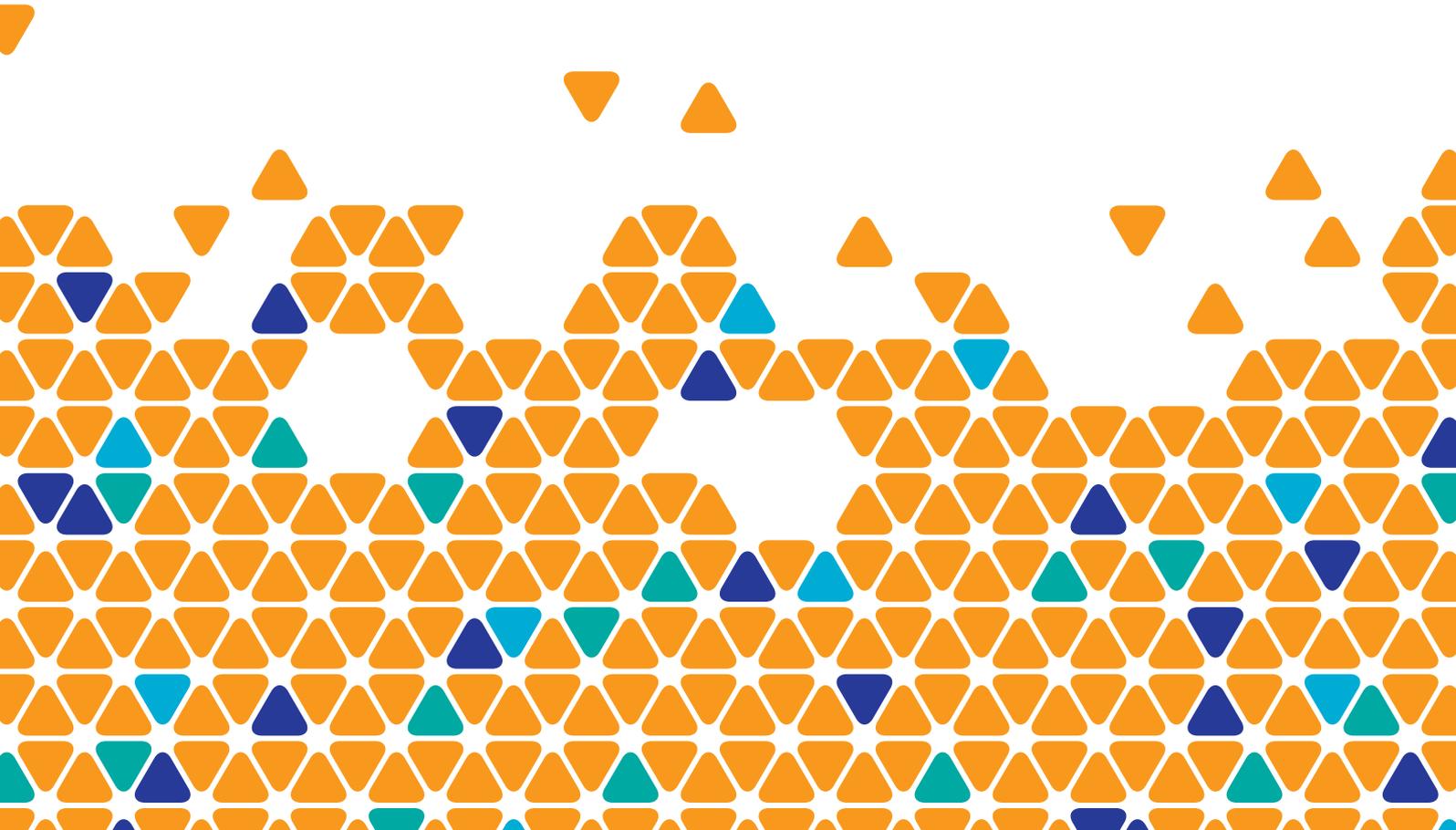


A five year **Quality Strategy** 2014 - 2019



Contents

Introduction	3
Summary	4
Section 1: Our quality vision	6
Section 2: Our quality objectives	8
Section 3: Horizon scanning	14
Section 4: What success will look like	15
Section 5: How will we track and evaluate our progress	18
Section 4: Communicating the implementation and impact of our quality strategy	19
APPENDICES	x
Appendix 1: our quality targets and timescales	x
Appendix 2: our quality governance structure	x

Introduction

At South West London & St George's Trust (SWLSTG), our aim is to serve the mental health needs of everyone living and working across our many diverse communities.

The pursuit of excellence in the quality of the services we provide is our number one priority. Central to this is our continued focus on the development of our clinical team so that they can continue to improve the quality and safety of the care we provide.

We have devised this Quality Strategy against a backdrop of widespread national NHS reforms and revised guidance around the application and evaluation of quality criteria to drive improved outcomes and efficiencies in healthcare settings (sources as referenced in the Summary section below).

The result is a five year vision detailing our quality objectives and the measures we will use to regularly evaluate progress against our ambitions. Maintained as a living document, the strategy will be reviewed and updated regularly. Further details about our specific year on year quality achievements are published each year in our Quality Accounts.

I know there are many challenges ahead – but, rather, I see these as valuable opportunities for the Trust to achieve its full potential, with high quality clinical delivery at its heart.

Andrew Dean
 Director of Nursing and Quality Standards

“ Our aim is to serve the mental health needs of everyone living and working across our many diverse communities.”



