data is provided through the Merseyside Internal Audit Association process.

#### **11.5 Quality Improvement**

Services will use the results of the clinical audits undertaken to:

- Improve the Quality of their services
- Ensure that any future Quality work focuses directly on the issues that matter most to people using or needing to access to their services

#### **11.6 Annual Clinical Audit Report**

This will be a public document which will be available in hard copy and via Wirral Community NHS Trust's website. It will contain a review of the clinical audit activity for the last financial year and include examples of how they have been used to improve our services.

## **12. Quality Governance Structure**

In order to deliver the Quality Strategy it is important that Wirral Community NHS Trust has in place appropriate governance structures and communication mechanisms.

Engagement with all staff is central to this so as to ensure that the appropriate matrix of communication channels is in place.

Wirral Community NHS Trust's committee and key group's structure has been developed to support this agenda (**Appendix 1**).

One of the main recommendations following the Robert Francis Inquiry into Mid Staffordshire NHS Foundation Trust was the need to ensure that organisations further develop and strengthen their quality governance structures.

The Trust is assured that its Board has the necessary leadership, skills and knowledge to deliver the quality agenda and continually promote a quality focused culture throughout the Trust.

This will be further assessed as the Board prepares its Board quality statement and Board Memorandum as part of the Foundation Trust application process.

These structures will be internally assured by the Merseyside Internal Audit Association and externally assured by Monitor, the Independent Regulator of NHS Foundation Trusts.

## **13. Committees and Working Groups**

The Board Committees which have responsibility for quality are detailed within the governance structure (**Appendix 1**).

They have agreed terms of reference (**Appendix 2**) which are reviewed annually and an annual programme to work to.

Committee terms of reference are available on Wirral Community NHS Trust's web site.

### **13.1 Wirral Community NHS Trust Board**

Executive Director Lead: Chief Executive

The main duties of the Board are to monitor the implementation of the organisation's Quality Strategy and to ratify through its relevant committees the organisation's policies and procedures which relate to quality.

### **13.2 Quality and Governance Committee (reporting to Wirral Community NHS Trust Board)**

Executive Director Lead: Director of Quality and Governance

The purpose of the committee is to ensure the organisation has effective processes in place to deliver continuous quality improvement, ensure patients are kept safe and that risk is effectively managed.

The committee provides assurance to the Board that the Quality Strategy is being driven throughout the organisation.

The Committee monitors on a monthly basis the quality goals contained within the Quality Strategy relating to Patient Experience and Care Delivery.

### **13.3 Quality, Patient Experience and Risk Group (reporting to Quality and Governance Committee)**

This group ensures the effective implementation and monitoring of Wirral Community NHS Trust's Quality policies which support the Quality Strategy.

In addition the Group provides information and assurance to the Quality and Governance Committee regarding how the Quality Strategy is being implemented and managed within the organisation

## **14. Responsibilities**

The Chief Executive has overall accountability for Quality within Wirral Community NHS Trust and the Board demonstrates commitment through the endorsement of the Quality Strategy.

### **14.1 The Director for Quality and Governance is responsible for:**

- Providing assurances on the quality objectives which relate to Patient Experience, Delivering Care and Measuring Impact to the Board.
- The quality assurance and publishing of the annual Quality Account
- Assessing the quality impact of the organisation's Cost Improvement Plans (CIP)
- Ensuring the ratification of quality policies and procedures takes place through the appropriate structures

### **14.2 The Director of Human Resources and Corporate Affairs is responsible for:**

- Providing assurances on the quality objective which relates to getting staffing right and staff experience the Board.

