



Quality strategy 2019 to 2025

Version 3

Date 25/07/2019

April 2019 (2019/20) to expires March 2025 (2024/25)

Quality strategy 2019 to 2025

1. Introduction

Our systematic approach to quality improvement has grown over a number of years. The 2015-2018 quality strategy provided a framework immediately following our two hospital sites integrating into one Trust, to build, standardise and innovate in order to deliver high quality, safe and effective care, and the very best patient experience.

A robust quality programme was launched during this period, with initiatives including the implementation of quality priorities and measures, perfect days, Schwartz rounds, our ward/department accreditation system, quality rounds, executive-led quality deep dives, Getting It Right First Time and other peer reviews, which all contribute to the delivery of the quality agenda.

The most recent Care Quality Commission visit in 2017/18 rated the Trust as “Good” overall, with “Outstanding” for use of resources. This strategy builds on the successes of the previous three years and sets out the next steps on our ‘Journey to Outstanding’.

The external context that shapes this journey has also changed with an increased expectation of individual organisations working together as systems to deliver safe and effective care against a backdrop of rising demand, constrained funding growth and increasing patient expectations. This is dependent on improving population health, making the very most of the funding we receive, and attracting, retaining and developing our staff. Our Quality Strategy reflects this ‘Quadruple Aim’ for delivering high quality of care.



In this document we have set out our ambitions for quality in a way that is designed to be meaningful to our staff, patients, carers, commissioners and other stakeholders. We set out what outstanding means to us and provide an overarching framework to:

- Ensure we meet the needs of our patients, carers and communities
- Deliver outstanding care
- Work in partnerships to improve the health of the population
- Grow and strengthen our culture of continuous quality improvement and improve staff experience and well-being
- Deliver quality and value to achieve sustainability for the health service

1.1. Our Trust

Chelsea and Westminster NHS Foundation Trust is one of the top ranked and top performing hospital Trusts in the UK. We employ more than 6,000 staff over our two main hospital sites— Chelsea and Westminster Hospital (C&W) and West Middlesex University Hospital (WМУH)—and across 12 community-based clinics within North West London.

We pride ourselves on providing outstanding care to a community of over 1.5 million people. Both hospitals have major A&E departments, treating over 300,000 patients each year. The Trust is the second largest maternity service in England, delivering over 11,000 babies every year. Our specialist care includes the world-renowned burns service, which is the leading centre in London and the South East, we run Chelsea Children's Hospital with paediatric inpatient and outpatient services, and our specialist HIV and award winning sexual health care services.

In partnership with CW+ our hospital charity we build and enhance clinical facilities to create an outstanding care environment for our patients and for our staff. We are growing our existing portfolio of innovation projects and our reputation in this field, to become a national leader for innovation within the NHS.

We aspire to provide locally-based and accessible services enhanced by world-class clinical expertise. Our excellent financial and operational performance is a source of great pride to us—it is nationally recognised and sees us simultaneously achieving our financial plan while continuing to be one of the best performers against the national access standards for accident and emergency (A&E), referral to treatment (RTT) and cancer.

Through the Health and Care Partnership (HCP) in both North West and South West London we work as a wider health system to drive improvements to care, and to deliver integrated care in Hammersmith and Fulham, Hounslow and West London and beyond.