Summary

The state of our mental health in the UK is a serious issue with financial as well as psychosocial implications. According to the Centre for Mental Health Annual Report 2012:

- one in four of us has a mental health condition at any one time
- around half of people with lifetime mental health problems experience the first symptoms before the age of 14
- only a quarter of people with a mental health condition receive any treatment for it.
- nine out of ten people in prison have at least one mental health problem. Almost a quarter of prisoners have a mental illness that requires specialist treatment
- mental ill health has an economic and social cost of £105bn a year
- mental illness accounts for 23% of the total burden of disease but only 13% of NHS spending
- untreated mental ill health adds around £10 billion a year to the cost of physical health care for people with long-term conditions
- people with severe and enduring mental health conditions die on average 20 years earlier than those without
- mental ill health is the biggest single cause of sickness absence and health-related reduced productivity losses in UK organisations - at any one time, one worker in six will be experiencing depression, anxiety or problems related to stress

In light of the severity of the national picture, delivering the highest possible quality across everything we do remains at the heart of the way we work. We are committed to the provision of consistent, personalised, high quality services and a journey of continuous quality improvement. We are also committed to and to remaining a learning organisation, continually enhancing our competencies and capabilities and encouraging new and better ways of thinking. We consider our staff to be a key asset in the delivery of quality improvement and we continue to invest in their ongoing career development.

At SWLSTG, we are committed to putting the quality of services for service users at the heart of what we do, at the same time aligning with the indicators within the five high level domains for improvement specified in The NHS Outcomes Framework 2014/15.

Other publications, reviews and guidance we have referenced while formulating this strategy include:

- Our five year integrated business plan (IBP) – 13/14 to 18/19
- The Care Quality Commission's quality domain definitions
- Detailed requirements for quality reports 2013/4 – Monitor
- Quality Governance in the NHS – the National Quality Board
- Closing the gap – priorities for essential change in mental health
- The mental health crisis care concordant – improving outcomes for people experiencing mental health crisis
- Delivering High Quality Care for Patients – the accountability framework, NHS Trust Development Agency
- The Mid Staffordshire Public Inquiry Francis Report
- Quality and performance specifications contained in our Foundation Trust Tripartite Formal Agreement between ourselves, NHS London and the Department of Health dated September 2011.

The purpose of this five year quality strategy is to deliver our Integrated Business Plan (IBP) 2013-2019 and the achievement of the Trust's stated vision to "provide innovative, high quality, personalised services."

Our IBP identifies three overarching imperatives driving our quality strategy:

- the reduction of harm
- the eradication of any inequalities in the calibre of standards and performance across the Trust
- the improvement of quality at every level and across every facet of our work.

Our quality strategy sits at the top of our corporate hierarchy framework and overarches a suite of corporate Trust strategies spanning all areas of our work:



Section 1 Our quality vision

“ We must all find the provision of sub-standard and unsafe care to patients intolerable. We must do all we can to support our staff to provide high quality, compassionate care.”

Jane Cummings, Chief Nursing Officer for England

We want to demonstrate the highest possible standards of quality and professionalism in everything we do. This applies in all our interactions with service users and our wider stakeholders and, additionally, across all our day to day processes and procedures, be they clinical or non-clinical.

We want the exemplary calibre of our people and our performance to be apparent at all times – and where there are any aspects of our work that need improving, we want to strive to identify and enhance these as efficiently and cost effectively as possible.

Our definition of quality is what our service users say that it is. In short, it is our service users' judgement that decides whether the service they have received from us has met their identified needs. Our definition is further honed using the universal NHS goal of delivering high quality care for all, now enshrined in legislation encompassing three indicators of equal importance, cited by NHS England as being:

- Care that is **clinically effective** - not just in the eyes of clinicians but in the eyes of patients themselves
- Care that is **safe**
- Care that provides as positive an **experience** for patients as possible

In order to sustain the national momentum towards delivery on these indicators, as from 1 April 2013, NHS England has hosted an initiative called NHS Improving Quality (NHS IQ). Regarded as the driving force for improvement across the NHS in England, NHS IQ takes the form of an improvement organisation directly aligned to the needs and challenges of the NHS. Focused on improving health outcomes across England's entire healthcare system, NHS IQ provides improvement capacity and capability and change expertise.

The Trust serves numerous customers and provides services to many different individuals, groups and other stakeholders, both regionally and nationally. These include not only service users and their carers but also clinical commissioning groups (CCGs), GPs, local authorities and our own staff. To ensure we remain focussed on delivering quality in all aspects of our work, we constantly monitor what our stakeholders think of our work and regularly act on their feedback and comments.