### **14.3 The Director for Operations and Performance is responsible for:**

- Ensuring that responsibilities for the implementation, management and co-ordination of the Quality Strategy within the Divisions and spheres of control are clear
- Identifying and allocating the required resources to implement patient quality improvement strategies
- Ensuring that the Business Planning process takes into account risks to quality which are fed into the performance management process for regular review

### **14.4 The Director of Finance is responsible for:**

- Ensuring that the Cost Improvement Planning process takes into account risks to quality which are fed into the performance management process for regular review

#### **14.5 The Medical Director is responsible for:**

- Assessing the quality impact of the organisation's Cost Improvement Plans (CIP) relating to Primary Care Division
- Ensuring that responsibilities for the implementation, management and co-ordination of the Quality Strategy within the Primary Care Division and spheres of control are clear
- Ensuring the ratification of quality policies and procedures relating to Medical and Dental staff takes place through the appropriate structures

#### **14.6 The Head of Nursing, Quality and Governance is responsible for:**

- Developing the annual Quality Strategy
- Developing the annual Quality Account
- Acting as a Quality Improvement Advisor including coaching other staff in quality improvement methods and instilling the principles of quality at all levels in the organisation
- Supporting Wirral Community NHS Trust in relation to quality improvement processes which promote best practice for Wirral Community NHS Trust
- Providing assurances on the quality objectives to the Quality and Governance Committee.
- Identifying themes from clinical audit, CQUIN data and quality information and using the information to design and implement systems to improve clinical and non-clinical practice
- The provision of Productive Series training

#### **14.7 The Quality and Governance Service are responsible for:**

- Working with patients and cares and clinical teams to ensure that all services are using a variety of methods to engage patient sin developing the service we deliver.
- Planning and implementing the data collection to support the Commission for Quality Improvement (CQUIN) targets annually.
- Producing information reports to assist Wirral Community NHS Trust in its quality improvement activity
- Advising on quality improvement methods throughout the organisation

#### **14.8 The Business Transformation Team is responsible for:**

- The Organisation's business planning process, service redesign and development programme.

#### **14.9 The Quality Manager is responsible for:**

- Developing and implementing the annual quality work plan to meet the needs of the quality strategy

#### **14.10 The Risk Manager is responsible for:**

- Developing and implementing the annual risk plan to meet the needs of the risk strategy

#### **14.11 The Patient Experience Manager is responsible for:**

- Developing and implementing the annual patient engagement work plan to meet the needs of the Patient Experience Strategy

#### **14.12 Divisional Managers are responsible for:**

- Implementing the Quality Strategy in their area of responsibility
- Ensuring that Quality related Policies and Procedures are implemented and that appropriate quality improvement processes are in place within their designated areas and scope of responsibility. In situations where significant risks to the quality of patient care have been identified and where control measures are considered to be potentially inadequate, Divisional Managers are responsible for bringing these risks to the attention of the relevant director/senior manager
- Implementing a local system for managing and reviewing quality improvement through the Divisional Quality and Governance group and patient and staff quality groups

#### **14.13 Service Leads are responsible for:**

- Ensuring that Quality Policies and Procedures are implemented and that appropriate quality improvement processes are in place within their designated areas and scope of responsibility. In situations where significant risks to the quality of patient care have been identified and where control measures are considered to be potentially inadequate, Clinical Leads are responsible for bringing these risks to the attention of the Divisional Manager.
- Ensuring effective communication and distribution of all policies and guidelines relating to quality improvement to staff.
- Ensuring that staff have suitable and sufficient information, instruction, training and supervision to perform their duties in accordance with the organisation's quality strategy
- Taking appropriate action in the event of deviations to accepted practices

- Ensuring their business plans take account of quality issues

#### **14.14 All employees are responsible for:**

- Carrying out their duties in a way that promotes quality and safety in patient care
- Providing high quality, safe standards of clinical practice through compliance with the regulations of appropriate professional bodies
- Raising any concerns about the quality of patient care being delivered to either their line manager, Clinical Lead or Divisional Manager
- Being familiar with and complying with all appropriate Trust policies and procedures
- Attending training as required by Wirral Community NHS Trust

#### **15. Communication**

Inadequate communication is a potential risk factor in implementing the Organisation's Quality Strategy.

