Yorkshire Ambulance Service **NHS**

NHS Trust

An Aspirant Foundation Trust

Delivering Excellent Services
Clinical Quality Strategy 2015-18

April 2015

Delivering Excellent Services – Clinical Quality Strategy 2015-2018

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**DELIVERING EXCELLENT SERVICES –
CLINICAL QUALITY STRATEGY 2015-2018**

1. Introduction

1.1 Yorkshire Ambulance Service (YAS) has an aim and a commitment to provide a world class ambulance service for Yorkshire which is continuously improving patient care, high performing, always learning and delivers value for money.

1.2 In working towards this vision, the service provided by the organisation is underpinned by six key values:

We Care	We work with others to give the best care we can
Everyone Counts	We act with openness, honesty and integrity - listening to and acting on feedback from patients, staff and partners
Commitment to quality of care	We always give the highest level of clinical care
Always compassionate	Our staff are professional, dedicated and caring
Respect and dignity	We treat everyone with dignity, courtesy and respect
Enhancing and improving lives	We continuously seek out improvements

1.3 Building on these values and the previous 2012/15 Clinical Quality strategy we have delivered significant improvements in the quality of care and services. This has provided a strong foundation for further development over the coming years.

1.4 This Clinical Quality Strategy, which is part of the Trust's broader Integrated Business Plan, sets out a framework to ensure our work draws on the best available evidence and is focused on the most important issues for the people using our services.

1.5 The strategy focuses on the contribution all YAS employees can make in delivering high quality care and in supporting improvements in our services.

1.6 The Trust recognises that this is a time of unprecedented change and challenge with the NHS and social care system. There is a clear expectation, set out by Government, that NHS and Social Care organisations will deliver better quality services at reduced cost, within a challenging timescale. Therefore the aim of the Clinical Quality Strategy is to contribute to the wider system challenges to deliver the RIGHT CARE, at the RIGHT TIME and in the RIGHT PLACE. We believe that this is the best way Yorkshire Ambulance Service can deliver safe, effective care and a positive patient experience.

2.   The national picture: what is Quality?

2.1   *High Quality Care for All* (Department of Health 2008) remains a cornerstone for high quality care with its three key dimensions of quality:

- Safety
- Effectiveness
- Patient experience

This strategy echoes these quality ambitions in the pursuit of continuous quality improvement, and has also aligned these to the domains of quality described in the new regulatory framework provided by the CQC.

2.2   More recent NHS guidance and publications has again emphasised the delivery of clinical quality. This is reflected specifically in guidance related to:
- The NHS Constitution
- Effective regulation and CQC registration standards
- Openness and duty of candour
- Commissioning for Quality and Innovation developments (CQuIN)
- "Freedom to Speak up" (DoH 2015)
- The Foundation Trust quality governance framework
- College of Paramedics
- Health Professionals Council
- Nursing & Midwifery Council and other professional regulatory bodies
- Ambulance Quality Indicators

2.3   National clinical strategies are also central to improving care for key areas, including that relating to trauma, stroke, and cardiac arrest survival and as a regional clinical service. YAS has a significant role to play, working with other services, in delivering these changes.

3.   Development of the Clinical Quality Strategy

3.1   The strategy has been informed by our staff, our stakeholders and patients. Our partner organisations and agencies, commissioners, service user bodies and our staff have all been invited to contribute to the identification of clinical quality priorities. Patient stories and the feedback from our patient survey programme have also informed the strategy for 2015/18.

3.2   The strategy also builds on the YAS Clinical Quality Strategy 2012/15. It is informed by national and international evidence on best practice, together with learning from internal reporting and learning systems and risk assessments.

4.   Accountability and responsibility

4.1   Our approach is one of quality improvement, and the commitment and support of all YAS employees to deliver improvement is critical.

4.2   The Chief Executive is the Accountable Officer for quality for the Trust. The Executive Director of Standards and Compliance and the Executive Medical Director are responsible and accountable for the delivery of the strategy.

4.3 Executive Directors have accountability and responsibility for supporting the delivery of the strategy within their areas of responsibility. Senior management and leadership is the responsibility of the Associate Director of Quality & Nursing and Associate Medical Director.

4.4 Service line managers are accountable for quality in their areas. Local operational mangers are accountable for quality at stations.

4.5 All staff are responsible for providing safe, effective care which delivers a positive patient experience.

5. CLINICAL QUALITY STRATEGY

5.1 Our vision is that we YAS will provide first class care for the local communities. This forms the foundation of the Clinical Quality Strategy.

