Berkshire Healthcare **NHS**

NHS Foundation Trust

Berkshire Healthcare
Quality Strategy 2016 - 2020

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Healthcare
from the **heart** of
your **community**

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Welcome to our Quality Strategy

Providing high quality, safe treatment and care for patients, and compassionate and effective support for their families and carers is the core purpose of our organisation. This strategy brings together all of the elements of work needed to help us achieve our quality goals and objectives over the next few years.

Our **vision**:
To be **recognised** as the **leading community** and **mental health** service provider by our **staff, patients** and **partners**.

Putting our vision into practice, means that we will be striving to build on the "good" rating that we achieved in our comprehensive inspection by the Care Quality Commission (CQC) Quality Strategy in December 2015. We are committed to promptly addressing areas of improvement identified by the inspection, achieving consistently good services across all our localities and building on the areas of "outstanding" practice that was recognised by CQC. We will prioritise work with our Mental Health and Learning Disability Inpatient Services , which manage higher levels of risk than many of our other services, seeking to implement innovative ways of working based on our Quality Improvement approach. Our aim is to achieve the highest rating of combined community and mental health service providers in the country.

Our organisational values provide the guiding principles which inform the work of all our staff:

caring for and about **you** is our **top priority**

committed to providing **good quality, safe services**

working together with **you** to develop **innovative solutions**

These values underpin the six elements of our Quality Strategy, which are shown on our strategy "on a page" summary.

Each year, we publish a "Quality Account" which is an annual report about the quality of services provided by an NHS healthcare organisation. Our Quality Account looks back on how well we have done in the past year at achieving our goals. It also looks forward to the year ahead and defines what our priorities for quality improvements will be and how we expect to achieve and monitor them. Our Quality Account priorities , quality goals described in our Operational Plan and the Trust Board Quality Concerns monitoring have all informed this document which aims to provide a coherent structure for our work to 2020 under the six elements of our Quality Strategy.

Quality Strategy 2016 – 2020
The six elements

Berkshire Healthcare NHS
NHS Foundation Trust

1. Safety

Avoid harm from care that is intended to help.

We will:

Build a culture of patient safety through our Quality Improvement approach. We will also be open, honest and transparent with incidents and complaints ensuring that lessons are learnt and shared.

2. Clinical Effectiveness

Providing services based on best practice and innovation.

We will:

Use Quality Improvement methodology, clinical audit and research to drive improvement and advances in the use of technology.

Follow relevant NICE guidance

3. Patient Experience and Involvement

Patients have a positive experience of our service and receive respectful, responsive personal care.

We will:

Demonstrate a compassionate approach in our treatment and care of patients.

Engage people in their care, supporting them to take control and get the most out of their life

Ask for and act on both positive and negative patient feedback.

4. Organisational Culture

Achieving satisfied patients and motivated staff.

We will:

Act in line with our values, with a strong focus on delivering services which provide good outcomes for patients and their families.

Listen and respond to our staff and provide support and opportunities for training, development.

Our **vision**:
To be **recognised** as the **leading community** and **mental health** service provider by our **staff**, **patients** and **partners**.

5. Efficiency

Providing care at the right time, in the right way and in the right place.

We will:

Review our services to make sure they're well organised and efficient. Use our Quality Improvement approach to eliminate waste.

6. Equity

Providing equal care regardless of personal characteristics, gender, ethnicity and socio-economic status.

We will:

Provide services based on need.

1. Safety

Avoiding harm from care that is intended to help

We will: build a culture of safety by being open, honest and transparent about incidents and complaints, ensuring lessons are learnt and shared. Our Quality Goals are:

• To develop a "zero suicide" approach

This is a key element of our mental health strategy, developed in partnership with commissioners and partners, drawing on national policy and service user and carer views. The aim of this priority will be to work with staff to prevent suicide by enhancing the skills of our staff in assessment and provision of support to people who use our mental health services. This includes good standards of record keeping regarding risk assessment and care planning. We will continue to support the development and implementation of the Berkshire multi-agency Suicide Prevention Strategy with commissioners and partners.

Our Quality Account for 2016 describes the specific actions to be taken as follows:

1. All new staff starting employment in mental health services will receive clinical risk training as part of their induction as a minimum standard.
2. Bespoke training on crisis interventions, accredited through the University of West London will be offered to all clinical staff working in Crisis Resolution and Home Treatment Teams
3. Relevant clinical staff will be offered an additional 3 day suicide awareness and skills training package.
4. A robust audit process will be implemented to monitor record keeping about risk.

