Wirral Community NHS Foundation Trust

Quality Strategy Annual Review

Meeting	Trust Board		
Date	07 September 2016	**Agenda item**	**10**
Lead Director	Sandra Christie, Director of Nursing and Performance		
Author(s)	Paula Simpson, Deputy Director of Nursing		

To Approve	☑	**To Note**	☐	**To Assure**	☐

Link to the Board Assurance Framework:
This paper constitutes a control to mitigate the following principal risks: 01a: Quality and safety not maintained and improved   01b: Non-compliance with all relevant statutory duties   02a. Patient experience is not systematically collected, reported and acted upon   03a. Failure to identify the right patient groups, engage with them or act upon feedback   05a. Failure to identify and understand key stakeholders and commissioners to effectively manage relationships   08. We will deliver to the expectations of our commissioners and demonstrate value and quality

Identified risks:
None identified.

Financial implications:
None identified.

Has an Equality Impact Assessment been completed?	Yes ☐	No ☑

Does this proposal represent any service improvement or redesign?	Yes ☐	No ☑

Paper history *Has a committee of the board reviewed this paper?*		
Submitted to	**Date**	**Brief Summary of Outcome**
Quality & Governance Committee	20 July 2016	Comments received and approved

Link to strategic objectives - 2014-19 *(please tick those supported by this paper)*			
We will deliver safe and effective patient care	✔	We will further develop and maintain a competent, caring and flexible workforce	
We will deliver a positive experience of our services	✔	We will continuously develop the organisation including leadership at every level of the organisation	✔
We will engage effectively with the patients and communities we serve	✔	We will effectively engage with our staff to deliver our strategic objectives	
Reducing health inequalities will be integral to all service developments and delivery	✔	We will optimise the use of our resources	
We will effectively manage and develop our relationships with our current and new commissioners and stakeholders	✔	The delivery of sustainable clinical services will be supported by corporate services	
We will defend and grow our core business		We will effectively manage our finances and fully deliver our efficiency programme	
We will lead the delivery of out of hospital integrated care		We will deliver transformation supported by innovation and research	
We will deliver to the expectations of our commissioners and demonstrate quality and value	✔		

Quality Strategy Annual Review

Purpose

1. The purpose of this report is to ask the Trust Board to approve Wirral Community NHS Foundation Trust's reviewed Quality Strategy (**Appendix 1**).

Executive Summary

2. This strategy is a key part of Wirral Community NHS Trust's Business Plan 2014/2019 and ensures that Wirral Community NHS Trust has a clear vision for advancing and measuring quality.

3. The refreshed draft Quality Strategy presents a set of clear quality statements mapped against our strategic objectives that aim to articulate our vision and ambition.

4. The strategy has been reviewed by the Quality and Governance Committee, following which minor amendments have been made.

Board action

5. Trust Board is asked to approve the refreshed Quality Strategy.

6. It is recommended that the Quality and Governance Committee continue to receive quarterly Quality Strategy assurance reports outlining progress made against implementation of the strategy.

Sandra Christie
Director of Nursing and Performance

Paula Simpson
Deputy Director of Nursing

31 August 2016

Quality Strategy

Version:	5
Ratified by:	Trust Board
Date ratified:	07/092016
Name of originator/author:	Director of Nursing and Performance
Name of responsible committee/individual:	Quality and Governance Committee
Date issued:	07/09/2016
Review date:	07/09/2017
Target audience:	All Community Trust Staff

Contents

Review and Amendment Log

Version Number	Type of Change	Date	Description of Change
1	New	April 2012	Developed to outline the trust's priorities in relation to the Trust's commitment to delivering high quality safe clinical services ensuring patients are free from harm
2	Annual Review	April 2013	Updated with quality goals for 2013/14
3	Annual Review	April 2014	Updated with quality goals for 2014/15
4	Annual Review	April 2015	Updated with quality goals for 2015/16
5	Annual Review	June 2016	Updated with quality goals for 2016/17

Introduction

Our task as a NHS Foundation Trust is to deliver outstanding quality of patient care, NHS Constitution access standards and financial balance, eliminating unwarranted variation across all these areas, while also making the transformation that is needed to ensure long-term sustainability. This strategy supports this objective.

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, our vision is to be the outstanding provider of high quality, integrated community care to Wirral and the communities we serve.

In healthcare, quality and efficiency are two sides of the same coin. High quality care means we get it right the first time; it means using the full talents of all professionals, and it means working with patients and carers as partners in their own care. This document describes how we will achieve this.

