

# Quality Strategy

## 2019-2024

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## Lived Experience of the Quality Strategy

Shazia had become unwell many years ago as a young woman at university in another part of the country. Sadly, her struggles eventually meant that she had to give up her studies and there followed a lengthy period of many years where she grappled unproductively with trying to make sense of what had happened to her. During this time she made use of mental health services but never seemed to find anything that she could connect with, nor make use of. In many ways, Shazia's life had come to a standstill; she was deeply unhappy, lonely and felt that she lived a life without meaning.

A change in her circumstances meant that she and her family came to live in Hertfordshire and on the first contact with the Trust during her Care Programme Approach transfer, one of the team asked her a very simple question, but one that was to bring change to her life - she was asked, quite simply, "What do you want to be different"? This threw her a little at first; it had been many years since she had thought that anything could be different at all. The staff member explained that the Trust could offer her a number of different sources of support, including a range of evidence-based interventions on a care pathway but the key thing, right at the outset, would be for them to work together to co-produce some goals to work towards. She learned that this approach was called 'shared decision making' and was a part of the 'recovery approach' to mental health problems. She was given some literature that had been written in collaboration with other people who had been service users and carers at the Trust and this explained these approaches further. Shared decision making, it was explained, helped service users to take back control of their agency - their sense of ownership of their lives and their futures. It had developed from the recovery approach which, in turn, had itself been developed by service users and carers and was a movement of people who had learned to adapt to their challenges and live fulfilling lives alongside them. Shazia felt that there was something different about these ways of working and she instinctively opened her ears to them and was curious.

Over the preceding months in Trust services, a new Quality Strategy had been embedded in the clinical teams, one that had been co-produced with service users and carers who had themselves directly taken part in rolling this out across the organisation and training clinicians and other staff. This initiative had been based on the Trust's *Good to Great* strategy – a way of focussing care on the three domains of quality – safety, effectiveness and experience. At the heart of this was a drive towards compassionate partnership, driven by recovery values, evidence-based care, continuous quality improvement and shared decision making. These all distilled into a way of offering care to people which put them at the middle of the process and promoted their experience of this as a central test of its value.

It was this, and the attitude of the staff member working with her that had grabbed Shazia's attention – she had experienced lots of care over the years but there was something about this that felt different and which led her to want to hear more, and hear more she did. She was gently challenged to describe a specific goal to work towards – in the past the professionals she had worked with seemed only to be interested in her symptoms and whether she was feeling suicidal. This member of the team seemed to be interested in her as a person in her own right. She found herself saying that she wanted to reconnect with people again – something she had yearned for in her loneliness but was frightened of – she also wanted to spend more time outside amongst nature. The staff member she was working with seemed to be very interested in these goals and asked her to rate how possible it was for her to do these things now and explained that this would be useful later when it came to demonstrating how effectively they had been working together. These ratings were complemented by some more formal measures that it was explained were given to everyone entering the service.

And this was how it started.....over the next few weeks and months, and constantly in collaboration with her, Shazia was supported to work towards her goals. This was not easy, and it was not as if nobody ever mentioned her symptoms, nor listened when she spoke of them, but somehow they were no longer at the centre of the conversation. At some stage fairly early on, she was offered some training, along with other service users, on the topic of shared decision making – this, it was explained, might help her have more useful conversations with professionals and ultimately lead to more effective care. One of the trainers shared with the group his story of learning how to live with hearing voices and how he had grown to be able to speak to the doctors about his medication in a way that gave him a sense of control. Shazia was keen to try this at her next outpatient appointment with her psychiatrist, who had herself had a very similar training session with the same man.

For some years, Shazia had been unable to find a good balance between mental health services and her family and her partner who was her carer. Often she felt that she wanted to keep things to herself and not share them with her family and there were other times when she found that she desperately needed them to be more involved. However, on these occasions staff were often standoffish and unsure of what could be talked about. In the Trust, considerable work had gone into developing authentic and co-productive relationships with carers and this had produced the necessary conditions for this idea of compassionate partnership to take root in front line services. Staff had been directly helped by Experts by Experience to understand the Triangle of Care and this was openly discussed at an early stage in her engagement with the local team. This meant that all three points of the Triangle of Care knew more or less where they stood when it came to involvement and information sharing. This helped Shazia feel more secure and confident that both hers and her family's positions were understood.