Progress against this priority will be monitored by:

1. Uptake of training detailed above by staff
2. Results of the audit of risk record keeping to be reported through the Trust Suicide Steering Group, chaired by the Director of Nursing, and Locality Patient Safety and Quality meetings which then feed into the Quality Executive Group.
3. Monthly suicide numbers with associated rolling 12month figures will be reported.
4. Progress in implementation of the multi-agency suicide prevention strategy and our own mental health strategy objectives for achievement of our zero suicide approach

• To provide "harm free care" in relation to two specific aspects of our Community Health Services

Reducing the number of pressure ulcers developed in our services

We have a good track record of improvement in this area, and are committed to maintaining this, ensuring that patients do not develop pressure ulcers while receiving care and treatment in either our inpatient services or in their own homes.

1. Safety (continued)

(To reduce the number of pressure ulcers developed in our services continued)

In order to continue our commitment to continued progress we will take the following further actions:

1. The Pressure Ulcer Prevention Champions network will continue to be supported by the tissue viability team with four educational days through the year. We will also continue to undertake improvement projects linking to the safety collaborative and the work of the Oxford Academic Health Science Network.
2. Improvement projects will include the piloting of a 'MOPS' tool to assist with distinguishing between moisture and pressure, and closer monitoring of Category 1 pressure ulcers, which is expected to impact on the development of category 2s.

Progress against this priority will be monitored by:

1. The number of pressure ulcers in relation to our Quality Schedule targets.
2. Pressure ulcers will also be monitored through the Classic Safety Thermometer with a focus on harm-free care.

Work is almost complete with the rollout of the eHealth system which is an easier method for clinicians to collect data and we expect that improved validation using this system will be demonstrated through an increase in Harm Free care.

Reducing the number of falls on our older people's inpatient wards

The Trust Falls Strategy was written and ratified in the autumn of 2015. This aims to support a standardised approach to falls prevention and documentation across all our wards and reduce the number of falls consistently. Quarterly meetings of a Trust wide falls group are now held, and will be maintained alongside the staff role as designated falls "champions" on each in -patient ward. Specific actions include:

1. Introduction of bespoke assistive technology equipment into all our inpatient wards that will alert nursing staff when at risk patients are moving around so enabling staff to assist as required.
2. Working closely with the Oxford Academic Health Science Network (OAHSN) across the Thames Valley to implement evidenced-based ways of reducing falls in our services.

Responding to people's needs for both physical and mental health care

As a provider of both community and mental health services, we are in an ideal position to deliver holistic services to individuals which assess and respond to their physical and mental health needs. Because we know that people with mental health problems can experience poor physical health, and lower life expectancy in some groups we have prioritised support to help people stop smoking in our inpatient services. We are also developing our psychological support for people with long term physical health problems through our Talking Therapies Services.

We recognise the importance of understanding the numbers and causes of deaths of patients while in our care, and have established clear arrangements for monitoring and reporting on these. In order to achieve our safety goals we will ensure we have a robust approach for identifying, reporting and acting on quality concerns across the organisation which is described in the "organisational culture" section.

2. Clinical Effectiveness
Providing services based on best practice

We will: follow relevant NICE guidance, and policies and guidance established by the Trust. We will use Quality Improvement tools and participate in clinical audit and research. Our goals are:

- **To drive quality improvement through the use of improvement methodology and supporting innovation**

  We are committed to the development of our Quality Improvement capability throughout the entire organisation over the next 4 years. We will draw on Quality Improvement Science to provide an evidence based approach to drive up quality, and reduce waste, developing the right leadership behaviour and management system changes required to achieve our vision. We recognise that we already have some areas of excellent practice, and some talented members of staff who already understand and are implementing this way of working. However, to achieve our potential, we are seeking to make this approach a core part of our organisational culture. This is important to us, both in terms of providing high quality treatment and care for patients, as well as our ability to recruit and retain talented staff.

  We have a good foundation to build on, in terms of our Quality Governance processes and research and clinical audit work. We have also already implemented Listening into Action (our staff engagement initiative), Excellent Manager Programme, Values Based Appraisal and Recruitment). These are now "business as usual" which will support our next steps in Quality Improvement.

