



Quality Strategy

2019-2021



Seeing the individual within, embracing difference



CHESWOLD PARK
HOSPITAL



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HOSPITAL



*"COMPASSION IS NOT A VIRTUE - IT IS A COMMITMENT.
IT'S NOT SOMETHING WE HAVE OR DON'T HAVE - IT'S
SOMETHING WE CHOOSE TO PRACTICE."*

– BRENÉ BROWN

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Introduction

The document sets out the mission, values and objectives that have developed from the discussions, feedback, surveys and interviews with stakeholders. This information has proved invaluable in answering the question 'where are we now?' as well as working together on where we want to be in the future.

Our Mission

To do good for others

Our Key Objectives

- To care for & champion the need of the people who use our services
- To support, develop & celebrate the staff who serve them

Our Core Values

- People & Families
- Mind & Body
- Care & Compassion
- Dignity & Respect
- Honesty & Transparency

Cheswold Park Hospital provides hospital services for people with mental health problems, personality disorders, intellectual disabilities and autism. We believe care should be person centred, high quality, effective and safe.

This short-term strategy is designed to support us to improve quickly any issues that

patients, families and staff have identified as a priority and to set the foundations for our longer term strategy and strive for excellence.



Strategic Aims

Over the next 18 months we will:

Ensure we provide services that promote recovery, foster hope and create a care experience that is safe, compassionate and respectful. This includes a relentless approach to reducing restrictive practice.

Deliver effective interventions aimed at improving physical, mental and emotional health and wellbeing and demonstrating measurable outcomes. By working closely with patients and their families, commissioners and regulators we will be accountable for our actions.

Work with all stakeholders to enable people to return to their own communities in a timely manner.

Work as a team and provide our workforce with the knowledge, skills and opportunities to fulfil their potential and deliver the best care possible. Through robust appraisal and supervision, we will ensure that every one of our staff is clear about their personal contribution to the achievement of high quality care.

Design and embed new governance architecture that enables us to effectively measure and monitor our services at all levels.

Continue to ensure that we work in partnership with those who use our services, their families and friends, staff and those who commission our hospital. We are committed to genuinely listening and to act on their feedback, ideas and experiences as appropriate.

Directors Responsibility

It is the responsibility of the Chief Executive to ensure that there are structures and processes within the company to ensure we achieve compliance with regulatory and legislative standards.

Executive responsibility for Clinical Governance and Quality Assurance is vested in the Chief Nurse.

It is the responsibility of all staff to ensure that the care we deliver is safe, high quality and person centred.



Generating Values

Over recent months the Chief Executive Officer of Cheswold Park Hospital has led an exercise to refresh the organisational values.

This exercise has involved consulting with a range of stakeholders within and outside the organisation and reviewing key documentary sources such as feedback from surveys.

The list of stakeholders who contributed included, but were not limited to:

- People who use the services at Cheswold Park Hospital
- Families and friends
- Staff
- Commissioners
- Regulators

What do our values mean in practice?

We take our values seriously and below are the corresponding actions and outcomes that we believe will demonstrate our commitment to making them real. This is our pledge firstly, to those who use our services and their families, those who work within them and, those who commission and regulate them.

We will check that we remain true to our values by placing them centrally in our assurance systems and feedback mechanisms.



Our Values

People & Families

We will:

Put the people we serve, their families and friends at the heart of everything we do

Make their experience and perception of what we deliver a central measure of our success in the delivery of care and achievement of outcomes that matter to them

Harness and value the experience, expertise and opinions of the people we serve and their families in their own care and within service transformation

Mind & Body

We will:

Demonstrate commitment to caring equally about mental and physical wellbeing

Deliver training for patients, families and staff on mental & physical healthcare

Promote a workplace culture where health & wellbeing is promoted

Care & Compassion

We will:

Demonstrate our compassion and caring through our action and words

Be friendly, kind and considerate towards those we serve, families and each other