Staff felt more confident too and discovered that once explored, these sometimes difficult issues were easier to manage.

As her journey forwards unfolded Shazia began to grow in confidence and self-belief – she could have control, often alongside her anxieties, but nonetheless it was control. She could have a different future, although this might not mean that she was never troubled again. As she and the team she was working with progressed, they were able to keep an eye on improvements through the ratings and the questionnaires she had completed at the beginning. She saw that there were patterns in her journey, sometimes backwards but ultimately forwards and she also saw that using the ratings helped her understand a bit more about her experience out in the world. This was also helpful in the evidence-based psychological therapy that she had been engaging in and using, to learn how to cope with her distressing symptoms. She was beginning to mix with people a bit more and was able to join in country walks that she had been connected with through the team – she was achieving her goals and this had all started with a question that she had stopped asking herself all those years ago when it had seemed that change would never be possible again.....

## Executive Summary

### Background

Our *Good to Great Strategy* (2016-2021) describes how we at Hertfordshire Partnership NHS University Foundation Trust (the Trust) are delivering our vision of '*Delivering Great care, Achieving Great Outcomes – Together*'.

Through providing consistently high quality care that is joined up, individuals will be supported and empowered to recover and to manage their mental and physical wellbeing. This will enable us to achieve our mission – '*We will help people of all ages live their lives to their fullest potential by supporting them to keep mentally and physically well.*'

This strategy sets out how safe and effective services, with the service user as partner in their own care and treatment as well as service development will be achieved.

The objectives of this strategy are set out across three domains, safe, effective and experience, and are:

#### Safe

- Delivering safe care in top quality environments
- Fostering a learning and just culture
- Fostering a culture of safety

#### Effective

- Delivering evidence based care which is benchmarked nationally
- Delivering recovery focused care and clinical outcomes
- Continuously improving quality

#### Experience

- Responsive and accessible services
- Embedding shared decision making
- Co-production at the heart of service development.

## 1. Introduction

Our *Good to Great Strategy* (2016-2021) describes how we at Hertfordshire Partnership NHS University Foundation Trust (the Trust) are delivering our vision of *'Delivering Great care, Achieving Great Outcomes – Together'*.

Achieving our vision means that we put the people who need our care, support and treatment at the heart of everything we do. It means we will consistently achieve the outcomes that matter to those individuals who use our services and their families and carers, by working in partnership with them and others who support them.

Furthermore, it means we keep people safe from avoidable harm, whilst ensuring our care and services are effective. That they achieve the very best clinical outcomes, support individual recovery and are of the highest quality.

Our *Good to Great Strategy* (diagram 1) demonstrates the key areas of focus for the Trust, in terms of the people, the organisation and partnerships. It focuses on the three domains of quality – safety, effectiveness and experience.



Diagram 1

Through providing consistently high quality care that is joined up, individuals will be supported and empowered to recover and to manage their mental and physical wellbeing. This will enable us to achieve our mission – *'We will help people of all ages live their lives to their fullest potential by supporting them to keep mentally and physically well.'*

This strategy will enable the Trust to deliver on the strategic objectives for 2016-2021 (table 1).

1	We will provide safe services, so that people feel safe and are protected from avoidable harm
2	We will deliver a great experience of our services, so that those who need to receive our support will feel positively about their experience
3	We will improve the health of our service users through the delivery of effective, evidence based practice
4	We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment
5	We will improve, innovate and transform our services to provide the most effective, productive and high quality care
6	We will deliver joined up care to meet the needs of our service users across mental, physical and social care services in conjunction with our partners
7	We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s)

Table 1

## 2. Purpose

The Quality Strategy sets the direction for the delivery of quality services within the Trust for the next five years. It supports and builds upon the Trust's proven delivery of high quality services, whilst supporting its ambition for a continuous improvement of services and sustainable growth.