In order to realise this vision we want to embed quality and innovation in all we do.
This will be realised through strong and visible leadership at all levels of the organisation who can lead best practice, articulate goals and outcome measures and build an environment where staff feel empowered, valued and are focussed on patient outcome.

6. CLINICAL QUALITY GOALS

6.1 We recognise that it is important to set clear goals and also that measurement is an important tool for driving change. We have developed a suite of goals and indicators that support our quality improvement ambition and clinical models for the future and will enable us to measure improvement against our aspirations for world class care.

6.2 Above all else, YAS will continue to build its capability for the consistent delivery of high quality evidence based care for our patients. This will be underpinned by robust clinical governance and an improved educational and training infrastructure and plan which will embed professionalism.

Our approach to deliver clinical quality :
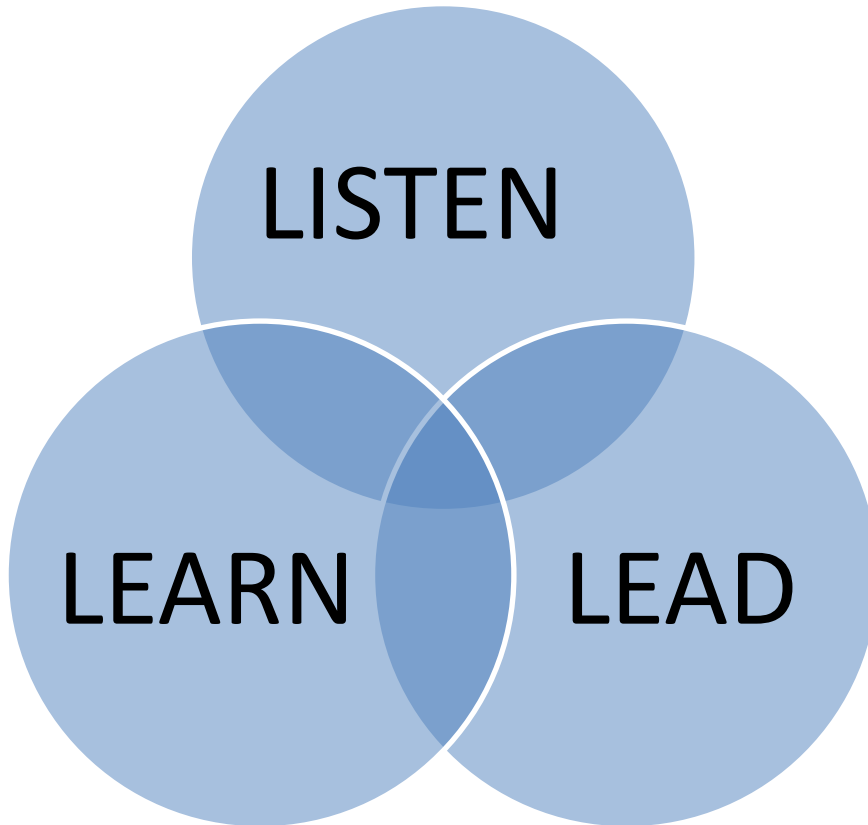
LISTEN : We value staff and service user feedback and use a variety of approaches including experience surveys, Listening Watch, clinical forums and focus groups. We also use our incident reporting system as a way of listening to staff and collating trend information for areas we need to strengthen and improve.

LEAD : We want to lead and support staff to have a strong focus on patient safety throughout the organisation. We want leadership at all levels of the organisation and deliver this strategy alongside our leadership, workforce and engagement strategies.

LEARN : We want to learn and share safety lessons, both locally and nationally, using root cause analysis to learn how incidents happen. We want to implement solutions to prevent harm and embed lessons through changes to practice, process and systems to deliver high quality care.

7.   Clinical quality strategy goals (overview)

We have developed a goal focussed strategy with measureable outcomes.

SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED
Deliver "*Sign up to Safety*" pledges, including application of "human factors" within EOC	Identified outcome measures for quality	Increased visibility of patient experience information	Focus on mental health & alternative care pathways	Standardised supervision arrangements for all professionals
Measuring and reducing avoidable harm & development of dashboards	Improved outcomes for patients through implementation of paramedic pathfinder	Open and transparant	Robust safeguarding processes and practice	Maintenance of clinical leadership dashboard
Improved outcomes for patients with suspected sepsis	Improvement on AQI's (specifically cardiac arrest)	Triangulation of performance reporting and patient experience	Effective & timely complaint responses	Listening events with staff and stakeholders
Standardised process for roll out of new equipment	Standardised clinical handovers & implementation of National Early Warning Score	Analysis of FFT	Collaboration with stakeholders to deliver urgent care	
		Focus on pain management		

In delivering these priorities, the Trust will seek to engage with and involve patients, carers and the public to promote the delivery of a seamless professional service across organisational boundaries. This will include listening carefully to what patients and carers tell us, being responsive to individual needs and involving patients, carers and third sector organisations in appropriate key groups where service improvement is a focus.

8. CLINICAL QUALITY GOALS.

	PATIENT SAFETY		

Patient safety is at the forefront of our clinical strategy. YAS engages with thousands of people every day, responding to emergency calls, taking patients to and from hospital and other healthcare settings, providing clinical advice, supporting people with complex care and supporting very specialist land and air retrieval services. In addition, we now deliver a significant proportion of care to patients in their own home in close partnership with others. All this is delivered in an increasingly complex health and local authority system.

YAS has signed up to the national campaign to improve patient safety and as such is committed to deliver the pledges made as part of this campaign.

As a single regional 24/7 provider of care there are some risks which are unique to our service and things can sometimes go wrong.

		We will do this by:	We will know we have achieved this when:
Goal 1	Deliver "Sign up to Safety pledges" (reduce incidents related to Emergency Control Operations, reduce incidents related to Moving & Handling and reduce recognise and respond appropriately to deterioration in adults & children)	• Application of human factors safety science to EOC • Focussed systematic approach to roll out of new equipment • Implementation of National Early Warning score (NEWs)	• Reduced incidents within the EOC associated with human error • Reduced incidents related to manual handling • Full implementation of NEWs
Goal 2	Measuring and reducing avoidable harm & development of dashboards	• Development of dashboards for patient safety indicators • Develop methodology and introduce mortality review	• Routine use of safety dashboards at all locality meetings
Goal 3	Improved outcomes for patients with suspected sepsis	• implementation of care bundle for patients with suspected sepsis	• audit evidence of 85% compliance to sepsis care bundle by end 2015
Goal 4	Standardised process for roll out of new equipment	• develop a standardised procedure for the implementation of new equipment or technology which will include a clear plan with timescales, for procurement processes, risk assessment, training, competency assessments, clinical supervision and evaluation.	• Reduced incidents associated with new equipment or technology

		EFFECTIVE	

YAS will continue to pursue clinical excellence, using clinical audit and evaluation methodologies to ensure clinical care remains grounded in evidence and best practice.

		We will do this by:	We will know we have achieved this when we have:
Goal 1	Identified outcome measures for quality	• The quality intelligence system will be developed to contain measures of excellence in addition to essential standards. • We will develop a clear consistent and concise reporting framework for quality indicators to enable committees to see clearly any issues relating to quality.	• Clear reporting framework for quality from the front line to the Trust Board
Goal 2	Improved outcomes for patients through implementation of paramedic pathfinder	• Continuing the roll out and utilisation of Paramedic Pathfinder	• Increased numbers of patients safely treated in their own homes
Goal 3	Improvement on ACQI's (specifically cardiac arrest)	• Implementation of best practice models of care for cardiac arrest	• YAS as national leader in the AQIs
Goal 4	Standardised clinical handovers & implementation of National Early Warning Score	• Implementation of handover tools, including ATMIST, SBAR and METHANE to pass clinical information from clinician to clinician • Implementation of the NEWs to accurately assess the clinical condition of patients in our care	• Increasing utilisation of the SBAR method and NEWs identified through clinical audit and listening to staff feedback

CARING

YAS puts patients at the heart of everything we do and our clinical quality strategy will drive our ambition to ensure that every contact with patients is one which is caring, sensitive and empathetic. Our reputation as a caring profession is extremely important to all our staff and it is important that **everyone** in the organisation understands their role in relation to caring for patients.