  We will continue to use clinical audit and practical research to systematically review the care that it is provided to patients against best practice standards. Our published Quality Account provides details of the local and national clinical audits undertaken, as well as numbers of patients recruited into approved research projects.

- **To demonstrate our delivery of evidence-based services**

  We have a strong track record in the application of NICE Guidance , and aim to maintain our track record of compliance. NICE guidelines, technology appraisals and quality standards provide valuable evidenced-based information on clinically effective and cost-effective services (for further details, please refer to the Trust Quality Account). In order address this priority, we will:

  Continue to promote the implementation of NICE Guidance by ensuring that it is identified, assessed and implemented in a timely manner through use of expert opinion and clinical audit.

Progress against this priority will be monitored by:
Reporting our progress on development and implementation of our local Quality Improvement approach to our Trust Board. Reporting the level of compliance with NICE guidance at the Trust Clinical Effectiveness Committee meetings. Targets will be 100% compliance with technology appraisals and greater than 80% compliance with all NICE Guidance during the year.

3. Patient Experience and involvement
Patients will have a positive experience of our services and receive respectful, responsive and personal care

We will: ask for and act on both positive and negative patient feedback. Engage people in their care, supporting them to take control and get the most out of their life. Our goals are:

- **To improve transition to adult mental health services for young people in our Child and Adolescent Mental Health (CAMH) Services**

  We have established strong arrangements for service user and family engagement in our CAMH Services and will use this to inform action required to improve transitions when required into adult services. We recognise how important this is, given that 50% of young people receiving CAMH Services do move into adult services. We have established an Early Intervention in Psychosis Service, which is meeting required performance targets, and will provide an important aspect of this goal. The CAMH Section of our Mental Health Strategy includes a section specifying actions relating to transition, which will be monitored by our Business and Strategy Executive.

- **To focus on improving our Friends and Family Response rate and learning from incidents and complaints**

  We will continue to promote and encourage the use of the Friends and Family Test, integrating this wherever possible into our existing internal patient survey programme. We introduced the Friends and Family Test for Carers in 2015 and will continue to promote this in recognition of the crucial role that carers have and value the feedback that they can provide.

  Progress will be monitored by:
  1. Monthly reporting of **patient** friends and family test results   2. Monthly monitoring of **carers'** friends and family test results

- **To involve people who use our services in the development and implementation of our plans and strategies**

  We are committed to establishing ways of working with people who use our services, their families and carers across all services – building on areas of good practice already established – and we will be publishing our new Communications and Engagement Strategy in September 2016. One aspect of this is our participation in the Patient Leader Programme in collaboration with the Royal Berkshire Hospital NHS Foundation Trust with the aim of establishing a group of people that have received training and support to work with us to design and change patient services for the better.

  Demonstrating a compassionate response to people who use our services is really important to us. We will implement our locally developed Compassionate Leadership Course, which will foster a values-based approach to the way we lead our organisation, and the way we work with patients and staff.

Alongside the goals identified above, **sharing learning from complaints** will remain an important focus for the Trust. We will continue to monitor:
- the number of complaints and compliments received
- the number of complaints that have been acknowledged within 3 days
- the number of complaints that have been resolved within an agreed timescale of the complainant

We will continue to provide quarterly patient experience reports to share learning from complaints.

4. Organisational Culture
Achieving satisfied patients and motivated staff

We will: Act in line with our values, with a strong focus on delivering services which provide good outcomes for patients and their families. We will listen and respond to our staff and provide opportunities for training and development

We have worked hard to establish robust arrangements to enable our staff to contribute to the development of our services and the organisation as a whole. Our Organisational Development Strategy has prioritised the establishment of:

- Effective arrangements for **staff engagement** which has been achieved through our participation in the national Listening into Action Programme. We have prioritised this in recognition of the strong association between high levels of staff engagement and good quality services. Having achieved year on year improvement in our staff engagement ratings in the national NHS staff survey, our aim is to achieve the top rating for combined community and mental health trusts.
- The **Excellent Manager Programme**, which provides a sound foundation for all managers employed within the Trust
- **Values Based Appraisal and Recruitment** to ensure that we promote a culture of shared values and related behaviours across the entire organisation.