Implementation of the Quality Strategy builds on the confidence and pride in Wirral Community NHS Foundation Trust with people who access our services knowing they are being treated by one of the best out of hospital organisations with services that safe, effective and responsive to their needs, every time and all of the time.

These are challenging times for the health service. While the NHS budget will rise each year, unless we reform the way we work, there will be a widening gap between the resources we have and the demands placed upon the service. There is an imperative to change the way we work to keep up with what is demanded of us.

The strategy builds upon a positive CQC inspection in September 2014 and the successful delivery of our previous Quality Strategy and Quality Accounts (as published 2010/11- 2015/16). The Quality Strategy ensures we maintain annual CQC registration and builds on a strong history of delivering against contractual quality standards including the Commission for Quality and Innovation (CQUIN) payment framework where financial incentives are attached to the delivery of key quality indicators. The strategy ensures that quality services are delivered in the organisation in response to the specific requirements of our patients, the public, our commissioners and regulators. It will also support the delivery of the organisations Integrated Business Plan (IBP) 2014 – 2019.

Sustaining the pride, enthusiasm and commitment of our staff, is achieved by sharing and owning the organisational vision and values, which underpins quality healthcare in effective organisations and enables the culture of quality to thrive. For many the values of care and compassion are what motivated them to work in health and are completely aligned with their professional values and aspirations.

There is a clear link between staff experience and staff wellness with patient experience and patient outcomes. It is important during these 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, this Quality Strategy represents a unique and important

opportunity for us to work together to ensure Wirral Community NHS Foundation Trust is the outstanding provider of high quality, integrated community care to Wirral and the communities we serve.

Karen Howell Chief Executive

Trust Board Commitment to Quality

Wirral Community NHS Foundation 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 the quality agenda embraced at all levels of the organisation.

The Five Year Forward View (5YFV) described the care and quality gap: unless we reshape care and drive down variations in quality of care, patients' changing needs will go unmet and unacceptable variations in outcomes will persist. To close this gap, we will:

- Maintain our 'good' and work towards an 'outstanding' rating following CQC inspection
- Tackle variations in care
- Further improve patient safety

Vision and Values

As an organisation our vision is to be the outstanding provider of high quality, integrated care to the communities we serve and our quality strategy is a key part of that vision.

Our values as an organisation, and which underpin this strategy are:

- Health is our passion, with patients at the heart of everything we do
- Exceptional care as standard
- Actively supporting each other to do our jobs
- Responsive, professional and Innovative
- Trusted to deliver

The values are supported by the following behaviours which all contribute to delivering high quality care:

- Provide compassionate care, with empathy, kindness, respect and dignity
- Act with honesty and integrity
- Communicate openly with patients and colleagues
- Act with courage when things are not right
- Build effective partnership

Our Vision:

To be the outstanding provider of high quality, integrated care to the communities we serve.

Our quality statements:

Our patients:	**Our people:**	**Our services:**	**Our sustainability:**
We protect people from avoidable harm	We value and listen to our staff	We deliver clinical excellence	We are a sustainable organisation
We will deliver harm free care measured by a reduction in avoidable grade 3 & 4 pressure ulcers acquired during our care from 16 per year to 12 and moving towards zero within three years.	We will achieve 90% uptake in mandatory training for all staff.	We will provide staff with access to high quality service specific training programmes with a measured improvement in staff experience in the 2016 staff survey.	We will deliver sustainable models of care measured by 90% achievement of clinically led improvement projects completed in agreed timescales.
We will reduce the number of missed medication incidents occurring during our care from 15 to 10 or less.	Through the introduction of our staff wellbeing plan 2016/17 we will achieve 4.0% staff sickness levels or below.	We will implement our recruitment strategy, delivering four recruitment open days throughout the year.	We will lead community focussed research by participating in portfolio research project led by the National Institute for Health Research.
We will demonstrate our culture of learning from clinical incidents by improving our rating in the learning from mistakes league moving from good to outstanding.	We will reduce the % of staff reporting that they work extra hours to the national average or below as measured by national staff survey.	We will improve access to community services by developing a centralised clinical triage for all community nursing and ICCH referrals.	We will implement our Leadership for All programme with 98% of staff undertaking talent conversations during the appraisal process.
We will maintain a Friends and Family Score of 90%.	We will support staff wellbeing by increasing the level of staff satisfaction in flexible working options measured by the 2016 staff survey.		