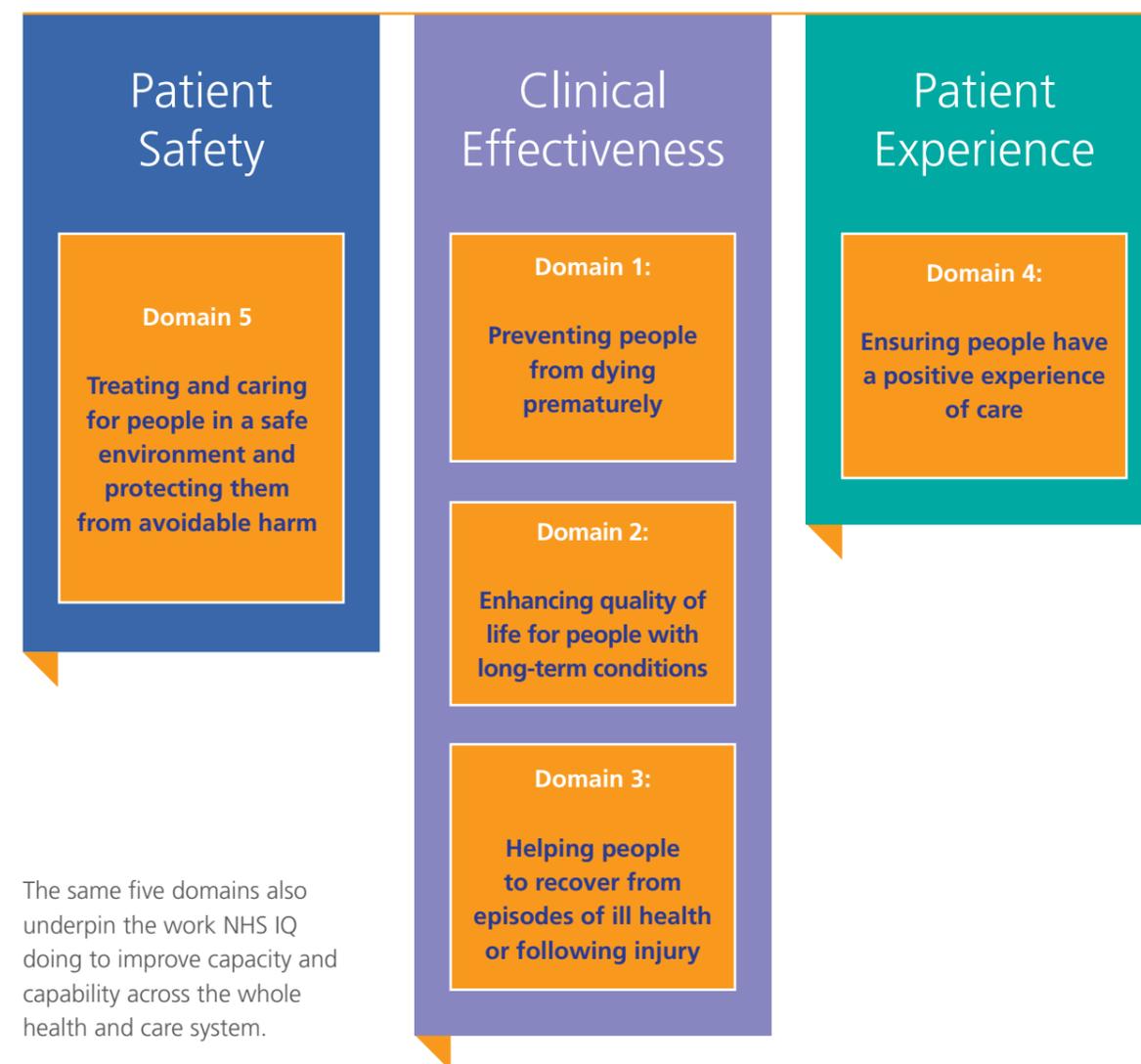
With these national and local health community aims and ambitions in mind, we have collated our strategic planning against three key quality measures:

- **patient safety**
- **clinical effectiveness**
- **patient experience**

These, in turn, accommodate the five overarching domains identified by the NHS Outcomes Framework 2014/2015 setting out the high-level national outcomes that the NHS should be aiming to improve:

- Domain 1: Preventing people from dying prematurely**
- Domain 2: Enhancing quality of life for people with long-term conditions**
- Domain 3: Helping people to recover from episodes of ill health or following injury**
- Domain 4: Ensuring people have a positive experience of care**
- Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm**

These five NHS Outcomes Framework domains map onto our three quality themes as follows:



Section 2 Our quality objectives

“ The NHS aspires to the highest standards of excellence and professionalism in the provision of high quality care that is safe, effective and focused on patient experience; in the people it employs, and in the support, education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population. ”

NHS principle #3: The NHS Constitution – March 2013

Quantifying success

We have systematically categorised our target quality deliverables via the application of SMART (Specific, Measurable, Achievable, Realistic and Time-Specific) disciplines. Each individual objective is assigned to one of our three quality measures of patient safety, clinical effectiveness, patient experience, and each underpinned by our intrinsic organisational credo that 'quality is 'what the patient says it is'.

There are three broad initiatives which reflect the focus of the quality strategy:

**Are our services safe?
Preventing suicides, deaths in care
and reducing harm.**

What does good look like?

- Every single person caring for patients knows how they contribute to a safer, committed, compassionate and caring service.
- There are systematic measures in place to respond to serious incidents.
- These measures protect patients and ensure that robust investigations are carried out, which results in learning from serious incidents to minimise the risk of the incident happening again.

How will we do this?

- a) Develop the Patient Safety Culture by:**
 - embedding electronic incident recording and increasing the number of patient safety incidents reported from the current 10 per 1,000 bed days to being in the highest 25% of reporters (average = 23.8 per 1,000 bed days).
- b) Ensure an effective system of safeguarding is in place** to reduce risks and prevent harm, able to respond quickly and effectively to protect people if such risks or harms arise by:
 - implementing the Ulysses safeguarding and training electronic module to ensure effective integration between serious incidents and safeguarding.

- c) Achieve year on year improvements** in the Quality Account priorities and CQUIN targets by:
 - increasing the stakeholder involvement in setting the Quality Account priorities deploying a project management approach to the integrated delivery of both to achieve the targets.
- d) Achieve a year on year reduction in avoidable harm** by:
 - ensuring nil returns on never events
 - reducing repeat root causes
 - ensuring that learning from serious incidents, concerns and complaints are embedded.
- e) Focus on a reduction in 'harm' to older patients** in relation to pressure ulcers, falls, urinary tract infections (associated with urinary catheters) and Venous Thrombo-Embolicism (VTE) by:
 - delivering Safety Express – a national 'call to action' for NHS staff designed to create a safer more reliable NHS with improved outcomes at significantly lower cost
 - eliminating omitted and delayed medications.

**Are our services effective?
Promoting recovery, good mental
and physical health.**

What does good look like?

- Mental health care and physical health care are better integrated evidenced through the achievement of the Quality Account and CQUIN targets
- Clinical audit is a multidisciplinary, integrated system and a mechanism for quality improvement alongside Root Cause Analysis reports, staff surveys, service user feedback etc.
- New ways of working are developed with new job roles and functions, with staff able to work and be deployed more flexibly.