The next phase of our Organisational Development Strategy will be focussed on **Quality and Service Improvement**. We will be building on existing good practice within the Trust, and learning from best practice elsewhere to establish a systematic and coherent approach to improvement across the whole organisation. This reflects the commitment of the Trust Board to achieving an open and transparent culture of continuous improvement within the organisation. We recognise that our staff and people who use our services have many of the solutions to the challenges we face, and believe that facilitating the expression and implementation of their ideas has the potential to be transformational. As set out in our Equality and Inclusion Strategy, we are acting to ensure equality of opportunity for training and career development opportunities regardless of gender, ethnicity, sexual orientation and disability.

We recognise that an important way of assessing the extent to which we are achieving our aim of establishing a strong culture of safety and high quality, is the extent to which our performance indicators "triangulate". We have established an **Intelligent Monitoring Group**, chaired by the Director of Nursing and Governance, which enables the review of a range of relevant indicators, including Incidents, complaints and workforce data. The review of this data informs the development of the Quality Concerns list which is refreshed every quarter and included in reports to the Trust Board.

We have also established a range of ways that staff can **raise concerns** they may have about quality and safety – this is extremely important to us, and we intend to retain a strong focus on this aspect of our work, and will implement all elements of related national policy and commissioner requirements.

The physical and mental health and wellbeing of our staff will remain a high priority for us – and we will continue to evaluate and develop our existing initiatives, while learning from good practice examples from other organisations as part of the NHS Healthy Workplace Programme.

We recognise the importance of effective recruitment and retention of our staff for the effective delivery of this strategy and will address this within our Workforce Strategy to be published later in 2016.

5. Efficiency

Providing care at the right time, in the right way and in the right place

We will: review our services to make sure they're well organised and efficient and use our Quality Improvement approach to eliminate waste

We will develop and implement a local approach to Quality Improvement which fits the needs of our organisation and aligns with our vision and values. This will include collaboration between people who use our services and their families, clinicians, finance, IM&T and other corporate staff to develop ways of reducing complexity and duplication and therefore eliminating waste in the way we provide services.
We will implement evidence based Mental Health Pathways, which will enable us to identify and address any areas of unwarranted variation in the outcomes experienced by patients.

We will also play our part in **system efficiency in** terms of both resilience and sustainability:

- In Berkshire East, we are contributing to the New Vision of Care Programme in partnership with Clinical Commissioning Groups, Local Authorities and partner provider Trusts
- In Berkshire West, we are part of the Frail Elderly Pathway programme and work to develop an Accountable Care System

These initiatives include significant clinical engagement to inform new ways of working to both improve experience and outcomes of care as well as effective use of resources. Each programme will also contribute to the overall Sustainability and Transformation Plans that are being developed at a regional level for the Thames Valley and Frimley "footprints".

Quality impact assessments (QIAs) are completed for all significant change programmes. The completed QIA is reviewed and approved by the appropriate Clinical Director. The Clinical Director recommends approval (or not) to the Director of Nursing and Governance and Medical Director, who report on the process to the Trust Board. To further strengthen this process, a post implementation review component will be developed in 2016/17.

As part of this work, we will identify service areas where further development of **7 day working** would represent increased efficiency. This will include: those with higher levels of missed appointments indicating we may not be providing services at times that meet the needs of service users; those with significant demand and capacity pressures - indicating increased capacity is needed, potentially at different times of the week/day.

6. Equity

Providing equity of care, regardless of personal characteristics, gender, ethnicity and socio-economic status

We will: provide services based on need

We have developed a mnemonic **CARE** to crystallise our core principles for equality, diversity and inclusion. This fits with our core values of being caring, compassionate and working together.

 CARE stands for:

- **C**hallenging unfairness
- **A**ppreciating difference
- **R**especting the individual
- **E**veryone's business.

Our Equality and Inclusion Strategy sets out two specific objectives which we see as a key way of achieving our aim for equity of care. There are:

- Increased service usage and improved patient experience by Black and Minority Ethnic, Lesbian Gay Bisexual and Transgender and disabled people by building bridges with communities, broadening our understanding and informing our response.
- A more robust approach to making reasonable adjustments for disabled people – in particular implementation of the NHS Accessible Information Standard.

As noted on page 5, we understand that people with mental health problems can experience poor physical health, and there is lower life expectancy for some groups. Therefore, a key goal for us is **Health Improvement** for people with mental health problems, who are admitted to our inpatient services.