CQUINs

End of life – helping deliver person centred end of life care through integration

Motivational interviewing – developing staff skills to ensure patient discussions lead to effective self-care plans for those with long term conditions

Transition – developing a seamless process of transition between children and adult health services

Underpining Governance and Assurance

Putting People at the Heart of Quality

Patient Engagement

At Wirral Community NHS Foundation Trust we care deeply about the quality of the care that people who use our services receive from us. We are committed to delivering high quality and efficient services which provides patients and their carers with the best possible experience.

Our Patient Experience and Engagement Strategy (2014-2017) outlines our vision for effectively engaging with the populations we serve and outlines 6 key objectives for achieving our ambition. The Trust is aware of certain groups that may be less likely to access services. This strategy aims to address this by ensuring that individuals from diverse groups are proactively engaged in the process of reviewing ease of access and service quality.

The implementation of this strategy will ensure that we continue to work together with our patients, staff and partners to continually learn and improve care delivery. We will ensure that feedback from experience and engagement is routinely captured, and used to drive quality improvements. Our aim is to ensure that all people who use our services receive an experience that not only meets but exceeds their expectations of services.

Patient Safety

Since the publication of the Francis Inquiry and the Berwick Report in 2013, the NHS has embarked on an ambitious journey to deliver a safer service. As part of this work we will:

- engage effectively with the nationwide system of patient safety collaborative which has been created in the 15 academic health science networks
- be active in the Sign up to Safety campaign
- apply the forthcoming methodology for reviewing avoidable mortality, which will be rolled out during 2016/17.

Wirral Community NHS Foundation Trust is committed to delivering high quality clinical care free from avoidable harm, ensuring patient safety. Our Patient Safety Strategy (2014-17) sets out our vision for patient safety and outlines 6 key priorities based on the national Sign up to Safety campaign which aim to ensure provision of safer community services for patients.

When patient safety incidents do occur, they are managed in an open and transparent manner, in accordance with the duty of candour, ensuring a culture of continuous improvement as a result of learning from experience.

To facilitate learning from incident and near miss reporting, the Trust has a robust framework embedded throughout the Organisation evidencing a commitment and proven ability to effectively manage and demonstrate sustained learning from incidents reported by staff.

The Trust acknowledges that incident reporting is more likely to take place in an organisation where there is a well-developed safety culture and strong leadership. The Trust is therefore committed to nurturing a strong safety culture underpinned by the promotion of incident reporting and supported by ensuring that investigation is focussed on learning and improving. This will be achieved by ensuring that all staff throughout the organisation report incidents and patient safety incidents via the Trust's incident reporting system, promoting an open and transparent culture of learning from experience, maximising patient safety and experience.

The system will be further developed to facilitate analysis of incidents in relation to equality and diversity, enabling the interrogation of data in relation to protective characteristics.

The Trust will utilise a Root Cause Analysis (RCA) approach to incident investigation for significant, high risk rated incidents causing patient harm. Learning from moderate risk rated incidents is achieved via a Situation, Background, Assessment and Recommendation (SBAR) investigation. All RCA and SBAR investigations result in the development of an action plan which evidences how the Trust ensures appropriate quality improvement actions are implemented to minimise the likelihood of incident reoccurrence.

To ensure greater ownership and impact of the quality improvement, all staff involved in an SBAR or RCA investigation, contribute to the development of the action plan to maximise lessons learned. The Trust acknowledge that the root cause of many incidents is attributable to systems and processes that do not support logical decision making when faced with the increasing complexity of healthcare. As a result, the Trust has successfully developed a 'Human Factors' training programme for staff, and has incorporated the fundamental principles of the psychology of human behaviour into the Essential Learning training for all clinical staff. This enhanced awareness of Human Factors across the organisation has positively contributed to achieving a dynamic culture where incidents are seen as a real opportunity to learn, and to improve patient care.

Communication to enhance patient safety across the wider health and social care economy is achieved via established internal and external escalation pathways to all relevant partner organisations, including Hospital Trusts, Clinical Commissioning Groups and the Local Authority.

The Trust has a robust process to ensure that patient safety incidents are reported monthly to the National Reporting and Learning System, and where required to the Care Quality Commission.

Staff Engagement and Wellbeing

Recognising that the wellbeing of staff has a direct relationship to the quality of care delivered, Wirral Community NHS Foundation Trust is fully committed to supporting staff wellbeing and creating a culture where staff feel valued and listened to. Staff wellbeing is of paramount importance and is supported by the Trusts' Human Resources and Equality and Diversity Strategies and the associated Staff Health and Wellbeing Plan.