How will we do this?

- a) Increase the quality of audits undertaken year on year** through engaging multidisciplinary team participation across the services we provide by:
 - reviewing clinical audit capacity, structure and process
 - demonstrating multidisciplinary team members' regular participation in activities that review and evaluate the quality of their work
 - ensuring that audit projects complete the full audit cycle of implementing and sharing change.
- b) Evidence that the recommendations arising from National Clinical Audit (NCA) participation and systematic review of NCA reports have been incorporated into our service delivery** e.g. Schizophrenia, Psychological Therapies, POMH-UK, National Confidential enquiry, Health and Well Being in the workforce by:
 - reviewing recommendations from each national audit within the quarter received in the clinical effectiveness group
 - demonstrating delivery using the delivery and assurance structure
 - evidencing improvement.
- c) Evidence that the recommendations arising from National Clinical Audit (NCA) participation and systematic review of NCA reports have been incorporated into our service delivery** (eg: Schizophrenia, Psychological Therapies, POMH-UK, National Confidential enquiry, Health and Well Being in the workforce) by:
 - reviewing recommendations from each national audit within the quarter received in the clinical effectiveness group
 - demonstrating delivery using the delivery and assurance structure;
 - evidencing improvement.

- d) Work with our stakeholders and commissioners to improve the care provided by our community services by:**
- integrating the Recovery College model into the community transformation programme including CAMHS
 - developing service user and carer feedback
 - implementing the community service review
 - promoting coproduction
 - introducing of FACT models
 - improving care pathways between primary care, social care, IAPT and secondary care
 - improving crisis planning
- e) Work with our stakeholders and commissioners to improve the care provided by our inpatient services by:**
- using real time feedback (RTF) to enhance the inpatient experience
 - rolling out productive wards and accreditation of Inpatient Mental Health Services (AIMS) using a variety of models
 - reducing adult bed numbers to a maximum of 20 per ward
 - improving qualified/unqualified and staff to patient ratios
 - improving the recruitment and redeployment process to reduce agency staff usage and vacant posts
 - improving care pathways between primary care, social care, and secondary care.
- f) Measure and improve the quality of care delivered to our patients and the support provided to carers by:**
- undertaking annual reviews of Quality Impact Assessments.
- f) Work with our stakeholders and commissioners to ensure that people with long term physical health problems have appropriate access to mental health and behaviour change support interventions that improve mental health and wellbeing by:**
- working with acute care providers to develop integrated clinical care pathways that are condition-specific, eg: the COPD care pathway for St Helier
 - ensuring Liaison Psychiatry is established to meet local need across conditions
 - establishing the role the Trust will play in self-management support for people with Long Term Conditions (LTC).
- g) Support Primary Care and contribute to the increase in diagnostic recognition and diagnosis locally.** Reduce the prescribing of antipsychotic drugs in dementia. With commissioners, drive lasting improvements in the treatment of dementia care, share innovations (Challenging Behaviour and Home Treatment Teams) and capitalise on teaching and research strengths by:
- developing and implementing the dementia strategy through a transformation plan beginning in Autumn 2013
- h) Improve access to health care for people with a learning disability by:**
- implementing the green light toolkit: a government guide to auditing and improving mental health services to make them more effective in supporting people with autism and people with learning disabilities
 - monitoring compliance with requirements through the equality dashboard.
- i) Change the workforce over time to deliver the services required and ensure we have the right skills and people by:**
- developing and implementing a five year skills strategy including targeted leadership development.

**Are our services responsive?
Ensuring that people have a positive experience of care.**

What does good look like?

- Our focus is seen to be on the issues that matter to people who use the service.
- People who use our services, their families, carers, friends and advocates find it easy to share their experiences of care.
- Improved quality of service provision observed by the people who use our services as problems are identified and improvement action taken.

How will we do this?

- a) Ensure significant improvements in the quality of the services by improving on the 'Friends and Family Test', by improving staff engagement evidenced within staff survey results, by embedding the Listening in Action initiative to:**
- help teams think together about staff improvements
 - work with teams in difficulty
 - adopt a 'fix it approach'
 - support teams to introduce new ideas and make changes in the way they work to improve the services provided.

- b) Ensure our patient concerns and complaints are listened to, investigated appropriately and acted upon within the Trust Complaints Policy requirements.** Ensure we have an outward facing, responsive and transparent customer service face by:
- ensuring complaint response targets are met consistently
 - 'You said... we did' project implementation
 - piloting 'Care Connect' to respond to reported problems developing a Patient Advice and Liaison Service (PALS).

- c) Ensure year on year significant improvements in user and carer survey results and 'Friends and Family Test' responses by:**

- expanding real time feedback to carers and giving a meaningful voice – at all levels - to service users, families and carers so they can support the Trust in making improvements to their own care, support and treatment. Our Service User Experience Strategy details the routes by which we intend to achieve this.



High Level Milestones relating to our initiatives



The wider context

We also have taken steps to ensure that each quality objective listed above corresponds with one of the five quality drivers specified by the Care Quality Commission, as follows:

- patient safety
- clinical effectiveness
- organisational culture and leadership
- patient experience
- responsiveness.

As the single independent regulator of health and adult social care in England, the purpose of the CQC is to ensure that all health and social care services provide people with safe, effective, compassionate, high-quality care. To this end, it stringently monitors, inspects and regulates health services and publishes its findings, including performance ratings to help patients and the public to choose their care and treatment setting. We therefore firmly believe that that it is critical for us as a Trust to ensure we embody the CQC's five principle priorities listed above. We do this by translating these principles into five basic questions that we ask ourselves, not only when time the inspectors arrive, but on a daily basis:

- are we safe?
- are we effective?
- are we well-led?
- are we caring?
- are we responsive to people's needs?

