



Quality Strategy

2018-2020

'Looking forward together'

We are Compassionate, Empowering and Open

Driving Forward Quality Together

We believe that we provide good quality care now. However, when our organisation was created on 1 April 2017, we made a firm commitment that we would deliver OUTSTANDING quality care by 2022. Outstanding quality care is effective and safe and provides an excellent experience for the people using our services. It is supported by robust leadership and is provided within the resources available.

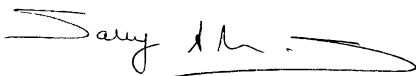
It is an ambitious goal. But we believe we can succeed by going forward together and keeping a relentless focus on quality in everything that we do.

Our Quality Strategy shows how this outstanding quality ambition runs like a golden thread through our Trust. It is central to our strategic priorities and corporate aims and reflected in our vision and values. It has been developed to enable us to deliver against the Care Quality Commission's five domains of being safe, effective, caring, responsive and well led.

The Quality Strategy belongs to every member of staff within the Trust. We all need to know it, own it and carry it out together. We are committed to Trust-wide continuous quality improvement and are working to embed this within our culture. As part of this, we are offering our staff training on how to improve the quality of their services, investing further in the Trust as a learning organisation and expanding our innovative Quality Academy and Quality Champion programme.

As we move through financially challenging times, we will balance our strong drive for quality, productivity and efficiency with grassroots support and development. In this way, we aim to ensure that every member of our staff feels engaged, valued and empowered in helping to drive forward quality across our organisation.

By working together, we are confident we can realise our outstanding quality ambition. We hope you enjoy reading our Quality Strategy and our vision for future delivery.



Sally Morris
Chief Executive Officer



Sheila Salmon
Chair



Executive Summary

Essex Partnership University NHS Foundation Trust is committed to becoming outstanding across all services by 2022. This goal is ambitious and demanding and will require a relentless pursuit of all quality components. We will be working together to enhance better outcomes, better experiences and better use of resources across care. This is widely referred to as a “triple aim”.

In this quality strategy our first as a newly formed Trust we have taken into account pre-merger comprehensive CQC inspection ratings and initial feedback relating to post-merger inspections. In our first post merger inspection we were successful in achieving a rating of ‘good’ which we intend to build on year on year.

The Quality Academy aims to empower staff and support them in demonstrating clinical ownership and leadership in improving quality of care and clinical outcomes. Following the success launch of a Directorate improvement hub in specialist services, directorate hubs will be introduced across all services in 2019/20. Within the directorate hubs we aim to train a further 15- quality champions, 20 service users/carers, 15 quality champions/coaches and during 2019/20 the Trust Board will undertake NHSI’s Quality Improvement Board Development Programme.

We plan to increase the number of quality improvement innovations that are co-produced, sustainable, measurable and support unwarranted variation. Together we will increase the service user, carer and family voice by addressing what is important to them and working together to embed “Always Events” across all services.

The Quality Academy is a catalyst for quality improvement within the organisation. Its function is to provide a framework to support staff to own and deliver quality programmes and projects in everyday practice. It’s a vehicle to share best practice and forge links with academic establishments to ensure academic rigour, the provision of an evidence base and overall to provide a focus and structure to the quality strategy. Every quality project will set clear aims and metrics to demonstrate improvements over time.

We will create a culture of continuous improvement by supporting staff with training in different methods of quality improvement. By developing a ‘Just Culture’ we will work towards becoming a learning organization. Learning will be an integral part of the Quality Academy and will be used to drive areas of improvement.. In order for our ambitions to be achieved we will engage, listen and empower our staff. There will be an absolute understanding that working together we can realise our quality ambitions and make this organization an outstanding one benefitting our staff, service users and our populations as a whole.

Together we will:

‘Promote a culture and approach of openness, compassion and empowerment where every member of staff has the confidence and skills to champion and deliver an outstanding quality of care’.

This strategy has been developed to align with our strategic priorities, corporates aims, vision, values and the Care Quality Commission’s five domains of safe, effective, caring, responsive and well led. It sets out our key quality priorities developed pre-merger with all key stakeholders.

