



Quality Strategy

2022-2025



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Foreword

Welcome to City Health Care Partnership CIC's second Quality Strategy. Our first Strategy was well received by our staff and stakeholders and therefore we have built on these foundations through reviewing and refreshing the original content to confirm our continued commitment to deliver high quality care and services.

The purpose of this Strategy is to set out our quality ambitions, describe their roots and how they fit within our organisation. We recognise that safe, high-quality care that is clinically effective, results in a positive service user experience is of the utmost importance, and this is at the core of all that we do.

We understand that all our quality ambitions must be coupled with rigorous assurance, risk management and governance arrangements. This intelligence can provide us with the evidence that we are delivering high-quality services and alternatively provides us with an early identification process that indicates when we need to take action. Therefore, we will constantly challenge what we can improve and capitalise on opportunities to deliver alternative ways of clinically effective, responsive service provision.

We know during the lifespan of this Strategy that system-wide financial constraints, increased demand for high-quality responsive services coupled with ongoing contractual competition will be key features within healthcare across the country. Our desire to collaborate is critical to our continued drive for quality and we will work within the challenging landscape with our local partners to meet the requirement for seamless, responsive, high-quality services to face our Integrated Care Services strategic goals.

Andrew Burnell, Chief Executive



Introduction

At City Health Care Partnership CIC our overarching vision is to lead and inspire through **excellence**, **compassion** and **expertise** in all that we do.

Our vision is underpinned by our mission which, quite simply is:

To grow a socially-responsible business that contributes to the wider wellbeing of the communities in which we provide services, from which the high quality and safe services delivered are personally responsive, caring and inclusive of all and where people love to work.

At the heart of who we are and what we stand for is quality. This strategy sets out our stance that we aim to continually improve the quality of the health care services that we deliver, making them safe, effective, caring (patient centred), responsive and well-led.

The four key values that support our mission are:

- **Service and excellence**
- **Equality and diversity**
- **Creativity and innovation**
- **Co-operation and partnership**



Equality, Diversity and Inclusion (EDI)

We are committed to promoting equality in accordance with the Equality Act 2010 and the Public Sector Equality Duty. This includes compliance with national strategies and frameworks including the Equality Delivery System, Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap (GPG).

Our equality, diversity and inclusion strategy weaves through all our work streams and is incorporated in the People Plan to underpin our inclusive culture of promoting equality.

By employing compassionate leaders who champion equality, diversity and inclusion we will continue to build an organisation that is free from bullying, harassment and violence.

We aim to ensure that no individual is discriminated against or treated less favourable by reason of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation in accordance with the Equality Act.

We continue to work on equality incentives including Investors in Diversity to which we received re-accreditation as a fair respectful, equal, diverse, inclusive and engaged employer. In addition, we continue to be a disability confident employer assuring through Disability Confident Leader validation.

We continue to hold White Ribbon status and are committed to the Armed Forces Covenant. We have accredited LGBT+ champions based across the organisation and have established staff network forums to support our workforce for minority groups.

We have a successful Equality Diversity and Inclusion steering group which report to the Safe Quality Service Committee and Executive Board. The group meets quarterly to monitor compliance to national standards and to continue to ensure we embrace equality diversity and inclusion within our organisational core through embedding the principles of FREDIE and our EDI vision.

- **Fairness**
- **Respect**
- **Equality**
- **Diversity**
- **Inclusion**
- **Engagement**



Definition of Quality

Whilst there is no universally agreed definition of quality in healthcare, in 2008 Lord Darzi developed a single definition of quality for health services as part of his review, 'High Quality care for All' which has since been embraced by many healthcare providers.

The definition sets out three dimensions:

- **Care that is safe**
- **Care that is clinically effective**
- **Care that provides the best possible experience for service users**

In line with all organisations that deliver any NHS-funded care we provide our annual quality accounts which adopts the dimensions outlined above providing evidence and examples of how we apply these expectations within our work. Within our quality accounts we make at least three pledges for our 'priorities for improvement' for the forthcoming year these are categorised under the following headings:

- **Clinical Effectiveness**
- **Patient Safety**
- **Patient Engagement**

The Quality Accounts can be found on the NHS website at www.nhs.uk

Additionally, the Care Quality Commissions (CQC) Intelligence Monitoring System and insight model focuses on key areas of quality and safety and embracing of the following domains.