Clinical Engagement and Leadership

A highly skilled, motivated and healthy workforce, deployed in the right place and at the right time, will continue to be the driving force in delivering high quality, innovative, patient-centred care. But if we are to transform, move to new care models and close the finance and efficiency gap, we have to enable those staff to deliver even greater value. Our workforce will need to change shape to meet changing patient needs and deliver new care models. There is also a real danger that the gap between increased demand and limited funding growth translates into an increasing burden on staff leading to a significant drop in engagement and morale, just at the point when we need them to engage enthusiastically in delivering the changes we need. The trust will therefore need to give the right strategic priority to workforce and leadership issues to deliver this strategy including:

- recruit, retain and develop the right workforce to meet current needs

- be clear about how the workforce needs to change as we move to new care models and transform services

- support and enable staff to increase their productivity and deliver the changes required

- improve performance on equality and diversity issues

- significantly enhance leadership and management capacity and capability, including clinical leadership.

- Enhance improvement skills in the workforce

The 5YFV made clear that the vision for 2020 is of far more care being delivered closer to home, by multiprofessional teams with more generalist skills, able to operate between different care settings and with more specialist colleagues. This will require much more fluidity of roles and place, and a greater use of tools such as e-rostering and caring hours per patient day to ensure services are high quality, appropriately staffed and efficient. Multiprofessional working is already becoming the norm, and more generalist skills will be required to complement specialist skills.

Staffing levels need to be appropriate to the needs of patients and care model, and we will be using tools such as e-rostering to ensure their services are both safe and efficient.

There is also growing evidence of a strong correlation between organisational performance and staff engagement. Therefore a key component of the quality strategy must be to foster a culture in which staff feel valued and engaged; where bullying and harassment are not tolerated; and where staff health and wellbeing are paramount. Providers have a leading role in improving the health and wellbeing of

their staff, and in reducing the impact of ill health or disability for staff in work. This goes hand in hand with creating the culture of learning and improvement that underpins this strategy.

This also requires a significant leap in leadership and management capacity and capability including talent management from graduate to board level and facilitating professional networking events and encourage buddying, mentoring and coaching to support implementing this strategy. Implementing this strategy requires a supportive culture in which the role and importance of provider leadership and management is recognised, supported and valued. We will invest in leadership development at all levels of the organisation in order to deliver our commitment to supporting our staff in order to support our patients, recognising the unique challenges presented in the community setting.

As part of this commitment the trust has introduced the Leadership for All programme and talent conversations for every member of staff and which are a key component of our quality goals.

In addition clinical forums, where collective knowledge and advice on clinical issues can be shared and inform the organisations agenda have been introduced. . The Forums provides a mechanism for increasing clinical participation from all clinical groups within the Trust in the development of the quality strategy and the quality goals for the organisation and offers an opportunity for the expression of a unified clinical perspective on important development and delivery issues facing the organisation. The Clinical Forums ensure that issues of quality and safety are at the centre of the Trust's agenda and provide an opportunity for clinicians to ensure that their concerns and propositions for development and improvement are heard and acted upon.

The link between staff engagement and patient satisfaction is not unsurprising. However, culture cannot be influenced by the words, actions and behaviours of the Board alone nor measured in a formal, linear way. Therefore a range of methods will be implemented in line with Trust's Communications and Marketing Strategy, to ensure that we accurately hear and effectively respond to staff suggestions and feedback.

Equality and Diversity

As part of the development of this strategy, due regard has been given to its impact on equality. This includes completion of an equality impact analysis which assesses whether the general duties of the equality act are fulfilled.

The general duties of the act include:

- to eliminate unlawful discrimination, harassment and victimisation
- to advance equality of opportunity between different groups
- to foster good relations between different groups

This strategy aims to proactively eliminate direct and indirect discrimination in relation to the provision of high quality services. Completion of the equality impact analysis minimises any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. The assessment can be found on the Wirral Community NHS Foundation Trust website.

Transformation for Sustainability

The challenge for the trust is to deliver value for patients through improvements to quality, access and finance and eliminating unwarranted variation across these areas is not, by itself, enough. The 5YFV set out clearly why the NHS has to transform to become sustainable and providers have to play a key role alongside commissioners in leading the long term transformation of their local health and care economies.

More than ever we need to work collectively as an organisation and across the health and care system to make sure we meet this challenge and advance quality at pace. Our Clinical Strategy (2014-17) outlines our vision for clinical engagement and aims to empower our staff to do the right thing for their patients. This strategy is supported by our clinical innovation fund and other trust wide initiatives such as our partnership with Advancing Quality Alliance (AQuA).