1.2. Our vision and values

Our vision and strategic priorities

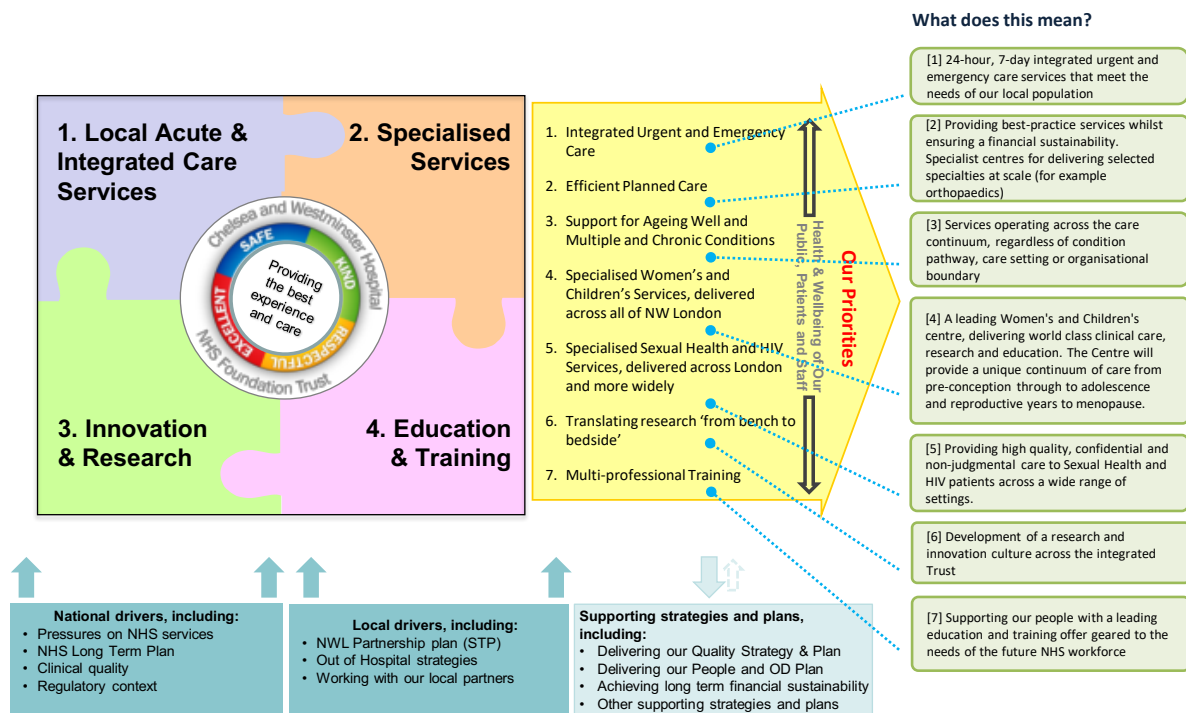
The vision for Chelsea Westminster over the next 5 years is to *Extend Clinical Excellence for Our Patients*. We wish to strengthen our position as a major health provider in North West London (and beyond), our position as a major university teaching hospital, driving internationally recognised research and development; and to establish ourselves as one of the NHS's primary centres for innovation. Alongside this, in the light of the NHS Long Term Plan and the North West London Partnership, the Trust is also playing a leading role in supporting the development of Integrated Care Systems and improving population health.

Alongside our culture and values, the foundation for the delivery of this vision is the provision of the very highest quality of care and outcomes for all of our patients, every time. Our ambition to be one of the leading foundation trusts in the country and to develop our *Journey to Outstanding* will see us provide innovative, efficient and fully integrated healthcare pathways. Our strategic priorities are to:

- **Strategic priority 1: Deliver high-quality, patient-centred care**
Patients, their friends, family and carers will be treated with unfailing kindness and respect by every member of staff in every department and their experience and quality of care will be second to none.
- **Strategic priority 2: Be the employer of choice**
We will provide every member of staff with the support information, facilities and environment they need to develop in their roles and careers. We will recruit and retain the people we need to deliver high quality services to our patients.
- **Strategic priority 3: Delivering better care at lower cost**
We will look to continuously improve the quality of care and patient experience through the most efficient use of available resources (financial and human, including staff, partners, stakeholders, volunteers and friends).

Our Clinical Services Strategy (Figure 1) outlines the drivers for the organisation and our ambition of providing the best experience and outstanding care.

Figure 1 – Clinical Services Strategy



Our values

Our PROUD values underpin everything we do, and have helped deliver high-quality care as well as unite our staff and services at both our hospitals and clinics throughout London.

Our values are firmly embedded in our organisational culture and continue to demonstrate the standard of care and experience our patients and members of the public should expect from any of our staff and services.

- **P**utting patients first
- **R**esponsive to patients and staff
- **O**pen and honest
- **U**nfailingly kind
- **D**etermined to develop



1.3. Developing our Quality Strategy

What quality means to us

To inform our 2019–25 quality strategy, we listened and engaged with our staff, patients/ members of the public and our stakeholders. They said:

"I am proud of the high quality world class service we provide at Chelsea and Westminster NHS Foundation Trust. As CEO my overarching priority is to ensure that high quality care is considered in all that we do for our patients and staff."
-Lesley Watts, Chief Executive Officer

"Quality within the pharmacy department for me means ensuring patients get the safest, evidence-based and best use of out of their medicines, where there is continual learning and improvement at all levels."
-Sheena Patel - Lead Pharmacist

