



# **EEAST Quality Improvement Strategy 2018-2022**

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## Introduction

We provide the 999 emergency and non-emergency services to the population of circa 5.9m across the six counties of Bedfordshire, Hertfordshire, Essex, Norfolk, Suffolk and Cambridgeshire, containing a diverse range of rural, coastal and urban areas. Supported by more than 4,000 staff and 1,500 volunteers, we deal with an average of 2,654 999 calls every day and undertaking more than 460,000 non-emergency patient journeys each year. In 2015/16 we received over 1 million 999 calls into our 3 Emergency Operations Centres (EOC).

*Why are we doing this?* The current quality and safety strategy has an end point of 2018. Our patients and service users deserve the very best safe and effective healthcare we can provide for them. High quality care is not an accidental by product of good intentions. For us to deliver this level of care we need to nurture our staff and ensure that they are developed and that the working environment fosters positive attitudes with a desire to continue to improve.

*Opportunities for improvement* – do we need to do things differently? It is clear that we have made great strides forward over the past three years but we must progress and embed our Quality Improvement programme as there is so much more we can do. We need to be able to have a clear consistent process in place to recognise opportunities for improvement as they are identified which is familiar to all of our staff, patients and stakeholders. Our framework for quality assurance needs to improve and change as we change as an organisation.

*How do we maintain focus of quality when we have other demands?* Quality being one of our core values is evidence that quality is not a bolt on it is what we do every day of the week. With focus on what is important to us, our patients, service users and staff then we can provide the highest quality care. We continue to have targets which must be met, Ambulance response programme times, clinical indicators and investigation deadlines to name a few. These are all aspects of quality in their own right. The most important thing for us is that we integrate this work into an overall approach to quality and not to view it as another target. Improvements need to be sustainable.

## Progress with Quality Assurance and Improvement since 2015

The Trust was inspected in 2016 and again in 2018 by the Care Quality Commission with Outstanding for caring in the both of these reports. The Trust was the first Ambulance Trust in the country to achieve this. The Trust moved from Level 3 to level 2 on the NHSI framework in October 2017. The Trust has maintained Quality visits to Trust sites and held a Trust wide review in August 2017 including key stakeholders and regulators, this methodology has been adopted by other Ambulance Trusts and is viewed as best practice.

We have recruited and developed a central Quality Improvement team to coordinate our QI work throughout the Trust. We are working towards an in house faculty to deliver QI programmes. Four members of Trust staff qualified as Quality Service Improvement Redesign (QSIR) practitioners in November 2017 and are working towards faculty member status.

We have active QI projects across the organisation and wish to build on this by allowing flexibility to local teams to choose what they work on, and then discuss locally how these align with directorate and Trust wide priorities ensuring QI is meaningful and beneficial for staff and service users.

## What is our strategic Context?

The Trust's mission, vision and values are based on core values of the NHS. They have been developed through engagement and consultation with staff and key stakeholders.

**Our mission is** – trusted to deliver compassionate care.

**Our core values are –**

**Care** - We value warmth, empathy and compassion in all our relationships

**Teamwork** - Together as one, we work with pride and commitment to achieve our vision

**Quality** –We strive to consistently achieve high standards through continuous improvement

**Respect** - We value individuals, including our patients, our staff and our partners in every interaction

**Honesty** - We value a culture that has trust, integrity and transparency at the centre of everything we do

## What is our Quality Improvement Strategy?

It is the plan we have for delivering our commitment to our patients and service users to provide a safe and effective healthcare service to all of our communities in the east of England by 2022. The strategy reflects our core values.

The three objectives of this strategy are to have –

- A sustainable process to embed Quality Improvement in all aspects of Trust business
- A reduction of clinical variation
- An established Quality Improvement Faculty

To deliver this we will need to:

- Ensure that every day for every patient and all of our staff has quality underpinning every decision.
- Listen effectively to our staff, patients, carers and service users.
- Provide the safest care we can and learn lessons when things go wrong.
- Support our staff to deliver the highest quality care.
- Attract and retain the best staff and then develop them further.
- Work with our commissioners in a positive relationship to ensure quality is their number one aim.
- Foster and nurture a culture of quality improvement that is an integral part of who we are.
- Maintain our financial viability.

## **How will we govern, Measure and Improve the Quality of Care we provide?**

### **Quality Assurance**

The way we approach quality assurance will need to radically change in line with external changes. We need to do this as we grow and the boundaries of the organisation change. As we become a more integrated care organisation with more complex governance arrangements the systems that have supported us will need to change.