Safe

People are protected from avoidable harm and abuse

Effective

Peoples care, treatment and support achieves good outcomes, promotes a good quality of life and is evidence based where possible

Experience (Caring)

We involve and treat people with compassion, kindness, dignity and respect

Responsive

Services are well structured and effective so that they meet the people's needs

Well Led

Leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, support learning and innovation and provoke promote an open and fair culture

Setting Our Quality Ambitions

Our Values

Service and excellence . Equality, Diversity & Inclusion .
Creativity and Innovation . Co-operation & partnership

Our Vision

To LEAD and INSPIRE through EXCELLENCE,
COMPASSION and EXPERTISE in all that we do

Our Aim

To continuously improve QUALITY in all that we do

CHCP's Integrated Quality Forum sets the direction for our quality ambitions through developing, monitoring and managing a bi-annual Quality Improvement Plan.

The Quality Improvement Plan is underpinned by our vision and values and is triangulated with data intelligence of any quality challenges within the organisation to provide the topics for our agreed key ambitions for the coming two years.

The Integrated Quality Forum take responsibility for driving forward the ambitions within the Plan and monitoring the actions at their bi-monthly meeting.

For assurance the Integrated Quality Forum report to the Safe Quality Services Committee on the development, implementation and monitoring of all areas of quality by providing insight, commentary and outputs associated with the Quality Improvement Plan.

Our Quality Improvement Plan is one strand of our portfolio of quality activities and commitments which include our annual Priorities for Improvement pledges published within our Quality Accounts and any action plans developed following inspections from our regulators such as the Care Quality Commission (CQC).

Additionally, through our contracts we hold for the delivery of services our current commissioners have a range of national and local indicators which we report upon. As future commissioning arrangements evolve CHCP look forward to establishing productive relationships to assure of our quality and performance delivery.

Quality Improvement Team

Whilst quality is central to all our staff in all our services, in September 2017 we appointed a Quality Improvement Team to assist in our drive and dissemination of the Quality Improvement Agenda.

The overall Quality Improvement Team’s ethos is to embed a culture of **continuous improvement** rooted in **evidenced-based**, high-quality, compassionate care. The team work across systems and all clinical services to facilitate the support, tools and resources to empower and enable front

line staff to progress quality improvement initiatives in their own areas.

The team introduced the Quality Matters² approach, and their quality improvement work falls within the following work-streams (see Fig. 1)



Fig. 1 Quality Matters² Approach

The Quality Improvement & Compliance Team

Robust governance systems support and underpins effective and safe care and our Quality Improvement and Compliance Team strive to achieve effective and safe systems of care and be responsive to the need of our service users.

Assuring a safe and positive experience for those who use our services are key priorities and requires us to **listen** to feedback from those who use our services, **sharing** when things have gone well, but also **analysing** and **investigating** incidents, concerns and complaints and considering whether there are lessons to be learnt that should be shared across the organisation with all members of staff.

Sharing information is vital for both safety and protection so that staff are well informed and confident that they are doing no harm. It is paramount that service users are managed in a safe environment and to do this we recognise our duty to provide best practice which includes learning what changes need to be made in light of our learning to continually improve the safety and quality of our services.

We encourage a climate of 'Just Culture' which supports the fair treatment of staff, openness and learning across the organisation so that all staff feel that they are able to speak up when things go wrong, rather than fearing blame. Our approach is to share lessons learnt to prevent the occurrence of the incident again, and importantly when we have successes, we share to assist others to.



Service User's Voice

Ensuring the voice of our service users is enabled, heard and respected

We have a vested interest in enhancing our patient experience and adopt a range of ways in which we collect feedback such as directly in face-to-face meetings with our service users as well as on-line, electronic and written responses.

We know that collecting feedback from those who use our services positively impacts upon the organisation by improving clinical outcomes and service quality.

We will continue to expand our Service User Voice group where members volunteer their time and skills to work in partnership with us to play an integral part in contributing their experience to shape and co-produce service improvements.