Whether we ask these questions of ourselves, or whether they are posited to us by the CQC, we fully expect our performance to be publicly evaluated against the same criteria via the outcome measures detailed in **Appendix 1** of this document.

Joined up thinking means more efficient and effective transformation

Our quality objectives reinforce the Trust's overarching imperatives, as set out in our integrated business plan 2013/14 to 2018/19, namely: **we will provide consistent high quality, safe services that represent value for money.** We deliberately combine the two principles of quality and finance because we are fully aware that quality cannot be delivered in isolation of monetary considerations. To this end, we have already taken practical steps to demonstrate how quality and value can be achieved simultaneously. For example, we have eliminated unnecessary and cumbersome levels of general management and streamlined our reporting into integrated performance reports.

Our quality objectives also reflect one of the key themes of our Service User Experience strategy, which states: **the Trust recognises that it must learn from service user experience and drive forward improvements for the wide range of services we provide.** Applying this approach will ensure that the Trust maintains a co-ordinated approach across all aspects of our work and across all the sites on which we are based. It will enable us to embark on a cycle of continual listening, learning from and working together with our service users, their families and carers, whilst we transform our services.



Section 3 Horizon-scanning

“Mental ill health affects millions of us every day. Too many find their chances in life are damaged, not by their illness but through a lack of effective support and understanding.”

Lady Elizabeth Vallance, Chairman & Professor Sean Duggan, Chief Executive
The Centre for Mental Health

High quality service provision is a moving target. The mental health services arena is characterised by continually emerging issues and challenges. To ensure that we always engage with all the latest priorities and Department of Health directives, we constantly review reports, opinions and recommendations from sector leaders, in order to factor any significant themes that transpire into our quality improvement drive on an ongoing basis.

One such example is when, in her talk on 10 April 2014 at the National Psychosis Summit, Dr Geraldine Strathdee, the National Clinical Director for Mental Health for NHS England who cited the following specific core areas for concern with regard to specific national mental health care inequalities:

- timely access to reliable information, so the person understands their condition, the treatments and how to self-manage
- safe medicines and support for monitoring
- access to psychological therapies
- better physical care to reduce premature mortality
- employment support
- recovery interventions
- rapid response in crisis.

Now that these pressing priority areas have been highlighted, we be actively dovetailing them into existing facets of our quality improvement work.



Section 4 What success will look like

“Quality is systemic. Ensuring those using health services receive high quality care relies on a complex set of interconnected roles, responsibilities and relationships between professionals, provider organisations, commissioners, system and professional regulators and other national bodies.”

How to make your Quality Surveillance Group Effective, National Quality Board, 2nd Edition, March 2014

We will know we are achieving improvement when we see positive progress against the outcome measures allocated to our quality objectives, as listed in section two of this document. At the same time, our annual quality reports will also serve to evaluate our progress via the application of ongoing CQINN and Quality Account target analysis.

Progress will also be apparent via the emergence of improved 'softer' markers, such as:

- improved service user and carer feedback
- fewer CQC concerns
- gradually becoming the provider of choice for local commissioners
- meeting and eventually beating financial targets, allowing us to invest any surplus in future
- moving towards achieving 100% of CQUIN
- moving towards being in the top 10% of Trusts on the family and friends test
- more efficient and cost effective use of our asset base
- moving towards being in the lowest quartile for reference costs

From our service users' perspective we will know we are delivering the best quality experience of care when patient and carer feedback to our day to day practices indicate that we are meeting the National Institute for Clinical Excellence's (NICE) fifteen stated quality standards for mental health service users when we know that:

- people using mental health services, and their families or carers, are supported to feel optimistic that care will be effective
- people using mental health services, and their families or carers, feel they are treated with empathy, dignity and respect
- people using mental health services feel actively involved in making decisions about their care and treatment and supported in managing their mental health problem(s)
- people using community mental health services feel supported throughout their care by a team of staff who they know
- people using mental health services are asked about their experience of care and this is used to monitor and improve the service

- people can access mental health services quickly and easily when needed
- people using mental health services understand the assessment process their diagnosis and treatment options, and receive emotional support for any sensitive issues
- people using mental health services jointly develop a care plan with mental health and social care professionals, receive a copy of the plan and agree a date to review it
- people using mental health services who may be at risk of crisis are offered a crisis plan
- people accessing crisis support have an assessment in which they are asked about their living conditions, how well they are managing in everyday life, their relationships, symptoms, behaviour, diagnosis and any treatment they are having
- people in hospital for mental health care feel involved in making decisions about their care, even when they are formally detained under the Mental Health Act
- people in hospital for mental health care have daily one-to-one contact with mental healthcare professionals known to them and regularly see other members of the multidisciplinary mental healthcare team
- people in hospital for mental health care feel they can join in a range of activities, including creative and leisure activities and exercise, 7 days a week and throughout the day and evenings
- people in hospital for mental health care who need to be controlled or restrained, or have treatment without their agreement receive them only from trained staff and that this treatment is only used as a last resort, using minimum force and making sure that the person is safe
- people using mental health services feel less stigmatised in the community and NHS, including within mental health services

Our progress so far

Over the past twelve months, the Trust has made tangible progress in improving quality standards across all our services. We continue to work towards delivering world class clinical care and state of the art education and research resources. As part of our ongoing quality journey, we have launched four service transformations and two enabling programmes over the past twelve months, under which a number of initiatives have been successfully established. Providing robust catalysts for change and enhancement, all our new work envisions the same aim of ensuring that quality remains constant, consistent and of the highest possible calibre across all our many projects, services and locations.