Within the strategy key frameworks are identified to support its delivery and monitor its effectiveness which are aligned to the Quality Account and Strategic Plan to ensure a standardised approach and robust governance framework.

Vision, values and strategic objectives

As a combined mental health and community services Trust, it is our ambition to provide high quality services to the population we serve. Our vision is “working to improve lives” and we will do this through living our values of ‘Compassionate, Empowering and Open’.

As an organisation we have set ourselves three strategic objectives to support the delivery of our vision.

Each year our Board will review these to ensure they remain valid and connected to our vision and behaviours, we expect all our staff to demonstrate them in everything they do.

The Quality Strategy aligns to three of our strategic objectives:

- Continuously improve patient safety, experiences and outcomes
- Attract, develop, enable and retain high performers
- Co-design and co-produce service improvement plans



Quality strategy governance framework

The table below sets out the quality objectives that we will achieve together, the frameworks that will support our work and how we plan to measure progress.

Strategic Objectives 1-3

Patient-safety, experience and outcomes

Quality Domain	Caring	Safe	Effective
Quality Objective	Providing excellent care, supporting people with compassion, kindness, dignity and respect on their personal journey to wellbeing.	Working together with service users and carers to reduce avoidable harm and improve outcomes	Ensuring care, treatment and support achieves good outcomes, helps maintenance of quality of life and is based on the best available evidence.
Quality Improvements	<ul style="list-style-type: none"> Person centred care Engagement and supportive observation Record keeping communication Buddy system in Forensics Respecting human rights Debriefing and learning from events 	<ul style="list-style-type: none"> Zero avoidable MRSA bloodstream infections Zero never events Target of 98% against all areas of sign up to safety programme Reduction in falls, pressure ulcers and medicines omission 	<ul style="list-style-type: none"> Psychosis provision and delivery. Closing the gap. Waiting times. Caseload management. Ward supplies management.
Quality Enabler	<ul style="list-style-type: none"> Patient experience framework Carers framework End of Life Framework Reducing restrictive practice framework 	<ul style="list-style-type: none"> Medicines Strategy Suicide Prevention Strategy Physical Health Framework Children's Service Framework 	<ul style="list-style-type: none"> Risk Assurance Framework Information Governance Framework
Quality Measure	<ul style="list-style-type: none"> FFT Patient survey Complaints 	<ul style="list-style-type: none"> Datix reporting of incidents Clinical audit Perfect ward Performance dashboards 	<ul style="list-style-type: none"> Clinical audit Patient outcome measures

Well led

The Trust will be regarded as a great place to work and provide high quality care through effective leadership, management and governance.

Efficient use of resources.

Talent management and succession planning.

Development of culture and values.

Nursing Framework

AHP Framework

HR/Workforce Framework

Organisational Development Framework

Communications Framework

QI Framework

Safer staffing

Staff survey

Absence & turnover rates

Responsive

Ensuring the right services are in the right place at the right time to meet all your health and wellbeing needs

New clinical model

Improved access and reduction in waiting times

Patient centred care and engagement

Therapeutic activities and interventions

Food and Drink Strategy

Engagement Strategy

Carers Framework

Performance data

Always event data



Our Quality Star

An alternative visual description of our quality practices is illustrated below. This is our quality star. As individuals and together in teams you can use this tool to identify quality projects and apply quality improvement techniques to reach our goals. Our organisational priorities are important to us all, however together we can all identify local priorities that make a difference



What have we achieved so far?

Together we have:

- Successfully merged two organisations delivering a range of services, driven by a need to improve quality and enhance sustainability
- Harmonised systems and processes to support quality, including serious incidents and competencies
- Put in place 'Sign up to Safety' work streams delivering against robust action plans
- Successfully taken part in a number of national collaborative programmes improving safety and outcomes of care
- Improved patient flow and quality outcomes in adult mental health inpatient services
- Improvement in psychological service pathways and reduction of waiting lists
- Introduced a matrons assurance toolkit
- Trained over 600 staff as Quality Champions
- Improvement in falls, pressure ulcer and control of infections
- 50 step challenge
- Welcome/information packs
- Technology solutions e.g. facebook page to improve service engagement
- Talent management framework and succession planning tool
- Sleep study clinics
- Improved end of life care
- Introduced Perfect Ward app
- Improvement in pathways for high intensity users
- Introduction of patient flow bundles supporting the smooth management of patient care
- Pet therapy to stimulate social interaction/engagement
- Advanced care planning in dementia care