The Quality Strategy sets out an approach which aims to put quality right at the heart of everything we do in order to deliver our *Good to Great Strategy*. It ensures that quality services are delivered in the Trust in response to the specific requirements of our service users, carers, our staff, the public, our commissioners and regulators. It is also underpinned by the delivery of the service strategies.

Core to this Strategy is the Trust's values and related behaviours. These apply to how as a Trust we value our workforce as well as service users, carers, colleagues and members of the public:

- We are *welcoming* so you feel valued as a person
- We are *kind* so you can feel cared for
- We are *supportive* so you can feel supported and included
- We are *respectful* so you can feel listened to and heard
- We are *professional* so you can feel safe and confident.

This Quality Strategy describes a consistent and integrated approach to providing quality services across the Trust. Its purpose is to set out the Trust's framework within which the Trust leads, directs and delivers high quality services.

It is an enabler of the Trust's vision and is supported through the Trust's organisational development of work. It underpins the Trust's performance and reputation and is fully endorsed by the Trust Board.

### 3. Aims, Objectives and Priorities

The aim of the Quality Strategy (Diagram 2) is to deliver *Great Care and achieve Great Outcomes together*. The objectives, three for each domain, are:

- **Safe**
  - Delivering safe care in top quality environments
  - Fostering a learning and just culture
  - Fostering a culture of safety
- **Effective**
  - Delivering evidence based care which is benchmarked nationally
  - Delivering recovery focused care and clinical outcomes
  - Continuously improving quality
- **Experience**
  - Responsive and accessible services
  - Embedding shared decision making
  - Co-production at the heart of service development.

Diagram 2



Each key focus area of quality - safety, effectiveness and experience, with the objective is set out below with the key priorities and what it will mean for service users, carers and staff (summarised in a table in Appendix A).

## **SAFETY**

Keeping our service users, carers and staff safe is a key priority for the Trust. The Trust will consistently **deliver high quality care in top quality environments** and this will be achieved through prioritising:

1. The development and implementation of the Making Our Services Safer Together Strategy (MOSS2gether), with clear work streams, actions and outcomes
2. Introducing the Hope (or similar) Model and rolling this out which will result in the least restrictive practice being used
3. Reducing the level of harm that is sustained as a result of incidents.

Through this objective, safe and compassionate care will be delivered in top quality environments through staff, service users and carers working together.

**A learning and just culture will be fostered by:**

4. Ensuring timely investigations into serious incidents that enable learning to be embedded swiftly
5. Innovative ways, such as SWARM, will be embedded across the Trust to ensure swift learning from incidents
6. The Trust will have a Just Culture that will support consistent, constructive and fair evaluation of the actions of staff involved in patient safety incidents.

This will result in swift learning when something goes wrong, where everyone's experience is valued and action is taken to prevent it happening again.

**A culture of safety** will be fostered through:

7. Shared beliefs, perceptions and values in relation to the risks within the Trust
8. The High Performing Teams initiative is rolled out with safety as one of the areas for teams to work on together
9. Communication is strengthened in relation to safety, sharing learning from multiple sources including national reports, advances in the evidence and incidents that occur in the Trust.

This will ensure safety is a priority for all, with shared decision making that includes positive risk taking.

## **EFFECTIVENESS**

**Deliver evidence based care, which is nationally benchmarked, by**

1. Care pathways developed that take account of the evidence base and are nationally benchmarked
2. Training Needs Analysis informs how staff are trained, developed and supervised to ensure the best evidence based care is provided
3. The Trust Research Strategy developed to include the generation and application of evidence as well as the research capacity within the Trust.

Through this objective and priorities, the workforce will be skilled to deliver the care and treatment that is planned in partnership with service users and carers, based on the best available evidence.

**Recovery focused care and outcomes will be delivered** through:

1. Service and care pathway developments are underpinned by recovery focussed care as well as individuals' care
2. Care plans (including the well-being plan) are reviewed and embedded to ensure a consistent approach that is responsive to service needs
3. Care pathways are developed with clear outcome measures enabling an understanding of the effectiveness of care and services.

This objective will ensure that service users' recovery aims are considered and outcomes that are meaningful are achieved.