We have launched our 'Transforming Care Together' programme, a large scale programme of improvement led by front line staff providing an opportunity for all staff to reshape service delivery.

The key principles that underpin the programme are:

- Staff wellbeing is paramount
- Front line staff have the answers
- Small changes make a big impact
- Priorities for improvement will be directed by services
- Corporate services will support clinicians to test and embed change quickly

As part of our transformation work we aim to continue our widespread adoption of new technology, not only to support patients via better monitoring but also to enable our clinical staff to spend more time doing what they are trained to do rather than completing paperwork.

Measuring Impact on Quality

The trust regularly undertakes systematic exploration of quantitative and qualitative intelligence and encourages the orderly triangulation of information to help assess the quality impact of any changes within the organisation or wider system.

As a trust, we are confident that the quality of our services is good. There are a number of components to which the Trust pays attention to check whether we are getting it right for patients. Whilst many of the metrics we routinely collect are important and underpin our drive for quality, ultimately, it is the views of the people in receipt of our services that are the most important to us as a trust in knowing whether we are achieving our vision and living out our values.

Beneath each of our quality statements, we have identified quality metrics and parameters of good practice. A key challenge is to ensure that the causes of unwarranted variations in clinical performance are understood and eliminated.

We will triangulate feedback and opinions from our patients, our staff and our partners with incident reports and performance data to enable us to keep track of our quality ambitions. Our quality dashboard will be routinely scrutinised by Trust Board and a more detailed summary report produced for Quality and Governance Committee on a monthly basis.

This includes a rigorous quality impact assessment (QIA) process runs alongside the cost improvement programme to ensure that we can meet the challenge of financial sustainability without compromising the quality of the care we offer.

This assessment is guided by the following principles:

- The patient comes first – not the needs of any organisation or professional group
- Quality is everybody's business – from the bedside to the board; from the supervisory bodies to the Regulators, from the commissioners to clinicians and managers
- If we have concerns, we speak out and raise questions without hesitation
- We listen in a systematic way to what our patients and our staff tell us about the quality of care
- If concerns are raised we listen and 'go and look'
- We share our hard and soft intelligence on quality with others and actively look at the hard and soft intelligence on quality of others
- If we are not sure what to decide or do, then we seek advice from others
- Our behaviours and values will be consistent with the NHS Constitution

Continuous Quality Improvement

Wirral Community NHS Foundation Trust aims to cultivate a passion of continuous quality improvement across the organisation and has developed a quality model which incorporates the three pillars of quality aligned to the Trust's 5 year plan priorities and objectives.

Our Clinical Effectiveness Strategy (2015-18) outlines our ambition to promote a continuous quality improvement culture across the organisation and outlines 6 priorities for achieving this ambition.

The implementation of this strategy will ensure that we continue to strive for clinical excellence throughout the organisation, supporting staff in developing continuous quality improvement skills and creating an environment where innovation is celebrated.

To support change at pace, we will use a 90 day improvement methodology to support all change projects across the organisation. The methodology has three phases:

Phase 1: Scan

- Identify the problem and gather all relevant information
- Agree aims and objectives

Phase 2: Focus

- Test possible solutions in practice
- Refine the idea until it meets the aim of the project

Phase 3: Summarise and Disseminate

- Report findings
- Roll out improvements

Quality Account

Our continuous achievement of quality goals is well documented within the organisations Quality Account 2011/12 – 2015/16. 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.

It is the intention of the Trust to continue meeting our challenging quality goals by placing quality at the centre of our Trust vision and by creating a culture of pride and enthusiasm across all services.

CQUIN Framework and Quality Indicators

External reward and incentive systems, such as the Commissioning Quality and Innovation (CQUIN) framework, are important to improving quality of care. The organisation has complemented and extended this approach by developing and setting internal quality improvement goals based on continuous quality improvement with full staff engagement.

Clinical Audit Programme

The trust is committed to delivering high quality, effective and safe clinical care and has implemented a yearly annual clinical audit programme. Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery, leading to change and improvement in care in order to fulfil the standards expected of the Care Quality Commission (CQC Essential Standards of Quality and Safety). The trust produces an annual clinical audit report and summarises outcomes in the yearly Quality Account.

External Regulation – CQC

The CQC's role is to ensure that hospitals, care homes, dental and general practices and other care services in England provide people with safe, effective and high-quality care, and we encourage them to make improvements.