The Quality Strategy will be communicated to all members of staff using the following systems:

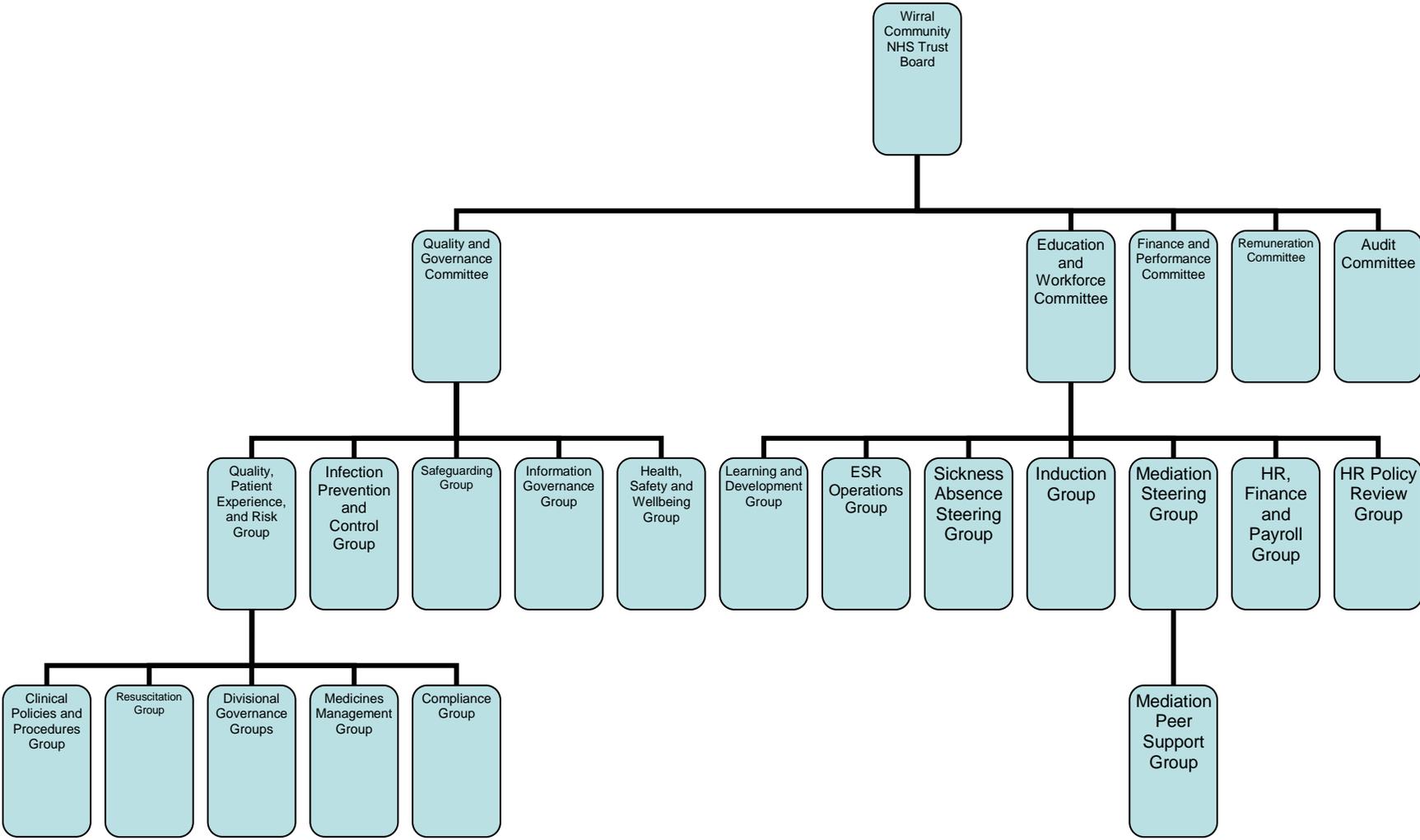
- A launch event
- A quality strategy summary leaflet provided for all staff
- Distribution through the policy process
- Via email
- The Staff Bulletin
- The staff zone of the web site
- Standing agenda item on Divisional and Service meetings

Where to obtain the Strategy will be identified to new starters through the induction process.