We have established a "no smoking" environment at Prospect Park Hospital and we will continue to ask each mental health patient whether they are a smoker and would like to be referred to smoking cessation services for support. This is in recognition of the impact of smoking on life expectancy.

Our Mental Health Strategy includes a focus on improving physical health for people with mental health problems, and describes our aim to assess and respond to both physical and mental health needs of service users in an integrated way.

Quality Governance

The **Trust Board** has overall responsibility for setting strategy and ensuring its implementation across the organisation. This is undertaken through the structure described on the next page.
Each meeting of the Trust Board starts with a focus on service quality, and all members of the Board make "**quality visits**" to our services to ensure that they stay in close touch with patients, their families and our staff.
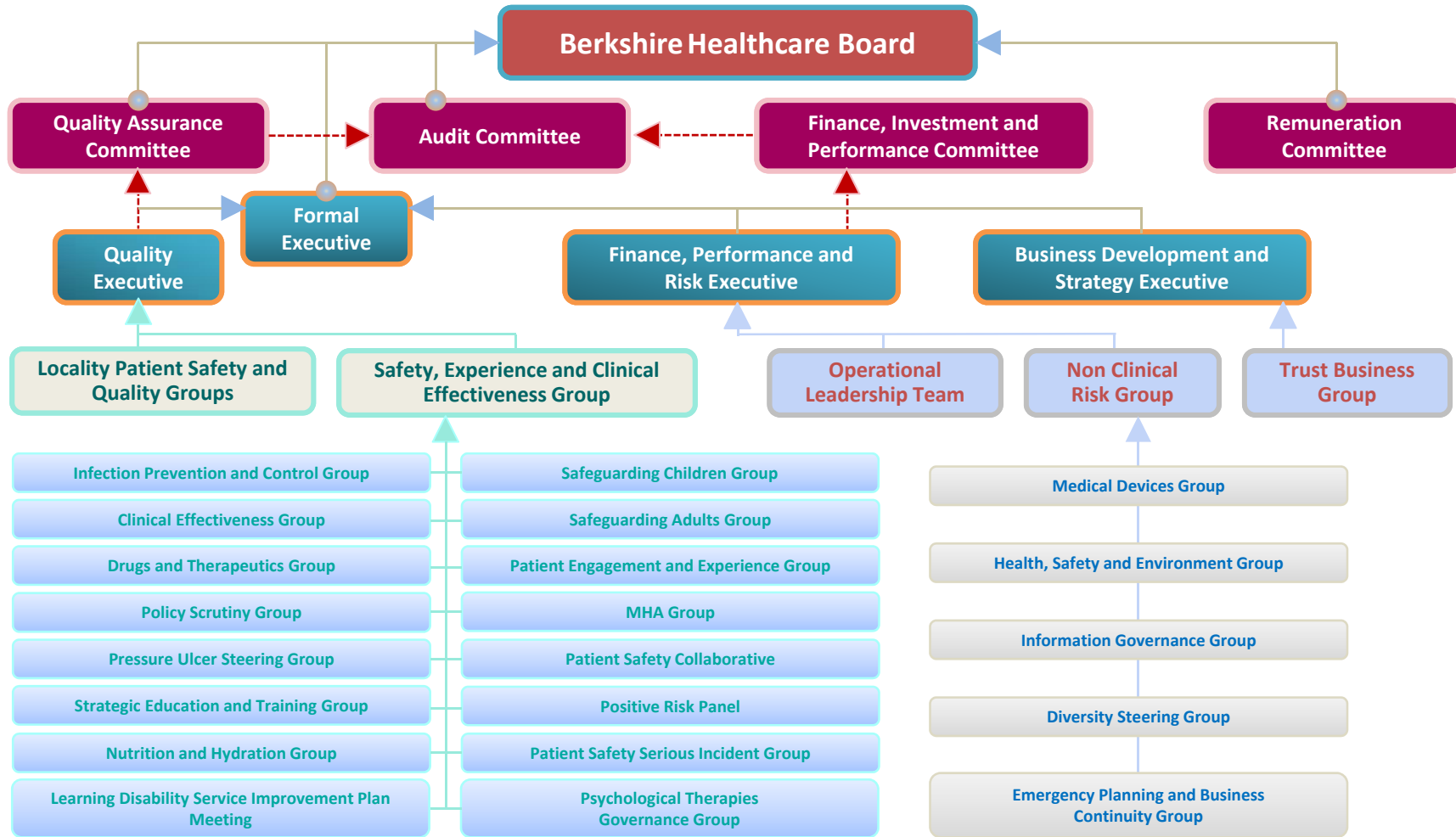
The **Quality Assurance Committee** undertakes detailed consideration of quality issues, and is complemented by the Audit and Finance Investment and Performance, Committees of the Trust Board, to collectively provide a strong Board governance structure.