Two examples of new practices adopted that have achieved tangible quality enhancements include the introduction of:

The 15 Steps Challenge

We have established the 15 Steps Challenge, our Board programme of quality-oriented ward and community visits. We will continue to expand this programme with a view to:

- devoting the majority of its time to discussing and acting on quality issues and the factors which determine quality - good financial management is essential to providing a quality service, but is not an end in itself.
- monitoring the quality of care provided across all services - routinely measuring and benchmarking services internally and externally where this information is available. Proactively looking at any risks to quality and taking prompt mitigating action.

- challenging poor performance or variation in quality and recognise quality improvement - honestly looking at the root causes of both poor and exceptional performance is the first step to making effective, as opposed to knee-jerk responses when things go wrong, and spreading good practice when things go right.
- working with other health and social care organisations to ensure care is co-ordinated and personalised - health and social care systems are highly complex and therefore inherently risky. Partnership working and development of services that result in agreed care pathways can minimise these risks.
- building a culture of listening, transparency and accountability - listening to concerns from whatever source, but particularly service users, carers and staff, is a crucial element in detecting problems before they become serious failings. Being held to account for the quality of care provided as a public organisation keeps the Trust alert to the possibility of harm and sensitive to early signs of failure.
- working to ensure everyone working for the Trust is motivated and enabled to deliver quality care - ensuring staff have well designed job descriptions within which performance expectations are explicit and achievable. Staff have a right to work in a setting that is safe, free from discrimination and bullying and where they have access to expert support and advice to improve the quality of care they provide.

The Triangle of Care

The Trust is a committed member of the Carers' Trust 'Triangle of Care' kite mark scheme. This commits us to using standardised audit and action planning tools provided by the Carers' Trust.

Specifically, the scheme cites six key standards required to achieve better collaboration and partnership with carers in the service user and carer's journey through mental health services, as follows:

- carers and the essential role they play are identified at first contact or as soon as possible thereafter.
- staff are 'carer aware' and trained in carer engagement strategies
- policy and practice protocols re: confidentiality and sharing information, are in place
- defined post(s) responsible for carers are in place
- a carer introduction to the service and staff is available, with a relevant range of information across the care pathway
- a range of carer support services is available
- Originally launched in 2010, the Triangle of Care approach was developed by carers and staff with a view to improving carer engagement in acute inpatient and home treatment services. It received further validation when it was included in No Health without Mental Health., a cross-government mental health outcomes strategy, in February 2011.



Section 5 How will we track and evaluate our progress

“ Measurement is not a threat, it is a resource; ambition is not stressful, it is exciting; defects are seen as opportunities to learn; and curiosity abounds. ”

Don Berwick: *A promise to learn – a commitment to act: improving the safety of patients in England*, National Advisory Group on the Safety of Patients in England, August 2013.

Roles and responsibilities

At an individual quality objective level, work will be led by a named senior responsible officer, clinical lead and project manager. Our Integrated Governance Group will, in turn, monitor progress, submitting status updates at our regular Quality Safety Assurance Committee meetings. At an overall strategic level, the Trust Board is responsible for reviewing and revising the impact of our approach to quality improvement wherever and whenever necessary.



Ongoing quality governance

In preparation for implementation and regular evaluation of improvements achieved, we have reviewed the following business practice disciplines to ensure that they are as robust as possible:

- risk monitoring and analysis – so the Board is at all times sufficiently aware of potential risks to quality
- capabilities and culture – so the Board can sustain the necessary leadership, skills and knowledge to ensure delivery of the quality agenda, allowing the Board to promote a quality-focused culture throughout the Trust
- assurance, structure and process – so that there are clear roles and accountabilities for quality governance, including clearly defined, well understood processes for escalating and resolving issues and managing quality performance. In this way, the Board can actively engage service users, staff and other key stakeholders on quality.
- measurement and performance – so that the Trust can analyse and challenge appropriate information on quality on an ongoing basis. In this way, the Board can assure themselves of the robustness of the quality information. The Trust will use quality information effectively.

In this way, we have constructed a stringent quality control cycle which is fit for purpose, flexible and responsive, which not only encompasses every one of our directorates, but makes each of them accountable.

See **Appendix 2** for a detailed schematic of our quality governance structure.

Section 6 Communicating success

How we will promote the impact of our quality strategy

“ The English healthcare system is already one of the most transparent in the world – publishing more information than any other country. ”

Tim Kelsey, NHS England's National Director for Patients and Information

Our quality strategy has been approved by the Trust Board and will be launched across all our Directorate teams and commissioners and communicated to our patients and the general public using a range of communications channels, including:

- establishing a dedicated area on our intranet
- posters, e-bulletins and 'All Trust' emails
- the appointment of Quality Champions as ambassadors
- formal reviews of patient incidences to ensure that all learning is measured, monitored and applied to future clinical practice
- annual progress updates in our Annual Report

We also have statutory duty to publish our performance data in the public domain, including statistical progress against targets, in the form of annual quality reports, which will be available on our website. The current report, our fourth set of quality accounts, is available on our website here [\[insert link\]](#).

This five year strategy will be reviewed and revisited regularly in conjunction with the publication of our annual Quality Accounts, the production of which involves close collaboration with all of our stakeholders to identify significant quality priority areas to address across the next twelve months. These are then factored into our annual detailed SMART objectives to ensure that we maintain unwavering attention to detail in our quest to realise our quality enhancement vision.