Be a fair and diverse organization where everyone counts

Meet people's needs for information & in-

volvement in care & treatment decisions

Dignity & Respect

We will:

Be polite and courteous in our communications and actions

Recognise and value uniqueness and diversity

Be sincere, honest and constructive in giving and receiving, feedback

Maintain a professional attitude and appearance

Be relentless in our drive to reduce restrictive interventions including investing in initiatives that increase safety and reduce coercion, restraint and seclusion

Invest and train staff in de-escalation and positive behavioural support

Honesty & Transparency

We will:

Meet people's needs for information and involvement in all care, treatment and support decisions

Lead and act with integrity in all we do

Uphold the duty of candour

Have a robust approach to learning from our mistakes

Lead improvements based on understanding outcomes across pathways of care

Where Are We Now?

One of the key reasons why this Quality Strategy is short term is because we are in a time of significant change both internally and externally. Within the sector the recent publication of the NHS 10 Year Plan confirms continued commitment to improvements in the care of people with mental health problems, intellectual disabilities and autism.

In adult services, the NHS 10 Year Plan signals an extension of commitments in the Five Year Forward view for mental health beyond 2020/21 to 2023/24 and the developing new models of care to provide care closer to home and investing in intensive, crisis and forensic community support. The aim is that, by 2023/24, inpatient provision for people with intellectual disabilities or autism will have reduced to less than half of the 2015 level.

We are committed to supporting these policy objectives and providing the highest quality care that makes the best use of our resources, talents and estate. This means that we have reached a point where we need to make some changes to the way our organisation is

structured and the systems within.

Whilst every day we continue to make improvements to the care and treatment we deliver we know there is still some work to do. This strategy clarifies our intentions for the next 18-24 months and provides a route map to take us there.

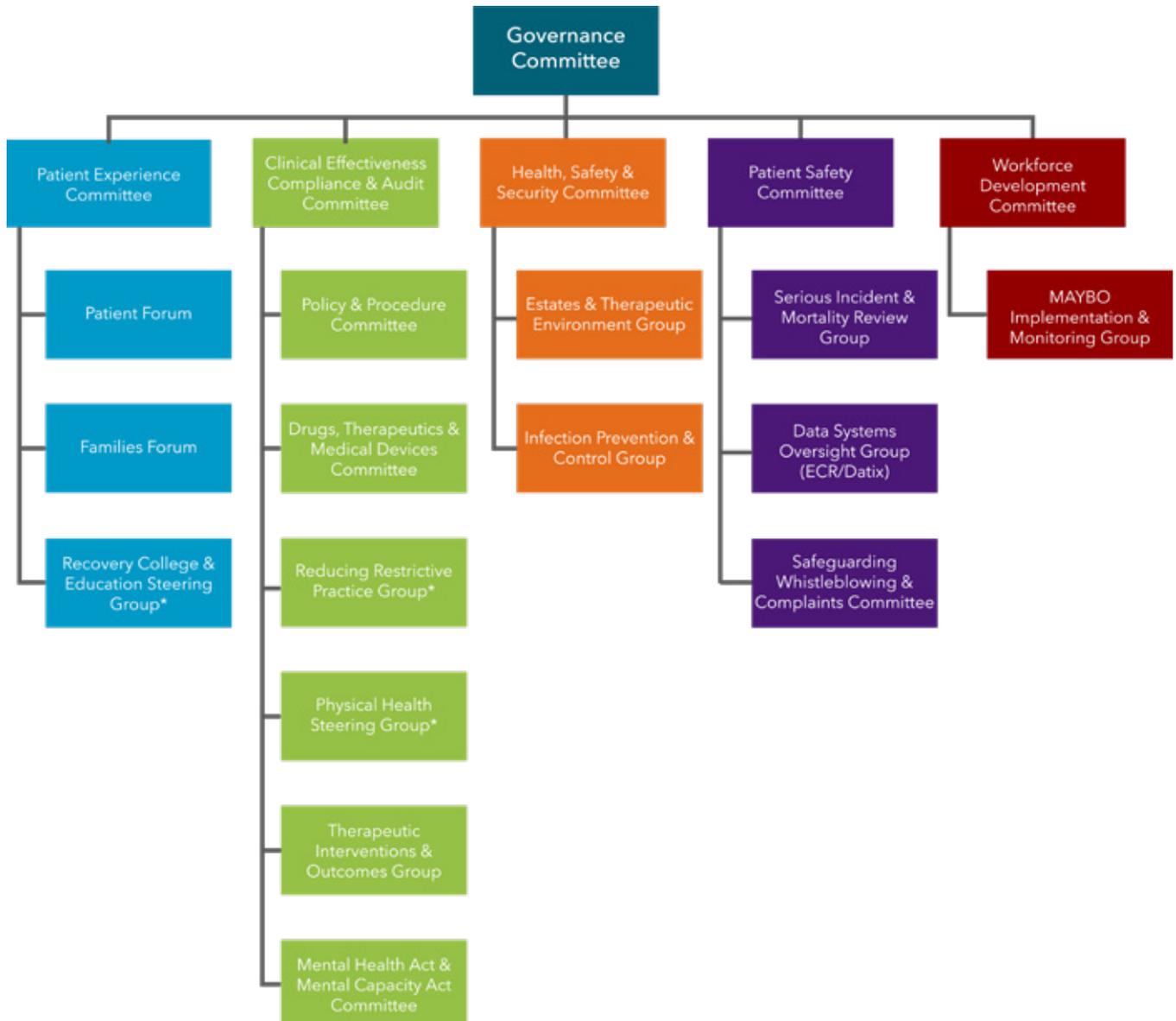
We will use our values as the framework on which we will build our improvement interventions to ensure that all our efforts are focused on enabling all of us to live and benefit from them.