#### **16. References**

1. Department of Health: The Operating Framework for the NHS in England 2012/13 November 2011
2. Monitor: Compliance Framework 2011/12 September 2011
3. Monitor: Detailed Guidance for External Assurance on the Quality reports March 2011
4. Monitor: Consultation on an update to the Guide for Applicants – Quality Governance April 2010

Appendix 1: Committee Structure



## Appendix 2: Terms of Reference

### Wirral Community NHS Trust

#### Quality & Governance Committee - Terms of Reference

##### Introduction

1. This document comprises the terms of reference, constitution and modus operandi of the Quality and Governance Committee.

##### Constitution

2. The Board hereby resolves to establish the Quality and Governance Committee as a Committee of the Board. The Committee is a non-executive Committee of the Board and has no executive powers other than those specifically delegated in these Terms of Reference.

##### Purpose

3. The purpose of the Committee is to ensure the organisation has effective processes in place to deliver continuous quality improvement, ensure patients are kept safe and that risk is effectively managed.

##### Membership and Voting status

4. Membership of the Quality and Governance Committee will be:

- 3 x Non-Executive Directors
- Medical Director
- Director of Quality and Governance
- Director of Operations and Performance, Executive Nurse

The Committee will be chaired by a Non-Executive Director of the Board.

The Chief Executive and other Executive Directors may be present if specific agenda items require their input and contribution.

5. The following posts with roles associated with the key areas will be in attendance:

- Head of Quality and Governance
- Trust Board Secretary
- Board Support and FOI Officer (minute-taker)

6. The composition of the Committee should be given in Wirral Community NHS Trust's Annual Report.
7. The meeting will be quorate if two Non-Executive Directors and one Executive Director, are present.
8. Other senior employees may be invited to attend by the chair, particularly when the Committee is discussing an issue that is the responsibility of that employee.
9. If a dispute arises at the Committee, a record of the discussion will be taken and escalated to the Board; votes will always be taken at Board level.

## **Attendance**

10. The Director of Quality & Governance will act as the Executive Lead.
11. The Trust Board Secretary will make arrangements to ensure the Committee is supported administratively. Duties in this respect will include taking minutes of the meeting and providing appropriate support to the Chairman and Committee members.
12. Agendas and supporting documentation will be circulated at least 3 working days (or 2 working days plus a weekend) in advance of the meeting.

## **Frequency**

13. The Quality and Governance Committee will meet on a monthly basis.
14. Committee members will be expected to attend at least three quarters of scheduled meetings annually.

## **Authority**

15. In order to facilitate the achievement of good governance, the Committee is authorised by the Board to investigate any activity within its terms of reference.
16. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
17. Matters for consideration by the Committee may be nominated by any member of the Committee or Executive Director of Wirral Community NHS Trust.
18. The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of advisers with relevant experience and expertise if it considers this necessary.

## **Function**

19. The primary function of the Quality and Governance Committee is to provide assurance to the Board of overall compliance with all statutory and regulatory obligations and will ensure the effective management of Incidents, Complaints, Claims and Inquests and subsequent dissemination of lessons learnt.

## **Duties**

20. The Committee will formally agree and record its precise terms of reference, specifying which posts fall within its areas of responsibility, its composition and the arrangements for reporting.
21. The duties of the Committee are as follows:
  - Approve and monitor the implementation of the organisations Quality Strategy
  - Provide assurance to the Board that the Quality Strategy is being driven throughout the organisation
  - Approve and monitor the implementation of the organisations Risk Strategy
  - Provide assurance to the Board that the Risk Strategy is being driven throughout the organisation including review and monitoring of risk escalation reports from the Quality Patient Experience and Risk group, and escalating to Board as appropriate