In September 2014, we underwent a comprehensive CQC inspection and were rated as 'Good' against the following domains:

- Are you services safe?
- Are your services effective?
- Are you services caring?
- Are your services responsive?

- Are your services well-led?

CQC Inspections will continue to be central to our assessments of quality in the trust, but we will complement this by developing our internal information and insight model to more effectively target our resources where there is a risk to the quality of care provided.

The main objective of the CQC's new approach is to more effectively assess the quality of care and identify concerns at individual providers, and also to generate a picture of quality for the community sector. Their assessments and information are used as part of the organisations quality information, to shine a light on the high quality of services provided and to encourage services to improve so that patients receive good-quality care.

Contract Management

A key element of contractual management is the development of a monthly quality report and submission of a compliance report against the quality schedule within the contract. Both sit as part of a suite of information designed to assure commissioners that Wirral Community NHS Foundation Trust consistently adheres to contractual agreements.

Professional Revalidation

The primary purpose of revalidation is to provide greater assurance that clinical staff remain fit to practise and capable of safe and effective practice, follow professional standards, both in terms of conduct and competence and that they have continued to keep their skills and knowledge up to date.

These aims also form part of our quality strategy as clinical revalidation brings a greater public confidence in the clinicians regulated by the professional bodies. It is also important that revalidation raises standards of care and promotes a culture of continuous improvement amongst all clinical staff.

Delivering Value: Finances and Efficiencies

The 5YFV forecast the NHS's funding and efficiency gap as £30 billion by 2020/21. At the same time, the provider sector deficit in 2015/16 has clearly reached unsustainable levels and must be reversed, with the sector as a whole and as many individual providers as possible returning to financial balance in 2016/17. As part of this we will:

- deliver the agreed 2016/17 control totals
- reduce use of agency staffing
- deliver our share of the required efficiency savings and productivity gains by responding to the recommendations of the Carter Review
- maximise the use of existing estate and realising value from surplus estate.

Agency Staffing

One of the drivers of provider deficits in 2015/16 has been the rapid growth in the use of temporary staff. Working together as a sector we have already begun to take steps to address this inefficient use of scarce NHS resources. We will:

- remain within a ceiling for the maximum spend on temporary staff as a percentage of total staff
- adhere to a maximum hourly rate for temporary staff (doctors, nurses and midwives, other clinical and non-clinical staff)
- only use agencies on approved frameworks

Improving Productivity

One of the drivers of Lord Carter identifies opportunities for productivity improvement in clinical staffing, pharmacy and medicines, diagnostics and imaging, procurement, back-office functions and estates and facilities. Variations in productivity and efficiency will be addressed through the Transformation programme, including:

- increasing workforce productivity through more efficient deployment of staff and a significant reduction in temporary staffing costs
- realising the significant savings available through better procurement practices, something which will require providers to work closely together

Cost Effective, High Quality Care

The Trust is committed to delivering cost effective, high quality care and will achieve this by continuing to increase the quality improvement capacity and capability of its workforce through the implementation of the Continuous Quality Improvement Programme. The programme will provide a structure aimed at facilitating the growth of an organisation wide culture of improvement and innovation. The on-going use of quality improvement methodologies across the organisation will be supported by

access to coaching and training as well as the formation of a Research and Innovation fund, available to support innovation in practice.

Building capability: technology, innovation and research

Advances in technology, innovation and research are transforming healthcare across the world at an unprecedented pace.

Technology and data are critical enablers for improving quality standards and access, increasing personalisation of care, managing long-term conditions and preventing lifestyle diseases. Using technology and information effectively generates step-change efficiencies, and is key to successful research and innovation.

Clinicians will need to maximise the potential of data to benchmark their practice, while providing patients with more information to inform their decisions and a better patient experience. In future we will be working with patients to help them take more responsibility for managing their own conditions and treatment. At the same time we need to use technology better to increase the productivity and efficiency of our organisations.

People have high expectations as technology has fundamentally changed other aspects of daily life; and the NHS should be no different. Providers need to exploit the benefits of technology and realise the ambition of being paperless by 2020.