Delivering Our Promises

Core values are the fundamental beliefs of a person or organisation. These guiding principles should direct our behaviour and can help us all to agree and, understand the difference between good and poor care and treatment. Core values also help organisations to determine if they are on the right path and fulfilling their goals.

In this section we will look at the goals we want to achieve in the next 18-24 months as they relate to the mission, key objectives and values of Cheswold Park Hospital and the improvement interventions that will support our progress to fulfil them. This has included a restructure of the governance architecture to ensure it is able to support the delivery of our ambitions. Below is the new structure:



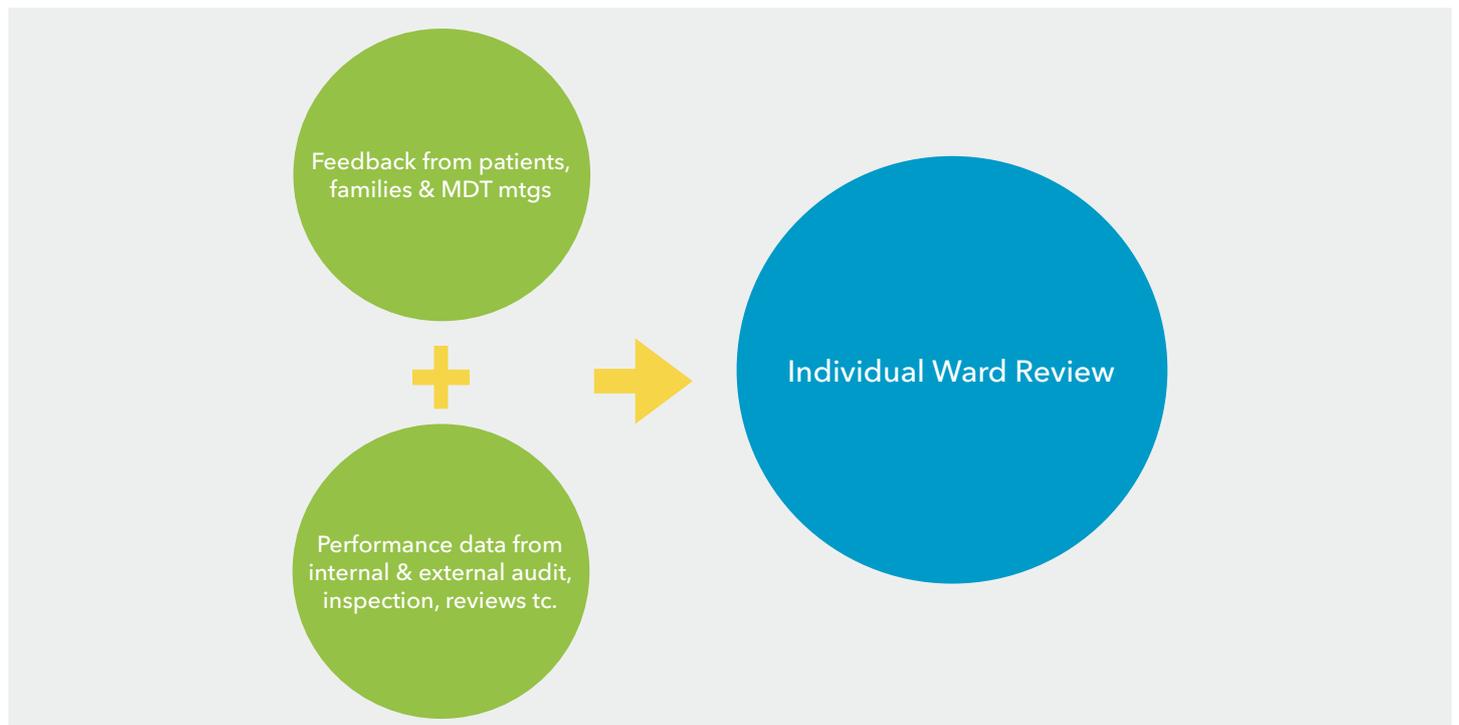
Assuring Transformation

We will focus our efforts on making sure we are achieving positive change and will implement a reviewing structure that will ensure reporting from the ward to the board on standards and progress.

This will centre on the implementation of monthly Individual Ward Reviews (IWR's) where key members from the ward and the Senior Management Team will meet to discuss performance and progress against:

- Quality Strategy Improvement Interventions
- Regulatory and Compliance Requirements & Action Plans
- Clinical, Safety, Workforce and Environmental standards relevant to the service

The information from the Individual Ward Reviews will be aggregated to enable the Senior Management Team to identify trends, improvements and where further investment, support or remedial action is needed to report to the Board accordingly.



Quality Development Reviews

Quality Development Reviews (QDR's) are a form of peer review where trained staff and service user representatives undertake unannounced visits to a ward or department with the purpose of checking quality, identifying areas for remedial action and noting and celebrating good practice.

The QDR team are trained and provided with an agreed reviewing tool that is updated at least annually for changes in legislation, policy or guidance. The team will provide the ward or department with an agreed action plan and this report will also be monitored for progress at the monthly Ward Service Review (WSR).

Aggregated information from all wards and departments will be monitored every month at the Clinical Effectiveness, Compliance and Audit Committee and themes and trends examined at the Bi-Monthly Clinical Governance Committee.

Feedback will be given at Patient and Family forums at ward and hospital level in an appropriate format along with discussion about 'what is working well' and 'what is not working well'.

We will ensure that we also continue to benchmark ourselves with similar providers through accreditation schemes but also by checking our findings against national and regional data sets.

Annual Audit Planner

Our annual audit planner is the vehicle that enables us to ensure we are meeting our mandatory, regulatory and clinical standards. The Clinical Effectiveness, Compliance & Audit Committee will be the vehicle for ensuring the design, implementation and evaluation of audits is a valid and reliable process and for confirming the topics to audit.