Appendix 1 Our quality targets and timetable

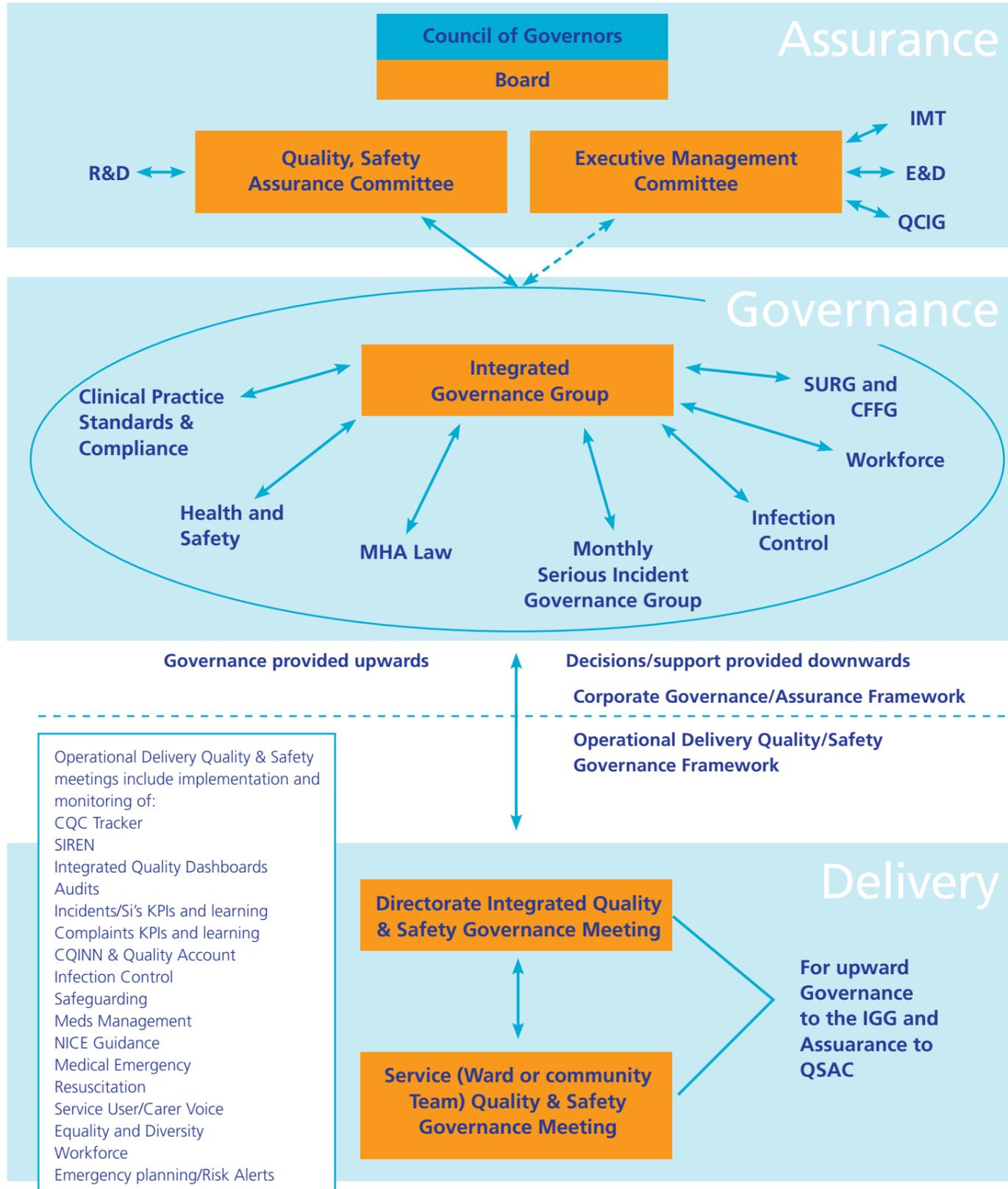
Each of the objectives will be project managed and have an implementation plan with identified detailed milestones

	Quality Domain	Operating Principle	Quality Description	Objectives	2014 /15	2015 /16	2016 /17	2018 /19	2019 /20
1	Patient safety	Improve continuity of care.	Treating and caring for people in a safe environment; and protecting them from avoidable harm.	Maintain CQC registration demonstrating compliance against the essential standards of care by:	a)				
				a) no compliance actions; b) no QRP red areas.	b)				
2	Patient safety	Deliver best practice more consistently.	Treating and caring for people in a safe environment; and protecting them from avoidable harm.	Develop the Patient Safety Culture by: a) embedding electronic incident recording and increasing the number of patient safety incidents reported from the current 10 per 1,000 bed days to being in the highest 25% of reporters (average = 23.8 per 1,000 bed days).	a)				
3	Patient safety	Deliver best practice more consistently.	Treating and caring for people in a safe environment; and protecting them from avoidable harm.	Ensure an effective system of safeguarding is in place to reduce risks and prevent harm, and able to respond quickly and effectively to protect people if such risks or harms arise: a) implement the Ulysses safeguarding and training electronic module to ensure effective integration between serious incidents and safeguarding.	a)				
4	Patient safety	Deliver best practice more consistently.	Helping people to recover from episodes of ill health or following injury.	Achieve year on year improvements in the Quality Account priorities and CQUIN targets by:	a)				
				a) increasing the stakeholder involvement in setting the Quality Account priorities b) deploying a project management approach to the integrated delivery of both to achieve the targets.	b)				
5	Patient safety	Deliver best practice more consistently.	Helping people to recover from episodes of ill health or following injury	To measure and improve the quality of care delivered to our patients and the support provided to carers by: a) annual reviews of Quality Impact Assessments	a)				
6	Patient safety	Deliver best practice more consistently.	Helping people to recover from episodes of ill health or following injury.	Achieve a year on year reduction in avoidable harm by:	a)				
				a) nil returns on never events; b) reducing repeat root causes;	b)				
				c) ensuring that learning from serious incidents, concerns and complaints are embedded.	c)				
7	Patient safety	Deliver best practice more consistently. Better support for people with mental health and physical health problems.	Helping people to recover from episodes of ill health or following injury.	Focus on a reduction in 'harm' to older patients in relation to pressure ulcers, falls, urinary tract infections (associated with urinary catheters) and Venous Thrombo-Embolism (VTE) by:	a)				
				a) delivering the Safety Express; b) eliminating omitted and delayed medications.	b)				
8	Clinical effectiveness	Deliver best practice more consistently.	Enhancing quality of life for people with long-term conditions.	Increase the quality of audits undertaken year on year through engaging multidisciplinary team participation across the services we provide by:	a)				
				a) reviewing clinical audit capacity, structure and process; b) demonstrating multidisciplinary team members' regular participation in activities that review and evaluate the quality of their work;	b)				
				c) ensuring that audit projects complete the full audit cycle of implementing and sharing change	c)				