We believe that: -

- **The engagement of people who use our services, their families or carers is an integral and valued element of our quality improvement activities**
- **Our service developments are mindful of, and shaped through service users' engagement**
- **We will facilitate meaningful ways in which those who use our services can influence how our services are delivered**
- **We are committed to develop a culture of co-production, respecting and valuing our service user contribution**

In addition to the Service User Voice mechanisms, we will continue to undertake an annual patient survey conducted by an external research company to enable objectivity – our approach is to hear about the experiences of those who use our services who may not engage with our established feedback routes. The results of our patient survey are published on our website and shared across all services in order to learn about what went well – and importantly what needs to be improved.



How We Measure and Report Quality Improvement Data

Measurement is a key component of assessing whether high-quality care is being provided and quality improvement is supported.

The Executive Board must be assured of the established organisational reporting structures and that associated Quality Improvement Activities are being supported and monitored across all clinical services.

We will continue to provide our clinical teams with quality metrics incorporated into a quality dashboard report that will be reviewed at team, locality directorate and Executive Board level. The content of this dashboard has been agreed by the Safe Quality Services Committee, with appropriate clinical engagement to ensure that the metrics are relevant and linked to our Quality Improvement Priorities as outlined in the strategy.

The report adopts an exception-based approach and where exceptions or areas of concern are identified, a more detailed report will be included. This approach will focus attention on the reason for the exception, along with actions that have been taken to improve performance.

Areas of good practice will also be reported, as we recognise the importance of positive feedback to our colleagues.

Exception Reports will be produced at a team/ service level and discussed at team meetings to ensure that a meaningful narrative is produced.

The dashboard is linked to the CQC Key Lines Of Enquiry and will measure performance each month that includes: performance against national standards, indicators to demonstrate service user safety, clinical effectiveness, services that are caring via the 4Cs (Compliments, Comments, Concerns and Complaints) and serious incidents. We monitor our risk ratings and support this with robust qualitative exception reporting with comparisons to target levels of performance will also be included.

The dashboard also incorporates national and local commissioning incentives, external benchmarking exercises and research and development metrics, as well as other nationally reportable concerns.

CHCP recognises the significant value of learning that comes from advance warning indicators, serious incident reporting and patterns of complaints and incidents. These are incorporated into the dashboard and scrutinised for themes and trends that may be indicative of a decline in the quality of the service.

The dashboard is enhanced by additional detailed reports including:

- **Safeguarding Report**
- **Incident Report**
- **4Cs Report**
- **NICE Reports (National Institute for Health and Care Excellence)**
- **Central Alerting System (CAS)**
- **HR Reports**
- **Learning and Development Reports**
- **Infection Control Report**
- **Information Governance Report**
- **Data Quality Report**