**Continuously improving quality** will be achieved through:

1. Continuous quality improvement methodology (PDSA) to drive positive changes in safety, effectiveness and experience
2. The outcomes from continuous quality improvement projects used to shape service development and inform research
3. Research capacity and capability developed across professions and services and used to improve the quality of care.

As a result, outcomes will be shared and used to improve services and continuously improve.

## **EXPERIENCE**

**Responsive and accessible services** will be provided by:

1. Improved data quality so that there is a full understanding of the population that enables services to be developed in response to their needs

2. Teams take ownership of their feedback, share it within teams and actively use it to promote learning and improvements & to celebrate good practice
3. Having an Expert by Experience on every recruitment panel, utilising their expertise and valuing their views & opinions which will support the best outcome.

This objective will ensure that personalised services are delivered that are responsive to the interests, culture and beliefs of individuals.

**Shared decision making will be embedded by:**

1. The shared decision making model is used to ensure that care and service options are fully explored, along with their risks and benefits
2. Different choices that are available to the service user are discussed and informed decision made
3. Decisions are reached in partnership.

This will ensure that all are equal partners in shaping the individual's personalised care.

**Co-production is at the heart of service development by:**

1. Co-production is strengthened further, with a wider range of individuals involved
2. All new initiatives and approaches to implementing personalised care are co-produced with people who have experience of the systems
3. Quality reviews, visits, audits should routinely involve experts by experience.

This will ensure that service developments and improvements are informed by lived experience in a rewarding and meaningful way.

**4. Review**

This Quality Strategy has been developed in light of currently available information, guidance and legislation, which may be subject to change. This strategy will be reviewed annually along with the actions and outcomes and any changes will be considered and approved by the Integrated Governance Committee.

**5. Conclusion**

The Quality Strategy has been developed through reviewing the Quality and Service Delivery Strategy and a number of Consultations. The strategy sets out three objectives under each of the three quality domains:

- **Safe**
  - Delivering safe care in top quality environments
  - Fostering a learning and just culture
  - Fostering a culture of safety
  
- **Effective**
  - Delivering evidence based care which is benchmarked nationally
  - Delivering recovery focused care and clinical outcomes
  - Continuously improving quality
  
- **Experience**
  - Responsive and accessible services
  - Embedding shared decision making
  - Co-production at the heart of service development

The strategy details the three priorities under each of these objectives and what this will mean for service users, carers and staff.

## Appendix A- Summary of Objectives and Priorities

### SAFE

#### Objective one: Delivering consistently safe care in top quality environments

##### Key Priorities:

- Develop the Making Our Services Safer Together Strategy (MOSS2gether) with clear work streams, actions and outcomes
- The Hope model is introduced and rolled out resulting in the least restrictive practice is used
- Reducing the level of harm that is sustained as a result of incidents.

##### What it will mean:

For service users	I will experience safe & compassionate care in an environment that safely and effectively delivers my treatment.
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For carers	I will feel confident that safe & compassionate care is delivered consistently in partnership in top quality environments.
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For staff	I feel confident that we are working together with the right skills & environment to deliver safe & compassionate care.
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#### Objective two: Fostering a learning and just culture

##### Key Priorities:

- Timely investigations into serious incidents that ensure learning is swiftly embedded
- Explore and embed ways to swiftly learn from incidents, including, but not exclusively, using SWARM across the Trust
- Introduce Just Culture to support consistent, constructive and fair evaluation of the actions of staff involved in patient safety incidents.

##### What it will mean:

For service users	When something goes wrong, I am involved in the learning & action taken to prevent it happening to someone else.
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For carers	When something goes wrong, my experience is valued in the learning & action taken to prevent it happening to someone else.
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For staff	I will be part of a just culture that ensures system learning is embedded to prevent it happening again.
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#### Objective three: Fostering a culture of safety

##### Key Priority:

- Beliefs, perceptions and values are shared in relation to the risks within the Trust
- The High Performing Teams initiative is rolled out with safety as one of the areas for teams to work on together
- Communication will be strengthened in relation to safety, sharing learning from multiple sources including national reports, advances in the evidence and incidents that occur in the Trust.