Quality Improvement projects underway

- Learning Disability service development
- Improving working environments
- Forensic improvement hub
- Support for children visiting forensic services
- Fit body, fit mind
- Foundation trainee guide
- Home oxygen therapy guidance
- Using mobile phones in secure services
- Music mirrors
- Improving care for patients with Parkinsons
- Recruitment of Assistant Psychologists to acute adult inpatient services
- Management of risk assessments
- Opiate detoxification pilot
- Integration principles of Human Rights Act across Dementia Services
- Restrictive Practice Collaborative with Royal College of Psychiatrists Closing the Gap between physical and mental health
- Waiting time project mental health
- Discharge pathways
- Learning from serious incident
- Reduction in A&E attendances



Quality Priority 1

Safe - Continued Reduction in Harm

Our aim is to provide outstanding quality services in the NHS and this requires a relentless focus on safety. There continues to be much publicity around patient safety. The areas identified to be taken forward within EPUT are our pledges within the 'Sign up to Safety' campaign.

- Physical health of mental health patients and early warning systems detection of a deteriorating patient
- No avoidable pressure ulcers
- No harm from falls
- Reduction in unexpected deaths
- Reduction in restrictive practice
- Reduction in medication omissions

Physical health of mental health patients and early warning systems for deteriorating

Aims

- use a standardised early warning scoring system across all in-patient mental health wards.
- provide standardised training on the use of the early warning system, including a basic understanding of vital signs monitoring and its' role in detecting patients who are becoming physically unwell across in-patient mental health wards.
- introduce a competency framework that defines the knowledge and skills required for safe and effective treatment and care.
- introduce an easy to remember mechanism that can be used to frame communication/ conversations in a structured way to escalate a clinical problem that requires immediate attention.
- all patients with psychosis will receive a cardio metabolic assessment.

As measured by:

- an increase in the number of staff who have received training aligned to a competency framework on the use of an early warning system;
- an increase in the number of patients who have accurate early warning recording;
- an increase in the number of patients with psychosis receiving a cardio metabolic assessment

Pressure Ulcers

Aims

- develop a trajectory for a reduction in category 2 pressure ulcers
- zero category 3 and 4 pressure ulcers acquired as a result of omissions in care

As measured by:

- a reduction in the number of avoidable grade 3 and 4 pressure ulcers acquired in our care

Falls

Aims

- use a standardised evidence based tool for the assessment of falls risks;
- standardise the mandatory training package to reflect the differing skills required by clinical staff;
- further promote a multi-disciplinary approach to falls: ensuring the Trustwide falls group includes a wider multi-disciplinary membership;
- build on existing networks across health and social care;
- develop systems for cascading falls information to individual wards;
- undertake in-depth audit examining compliance with NICE guidance and standards as set out within the Royal College of Physicians Falls and Fragility Fracture Audit Programme.

As measured by:

- a reduction in the number of avoidable falls resulting in moderate or severe harm
- a reduction in the number of patients who experience more than one fall



Quality Priority 2

Restrictive Practices

The Trust is committed to providing the highest quality care for patients, their families and carers. We have developed a reducing restrictive practice framework which sets out how we are planning to reduce coercive and restrictive practices across all services. In addition, two wards have been selected to take part in a two year collaborative working with Royal College of Psychiatrists on reducing restrictive practices.

Through the Restrictive Practice Steering Group comprehensive and sustainable structures will be established to monitor, deliver and integrate the approach in clinical practice.