How We Measure and Report Quality Improvement Data

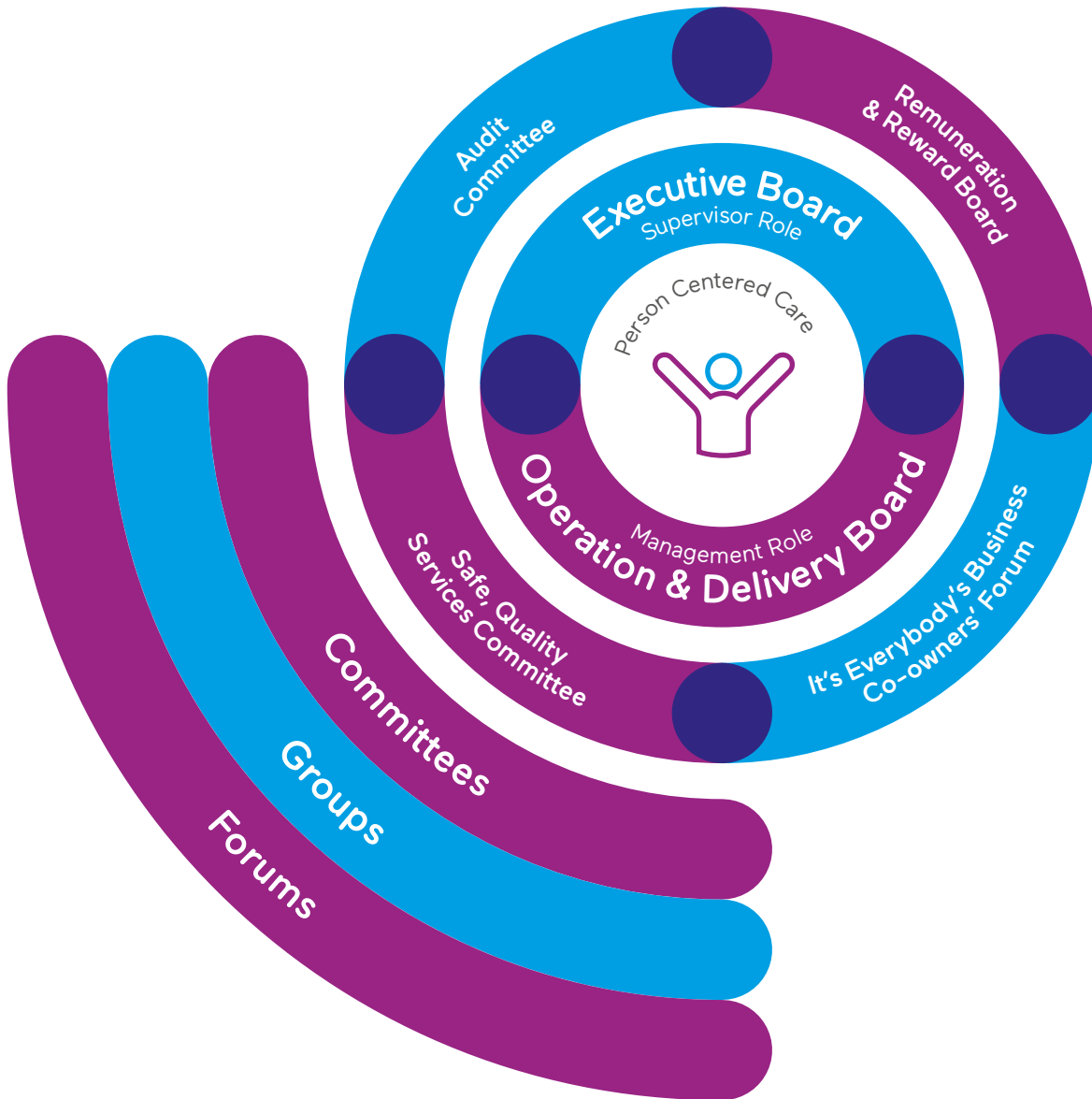


Fig. 2 CHCP Reporting Structures

The information held within the reports and our Quality Accounts will be monitored and reviewed by established Boards, Committees and Forums:

- Quarterly Reports to the Executive Board
- Quarterly Reports to the Operations and Delivery Board, stating progress against our quality priorities
- Quarterly Reports to the Safe Quality Services Committee
- Quarterly Reports at the Safety and Quality Forum
- Annual Quality Accounts
- Reports from unannounced and announced CQC Inspections
- Monitoring of 4Cs Speak Up Guardian referrals, Duty of Candour

Data Quality Assurance

Data quality has a direct impact on health care. We recognise that high quality, safe service user care depends on good quality data.

Poor quality data can disrupt funding, damage the reputation of organisations and individuals and lead to flawed clinical, administrative and planning decisions. Improving data quality improves patient care and enables the delivery of effective value for money services.

Data Quality is everyone's responsibility and is essential for maintaining patient safety. We recognise that the combination of staff awareness, effective leadership, vigilance, good processes and verification procedures provides the framework needed to embed and instil a culture of high data quality within the organisation.

CHCP has a duty to ensure that the data it records is timely, accurate and up to date. This is to ensure compliance particularly with the Fourth Principle of the Data Protection Act 2018. Failure to record data accurately could lead to Enforcement Notices being placed on the organisation to amend inaccuracies or at worst face prosecution.

Health care professionals have a 'Duty of Care' demonstrated through their relevant codes of professional conduct and guidelines to ensure that their record keeping meets the minimum professional standards described within the guidelines.

Information in the quality reports is constantly being reviewed to ensure that the data is clear and concise.

The Data Quality Policy and Procedure has been reviewed and updated to formalise the organisation's approach to data quality and describes our approach which includes:

Assessment

Assessing data against six key dimensions of:

- **Accuracy**
- **Validity**
- **Reliability**
- **Timeliness**
- **Relevance**
- **Completeness**

Audit

The outcome of the data assessment will be used to inform the Data Quality Audit Plan (DQAP).