##### What it will mean:

For service users	I work in partnership to make my care safe, with positive risk taking & know my safety is taken seriously.
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For carers	I am listened to, ensuring safe care is delivered & I work in partnership to support positive risk taking.
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For staff	I feel confident to deliver safe, compassionate care consistently and as part of inclusive leadership.
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**EFFECTIVE**

**Objective four: Delivering evidence based care which is nationally benchmarked**

**Key Priority-**

- Care pathways will be developed that take account of the evidence base and are nationally benchmarked
- A Training Needs Analysis will inform how staff are trained, developed and supervised to ensure the best evidence based care is provided
- The Trust Research Strategy will be developed to include the generation and application of evidence as well as the research capacity within the Trust.

**What it will mean:**

For service users	Decisions about my treatment are taken in partnership with me, ensuring I am informed of the evidence and knowledge available about my condition and its treatment.
For carers	I will feel confident that evidence based care is delivered consistently.
For staff	My Personal Development Plan (PDP) is tailored to my learning and development needs and in line with the best evidence available in my area of practice.

**Objective five: Delivering recovery focused care and outcomes**

**Key Priority-**

- Recovery focussed care will underpin service and care pathway development as well as individuals' care
- Care plans (including the well-being plan) are reviewed and embedded to ensure a consistent approach that is responsive to service needs
- Care pathways are developed with clear outcome measures enabling an understanding of the effectiveness of care and services.

**What it will mean:**

For service users	My care is delivered to achieve my recovery aims, which will be developed in collaboration with me.
For carers	My carer expertise will be valued in supporting the recovery aims that are set.
For staff	I understand the principles of Recovery-focussed care and feel confident to work in this way in order to achieve the outcomes service users have developed with me.

**Objective six: Continuously improving quality**

**Key Priority-**

- Continuous quality improvement methodology (PDSA) will be used to drive positive changes in safety, effectiveness and experience
- The outcomes from continuous quality improvement projects will be used to shape service development and inform research
- Research capacity and capability will be developed across professions and services and used to improve the quality of care.

**What it will mean:**

For service users	The outcomes of my care are shared with me and used to help improve services
For carers	I will be involved in shaping services to ensure that they are continuously improving.
For staff	I will be skilled and supported to make changes that will ensure that services are continuously improving.

## EXPERIENCE

### Objective seven: Responsive and accessible services

#### Key Priority-

- Data quality is improved so that there is a full understanding of the population that enables services to be developed in response to their needs
- Teams to take ownership of their feedback, share it within teams and actively use it to promote learning and improvements & to celebrate good practice
- Having an Expert by Experience on every recruitment panel, utilising their expertise & valuing their views & opinions which will support the best outcome.

#### What it will mean:

For service users	I will experience care that is personalised because people are interested in my experiences, culture and beliefs.
For carers	My knowledge and understanding of the service user, their culture and beliefs, is valued and used to inform care and the services they receive.
For staff	I am confident and able to explore the culture and beliefs and use this to inform how I develop personalised care.

### Objective eight: Embedding shared decision making

#### Key Priority-

- The shared decision making model is used to ensure that care and service options are fully explored, along with their risks and benefits
- Different choices that are available to the service user are discussed and informed decisions made
- Decisions are reached in partnership.

#### What it will mean:

For service users	I am spontaneously offered the opportunity to join staff, as an equal partner in shaping my care and working towards my goals and given access to information that enables me to make decisions about my care.
For carers	I am spontaneously offered the opportunity to join staff as an equal partner in shaping the care.
For staff	I have training in shared-decision making and understand how to work in this way with service users.

### Objective nine: Co-production at the heart of service development

#### Key Priority –

- Co-production will be strengthened further, with a wider range of individuals involved
- All new initiatives and approaches to implementing personalised care are co-produced with people who have experience of the systems
- Quality reviews, visits, audits should routinely involve experts by experience.