Auditors will be selected based on the skills, expertise and relevance to the topic and supported by the Governance Team. Audit activity forms part of all registered professional responsibilities and forms part of CPD, revalidation and appraisal activities.

The annual training programme will provide opportunity for people to learn the relevant skills and knowledge to be an effective auditor.



Taking Action

The table below lists our values and corresponding strategic actions we will take in the next 12-18 months, towards the end of this time we will work on our longer 3-5 year strategy

Value: People & Families

Key actions in 12-18 months

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|---|--|--|
| 1 | Put the people we serve, their families and friends at the heart of everything we do | We will train, supervise and appraise our workforce to ensure that there is clear understanding and application of the concept of patient centred care and evidence of its application in practice at all levels through our annual audit programme. |
| 2 | Make their experience and perception of what we deliver a central measure of our success in the delivery of care and achievement of outcomes that matter to them | <p>Patients and families are included within the work to design and roll out a new Electronic Care Record. This includes ensuring that the relevant recording systems include accessible tools e.g. My Shared Pathway, One Page Profiles, Health Action Plans etc.</p> <p>The voice of people and families must be clearly heard and reflected in the organisational programme to refresh our outcomes tools and framework as well as in the identification and achievement of desired outcomes as identified in their individual plan.</p> |
| 3 | Harness and value the experience, expertise and opinions of the people we serve and their families in their own care and within service transformation | <p>New policy and protocols to support the roll out of Electronic Care Planning will include the contribution of patients and families to ensure their opinions are sought and heard.</p> <p>We will invest in a programme that enables patients and families to participate in programmes of re-designing and checking the quality of our delivery. This will include training in 'quality checking'.</p> <p>We will ensure that patients and families are central to our Annual Quality Development Reviews (QDR's) and that their feedback through surveys, complaints, compliments and interviews is captured at ward level and hospital wide.</p> |

Taking Action

Value: Mind & Body

Key actions in 12-18 months

- 4 Demonstrate commitment to caring equally about mental and physical well-being

We will refresh and relaunch our strategy and implementation plan to complete the assessment and ongoing monitoring of the physical health of patients. This will include the review of the role of the RGN's.

We will ensure that every patient (who wants one) has a personal healthcare plan or health action plan in a format suitable for them.
- 5 Deliver training for patients, families and staff on mental & physical healthcare

We will produce an annual training strategy and delivery programme that contains relevant learning opportunities for patients, families and staff. This will include utilising the expertise within these groups as co-presenters and facilitators where appropriate.

The prospectus for the Recovery College will contain subjects that help patients understand their health conditions but also promote self-care, resilience and healthy lifestyles.
- 6 Promote a workplace culture where health & wellbeing is promoted

We will implement our Knowledge and Skills Framework (initially for nursing workforce) with associated appraisal, supervision tools and revalidation tools. This will enable us to make sure that we have a structure to engage with staff in a positive and valuing manner and monitor and proactively support their wellbeing.

Tools such as 'staff matching' and 'one-page profiles' for staff will help us to ensure we work well together as a team and celebrate 'all the talents'.

We will co-produce with the workforce a plan to promote health and wellbeing within the hospital e.g. initiatives such as 'Couch to 5K', mindfulness sessions etc.

Taking Action

Value: Care & Compassion

Key actions in 12-18 months

7 Demonstrate our compassion and caring through our action and words

We will review our patient pathway from admission to discharge to ensure that we are explicit in our intent to meet our patients with genuine warmth, reassuring them and their families about what to expect, including being honest and genuine about the care and support we can deliver.

Review our recruitment process to ensure we attract staff that demonstrate Compassion and can imagine what is like to 'be in someone else's shoes'.

In our new Electronic Care Record we will ensure that the way we describe patient need and record interventions is in a manner that is accessible and valuing.