"Quality and safety is at the heart of what we do at Chelsea and Westminster NHS Foundation Trust, we strive to constantly improve the quality of our services never satisfied and constantly driving improvements to ensure we provide a first class service to our patients, users, community and staff."
-Pippa Nightingale, Chief Nurse

"Striving to improve, every single time."
-Tom, Lead Orthopaedic practitioner

"Quality is the best possible outcome (measured clinically), using the optimal resource (measured by finance), while maintaining a feeling of hope and improved wellbeing (Patient)"
-Juliet Brown, NW London CCGs

"Continued commitment to providing high quality care"
- Council of Governors

"For me, providing a quality service is about patients being happy with the outcome"
-Paul Harniss, Head of Contracts

"Highest standard of care based on evidence based practice"
-Emily, PDC Nurse

"Providing patients, visitors & staff with a 'fit for purpose' environment which is safe and clean to enable our clinicians to provide the best care for the people we serve"
-Paul MacGregor, Associate Director of Estates and Facilities

"Quality to me means delivering the best most effective care for our patients"
-Virginia Massaro, Deputy Finance Director

"Providing high quality, safe, holistic care to everyone in a friendly and welcoming environment and being inclusive of individual's needs"
-Holly, student nurse

"Providing all patients, patient-centred care, ensuring everyone is treated with utmost respect, regardless of their culture, background, race, gender, age."
-Rabs, student nurse

"Absolute assurance that we are providing the best care possible in line with required standards to our patients, at all times."
-Nicola Whiteley, Senior Sister Outpatients

"Quality is being looked after in the best way possible"
-Patient

"Quality is putting me in the middle and listening to my care needs"
-Patient

"Patient pathway maximised to improve patient care & experience"
-Barry Crane, Physiotherapist

"Systematic internal quality assurance processes"
-London Borough of Hounslow

"Empathy, kindness"
-Patient Physiotherapist

The development of the strategy was also informed by local and regional drivers that include:

- **NHS long Term plan** – a progression from the five year forward view, mentioned in the Clinical Services Strategy, which articulates the need to continue to improve care and build on successes, with clear focuses on, among others, cancer, mental health and long term conditions e.g. Diabetes, cardiac and respiratory failure.
- **North West London** – has one of the largest financial challenges in the country. Clinical Commissioning Groups are looking to come together into a single model and commission services in a more uniform and joined up way. The Trust is committed to support delivery of system plans and integrated care and ensuring the London Quality Standards as well as local plans are met. This is emphasised in an emerging partnership with Imperial College Healthcare NHS Trust and a joint ambition to deliver high quality and standardised services across the whole population. The Trust plays a leadership role in delivering system-wide quality priorities, for example in maternity and in population health improvement.
- **Shared Commitment to Quality** – an associated document to the 5 year forward view this document has supported the creation of both our quality and nursing and midwifery strategies. It clearly articulates the ‘quality challenge’ and what we must do to improve quality alongside finance, and long-term health and well-being.
- **Leading Change, Adding Value** – this 2016 document from NHS England outlined a series of 10 commitments for Nursing and Allied Health Professional. This strategy goes beyond the professions outlined in this document; however the intent and ambition of the commitments work across all areas.

2. Our quality ambitions

1. Provide outstanding high quality, safe and patient-centred care

What does it mean to be outstanding?

Providing consistent outstanding care to patients, with clinical outcomes in the top quartile for trusts.

Meeting and exceeding the set standards for person-centred, effective and safe care, so that we get it right first time for every patient.

Encouraging a just culture of openness and transparency where safety incidents are reported, reviewed and learned from and timely improvements are made to continuously progress quality of care provided.

How will we achieve this?

We will:

- Sustain and strengthen our grip and focus on quality, which we have grown as a Trust over a number of years. This includes our quality programme of ward/department accreditation scheme, quality rounds, senior leaders, Getting It Right First Time and other peer reviews, quality rounds, executive deep dives and other initiatives.
- Grow improvement leaders and role model leadership behaviours to sustain and strengthen our safety culture.
- Meet the key quality targets both locally and nationally.
- Focus on the needs of our patients and communities, being unfailingly kind and involving service users as equal partners in the planning of their care.

2. Coproduction of quality improvements with our staff, service users, patient and communities

What does it mean to be outstanding?