For service users	I have a key role, informed by my lived experience, in shaping services and am routinely involved in service development and improvement
For carers	I have a key role in service development & improvement
For staff	I have rewarding and meaningful experiences of working with service users and carers to shape and improve services; & as a consequence routinely involve them when considering making changes to the way services are delivered

## **Appendix B - Background information**

### **Approach to developing the strategy**

The Quality Strategy was developed through consultation with service users, carers and staff and built on a number of pieces of work that have taken place in recent times and the associated consultation with the staff, service users and carers. This included, but was not solely, in relation to:

- Trust Strategies
- Quality Accounts
- Quality Report
- Care Quality Commission inspection reports
- Audit results including Safety Culture audit
- Research and evidence base.

In addition, Quality Strategies from across industries have also been considered as well as the National and Local Drivers.

### **Context**

Lord Darzi, in 2008, defined quality care as “clinically effective, personal and safe, with our service users being treated with compassion, kindness, dignity and respect”. This is the working definition used across the NHS. High quality care in the Trust means ‘Delivering Great Care and Achieving Great Outcomes – Together’. Quality therefore encompasses safety, effectiveness and experience for our service users, carers and our staff.

### **National Context**

The National Quality Board, in its *‘Shared Commitment to Quality,’* considers the challenges within the healthcare setting whilst maintaining and improving quality. The document states that quality must be the organising principle of our health and care services, as it matters most to those who use our services

The *NHS Five Year Forward View* confirms a national commitment to high-quality person-centred care for all, describing the changes that are needed to deliver a sustainable health and care system

The Care Quality Commission (CQC) in their *‘Quality Improvement in Hospital Trusts’* refer to the significant improvements they have seen in their quality of care through their regulatory processes, citing good examples of practice.

Furthermore, to have an understanding of quality meaningful engagement and involvement with service users in service development is essential, systematically integrated into Quality Improvement

The CQC's Fundamental Standards are key to this Quality Strategy and are the standards below which the care we provide must never fall and which everybody has the right to expect:

- *Person-centred care* – providing care or treatment tailored to the individual which meets their needs and preferences
- *Dignity and respect* – treating individuals with dignity and respect at all times whilst receiving our care and treatment
- *Consent* – obtaining consent from individuals (or anybody legally acting on their behalf) before any care or treatment is given
- *Safety* – not giving unsafe care or treatment or putting individuals at risk of harm that could be avoided
- *Safeguarding from abuse* – ensuring individuals do not suffer any form of abuse or improper treatment whilst receiving our care
- *Food and drink* – ensuring individuals have enough to eat and drink to keep them in good health whilst receiving our care and treatment
- *Premises and equipment* – providing clean, suitable and looked after property and equipment used in it
- *Complaints* – enabling individuals to complain about their care and treatment
- *Good governance* – providing plans that ensures the care can meet these standards
- *Staffing* – having enough suitably qualified, competent and experienced staff to make sure we can meet these standards
- *Fit and proper staff* – employing people who can provide care and treatment appropriate to their role. Having a strong recruitment procedure in place and carrying out relevant checks
- *Duty of candour* – being open and transparent with individuals about their care and treatment
- *Display of ratings* – displaying our CQC rating in a place where it can be seen.

The National Institute for Health and Care Excellence (NICE) provide Quality Standards which set out the priority areas for quality improvement. These all cover areas where there is variation in care, giving a set of statements to help us to improve quality and information on how to measure our progress. They enable us as a provider organisation to audit and produce governance reports demonstrating the quality of care. Although they are not mandatory, we use these to enable us to plan and deliver high quality care.

Health Education England's Quality Strategy states the importance of the quality of teaching, learning and assessments delivered, lying at the heart of our collective responsibility in the NHS

In the National Quality Board's '*Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time*' it notes that key to high quality care for all, is our ability to deliver services that are sustainable and well-led.

The *Five Year Forward View* describes the need for a single, shared goal to maintain and improve quality, to improve health outcomes requires a focus on planning and delivering services which both improve quality and reduce avoidable costs. This is underpinned by three principles:

- *Right care* – doing the right thing, first time, in the right setting will ensure service users get the care that is right for them, avoiding unnecessary complication and longer stays in hospital and helping them recover as soon as possible
- *Minimising avoidable harm* – a relentless focus on quality, based on understanding the drivers and human factors involved in delivering high quality care, will reduce avoidable harm, prevent the unnecessary cost of treating that harm, and reduced costs associated with the litigation
- *Maximising the value of available resources* – providing high quality care to everyone who uses health and care services requires organisations and health economies to use their resources in the most efficient way for the benefit of their community – any waste has an opportunity cost in terms of care that could otherwise be provided.