Aims

- by April 2019 there will be a system in place across all wards to comply with the requirements of the new national data set.
- by June 2019 all wards will be using Safety Crosses to monitor any incident and the type of restrictive practice that has occurred.
- by September 2019 all wards will have in place a debriefing protocol after incidents for both service users and staff to ensure individual and organisational learning takes place following incidents.
- by March 2020 the core strategies from the Reducing Restrictive Practice Guide will be implemented across all inpatient areas. Evidence of these strategies and their impact will be evaluated and reported to the Restrictive Practice Steering Group

As measured by:

- audit against NG10 management of violence and aggression (NICE audit tool)
- compliance with national data set
- adherence to new training standards
- a reduction in the number of incident reporting of restraints and in particular PRONE restraints
- introduction of a comprehensive reduction in restrictive practice tool kits

Quality Priority 3

Suicide/Unexpected Deaths

As a result of the publication of the Trust's Suicide Prevention Strategy and recommendations from working groups the following priorities have been identified to ensure successful implementation and embedding of the strategy into Trust services:

- Suicide prevention safety tools and communication
- Suicide prevention learning culture
- Suicide prevention family and carer involvement.

Aims

- to put in place a suicide prevention dashboard to track and monitor progress on the ten key parameters for safer mental health services.
- implement a rolling programme of training supporting the development of competencies across the workforce
- update the Trust's Suicide and Self-harm policy
- production of a strong integrated suicide plan with local stakeholders
- implement a zero suicide app

As measured by:

- further development of the suicide prevention culture across all services
- undertake baseline audits of current practice in the detection and prevention of suicide, identify actions to be taken forward and repeat audits at agreed timeframes to monitor improvements
- raise public awareness
- introduction of a comprehensive training programme with the involvement of service users and carers
- alignment of policies and frameworks with national guidance



Quality Priority 4

Collective Leadership

It is recognised that in order to operate as an outstanding organisation it is essential that the Trust works collectively with its staff, service users and system partners to plan, deliver and evaluate the quality of care and associated outcomes that is provided. The development of a just/learning culture and making continuous improvement everyone's business will support this but in addition the following priorities have been identified:

Aims

- ensure two cohorts of senior leadership teams from across the system will have completed NHSI Transforming Change through System Leadership and have identified transformation change areas to drive forward change
- develop locality hubs with system partners to collectively drive forward the transformation agenda
- give all staff the opportunity to undertake develop and to work collectively with colleagues to implement quality improvements.
- embed collective leadership into organisational development frameworks and form part of team development.

As measured by:

- successful completion of NHSI programme
- implementation of locality hubs and evidence of system change
- directorate quality hubs and increase in number of staff involved in quality improvement
- collective leadership evidence through trust values, vision and frameworks.

Quality Priority 5

Continuous Improvement

To embed continuous improvement within the culture of the organisation and empower all staff, service users and carers to work together to enhance the reliability of service provision. To support this priority the work programme for 2019/20 will incorporate the following actions:

- the Trust Board to undertake NHSI's Board level quality improvement programme
- development of quality improvement hubs across all Directorates to drive continuous improvement at a local level
- provide Quality Champion training with the aim to train a further 120 staff in quality improvement methodology
- develop 30 Gold level Quality Champions to provide coaching/mentorship to new recruits
- provide quality improvement awareness sessions and provide the opportunity for service users and carers to take part in continuous improvement initiatives
- to develop a dashboard against all quality priorities.

As measured by:

- completion of NHSI board development programme
- Quality improvement hubs across all directorates
- number of quality champions
- service user/carer involvement in quality improvement
- demonstrable improvement in use of data



Quality Priority 6

Effective Use of Technology

Aims

Through the effective use of technology the Trust will implement improved mechanisms of acquiring, reviewing, understanding, analysing and exchanging patient safety data and knowledge through the following work plan.