The voice of the patient is present in all parts of our organisation.

Patients, their families and carers, together with staff and the wider community are partners in the design, development and delivery of services.

Care is personalised, so that people feel listened to, respected and cared for.

Care is equitable, and we make a conscious effort to hear from and understand the needs of our seldom heard groups.

Patients become more empowered and self-caring.

The Trust has launched an innovative project called Postnatal Care: Developing a Living Library to promote a human-centred model of care, supported by The Health Foundation. The project aims to create a bespoke 'Living Library' model to enhance postnatal care, adapting learning from Sweden. The team works in partnership with NIHR CLAHRC North West London and the Qulturum, Improvement and Patient Safety Hub, Jönköping County, Sweden.

The Living Library concept lends 'people' rather than 'books'. The 'books' are the people who have lived similar experiences, who are 'loaned' to 'readers'. This 15-month project will co-design a library with service users to initially support women who may benefit from this—for example, mothers or babies who have received care in an intensive care unit, first-time mothers who delivered by emergency Caesarean or who had significant obstetric

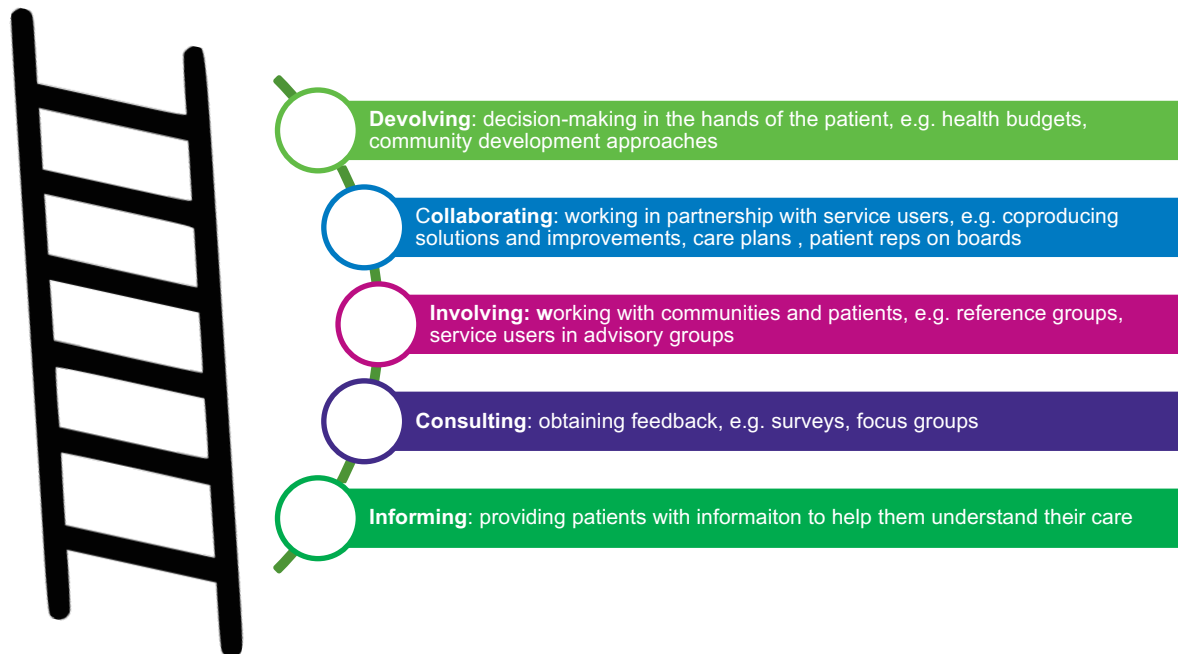
"Postnatal care is the Cinderella of NHS maternity services, so we are very delighted to coproduce changes and innovative in this area." - Dr Sunita Sharma, Obstetrician

How will we achieve this?

We will:

- Undertake meaningful patient and public engagement to flexibly use the 'Ladder of Engagement' to involve, collaborate and coproduce quality improvements with our services users, patients and communities.
- Continuously seek to better patient experience – from our art and environment programme, to our review of FFT scores, complaints and other patient experience measures.
- Listen to our patients; ensuring we hear from voices representative of our diverse patient populations – including seldom heard groups, using a variety of proactive methods including digital and online.

Figure 2.