- Provide scrutiny and analysis of the organisations risk assurance processes by receiving the monthly Quality Report and reporting by exception to the Board
- Receive and scrutinise the full organisational risk register quarterly reporting by exception to the Board
- Manage any risks which score over 15 on the organisations risk register and which have been reported by exception in the monthly Quality Report.
- Provide scrutiny and analysis of the organisations quality assurance process by receiving the monthly Quality Report and reporting by exception to the Board
- Monitor the achievement of the organisations Commissioning for Quality and Innovation targets through the data presented in the monthly Quality Report
- Receive and agree the annual clinical audit plan
- Receive and scrutinise quarterly reports in relation to progress with implementation of the clinical audit plan ensuring that action is taken to address trends and areas of concern highlighted in these reports and report by exception to the Board
- Receive and agree the annual Patient Experience plan
- Receive and scrutinise quarterly reports in relation to progress with implementation of the Patient Experience plan ensuring that action is taken to address trends and areas of concern highlighted in these reports and report by exception to the Board
- Scrutinise and approve the Annual Quality Account and assure the Board of the accuracy of its content before it is published NHS Choices and the website
- Monitor compliance with the NHSLA Risk Management Standards by receiving quarterly reports in relation to the organisations progress against the NHSLA Risk Management Standards for scrutiny and assurance and ensuring that action is taken to address trends and areas of concern and report by exception to the Board
- Monitor compliance of the Care Quality Commission (CQC) Essential Standards of Quality and Safety by receive quarterly reports in relation to the organisations external CQC Quality and Risk profile ensuring that action is taken to address trends and areas of concern and report by exception to the Board
- Receive quarterly reports in relation to the organisations internal CQC Quality and Risk standards assurance processes including:
  1. Frontline Focus Report
  2. CQC Compliance Report

Ensuring that action is taken to address trends and areas of concern and reporting by exception to the Board
- Receive six monthly reports in relation to the organisations Information Governance Toolkit submissions and report by exception to the Board
- Approve all general policies which relate to:
  1. Quality
  2. Risk Management
  3. Information Governance
  4. Infection Prevention and Control
  5. Safeguarding
  6. Health, Safety and Well Being
- Receive six monthly reports in relation to the organisations National Patient Safety Incident Reporting and report by exception to the Board
- Receive assurance of Wirral Community NHS Trust's response to reports from external agencies relevant to integrated governance, including the Care Quality Commission, the Audit Commission, Health and Safety Executive and the NHS Litigation Authority and report by exception to the Board
- Review the outcomes and action plans associated with all Serious Untoward Incidents to ensure that learning is implemented and shared across Wirral Community NHS Trust
- Advise Wirral Community NHS Trust Board of all significant risks, areas for development and exceptional good practice, ensuring lessons are derived and shared
- Contribute to the annual Statement of Internal Control for review by the Audit Committee and approval by Wirral Community NHS Trust Board

## Relationship with and reporting to the Board

22. The minutes of the Committee shall be formally recorded by the Trust Board Secretary and submitted to the Board for scrutiny and assurance.
23. A high-level Committee report will be presented to the Board each month outlining the key agenda items, discussion topics, and any recommendations
24. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.
25. The Committee will conduct an annual review of objectives and duties, as outlined in these Terms of Reference, and provide a report to the Board on performance.

## Links with Other Committees

26. The Quality and Governance Committee will receive Action Plans and Outcome Summaries of the following groups for assurance, scrutiny and to monitor compliance with all relevant national standards and guidance including NICE, Safeguarding Children and Safeguarding Adults, Health and Safety Executive and Essential Steps:

- Quality, Patient Experience and Risk Group
- Infection Control Group
- Safeguarding Group
- Health and Safety and Well Being Group
- Information Governance Group

## Review

27. These Terms of Reference shall be reviewed annually or more regularly if amends are required, by the Quality and Governance Committee with recommendations made to Wirral Community NHS Trust's Board for any amendments. Thereafter, the Terms of Reference will be reviewed annually by the Board to ensure they are still appropriate.