### **Local Context**

The Quality Strategy is informed by the National context (Appendix A) and the following were considered in the development of the strategy:

- The National Quality Board
- The NHS Long Term Plan
- The Care Quality Commission (CQC) 'Quality Improvement in Hospital Trusts'
- The CQC's Fundamental Standards
- The National Institute for Health and Care Excellence (NICE) Quality Standards
- Health Education England's Quality Strategy.
- Patient Experience Improvement Framework, NHS Improvements, 2018.

The local context was also considered in the development of this strategy. The Hertfordshire and west Essex Sustainability and Transformation Partnership's (STP) Clinical Strategy 'Integrated Care for a Healthier Future' is developed to focus on population health and place based care, and has the following aims:

- Set out its future health and wellbeing ambitions for people in Hertfordshire and west Essex, building on existing strategies
- Provide a framework for service user focused, clinically led and high achieving healthcare services

- Ensure a sustainable approach which addresses the health and wellbeing gap, the care and quality gap, affordability and efficiency gap
- Improve clinical outcomes
- Reduce unwarranted variation, ensure evidence based standardised approaches and to ensure full and effective clinical engagement in the design, development and delivery of its clinical strategy.

The STP's Clinical Strategy is currently out for consultation, with the implementation plan timescales to be confirmed.

The Trust's Carer Plans considers the case for supporting carers and the importance of their health and access to health services in its own right. Furthermore, promoting carers' health bringing health and other benefits to the person they care for.

### **Supporting documents**

This strategy is also supported through:

- The Good to Great Strategy
- The Organisational Development Strategy. Our staff and staff teams are integral to delivering high quality services. This work is delivered through the organisational development strategy and the framework and approach to developing of sustainable high performing teams
- The Carer Plan (2019-2021) which specifically sets out the Trust's approach to carers' support
- Service Strategies
- Digital Strategy – That sets out our goal to improve our service users' health and well-being through the effective use of data and digital technology-enabled care to deliver Great Care and Great Outcomes – Together
- Continuous Quality Improvement Agenda – Our approach to create a culture and environment where we constantly learn, improve and innovate to deliver Great Care and Great Outcomes
- HPFT Equality Plan 2018 – 2022
- HPFT Carers Plan 2019 – 2021.

## **Appendix C Assurance and Compliance**

The Trust governance structure will provide monitoring and assurance for this strategy. There are different operational levels of quality governance within the Trust:

- Board of Directors
- Assurance Committees (Integrated Governance Committee, Equality, Diversity and Inclusion Group)
- Executive Team
- Strategic Business Unit (SBU) or Corporate Governance meetings
- Department/speciality level
- All staff reporting on quality.

Quality Assurance by the Board is underpinned by a number of systems of control. These include

- The Board Assurance Framework (BAF) which provides a structure and process enabling organisations to focus on quality issues which may compromise the achievement of its most important strategic objectives, to map out the key controls in place to manage those objectives, to confirm the Board has gained sufficient assurance about the effectiveness of these controls and to enable the Board to confirm that its responsibilities are being discharged effectively. All NHS bodies are required to sign a full Annual Governance Statement (AGS) and must have evidence to support this Statement. The BAF brings this evidence together
- The designated assurance committees of the Trust Board are the Integrated Governance Committee and the Equality, Diversity and Inclusion Group. It is the responsibility of the assurance committees to report to the Trust Board any areas of concern relating to quality identified and gaps in assurance.

### **Equality Impact Assessment**

The Trust is committed to promoting equality of opportunity for all its employees and the population it serves. The Trust aims to design and implement services, policies and measures that meet the diverse needs of our services, population and workforce, ensuring that none are placed at a disadvantage over others. No detriment is intended.