3. Quality priorities delivered and supported by a systematic improvement method

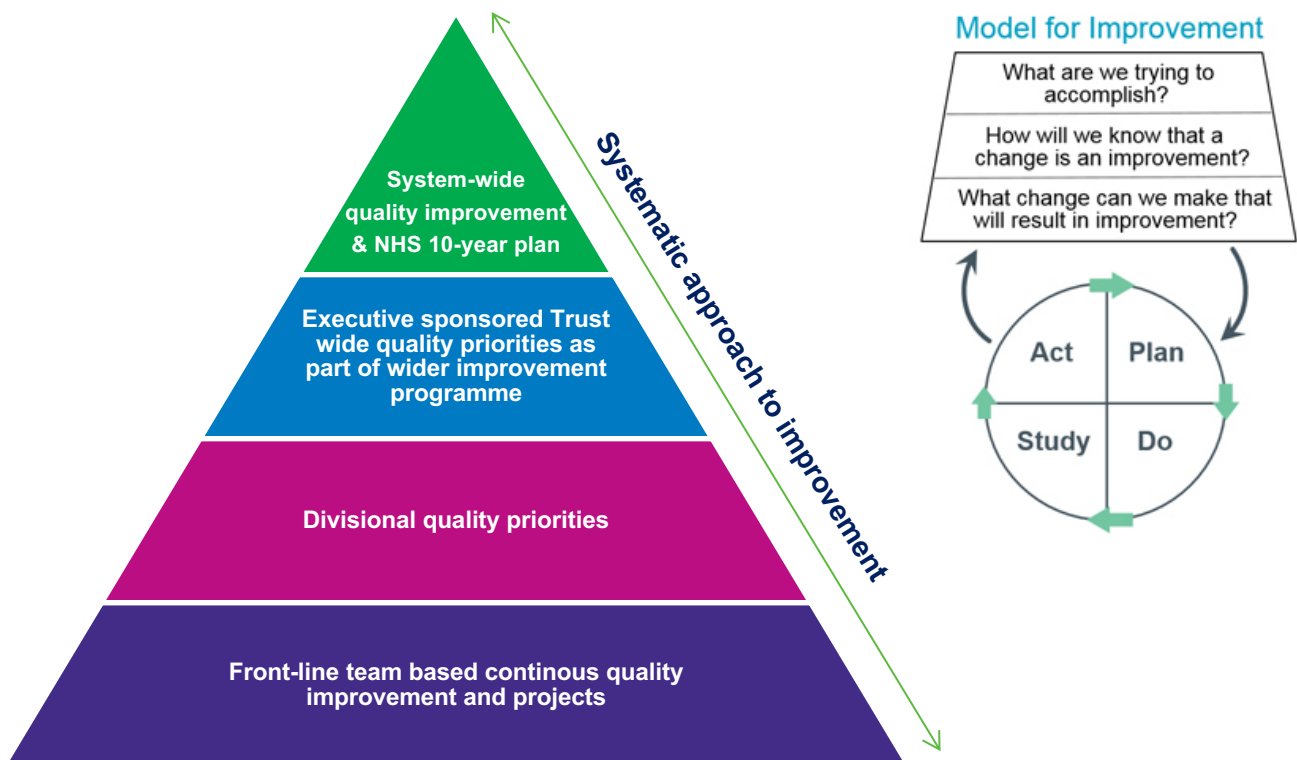
What does it mean to be outstanding?

We annually set ambitious quality priorities in partnership with our patients and stakeholders – specific to our Trust, meaningful to our local populations, and review these through our robust assurance framework.

This approach is mirrored from board to ward so that we have alignment in all our quality goals – see Figure 3.

We use a quality improvement method as a systematic approach to improvement, anchored in improvement science so that clinicians, managers and senior leaders work together, and decision making and problem solving takes place as close to the issues being experienced as possible.

Figure 3.



How will we achieve this?

- We will set annual quality priorities based on Trust-wide areas for improvement, coproduced with clinicians and service users, and communicated widely.
- Each division will set their own aligned quality priorities, using benchmarking data to set a baseline and establishing clear measures to ensure we continue to improve.
- We will use the 'Model for Improvement' as our systematic approach incorporating a clear aim, well defined measures and space to think far and wide about change ideas; followed by rapid tests of change using multiple PDSA cycles.
- Use national data, such as Getting It Right First Time to seek out unwarranted variation and accelerate improvements in care.
- We will set up a programme of work each year to focus on the quality priorities and deliver improvements.