		We will do this by:	We will know we have achieved this when we have:
Goal 1	Increased visibility of patient experience information	• Increasing the amount of information for patients and patient feedback on both our internal and external website	• Feedback from patients that our web based information meets their expectations
Goal 2	Open and transparent	• Maintaining robust and sensitive processes and practice when things go wrong • Maintain compliance with Duty of Candour regulation	• Robust audit assuring us of our compliance with the regulatory standard • Incident reporting continuing to increase • Reports from our staff survey showing staff feel free and open to report their concerns
Goal 3	Triangulation of performance reporting and patient experience	• developing our reporting framework to triangulate quality and performance metrics	• Local and regional reporting includes triangulated information
Goal 4	Analysis of FFT	• Continue to analyse our FFT responses to understand the areas for improvement locally and regionally	• FFT analysis is included in the reporting framework of quality intelligence.
Goal 5	Focus on pain management	• Implement a care bundle aimed at ensuring that evidence based best practice is applied and impacts on patient experience • Review the analgesia options available to ambulance clinicians	• Improved compliance to the pain management care bundle including the assessment of pain before and after analgesia • Clear recommendations for changes in practice to analgesia options for ambulance clinicians.

RESPONSIVE

This strategy sets out our aspiration to provide a responsive service which will provide the right care, with the right resource, in the right place and at the right time. This will be done in close collaboration with other providers and partners.

		We will do this by:	We will know we have achieved this when we have:
Goal 1	Focus on mental health & alternative care pathways	• Improving patient access and referral to the most appropriate care in collaboration with our partners in health and social care • Undertaking clinical audit to understand better the current position in terms of availability and access to mental health pathways	• Increased numbers of patients who do not need to be transferred to an emergency department are safely referred to an alternative pathway • Patients with a mental health crisis able to access a place of safety in a timely way
Goal 2	Robust safeguarding processes and practice	• Providing an infrastructure through induction, supervision and training which ensures every member of staff is trained and competent to safeguard children and adults effectively, and understand their role in protecting those vulnerable in society • Learning from national guidance and best practice, specifically in relation to implementing learning from the Francis and Savile reports.	• Increased numbers of safeguarding referrals • 95% staff complaint with safeguarding training requirements • Increased numbers of staff trained in PREVENT (anti-terrorism strategy) • Audit of recruitment, induction and training which demonstrates compliance with national reporting
Goal 3	Effective & timely complaint responses	• Strengthening processes around complaints to ensure responses to patients and families meet their expectations. • Introducing a remedy policy to compensate patients and families	• Remedy policy approved through the Trust governance process by July 2015. • Increased number of complaints responded to in line with patients/families expectations.
Goal 4	Collaboration with stakeholders to deliver urgent care	• Working collaboratively with our partners across health and social care to deliver our Urgent Care Strategy. This includes developing the workforce to meet the urgent care agenda.	

WELL LED

Demonstrating and developing good leaders will be essential to the success of this strategy. Clinical leadership development in YAS will be designed to engage with the workforce to influence, set and accomplish objectives and lead the organisation to greater consistency in quality and standards of care.

Delivery of the strategy will be supported through revised management arrangements within all directorates. This will be supplemented by the wider workforce strategy and organisational development programme, which will include a specific focus on the development of clinical supervision and personal and professional accountability.

Training will be available to our staff which aims to build leadership knowledge and capacity to enable clinical managers and leaders to support their teams in the delivery of innovative, high quality care and services.

Clinical leadership will focus on the leader's role in articulating the expectations for individual and team responsibility and performance, evaluating services with a view to improvement and achieving cohesive effective interdependent relationships to achieve goals.

Staff will be empowered at all levels of the organisation to demonstrate leadership.

		We will do this by:	We will know we have achieved this when we have:
Goal 1	Standardised clinical supervision arrangements for all professionals	- The development of a clinical supervision framework for all professional staff which will include monitoring and reporting - Development and delivery of leadership training - Improved mentoring and preceptorship across all disciplines	- Improved staff satisfaction surveys in relation to supervision - Increased numbers of staff who have had an effective Personal Development Review (PDR) measured through the Trust evaluation tool. - Improved reporting framework to provide assure on effective supervision and leadership
Goal 2	Methodologies to listen to staff	- Analysis of the staff survey - Strengthen listening watch to facilitate relationship development with senior managers and front line staff - Develop stronger mechanisms to share good information with staff in an effective way - Develop robust support and guidance for staff in relation to the recommendations in "Freedom to Speak Up".	- More positive staff feedback (through formal and informal routes) - Increased nominations for We Care awards - Increased incident reporting
Goal 3	Provide framework for revalidation of nurses.	Deliver through multidisciplinary steering group ensuring systems and processes support revalidation	Audit evidence that revalidation requirements are met through the recruitment, induction and PDR process.