As measured by:

- development of dashboard for all quality priorities incorporating data from the new Patient Safety Incident Management System
- introduction of Perfect Wards and the development of systems to respond to real time data alerts
- use of ESR, safer staffing and safe care systems to gain assurance that staffing levels can support the delivery of organisational priorities

Quality Priority 7

A Just and Learning Culture

Aims

A just and learning culture will be developed to embed the Trust's agreed approach in response to incidents and errors to protect both staff and people that use our services. The following actions have been identified for 2019/20

As measured by:

- elements of a just and learning culture embedded into induction, leadership and quality champion training
- within one week of a serious incident, a copy of its 72 hour review will be shared with all members of the relevant teams
- good practice stories will be published every month in order that we can extract the maximum possible learning from things that go well and things that do not go as expected

Quality Priority 8

End of Life Care

Aims

The Trust is committed to the provision of the very highest quality of care for people with advanced life threatening illnesses. They and their families should expect good end of life care, whatever the cause of their condition and all those identified as end of life should have the opportunity to discuss, plan and identify their preferences for their care at end of life and their preferred place of death.

As measured by:

- **implement of a competency framework for staff, regardless of their grade to enhance knowledge, skills for both end of life care and care in the last days of life**
- **collaboration with systems and partners to create best approaches with regard to advanced care planning and individualised care plans**
- **convene an End of Life Forum for clinical staff**
- **expand the number of End of Life Care Champions**



Reduction in Unexpected Deaths

Aims

- further develop the suicide prevention culture across all services in order to achieve the Trust's strategic ambition of: no avoidable suicides;
- undertake baseline audits of current practice in the detection and prevention of suicide, identify actions to be taken forward and repeat audits at agreed timeframes to monitor improvements;

As measured by:

- completion of NICE Standards baseline audits and re-audits;
- a reduction in the number of unexpected deaths.

Reduction in use of restrictive practice

Aims

- reduce the number of prone restraints across the Trust;
- work to NICE guidance of management of violence and aggression;
- review and update training program;
- build on existing networks across the health sector to support best practice and learn from other Trusts.

As measured by:

- audit against NG10 management of violence and aggression (NICE

Reduction in Medication Omissions

As measured by:

- Datix reporting of medication omissions;
- monthly monitoring of incidents;
- a reduction in the number of medication omissions.

Aims

- reduce the number of omitted doses where no reason code is annotated;
- develop an algorithm of what to do if doses are missed;
- improve reporting of omitted doses of medicines which occur within Community Health Services, especially community-based services

Caring

As a Trust people's experiences are at the centre of everything we do. We strive for excellence as shown throughout this strategy. The aim of the people experience framework is to draw together customer service and patient engagement in care planning, supported by the Communications plan focusing on the overall experience of all those who come into contact with EPUT's services.

Our ambition is to offer a consistent quality service.

Areas of work include:

- establishing the new vision and values for EPUT;
- developing an approach to engage and embed the Trust values into teams;
- improving the quality of record keeping with a focus on person centered care planning.

Our current Framework will impact all of the Trust's priorities. Together, we strive for excellence and commit to:

- monitor and assess our performance against national standards of care;
- engage with and involve our patients, carers, families, workforce and partners;
- use data and robust governance arrangements to improve our performance and identify areas for celebration and improvement;
- learn from our strengths, successes and setbacks;
- improve what we do through innovation and development.

As measured by:

- number of complaints received;
- number of compliments received;
- improved patient friends and family results;
- reduced staff turnover;
- volunteer recruitment and turnover;
- improved clinical outcomes;
- improved record keeping and care plan audit results;
- increase the number of quality projects that include patients, carers and families.



Effective

We aim to ensure we have robust programs of national and local clinical audit, which result in clear actions being implemented to improve services. Ensuring a high quality of services is maintained by

on-going monitoring against standards and working together to continually improve the services we deliver. The Francis Report (2013) made recommendations for clinical audit:

- Boards should institute a program of improving the arrangements for audit in all clinical departments and make participation in audit processes in accordance with contemporary standards of practice a requirement for all relevant staff;
- Boards should review audit processes and outcomes on a regular basis.

The Trust is committed to an extensive program of clinical audit in a range of clinical services. Processes are in place to ensure that clinical audit is integral to the Trust's quality improvement and assurance agenda and can inform Trust clinical governance requirements in a robust and timely manner.

NICE's role is to improve outcomes for people using the NHS and other public health and social care services by producing evidence based guidance and advice for health, public health and social care practitioners. NICE develops quality standards and performance metrics for those providing and commissioning health. It provides a range of informational services for commissioners, practitioners and managers across the spectrum of health and social care.