4. Work in partnership to accelerate innovation and quality improvement

What does it mean to be outstanding?

The Trust becomes a leader in healthcare innovation; we create a world-class clinical environment focused on patient experience and safety.

We improve health and wellbeing across our population, in line with the quadruple aim, taking a proactive, preventative approach to improving population health.

Patients benefit from the latest estates infrastructure, technology, research, and innovations.

We address our challenges in sustainability and deliver value by implementing new ideas, services and systems.

Clinicians and other partners work together to drive quality improvements.

How will we achieve this?

We will:

- Work as a system to learn from others and to make sustainable improvements to care.
- Champion cross-boundary and more integrated care pathways to put patients in the centre of their care.
- Work with CW+ Innovation to identify new, innovative and scalable solutions to address our challenges and to improve patient care.
- Accelerate our research and development; invest in estates and the clinical environment to pioneer new ways to deliver high quality care.

5. Develop improvement capabilities and capacity within the organisation

What does it mean to be outstanding?

Our people are our greatest asset; we grow, nurture and support our staff to have the skills, knowledge and tools they need to improve the care they deliver to patients.

Front-line staff, who know their local challenges best, become skilled and empowered to test solutions to improve care.

The Trust has a quality improvement community who support each other deliver quality.

We rapidly build momentum with our quality improvement as more staff are trained and get involved with projects.

How will we achieve this?

We will:

- Create opportunities for cross-department working and cross-pollination of ideas through live improvement work/ projects and training sessions.
- We will expand on our tiered approach to improvement education, training and coaching to build organisational capability and capacity.
- Ensure that staff experience joy at work and that we are the employer of choice.

Figure 4.

Tier 1: All staff	Offer staff an awareness of our improvement approach, including the fundamental steps of an improvement project using a combination of eLearning, and face to face sessions as staff gain more interest.
Tier 2: Leaders at all levels	Completion of Emerging and Established Leaders Programmes, and purpose designed improvement training.
Tier 3: Improvement experts and coaches	Utilise prior knowledge and experience to support and develop others as they embark on their improvement journey delivered through an Improvement Coaching Hub.

6. Sustain and strengthen a culture of continuous quality improvement

What does it mean to be outstanding?

All staff, patients and communities to be enthused, empowered and enabled to take part in continuous improvement.

Leaders across the organisation role model our Trust PROUD values.

We share learning, celebrate success, and are open and honest. Mistakes are seen as a learning opportunity not as failure.

New ideas and learnings are shared systematically and this contributes towards quality improvement and collaboration across the Trust.

How will we achieve this?

We will:

- Ensure all staff have the opportunity to be involved with quality improvement through projects, perfect days, quality rounds, Schwartz rounds and the ward and department accreditation scheme.

- Continue our grip on quality through our embedded quality approach, including executive led deep dives, senior leader links with wards and quality 'temperature checks'.
- Celebrate our quality improvement success; using our QI hub and other communications approaches to share best practice, learning and recognition of staff through Excellence awards and PROUD awards.
- Grow our ChelWest improvement community to enthuse, empower and enable colleagues to get involved with quality improvement.