			• Develop CPD opportunities for nurses in YAS	• A well evaluated CPD programme

9. Public accountability, productivity and value for money

YAS has a commitment to openness and public accountability. Information will be shared with the public in the annual Quality Accounts and through the regular publication of quality updates on the Trust website. A continuous dialogue will be maintained with external stakeholder organisations including Commissioners, Overview and Scrutiny Committees, Healthwatch and other interested parties, to provide ongoing information and assurance about quality. YAS will actively share the positive developments and achievements of the service and its staff, as well being open about those areas where there is a need for further development.

The Quality Impact Assessment process will be used to understand the quality impact of any new initiative and will identify and monitor early warning indicators to ensure that any risk to quality are carefully mitigated, monitored and managed.

10. Embedding quality and innovation in everything we do.

The delivery of a safe and high quality service is our number one priority as an organisation, and as such it needs to be embedded as an integral part of everything we do, in all departments and at all levels of the organisation. To help us to achieve this, the strategy focuses on the following key areas:

- A management accountability framework which embeds the focus on quality at all levels of the organisation and drives patient centred professionalism.
- Assessment and development of the culture and environment using research based tools, to ensure that these support frontline staff to contribute to delivery and improvement of high quality care.
- Active encouragement and use of staff feedback and ideas for improvement, and recognition of this contribution, in line with the staff engagement plan.
- Action to ensure that learning and improvement arising from all Trust reporting systems and from informal staff and patient feedback is effective and timely.
- Ensuring that relevant clinical standards from external bodies including JRCALC, NICE guidelines and National Service Frameworks are embedded in practice.
- Continued work to ensure that clinical practice and clinical equipment are consistent across the service, and that clinical equipment is up to date and well maintained.
- Delivery of the workforce plan to ensure the skill mix across the service meets patient needs and that the different levels of practitioner are trained and deployed to best effect.
- Education and training for all employees in line with the Workforce Strategy, focused on the priority clinical quality issues and the skills and knowledge to enable them to contribute to quality improvement.
- Supporting the promotion and conduct of clinical research.

- A focus on delivering the national priorities specifically stroke, resuscitation and major trauma.

11. Measurement to support quality improvement

It is important to have a clear picture of the quality of services provided and also to know whether the effort and resources applied to improving quality are having an impact over time. To support this, the Trust will continue to develop its dashboard of quality indicators at individual practitioner, departmental, directorate and Trust level. This will focus on the clinical service quality priorities relating to safety, effectiveness and patient experience.   The involvement and feedback from staff will also be an important indicator across the three areas of quality.

Measures related to funding for our services (CQuIN) will also be agreed with commissioners, which are aligned to the priorities within the Quality Strategy.

Where possible, quality within YAS will be benchmarked with that of other ambulance services, or with other types of NHS service, to support improvement.

The Trust will use the agreed indicators and other intelligence to ensure that it has early warning of any emerging risks to safety and quality, and can take prompt and effective action to manage these risks.

12. Implementation

12.1 The strategy is underpinned by an implementation plan reflecting the ambition of the Trust, with specific and measurable objectives relating to the priority areas.

12.2 **Our staff are key to our organisations success**. To meet the challenges within the current healthcare system in England and to deliver this ambitious strategy we will seek to engage, involve and empower our staff to delvier the best care. Implementation of the strategy will be underpinned by a communication plan for quality issues, to ensure that all staff, the public and external stakeholders are kept well informed about quality developments and standards.

12.3 Managers, staff and patient representatives, will work together to develop detailed implementation plans for the priority topics.

12.4 Where appropriate, implementation of the strategy will be supported through partnership with other health and social care providers in the region, and will draw on relevant expertise from national and international agencies.

12.5 The Clinical Quality Forum will continue to provide an opportunity for ongoing engagement of staff and external experts in specific developments arising from the strategy.

13.   Monitoring and reporting

13.1   Delivery and monitoring of the strategy will be managed through the management accountability framework, which embeds the focus on quality at all levels of the organisation.

13.2   The Clinical Governance Group and its sub-groups will monitor progress on delivering the objectives associated with the strategy, reporting to the Trust Management Group.

13.2   Key performance indicators and improvement objectives relating to each of the priority developments will be incorporated into Board and departmental dashboards.

13.3   Assurance on delivery will be provided to the Board via 6 monthly reports and via Quality Committee scrutiny.