Improvement

Following audit, the recommended improvement actions will form part of the Data Quality Improvement Plan (DQIP).

A report is compiled in conjunction with an action plan monitored through the Safe Quality Services Committee. Follow-up audits are then completed to ensure that evidence of the implementation of actions exists, is available and that the actions are achieving the desired outcomes. This is also monitored through the Quality Improvement and Compliance Team to ensure that incidents, comments, concerns and complaints are reducing.

As well as the specific areas in the quality domains identified in this strategy, the performance of the organisation against national quality standards will be evidenced through our internal and external mechanisms such as the Quality Dashboard, performance against our Commissioning for Quality Improvement Schemes, outcomes of external inspections and effective and robust clinical governance systems, including the management of risk.

Identifying and Managing Key Risks to Quality

Alongside the ambitions within this Quality Strategy, we implement the key components of our Risk Management Strategy

The organisation has a systematic approach to risk management that ensures the identification and escalation of both operational and strategic risk via a risk register.

The risk register identifies the key risks that may disrupt or prevent CHCP from achieving strategic and quality goals and objectives.

The risk register is owned by the senior operational leads and monitored by the Executive Board via quarterly reports.

The Safe Quality Services Committee and the Operation and Delivery Board receive reports to inform them of the distribution of risk across the organisation and inform them of any significant changes to the risk profile and progress against action plans.

Quality Impact Assessments

In all our actions we are mindful that our number one strategic goal is to provide quality, safe, effective care to all who use our services and we keep this in focus when considering any new ways of working. This includes our approach to delivering care within the financial envelope that we are given.

Like all providers of NHS funded care we are expected to put in place Cost Improvement Programmes (CIPs) to increase efficiency and reduce expenditure. Our approach is that any proposed changes should result in the worst case a 'neutral effect' on the quality of care provided but our preferred aim is always to improve quality.

It is recognised that CIP's are becoming increasingly more challenging to identify and deliver as the 'quick wins' have already been adopted and thus

Each Safety and Quality Forum receive a risk report specific to the services they are responsible for, with a narrative that will cover the risk source, description, current risk, main controls and a date for review.

The risks are owned by the relevant senior manager and are subject to regular review by the Quality Improvement and Compliance Team.

CHCP has developed a comprehensive CIP process, underpinned by robust governance arrangements setting out clear lines of responsibility from clinical teams through to the Executive Board. This includes undertaking Quality Impact Assessments to monitor efficiency plans, monitoring service users experiences, safety and clinical quality.

Monitoring the Quality Strategy

Our Quality Strategy has been ratified by CHCP's Safe Quality Service Committee who are assured by the content and that the Strategy will be regularly monitored and reviewed by the Integrated Quality Forum. This will facilitate any significant changes to national guidance, policy or contractual requirements which may have implications for our approach to quality.

Monitoring of application of the strategy will be undertaken annually by external auditors to capture compliance and outcomes measurements.

As an organisation we are extremely diverse and cover a large geographical area across the whole of Hull and the East Riding of Yorkshire. We have also been successful in securing contracts to deliver services in the north west of the country, including Knowsley and St Helens.

This Quality Strategy will be regularly monitored and reviewed to reflect any

significant change to national guidance, policy and contractual requirements.

The overall aim of the strategy is to help all staff, whatever the discipline, role or responsibility, to understand what excellent quality looks like and to continually reinforce their learning and knowledge in the key area of Quality Improvement, establishing a robust ethos for Quality Improvement within CHCP.

We will produce an annual Quality Communication Plan developed to support the successful achievement of the quality priorities. 'Quality Matters' will be introduced as a newsletter and published whenever we are sharing information or embarking on Quality Improvement Initiatives to assist staff in making the connection between quality and their everyday practice.

The strategy will also be available to all staff via CHCP's Connect and My Compliance.

Glossary of terms

Strategy: A plan of actions designed to achieve a goal or ambitions.

CCG: Clinical Commissioning Group responsible for implementing the commissioning roles as set out in the Health and Social Care Act 2012.

NICE: National Institute for Health and Care Excellence.

Quality Accounts: Annual publication required by all providers of NHS funded care which sets out quality ambitions and achievements.