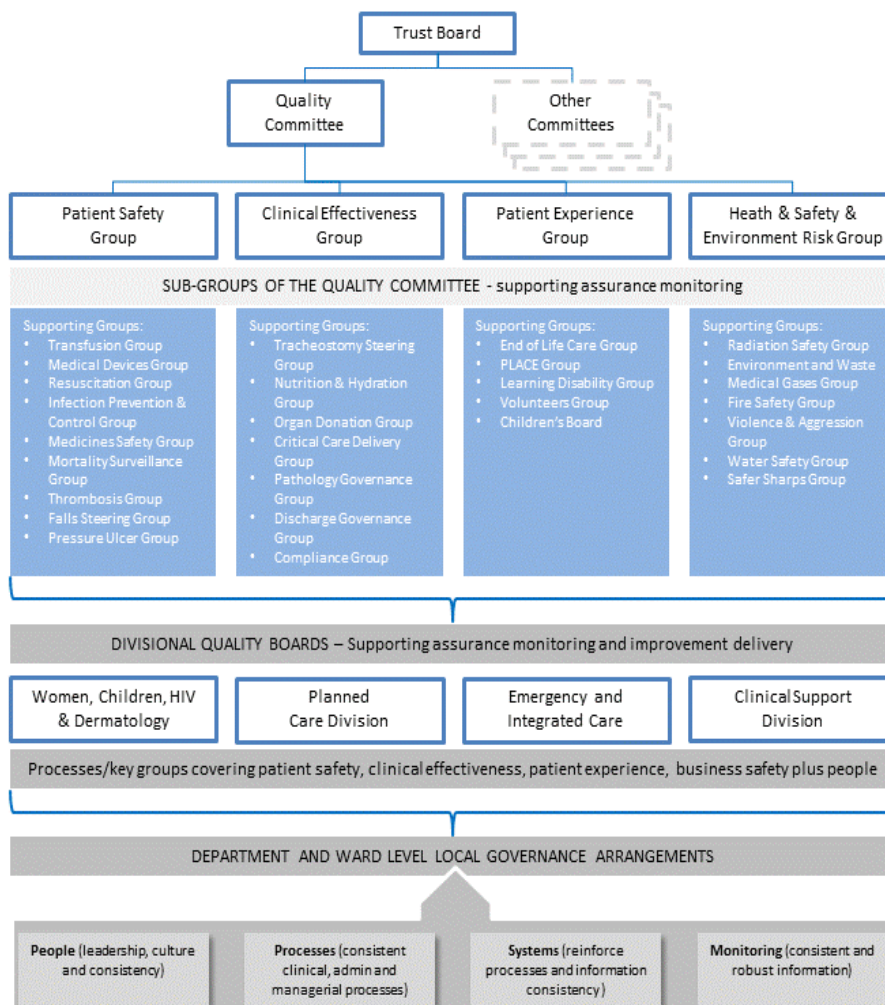
3. Quality architecture

Our quality strategy is supported with a robust quality architecture, using our existing and embedded quality assurance framework and governance processes.

Quality improvement will be supported through the Trust’s governance arrangements, which provide two-way ‘ward to board’ assurance, reporting and feedback across all areas.

The Quality Committee is the Board Committee with responsibility for seeking assurance on the delivery of the Quality Strategy; assurance and monitoring evidence is shared with the Committee through the following governance structure.

Figure 5.



The organisations quality ambitions will be supported through the following key quality governance initiatives.

Performance Data	Clinical Effectiveness	Quality Priorities	Patient Safety	Patient Experience
National KPIs (inc Quality regulator)	National Audit	Trust wide Priority Workstreams	Leadership Temperature checks	NMQR (Back to the floor Friday)
Local Trust wide KPIs	Local Audit	Divisional Priorities and Deep Dives	Ward Accreditation	Perfect Days
Clinical Outcomes strategy	Reporting Culture / SI Process	QIA process (CIP)	Learning from... Thematic Review	Schwartz Round
Guideline / Policy and procedure Governance	'Freedom to speak up'	Quality improvement workstreams	Clinical Governance half days	Grand rounds

3.1. Enabling strategies

The Trust quality strategy is supported by and links to a number of other strategies within the organisation, these include:

- **Nursing and Midwifery Strategy** – the strategy centres on 5 commitments. The first of these ‘We will provide safe, high-quality care for every patient, every time’ sets out the ambition to provide high quality care along with the resulting changes and outputs, such as a culture of learning and establishing quality dashboards. Other professional groups have also developed bespoke strategies to drive Quality and the wider Trust strategic priorities such as **Therapies Strategy**,
- **Journey to outstanding and beyond – The improvement framework** – sets out how we will work to help deliver the quadruple aim of quality improvement, as we continue on our journey to outstanding and beyond.
- **People Strategy** – as outlined above the Trust values of ‘Proud to Care’ are a core part of how staff working in the organisation delivers and support patient care. We acknowledge that in order to allow staff to deliver the quality of care they strive for our people strategy needs to empower, support and educate in order to achieve this.
- **Estates Strategy** – our staff and patients are linked through the environment within which they interact. Our estates strategy looks to support the staff and patients on site by creating the right estate and environment for best patient experience and care.
- **Innovation Strategy** – innovation and research are central elements to the Trusts Clinical Services Strategy. We believe that in the changing landscape of healthcare the adoption and scaling of innovative and new ideas and technology is central to how we will deliver the highest quality of care to our patients.
- **Volunteering Strategy** – the Trust and Trust Board are firmly committed to volunteering as a strategy for supporting the delivery of services to the population we serve. We acknowledge that we serve a large and diverse population and that volunteers are a key component of how we ensure that we are delivering the best quality care to every patient at every opportunity.
- **Patient and Public Engagement Strategy** – how the Trust works with and supports the population is a key enabler to delivery of not only the Trusts ambitions but those of the system as a whole. We want to work in partnership in order to ensure that the quality of care patients receive is co designed and monitored.