As part of this agenda we will:

- Use the transformation programme to exploit the benefits of technology and realise the ambition of the NHS being paperless by 2020
- Ensure staff and assets are well managed based on real-time supply and demand information, improving flow and reducing pressure through the hospital
- Ensure automation of routine tasks, such as diagnostic requests, reducing waste and increasing safety of handoffs
- Ensure complete and up-to-date records accompany patients around the health and care system wherever they are seen
- Enable patients able to book services and order prescriptions online, reducing wasted time for patients and making better use of administration time
- When appropriate, make appointments available via video link, email or teleconference
- Ensure universal use of portable devices and apps, enabling mobile working and professionals to spend more time with those they support
- Ensure patients are supported to use apps that allow monitoring and management of health conditions
- Clearly define our role in science, education and training, and research and innovation and ensure we speed up the adoption of research and innovation including through working with our local academic health science network.
- Remain at the forefront of science, education and training, and research and innovation, and realise the benefits of this

The use of innovative products and care pathways has been critical to transforming the care provided to patients; and a willingness to work at the leading edge of research and innovation is a hallmark of clinical excellence.

The Trust values empirical research and recognises the requirement to sustain and enhance partnership with local Higher Education Institutions (HEI). Close working already exists between the Trust and the HEI sector and it is a strategic goal of this strategy to further develop these links and strengthen learning through development and implementation of a 5 year research plan for the organisation.

The Trust is committed to building a research and innovation infrastructure through the development of a Practice Development Research Partnership, which will provide opportunities for University academics and NHS staff to collaborate on a range of research with patients, service users, families, carers and staff. This infrastructure will enable the Trust to effectively translate research into clinical practice.

Wirral Community NHS Trust's Research and Innovation Strategy is being developed and will provide a detailed commentary about how we aim to develop a culture of innovation over the next five years.

Influencing our Environment

Against a backdrop of reducing finances, it is vital that we make the case for maintaining or increasing investment in high quality front line services. By discussing with commissioners what great services look like, and how we deliver against that description we increase understanding about the contribution community services make and maximise our share of the available, limited resource.

This dialogue is progressing as we continue to play an active role in Wirral's Vision 2018 programme. Through this programme we are able to report the things that make a difference to patients and develop collaborative relationships with commissioners and system leaders.

Key Stakeholders

Essential to the successful implementation of this strategy is the involvement of key partners and stakeholders working alongside Wirral Community NHS Foundation Trust staff.

These will include:

- Patients
- Members
- Council of Governors
- Commissioners
- NHS Trusts
- Local Authorities
- Public Health
- Voluntary and Charitable Agencies

- Local universities and colleges

Implementation

Each aim of this strategy will be supported by the associated action plans, which will be monitored by the Quality and Governance team with progress reported to Quality and Governance Committee.

Review

This strategy will be reviewed annually.

Appendix 1: Action Plans

See separate documents

- Patient Engagement and Experience Action Plan 2016/17
- Patient Safety Action Plan 2016/17
- Clinical Effectiveness Action plan 2016/17

Appendix 2: Well Led Framework

Quality Governance is the overarching framework which provides assurance on compliance with standards and statutory obligations, continuous quality improvement and supports a risk and escalation process.

Monitor's Quality Governance Framework was published in 2010 (updated in 2014) in response to the lessons learned from the failings at Mid Staffordshire NHS Foundation Trust.

Strategy

This strategy articulates how the quality agenda is at the heart of the organisation and how the Trust continuously improves. Any risks to quality are identified and escalated to the board.

Capabilities and Culture

The Trust Board is committed to on-going Board development to ensure it has the necessary leadership, skills and knowledge to ensure the delivery of the Quality Agenda.

The Trust has developed, with staff, a set of values and underpinning behaviours.

Processes and Structures

The Trust's corporate strategy clearly focuses on improvement in quality. This is supported by the Trust's Quality Strategy.

The Trust has in place a Quality Risk Assessment and Impact Tool for service development and cost improvement plans.

The Trust has in place a comprehensive Risk Management Strategy which aims to minimise risks through a comprehensive system of internal controls whilst maximising potential for innovation and best practice.

The Trust has revised the committee structure to ensure a clear Quality Governance Framework and reporting through to the Board to ensure the delivery of the strategy and the provision of assurance and escalation of risk (see appendix 3).

The Board actively engages with patients, staff and other key stakeholders through:

- Patient Safety Walk a rounds
- Review of patient stories at each Board Meeting
- Engagement with the Trusts membership
- Regular engagement with representatives from Healthwatch and Overview and Scrutiny Committees in relation to the trusts services
- Staff forums
- Clinical forum

- The Council of Governors
- Members forums

Measurement

The Trust has a programme of data validation for the quality metrics in the Quality Accounts and data sign off by the Director of Nursing and Performance and the Medical Director.