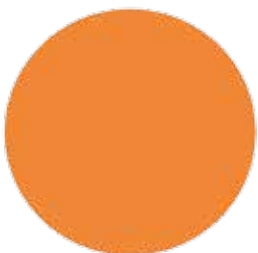
We aim to have a:

- full commitment to the POMHuk audit program;
- assurance that NICE guidance is embedded into practice across all teams;
- local clinical audit to inform service improvement;
- commitment to national benchmarking programs such as NHS benchmarking for



As measured by:

- NICE dashboards;
- POMHuk publications;
- local audit reports;
- NHS benchmarking;
- research;
- improved patient reported outcomes scores.



Well led and Responsive

Being well led is vital to support our aim of delivering the highest quality care in the NHS. In order to take this forward, we will continue to work collaboratively with our commissioners, partners and stakeholders in taking forward The Five Year Forward View. The Kings Fund advocates the need for organisations to work together in place based systems of care and we will continue to work with commissioners and other organisations to support this.

Being well led is demonstrated in a number of ways; to the review of case loads, care pathways and having the right staff, with the right skills in the right place to ensure we are providing efficient care.

We aim to:

- achieve quality, regulatory and contractual standards that ensure the Trust remains compliant and meets patient expectation;
- pursue clinical quality improvement through CQUIN and internal service improvement processes;
- ensure we have the right staff through safer staffing, establishment reviews, case load reviews and use of e-rostering;
- increase the Quality Academy champions to support a culture whereby all staff feel engaged and continually strive to improve services for patients.

As measured by:

- quality dashboard;
- number of complaints, compliments and PALs enquiries;
- improved Friends and Family Test scores;
- CQUIN achievements;
- governance efficiency review.

As measured by:

- Fit and Proper Persons Test;
- Duty of Candour;
- Principal Guardian;
- annual effectiveness review;
- quality dashboard;
- Quality Account;
- Learning from Mistakes League.

Openness

The Trust supports the statement by Jane Cummings in 2013 that "Absolute transparency is the key to driving improvements in standards of care". As stated in the Quality Account, we are an open and transparent organisation and this strategy identifies further work we wish to take forward to continually drive forward improvements in care.

The Trust has implemented a number of areas of work to take forward to ensure a culture of learning and an environment where staff feel they can speak up.

We aim to:

- act on feedback given to us from our principle guardian encouraging people to speak out;
- continue to review moderate and severe harm incidents and undertake relevant investigations and feedback to patients, families and carers;
- learn from incidents and continue to review, in triangulation with complaints, patient and staff feedback to identify any trends or themes;
- continue to review the Trust Publication Scheme;
- further develop our mortality review process.



Valuing our staff

It is vital that we have the right people with the right skills, in the right roles at the right time for the delivery of our strategic objectives and the provision of safe and high quality care. To support this we have the Trust's Human Resources and Workforce Framework. This framework draws together the Trust's approach and priorities in relation to attracting, retaining, valuing and developing our workforce in order to meet our strategic objectives.

Over the coming years we have a challenging agenda to make further strides forward in achieving our ambitions, whilst becoming more efficient and reducing our overall costs. Our framework will support a culture of can do, that enables engaged and competent staff to deliver excellent patient care.

Through partnership working with staff and staff side representatives we will listen and respond to opportunities and challenges and work together to implement best practice solutions.

As a Trust we recognise that our employees are our most valuable asset, as such we commit to:

- sustaining and enhancing our reputation as a recognised employer of choice so that we attract and recruit to meet our workforce needs;
- retaining a compassionate, expert workforce that is proud to work at EPUT and feels developed and supported to make decisions, innovate and improve the lives of our

As measured by:

- a reduction in employee turnover;
- a reduction in sickness absence rates;
- temporary worker rates;
- an increase in the number of apprenticeships;
- recruitment;
- improved results in staff survey / friends and family test;
- increase the percentage of staff appraised;
- increase number of staff accessing development courses;
- increase the number of staff accessing leadership training;
- improve safe staffing rates.