Appendices

Appendix A.

2019/20 quality priorities

Our Trust Quality Priorities for 2019/20 are aligned to the Trust's Quality Strategy and the three quality domains (patient safety, clinical effectiveness and patient experience). They have been informed by:

- Engagement and feedback from our Council of Governors Quality Subcommittee that includes external stakeholders (e.g. commissioners and Healthwatch)
- Engagement and feedback from our Board's Quality Committee
- Divisional review of incident reporting and feedback from complaints

For 2019/20 these are:

1. Improving sepsis care

a. Why we have chosen this as a Quality Priority

Sepsis is recognised as a common cause of serious illness and death. It is estimated that there are 123,000 cases in England each year and 46,000 deaths. Sepsis also has long term impacts on patient morbidity and quality of life. In addition to the impact on patients, sepsis is associated with high healthcare costs, the UK Sepsis Trust estimates that improved care could lead to savings to the NHS of £170 million.

Timely identification and appropriate antimicrobial therapy has been shown to be effective in reducing transition to septic shock and therefore reducing mortality.

b. What we aim to achieve during 2019/20

We will:

- Improve screening of sepsis in our emergency departments and inpatient settings so that at least 90% patients who meet the relevant criteria are screened.
- Improve the timely commencement of appropriate antimicrobial therapy for patients found to have sepsis so that at least 90% of receive IV antibiotics within 1 hour.

2. Reducing hospital acquired E.Coli bloodstream infection

a. Why we have chosen this as a Quality Priority

Reducing hospital acquired E.Coli bloodstream infection (BSI) was set as a Trust Quality Priority in 2018/19. As well as improving safety, reducing avoidable E.coli BSIs is expected to result in fewer readmissions, shorter length of stays, improved patient experience and reduced antimicrobial prescribing.

b. What we aim to achieve during 2019/20

We will reduce the number of hospital onset E. Coli BSIs by 10%

3. Reducing inpatient falls

a. Why we have chosen this as a Quality Priority

Reducing inpatient falls was set as a two year quality priority in 2018/19. Research from NHS Improvement shows that a multifactorial assessment and intervention can reduce falls by around 25%. The Trust has begun the process of implementing this multifactorial assessment and care bundle (“Safer Steps”) across our two hospital sites and in 2018/19 launched new risk assessment documentation, falls care plans and training for staff in the reduction in falls as well as safety equipment, such as bed rails, crash mats and patients non slip socks. The second year as a quality priority will build on this, embedding it into practice in order to drive a reduction in inpatient falls.

b. What we aim to achieve during 2019/20

We will:

- Increase in the percentage of eligible patients with a fully completed ‘Safer Steps’ care plans in place, leading to a reduction in the number of inpatient falls.
- Introduce the NHS Improvement falls underreporting tool. This is a validated tool used to estimate whether the reported falls rate truly reflects the number of patients actually falling on wards. By introducing this tool, we will be able to better understand our data and more accurately assess whether our interventions are having an impact.

4. Improving continuity of carer within maternity services

a. Why we have chosen this as a Quality Priority

Chelsea and Westminster provides the fourth busiest maternity service in the UK and our staff will support the delivery of over 10,000 babies in 2019/20. Better Births, the report of the National Maternity Review, set out a vision for maternity services in England which are safe and personalised; that put the needs of the woman, her baby and family at the heart of care; with staff who are supported to deliver high quality care which is continuously improving. Women should have continuity of the person looking after them during their maternity journey, before, during and after the birth. This continuity of care and relationship between care giver and receiver has been proven to lead to better outcomes and safety for the woman and baby, as well as offering a more positive and personal experience; and was the single biggest request of women of their services that was heard during the Review.

b. What we aim to achieve during 2019/20

The trust will introduce continuity of care midwifery teams linked to a named consultant and increase the number of women receiving midwifery continuity of carer.

Appendix B. Our Journey to Outstanding infographic



Our journey to outstanding