Quality & Governance Committee - Chair Approval			
<b>Name:</b>		<b>Date:</b>	
<b>Signature:</b>		<b>Review Date:</b>	

### Appendix 3: CQUIN Targets for 2013/14

Improvement Area	Target
<p align="center"><b>Dementia</b></p>	<p>1.90% or above of new community nursing referrals of patients aged 65 years and over (who have not previously been screened using a dementia mental health assessment test by any healthcare professional) who are suffering short term memory loss to be appropriately screened using the mental health assessment test called the General Practitioner Assessment of Cognition (GP COG)</p> <p>2.90% or above GP COG screening assessments will be copied and shared with the relevant GP within a week of completion</p> <p>3.80% of patient identified as having short term memory loss will have blood screening tests for:-</p> <ul style="list-style-type: none"> <li>• A complete blood count (CBC) to rule out anaemia</li> <li>• A blood glucose test to rule out diabetes</li> <li>• Blood tests to estimate kidney function, to estimate liver function and to measure vitamin B-12 levels</li> </ul> <p>4. 80% of patients identified as having short term memory loss will have their urine testing for signs of a UTI</p> <p>These tests will help GPs to rule out an alternative diagnosis and speed up the pathway for referral to the memory clinic ( set at 80% as some patients may decline the tests)</p>
<p align="center"><b>End of Life Care</b></p>	<p>Measure compliance with EoLC quality indicators (including PPC, LCP and anticipatory prescribing)</p> <p>The aim would be to use the 90% compliance data collected in 2013/2014 to set further quality improvement goals in 2014/15</p>
<p align="center"><b>Harm to Patients (Safety Thermometer)</b></p>	<p>95% of community nursing patients to be harm free in on four known areas of patient harm, for all Community Nursing patients, who receive a home visit on the last Thursday of each month. The four areas of harm are:</p> <ul style="list-style-type: none"> <li>• Pressure Ulcers</li> <li>• Falls</li> <li>• Urinary tract infection in patients with catheters</li> </ul>

Improvement Area	Target
	<ul style="list-style-type: none"> <li data-bbox="734 212 1211 240">• Venous Thromboembolism (VTE)</li> </ul>
<p data-bbox="311 280 535 309"><b>Pressure Ulcers</b></p>	<p data-bbox="685 280 1917 347">Pressure ulcer prevention base line data collection will inform quality improvement goals for the 2014/15 period.</p> <p data-bbox="685 448 1939 596">Development of a pressure ulcer prevention training package / resources in partnership with a Residential Care Home, to positively influence levels of pressure ulcer prevention knowledge. The aim of this is to further enhance collaborative working between Residential Care Home Staff, patients and Wirral Community NHS Trust Community Nursing Service.</p> <p data-bbox="685 632 1048 660">The targets for 2013/14 are:</p> <ul style="list-style-type: none"> <li data-bbox="741 700 1924 767">• 90% of patients residing in a care home at risk of developing a pressure ulcer will have a shared pressure ulcer care plan in their clinical records.</li> <li data-bbox="741 807 1850 908">• 90% of community nursing teams with patients residing in a care home at risk of developing a pressure ulcer will have a meeting with the care home manager on a monthly basis</li> </ul>
<p data-bbox="259 954 586 983"><b>Family and Friends test</b></p>	<p data-bbox="685 954 1906 983">Measure patient experience in line with Friends and Family Test across the following divisions:</p> <ul style="list-style-type: none"> <li data-bbox="685 1018 882 1046">• Nursing</li> <li data-bbox="685 1082 954 1110">• Primary Care</li> <li data-bbox="685 1145 994 1174">• Unplanned Care</li> <li data-bbox="685 1209 904 1238">• Lifestyles</li> <li data-bbox="685 1273 913 1302">• Therapies</li> </ul> <p data-bbox="685 1342 1939 1409">The target for 2013/14 is 80% of patient feedback received would recommend the organisation to their family and friends</p>

Improvement Area	Target
<p><b>Children with complex needs</b></p>	<p>Measure compliance with quality indicators for children with complex needs. Complex needs will be defined as:-</p> <ul style="list-style-type: none"> <li>• Children with a long term condition e.g. cerebral palsy</li> <li>• Children with a leading disability e.g. Downs syndrome</li> <li>• Children with a physical disability e.g. muscular dystrophy</li> </ul> <p>The aim would be to use the compliance data collected in 2013/14 to set quality improvement goals in 2014/15</p>