8 Be friendly, kind and considerate towards those we serve, families and each other

We will utilise NHSE 'Towards Commissioning for workplace compassion' and action in 4 key areas:

- Culture and values
- Actions and activities
- Personalised policies and procedures
- Leadership and management.

9 Be a fair and diverse organisation where everyone counts

Review our recruitment process to ensure we attract staff that demonstrate compassion.

We will monitor our workforce profile to ensure we are an equitable employer and reflect the local population.

10 Meet people's needs for information & involvement in care & treatment decisions

We will develop supporting tools to ensure that patients have the best possible information at each stage of their journey e.g. when admitted, at CPA's, at discharge planning etc. embracing the spirit of 'no decision about me, without me'.

This includes defining what 'good' looks like by collecting regular patient feedback and taking appropriate action to improve the care we deliver.

Taking Action

Dignity & Respect

Key actions in 12-18 months

11	Be polite and courteous in our communications and actions	We will refresh our Staff Handbook & Induction Training to ensure that we are explicit in our expectations in terms of treating patients, families and each other with dignity and respect. This will include examples of 'how to' e.g. being thoughtful, kind, supportive and not waiting to be asked.
12	Recognise and value uniqueness and diversity	We will demonstrate in our culture and practices that recognise, respect, value and harness difference for the benefits of patients, carers, members of the public and members of staff.
13	Be sincere, honest and constructive in giving and receiving, feedback	We will provide training to all staff as part of our continuing professional development programme that enables them to confidently give feedback at every level from informal day to day for patients and staff to formal meetings and supervisions.
14	Maintain a professional attitude and appearance	Our induction programme will be strengthened along with relevant HR policies such as staff dress code.
15	Be relentless in our drive to reduce restrictive interventions including investing in initiatives that increase safety and reduce coercion, restraint and seclusion	We will launch a new 'Reducing Restrictive Practice Strategy' across the hospital with associated training, assurance and outcome monitoring.
16	Invest and train staff in de-escalation and positive behavioural support	We will redesign our induction and CPD to upskill staff in this area and make available online learning 'Positive & Safe' as well as rolling out MAYBO.

Taking Action

Value: Honesty & Transparency

Key actions in 12-18 months

- | | | |
|-----------|--|---|
| 17 | Meet people's needs for information and involvement in all care, treatment and support decisions | We will create a suite of materials for people and families to make explicit where, when and how they can participate and the function and purpose of processes such as Best Interest Meetings, Hospital Managers Mtgs, CTR, CPA etc. |
| 18 | Lead and act with integrity in all we do | We will expect everyone who works for us to speak up when our standards are not being displayed, or when patient safety is compromised. This will be explicit in our recruitment, supervision and appraisal processes. |
| 19 | Uphold the duty of candour | We will refresh our policy to structure it and associated training for staff around the definitions of openness, transparency and candour as described in the Francis Report (2013) and ensure our audit tools enable us to measure this and provide feedback to teams and individuals to support improvement and provide positive feedback. |
| 20 | Have a robust approach to learning from our mistakes | <p>Utilising the 'Just Culture' guide from NHSI (2018) we will review our relevant HR policies to ensure that we support consistent, constructive and fair evaluation of the actions of staff involved in patient safety incidents.</p> <p>Through the Serious Incident and Mortality Reporting Review Group we will ensure that there is a robust action plan identifying and disseminating the lessons learned from mistakes.</p> <p>Our CPD programme will include opportunity to gain the skills for engaging in meaningful conversation about errors in practice and identifying learning from them.</p> |
| 21 | Lead improvements based on understanding outcomes across pathways of care | Enhance the 'champion' role for all areas of clinical practice to ensure that evidence-based practice is readily available across all teams and units. |

Next Steps

We will launch and implement this Quality Strategy and the delivery infrastructure across the hospital. The strategy will be monitored via the committees and forums tasked with individual actions and responsibilities and we will ensure that through our internal and external communications that all our stakeholders are informed and appraised of our progress.







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