A significant part of our assurance processes have an external focus of control. CQC, the healthcare quality regulator continues to inspect using its framework of 5 key lines of inquiry:

- Safe
- Effective
- Caring
- Responsive
- Well Led

### **Quality Assurance work programme summary**

- Continue with current quality visits
- Embed service user involvement in assuring and improving services
- Listening and learning
- Compliance with NICE standards
- Developing local quality and performance measurements
- Audit

### **Quality Control**

Over the next three years we will continue to develop our quality control process to ensure that the progress which has been made are monitored and maintained, to work towards a more standardised process in delivering system wide healthcare that we are quickly alerted to abnormal variation and move to understand causes and take corrective action as required.

To recognise that our staff and the work they undertake to improve quality of care is maintained and a clear process is available to follow. As improvements become implemented into routine business, this is no longer improvement work. The systems for supporting intensive, accelerated improvement must remain and be consistent. This is critical as assuming gains will be sustained after intensive focus is not reliable. The Trust will work towards supporting local teams to develop lower intensity internal quality control mechanisms to ensure gains are maintained.

When quality improvement methodology has delivered sustained improvements it will be important for these to be reported to the Trust using statistical control charts which should be reported to the board and directorate management teams. In addition, to ensure that the correct control is being maintained, sampling audits will be undertaken and may be integrated into the accreditation/assurance work.

## **Listening and Learning to service Users, Patients and key stakeholders**

A key part of our strategy is our engagement of service users, patients and key stakeholders. The Trust has made some significant progress with its work on engaging service users and key stakeholders but there is also much that can be improved.

Service users, staff and carers have a critical role to play in our quality assurance processes including:

- Recognising and promoting good practice
- Identifying gaps in service provision
- Assisting with programmes of internal inspection/accreditation
- Peer to peer assessments of adherence to standards
- Helping to develop systems to capture feedback
- Working with the Trust to develop effective listening forums
- Feeding back directly to the board about their story and experiences
- Friends and Family test

## **What are our Quality Priorities?**

Though we are concerned about the quality of all our services and need to be vigilant about all aspects, we do have particular quality priorities that we want to focus on.

These are:

- Inclusion, equity and equality
- Care Integration
- Listening and Learning
- Access to services
- Reducing variation in the provision of Evidence Based Care

By listening to our service users, staff, leaders and key stakeholders, thematic reviews of complaints and incidents, discussions with local and national commissioners, work with NHS Improvement and NHS England. Some of these are more aligned to one domain of quality than another e.g. listening and learning are aligned to quality assurance, whilst others cross domains e.g. access to services covers assurance, improvement and control, and therefore our work on these priorities will use a number of techniques including:

- Quality improvement
- Education, Training and development
- Partnership working
- IM&T strategy
- Value based recruitment
- Quality Assurance Systems capturing feedback
- Health promotion
- Accreditation and inspection

## **Quality Improvement**

The Trust has started to make progress with its work on QI and is working towards an in house faculty to deliver Quality Service Improvement and Redesign programmes. The vision is to build and consolidate as best practice and potentially share with other Ambulance Trusts and acute hospitals across the Trust footprint.

The Trust will look to this as potential to have a large impact on developing culture of the organisation and we need to hold the gains that we have made and to use the lessons learnt to develop the programme further and integrate it into operations so that it becomes business as usual.



## Quality Improvement Priorities and work programme

Teams have freedom to work on issues of quality that matter most to the staff in the team, the service users and carers that they serve, and the local priority areas for improvement. This facet of the programme is unusual for large-scale improvement programmes, but is critical to engaging staff and making QI feel relevant and meaningful.

Over the next three years, priority areas of QI work will include:

- ***Embedding Quality Improvement in all aspects of Trust business***

Goals & methodology - this having a direct link and impact on developing the culture of the organisation. We will need to build on the improvements already made and use lessons learnt to develop our progress further and integrate it into operations so that it becomes work as usual.

- ***Establishment of a Quality Improvement Faculty***

Goals & methodology - further ambition of the organisation; staff delivering our business know and understand areas requiring improvement and the implementation of QI methodologies will afford all staff with the opportunity to drive positive changes. Training of key roles is underway and 2018/19 will see the establishment of the Trust's quality improvement approach and the growth of the faculty and involvement of staff from all areas of the Trust.

- ***Reduction of clinical variation***

Goals & methodology - delivered through improved education, training, mentorship and supervision opportunities, with enhancements to the existing clinical variation and learning systems the Trust has already implemented. Exploring options for learning apps and improved accessibility to e-learning will also be an aspect of the strategy, whilst continuing to reinforce traditional learning with support from Higher educational partners where required.

## Quality and cost improvement

Over the next three years, there will be a greater emphasis on quantifying the financial impact of QI projects. For many projects, this will be exhibited as cost avoidance, which is helpful in reducing our in-year financial pressures. A small number of projects may have the potential to demonstrate cost reduction, and our finance team will prioritise these for detailed evaluation.