Delivering the strategy

The Trust places significant value upon high quality external accreditation programs as a maker of quality and an instrument to support improvement. The following external schemes will continue to be supported;


- AIMS – WA (Working Age Units)
- AIMS – PICU (Psychiatric Intensive Care Units)
- AIMS – AT (Assessment and Triage Wards)
- AIMS – OP (Wards for Older People)
- AIMS – Rehab (Rehabilitation Wards)
- Quality Network for Inpatient Learning Disability Services (QNLDS)
- Quality Network for Inpatient CAMHS (QNIC)
- Quality Network for Community CAMHS (QNCC)
- Quality Network for Perinatal Mental Health Services (QNPMH)
- ECT Accreditation Scheme (ECTAS)
- Psychiatric Liaison Accreditation Network (PLAN)
- Memory Services National Accreditation Programme (MSNAP)
- Accreditation for Psychological Therapies Services (APPTS)

Quality Academy

The strategy acknowledges that the quality of clinical care should be at the very heart of our business. By further investment and development in our Quality Academy EPUT aims to build its capacity for improvement and create a culture whereby all staff feel engaged and continually strive to improve services for patients. The Quality Academy provides an opportunity to capture and sustain the commitment and enthusiasm of our staff, supporting and enabling them to drive forward changes to make a difference to the care we provide as Quality Champions. But we must not view ourselves in isolation. Working across teams, services and organisations will be required to achieve “triple aim” principles.

The strategy sets out our aims and how this will be measured supported by the Quality Academy over the next three years. It is intended that the strategy supports the Trust’s strategic objectives and should be read in conjunction with our annual plan and enabling frameworks.

In order to achieve our ambitious aims we will also need to collaborate with external partners. These include:

 Services provided by West Essex, Castle Point and Rochford, Bedford, North East Essex, Mid Essex and Clinical commissioning Groups



Conclusion

The strategy sets out how we will continue with our positive journey toward our ambition of achieving outstanding quality care in the NHS.

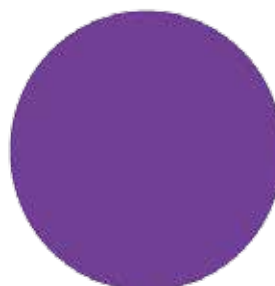
There is a clear link between staff experience and wellness with patient experience and patient outcomes. It is, therefore, important as we move through financially challenging times that we balance our drive for quality, productivity and efficiency, with the support and development for staff to feel engaged, valued and empowered in leading and driving quality across the organisation. EPUT will only make meaningful and sustainable quality improvements in the healthcare it delivers when people at every level of the organisation feel a shared desire to make the processes and outcomes of their job better every day.

This Quality Strategy with the support from the Quality Academy represents the Trust's philosophy towards quality improvement and is built on these principles.

Each service/division will be held responsible for working towards the priorities and targets set within the strategy and will feed into a quality dashboard, ensuring we can see and monitor achievements.

The Quality Committee will continue to oversee the delivery of this strategy and monitor achievements in embedding safety across the organisation and continuously striving towards our challenging ambitions.

EPUT's aim is to provide high quality care, which all of us would recommend to our family and friends. Outstanding care and compassion sit at the heart of our organisation with every member of staff having a responsibility for providing it.



Glossary

CQC – Care Quality Commission

CQUINs – Commissioning for Quality and Innovation – payments framework that encourages care providers to share and continually improve how care is delivered, and to achieve transparency and overall improvement in healthcare

Datix – Patient safety and risk management software for healthcare incident reporting and adverse events

FFT – Friends and Family Test – simple, comparable tool for capturing patient experience

HR – Human Resources

MEWS – Modified Early Warning Score – tools to undertake observations for early identification of physical health in a patient

NICE – The National Institute for Health and Care Excellence – an organisation that produces evidence based clinical guidance and standards

OD – Organisational Development

OLM – Oracle Learning Management – on-line training system

PALs – Patient Advice and Liaison Service

POMHuk - The national Prescribing Observatory for Mental Health

SDIP – Service Development Improvement Plans

EPUT – Essex Partnership University NHS Foundation Trust