AHSN Academic Health Science Network: A network that connects NHS and academic organisations, local authorities, the third sector and industry to facilitate change and improvements.

References

Health & Social Care Act (2012)

Found at:
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

Equality Act 2010

Found at:
<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards>

Care Quality Commission (2014) Fundamental Standards of Care

Found at:
<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards>

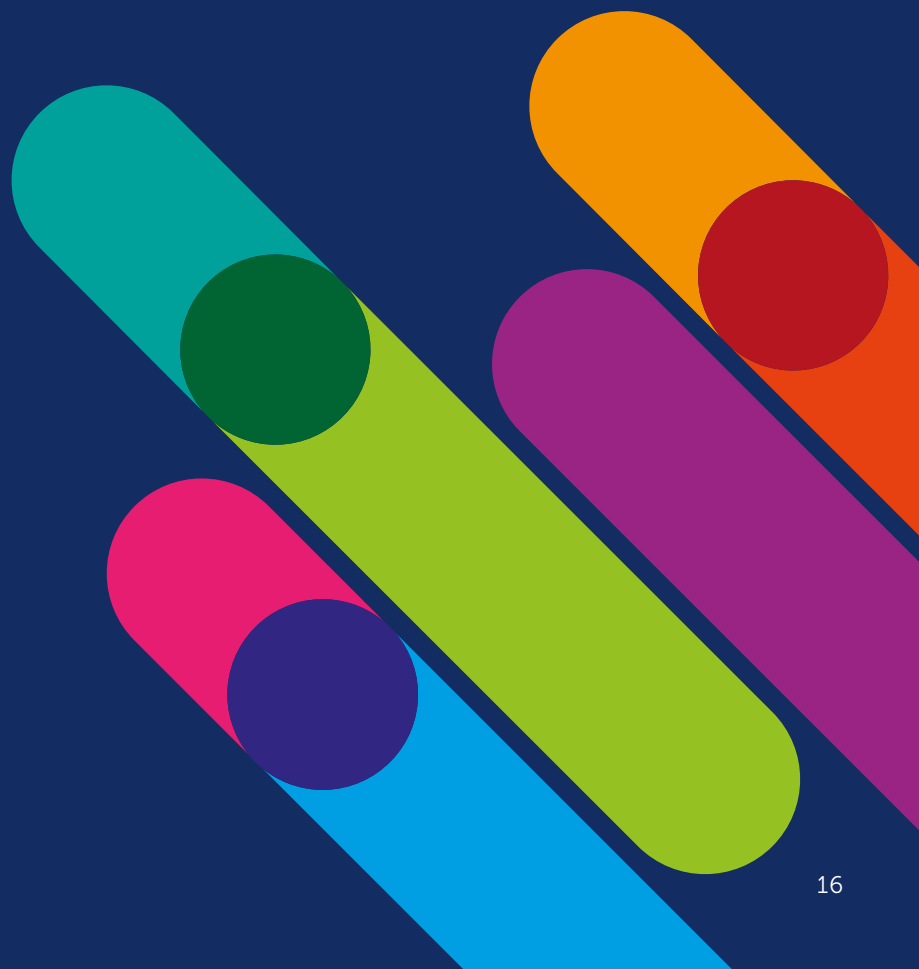
Data Protection Act (2018)

Found at:
<https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

Our vision is to **lead**
and **inspire** through
excellence, compassion
and **expertise** in all
that we do.

"Our Quality Strategy serves as a rallying call for every single employee, volunteer and Board member to ensure that we deliver the very best possible care in all our service user contacts"

Tracy Vickers, Executive Nurse





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Kurdish

ئەگەر تەنھەنە دەستە ئەم بەلگەنامە بە بە زمان یاخود شیوازیکی دیکە بە دەست بەگات وەک شریتی دەنگ، چاپی گەورە یاخود برایل (هەلتۆقیو)، تەلەفون بەکە بۆ 01482 347649.

Mandarin

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Arabic

"إذا كنت ترغب في الحصول على هذه الوثيقة بلغة أخرى أو بتنسيق مختلف مثل شريط صوتي، أو طباعة بحروف كبيرة أو بطريقة "برايل"، يرجى الاتصال على الرقم: 01482 347649".

Russian

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