The Roles and Accountability for Quality Governance

Board

- The 'duty of quality' is held by the organisation through the Board of Directors.
- The Board is responsible for the development of strategy and for ensuring risks to quality are mitigated and quality improvement is promoted and all required standards are achieved
- It is responsible for promoting an open culture which promotes learning and is supported by 'Being Open' policy.

Chief Executive

The Chief Executive carries responsibility for assuring the quality of services within the Trust and that regulatory requirements are met.

Director of Nursing and Performance

- Developing the Quality Strategy
- Ensuring the Trust has robust quality assurance processes in place
- Ensuring regulatory compliance
- Developing the Quality Account
- Co-chairing the Trusts Clinical Forum
- Developing and monitoring Trust Quality Schedule compliance and CQUIN delivery

Medical Director

- Trust's Responsible Officer for medical staff and revalidation
- Accountable Officer for Controlled Drugs
- Trust Lead for Telemedicine and Telehealth
- Trust lead for innovation and research
- Co-chairing the Trusts Clinical Forum

Staff Involvement

The Trust has a number of policies and systems which encourage staff at all levels to be involved in monitoring quality and performance and to raise concerns about any issues. These include:

- Quality Strategy
- Patient Safety Strategy
- Patient Engagement and Experience Policy
- Clinical Effectiveness Strategy
- Clinical Audit Policy
- Risk Management Policy
- Incident Reporting Policy
- Being Open Policy
- Infection Prevention and Control Policies
- Monthly hand hygiene audits
- Safeguarding Policies
- HR policies
- Information management / governance policies
- Patient Safety Leadership walk a rounds
- Staff surveys
- Induction programme
- Appraisal processes
- Performance review meetings
- Corporate and departmental performance dashboards
- Weekly Staff Bulletin
- Staff Awards
- Monthly Team Brief

Patient, carer and public involvement

The Trust has a number of policies and systems which encourage patients, carers and the public to be involved in monitoring quality and performance and to raise concerns about any issues. These include:

- Compliments, complaints and concerns
- Trust membership
- Patient story programme
- Patient Shadows
- Internal patient surveys
- CQC patient surveys
- Healthwatch
- Local authority health overview and scrutiny (OSC)

Commissioners

Formal mechanisms for commissioners to raise concerns include:

- Contract and performance review process
- Clinical Quality review process
- CQUIN monitoring

Internal Systems for Monitoring Performance and Escalation

The Trust has in place systems and processes for monitoring performance and for escalating concerns and risk. These currently include the following and provide a clear assurance and escalation framework for the Trust within its new directorate structure.

Trust wide:

- The risk register
- Integrated Performance Report.
- Board and its committees
- Board Assurance Framework and Escalation process
- Well led framework
- Monitoring of the delivery of strategic objectives
- Assignment of monitoring functions to a committee

Services / Directorates:

- Performance review

Committee Structure

To support the Trust Board in carrying out its duties effectively, committees reporting to the Board are formally established. The terms of reference of these committees are reviewed each year to ensure robust governance and assurance is in place. There are also reporting templates and work plans in place for each committee/group.

Appendix 3:

Performance Framework

Wirral Community **NHS**
NHS Trust

Level of Accountability	Clinical Commissioning Groups		Local Authority Commissioners	Data Validation
Trust Board (Execs and Non-Execs)	Quality and Governance / Education and Workforce	Trust Board / Finance and Performance / Audit		Board Assurance through Integrated Performance Report
Executive Leadership Team		Executive Leadership Team		Monthly Performance Report to Finance and Performance
Senior Leadership Team	Contract Monitoring	Senior Leadership Team / **Integrated Performance Group (sub committee of SLT)**	Contract Monitoring	Assurance on Data Validation at Monthly Integrated Performance Group Meeting
Divisional Managers / Business Partners / Service Leads		Children & Wellbeing / Adult & Community / Urgent & Primary Care / QPER Meeting / Business & Performance Meeting		Assurance on Data Validation at Monthly Divisional Business and Performance Group Meeting
Team Leaders		Teams in Division		Weekly Data Validation by Team Leaders

Integrated Performance Group (sub committee of SLT)

Membership
Deputy Director of Performance (Chair)
Deputy Director of Nursing
Divisional Managers
Head of Finance
Head of Human Resources
Head of Business Intelligence
PMO Lead

Agenda
Quality - Deputy Director of Nursing
Business and Performance - Deputy Director of Performance
Workforce - Head of Human Resources
Unresolved items escalated to SLT