The **Quality Executive** includes all Clinical Directors, Executive and Regional Directors, and is the senior executive level body for decision making and scrutiny in respect of service quality. The structure diagram on the next page shows the groups that are accountable to the Quality Executive, which include:

Locality Patient Safety and Quality Groups which are chaired by our Clinical Directors and are responsible for identification and monitoring of key risks and associated action plans concerning patient experience, quality and safety across all service areas within and hosted by the locality.

Safety, Experience and Clinical Effectiveness Group which is responsible for development and monitoring work of specified subcommittees, supporting the development of the Annual Quality Account, receiving standard reports for example serious incidents requiring investigation and undertaking work delegated by the Quality Executive.

Quality Governance Structure

Berkshire Healthcare NHS
NHS Foundation Trust

Berkshire Healthcare Board

Quality Assurance Committee

Audit Committee

Finance, Investment and Performance Committee

Remuneration Committee

Formal Executive

Quality Executive

Finance, Performance and Risk Executive

Business Development and Strategy Executive

Locality Patient Safety and Quality Groups

Safety, Experience and Clinical Effectiveness Group

Operational Leadership Team

Non Clinical Risk Group

Trust Business Group

Infection Prevention and Control Group	Safeguarding Children Group
Clinical Effectiveness Group	Safeguarding Adults Group
Drugs and Therapeutics Group	Patient Engagement and Experience Group
Policy Scrutiny Group	MHA Group
Pressure Ulcer Steering Group	Patient Safety Collaborative
Strategic Education and Training Group	Positive Risk Panel
Nutrition and Hydration Group	Patient Safety Serious Incident Group
Learning Disability Service Improvement Plan Meeting	Psychological Therapies Governance Group

Medical Devices Group

Health, Safety and Environment Group

Information Governance Group

Diversity Steering Group

Emergency Planning and Business Continuity Group

Timescales

2016-17	2017-18	2018-19	2019-20
Complete Zero Suicide initiative planning Maintain pressure ulcer prevention Bring in assistive technology for falls prevention	Deliver suicide prevention training Review progress of improvement projects and confirm action required	Interim review of zero suicide initiative Review effectiveness of pressure ulcer monitoring tool	Implement changes required to zero suicide initiative Review effectiveness of assistive technology in falls prevention
Develop our local approach to Quality Improvement, securing support required and training our trainers	Implement Quality Improvement training throughout the organisation Review progress on NICE Guidance and identify any actions required	Identify areas requiring additional support to implement Quality Improvement effectively	Review Quality Improvement methodology and adopt changes required
Recruit and train Patient Leaders Complete transition planning as part of our Mental Health Strategy Commence Compassionate Leadership training.	Review impact of Friends and Family Test for carers and identify improvement actions needed Implement transition planning	Review effectiveness of Patient Leader programme and Compassionate Leadership training	Work with partner organisations to deliver joined up approaches to service user and carer engagement
Continue staff engagement, values based appraisal & recruitment and Excellent Manager Programme	Continue to develop ways in which staff, patients, carers and others can raise concerns and how we respond to them	Review progress on provision of equal opportunities for training and career development	Review the use of data from multiple sources to assess the overall levels of satisfaction with services, taking action to ensure consistently high performance
Analysis of service level information to identify opportunities for further internal efficiency Confirm actions required to improve our contribution to the health and social care system	Review opportunities for 7 day working across our services, identifying opportunities for improved efficiency	Review system wide initiatives for impact on quality and safety	Complete implementation of integrated health and social care services in partnership across Berkshire.
Identify priority actions for achievement of Equality Delivery System standards	Locality Plans implemented using patient access and staff survey data to address specific issues	Review progress in implementation of our Equality and Inclusion Strategy in terms of access to services and delivery of NHS Accessible Information Standard	Implement Equality and Inclusion initiatives as part of an integrated approach to service provision with our partners