	Quality Domain	Operating Principle	Quality Description		Objectives	2014 /15	2015 /16	2016 /17	2018 /19	2019 /20
9	Clinical effectiveness	Deliver best practice more consistently.	Enhancing quality of life for people with long-term conditions.		Evidence that the recommendations arising from National Clinical Audit (NCA) participation and systematic review of NCA reports have been incorporated into our service delivery e.g. Schizophrenia, Psychological Therapies, POMH-UK, National Confidential enquiry, Health and Well Being in the workforce by:	a)				
					a) reviewing recommendations from each national audit within the quarter received in the clinical effectiveness group;	b)				
					b) demonstrating delivery using the delivery and assurance structure;	c)				
					c) evidencing improvement.					
10	Clinical effectiveness	Community based services wherever possible. Improve recovery, resilience and personalisation. Improve access, waiting times and pathways.	Enhancing quality of life for people with long-term conditions.		Working with our stakeholders and commissioners to improve the care provided by our community services by:	a)				
					a) integrating the Recovery College model into the community transformation programme including CAMHS;	b)				
					b) developing service user and carer feedback;	c)				
					c) implementing the community service review;	d)				
					d) promoting coproduction;	e)				
					e) introduction of FACT models;	f)				
					f) Improving care pathways between primary care, social care, IAPT and secondary care;	g)				
					g) improving crisis planning;					
11	Clinical effectiveness	Deliver best practice more consistently.	Enhancing quality of life for people with long-term conditions.		Working with our stakeholders and commissioners to improve the care provided by our inpatient services by:	a)				
					a) using Real Time Feedback to enhance the inpatient experience;	b)				
					b) rolling out productive wards and accreditation of Inpatient Mental Health Services (AIMS) using a variety of models;	c)				
					c) reducing adult bed numbers to 20 maximum per ward;	d)				
					d) improving qualified/unqualified and staff to patient ratios;	e)				
					e) improving the recruitment and redeployment process to reduce agency staff usage and vacant posts;	f)				
					f) Improving care pathways between primary care, social care, and secondary care.					
12	Clinical effectiveness	Better support for people with mental health and physical health problems.	Enhancing quality of life for people with long-term conditions.		Work with our stakeholders and commissioners to ensure that people with long term physical health problems have appropriate access to mental health and behaviour change support interventions that improve mental health and wellbeing by:	a)				
					a) working with acute care providers to develop integrated clinical care pathways that are condition-specific e.g. the COPD care pathway for St Helier;	b)				
					b) ensuring Liaison Psychiatry is established to meet local need across conditions;	c)				
					c) establishing the role the Trust will play in self-management support for people with Long Term Conditions (LTC)					

	Quality Domain	Operating Principle	Quality Description		Objectives	2014 /15	2015 /16	2016 /17	2018 /19	2019 /20
13	Clinical effectiveness	Deliver best practice more consistently. Improve recovery, resilience and personalisation. Improve continuity of care.	Enhancing quality of life for people with long-term conditions.		Support Primary Care and contribute to the increase in diagnostic recognition and diagnosis locally. Reduce the prescribing of antipsychotic drugs in dementia. With commissioners, drive lasting improvements in the treatment of dementia care, share innovations (Challenging Behaviour and Home Treatment Teams) and capitalise on teaching and research strengths by: a) developing and implementing the dementia strategy through a transformation plan beginning in Autumn 2013.	a)				
14	Clinical effectiveness	Improve access, waiting times and pathways.	Enhancing quality of life for people with long-term conditions.		Improve access to health care for people with a learning disability by: a) implementing the green light toolkit; b) monitoring compliance with requirements through the equality dashboard.	a)				
15	Clinical effectiveness	Deliver best practice more consistently.	Ensuring that people have a positive experience of care.		Change the workforce over time to deliver the services required and ensure we have the right skills and people by: a) Developing and implementing a five year skills strategy including targeted leadership development.	a)				
16	Service user and carer experience	Deliver best practice more consistently.	Ensuring that people have a positive experience of care.		Ensure significant improvements the quality of the services by improving on the 'Friends and Family Test', by improving staff engagement evidenced within staff survey results, by embedding the Listening in Action initiative to: a) help teams think together about staff improvements; b) work with teams in difficulty; c) adopt a 'fix it approach'; d) support teams to introduce new ideas and make changes in the way they work to improve the services provided.	a)				
17	Service user and carer experience	Deliver best practice more consistently.	Ensuring that people have a positive experience of care.		Ensure our patient concerns and complaints are listened to, investigated appropriately and acted upon within the Trust Complaints Policy requirements. Ensure we have an outward facing, responsive and transparent customer service face by: a) ensuring complaint response targets are met consistently; b) 'you said... we did' project implementation; c) piloting 'Care Connect' to respond to reported problems; d) developing a Patient Advice and Liaison Service (PALS).	a)				
18	Service user and carer experience	Deliver best practice more consistently.	Ensuring that people have a positive experience of care.		Ensure year on year significant improvements in user and carer survey results and 'Friends and Family Test' responses by: a) expanding real time feedback to carers.	a)				

Appendix 2 Our quality governance structure



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