



Clinical Quality Strategy to 2020

Clinical Quality Strategy 2016/19

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Foreword

InHealth's purpose is making healthcare and diagnostics better for patients. Our mission is to become the most valued and preferred provider by patients.

In order to achieve this, we aim to provide patients with high quality care that best meets their needs. High quality care is defined as safe, effective care with excellent patient experience. InHealth strives to ensure continual quality improvement of its services for all patients and their families; now and in the future.

Our view and belief is that every person deserves a safe, effective and excellent healthcare experience wherever they are cared for in our organisation.

InHealth has considered the failures, findings and recommendations from national reports including the Francis Report, Keogh Review and Berwick Review. The overarching recommendations from these reports have been considered and inform this strategy to continuously improve quality in all our services.

Patients and their families judge healthcare services by varying criteria including clinical care, outcome, convenience of access, and the ability to choose location, timing and type of care. At InHealth we treat each patient as an individual, which means listening and responding to their personal concerns to understand what they most value. We want to ensure that every patient's voice is heard and that they receive a truly patient-centred service.

We are very proud to have caring staff who passionately believe in treating patients with respect at all times. It is important that wherever, and whoever, we work in the healthcare system we work together to continually improve the quality of care so that we achieve our vision of making healthcare better for patients.



Dr Annabel Bentley
Group Executive Medical Director

Clinical Quality Strategy to 2020

1. Introduction

InHealth aims to provide the best possible diagnostic and specialist services for patients whether NHS- or privately-funded. Through providing safe, high quality and effective services, InHealth aims to improve health outcomes, reduce inequalities and provide more accessible and convenient services for patients.

InHealth provides a range of diagnostic services and healthcare solutions in hospital and community settings across the UK, through mobile or static sites, delivering the majority of its services to NHS patients.

Our ambition through this clinical quality strategy is to ensure that services deliver high quality care and excellent patient experience, and that unwarranted variations in care are identified and eliminated.

This strategy is an outcome of our Clinical Quality Sub-Committee whose members reflected on achievements made during 2014/15 and defined key priorities for clinical quality in 2015/16.

We have also engaged and listened to our staff, patients and key stakeholders to hear their views on these clinical quality priorities. Their feedback has further influenced this strategy.

We recognise that our patients' journeys go across primary and secondary healthcare and social care, with services commissioned and delivered by multiple organisations and professions. InHealth aims to help ensure pathways of care are delivered smoothly and without gaps or delays in care.

We are committed to working with our NHS partners, patients and the public to continuously improve clinical quality and become the patient's and referrer's first choice of diagnostics and specialist services provider.

In implementing the Clinical Quality Strategy we seek to ensure that InHealth benefits from the experience, wisdom and fresh thinking of our staff, patients and partner organisations.

2. Definition of clinical quality

InHealth's clinical quality system seeks to ensure consistent delivery of clinical quality and is defined as care that is *safe, effective, responsive, well-led* and provides a positive patient *experience*.



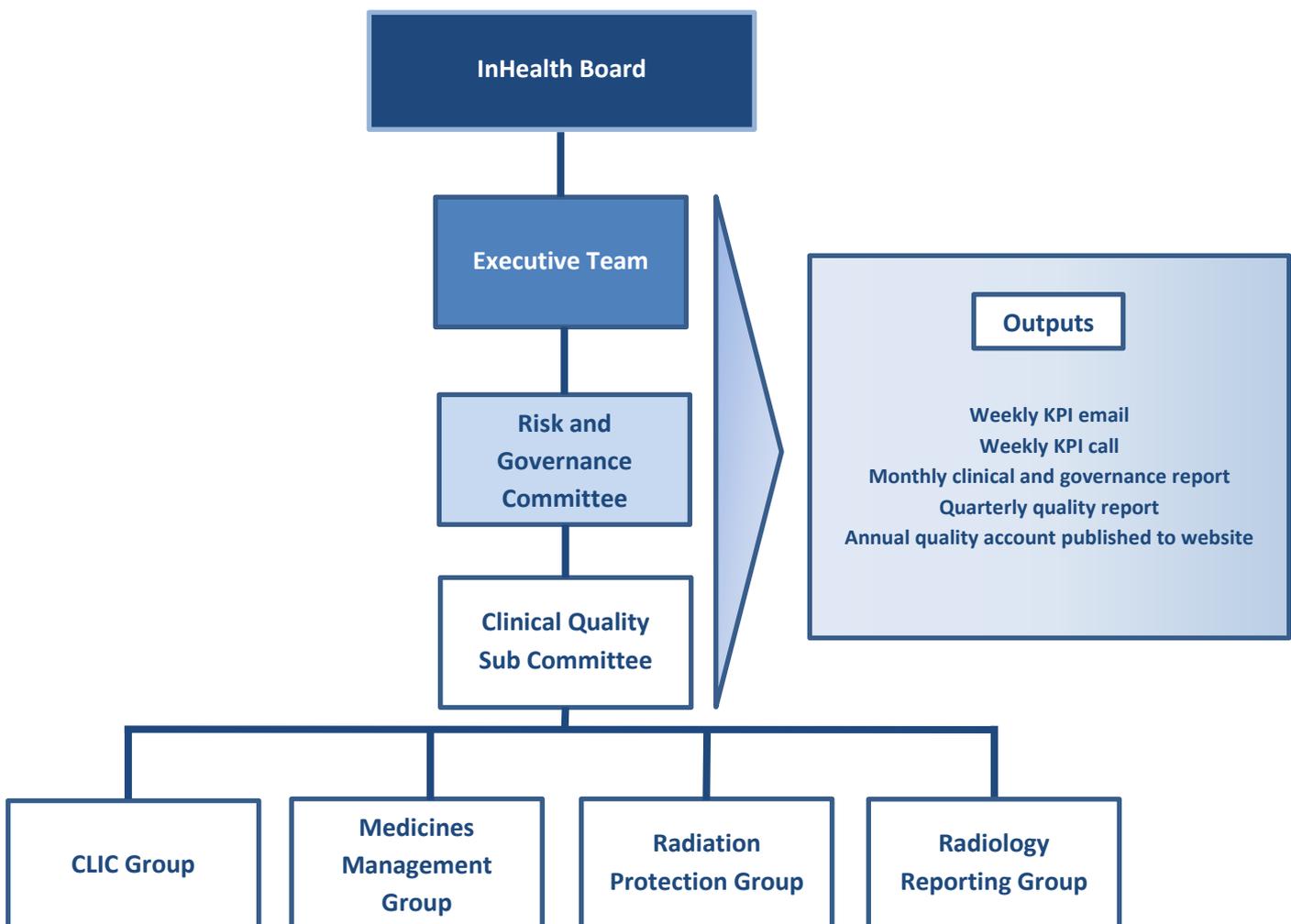
The Care Quality Commission (CQC) sets out fundamental standards that every patient has the right to expect. These standards are part of changes to the law recommended by Sir Robert Francis following his public inquiry into care at Mid Staffordshire NHS Foundation Trust. The standards include:

- Person-centred care
- Dignity and respect
- Consent
- Safety
- Safeguarding from abuse
- Premises and equipment
- Complaints
- Good governance
- Staffing
- Fit and proper staff
- Duty of candour
- Display of ratings

InHealth's drive for organisation-wide excellence is directed by The InHealth Way programme, which draws on aspects of lean, six sigma and systems thinking. Our Clinical Quality Strategy therefore reflects some key principles of these methodologies in our approach to achieving consistent clinical quality.

3. Clinical quality improvement through governance

InHealth's Board has delegated responsibilities for clinical quality to the Executive Team (ET). The ET provides assurance to the Board on clinical quality from reporting received monthly in the Clinical Quality and Governance Report. The ET received assurance from the Risk & Governance Committee (RGC) and from monthly Clinical Governance Report. The RGC receives reporting on clinical quality monitoring and improvement activities from the Clinical Quality Sub-Committee (CQSC) which is accountable to the RGC.



- **Clinical quality Sub-Committee**

The purpose of the Clinical Quality Sub-Committee (CQSC) is to provide assurance to the Risk & Governance Committee (RGC) that there is a strategic, coordinated approach to clinical quality management, performance, learning and monitoring across the organisation.

The CQSC is responsible for ensuring the development of and the overall compliance with clinical quality management guidelines and policies throughout the organisation; ensuring the necessary processes are in place to achieve compliance with statutory and regulatory requirements including but not limited to those requirements imposed by NHS Improvement, the Care Quality Commission (CQC) and all other relevant regulatory bodies. The CQSC aims to protect InHealth's patients, staff, customers and assets from avoidable harm and to provide data for effective governance.

The CQSC promotes fresh thinking in how healthcare services are provided. The Quality Sub-Committee ensures robust systems for clinical governance, clinical quality assurance and clinical risk management for the organisation.

- **Complaints, Litigation, Incidents and Compliments Group (CLIC)**

The purpose of the CLIC Group is to provide a contemporaneous overview of clinical complaints, legal claims, incidents and compliments to ensure the correct investigation, and remedial action takes place. It also aims to identify on a continual basis all emerging themes ensuring any material risks are identified for inclusion on the appropriate risk register for onward management and mitigation.

- **Radiation Protection Group**

The purpose of the Radiation Protection Group is to advise InHealth CQSC on the implementation of legislation and guidelines on issues of radiation safety and to monitor InHealth's radiation protection performance in line with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

- **Medicines Management Group**

The purpose of the Medicines Management Group is to ensure that medicines are used safely, securely and cost-effectively within the organisation, to ensure that medicines are used in accordance with currently accepted best practice and to support InHealth staff with clear guidance on medicines management so a seamless service is provided to patients.

4. Mission, vision and values

InHealth's mission statement is to be the most valued and preferred provider by patients. InHealth's values are passion, care, trust and fresh-thinking.

- *Passion:* We are passionate about helping patients with what is most important to them about their healthcare. We care how patients feel and that each patient may have different fears and expectations. We are passionate about striving for better value healthcare.
- *Care:* We do the right thing for patients every time and put the patient first in everything we do. We ask patients for feedback and use this to improve our services. We systematically collect patient information to continually improve our offering.
- *Trust:* We deliver on our promises; we are reliable and straight-talking. We do what we say we will do, when we say we will. If there is a problem, we deal with it transparently, and do all that we can to resolve it and improve things for the future. We believe in building and earning respect by our actions.
- *Fresh thinking:* We constantly strive for improvements and are relentless in looking for new and better ways of doing things even if they drive marginal benefits. We introduce new technology and better ways of working. We create new patient pathways so that patients can get diagnosed nearer their homes than ever before. We are positive agents for change in the healthcare system.

The InHealth Philosophy:

We will acknowledge each patient as an individual and in particular respect their values about what is most important to them personally, rather than the values of the healthcare professional. We will recognise that each patient has unique physical, psychological and social needs.

The multidisciplinary team will do its utmost to provide a high standard of patient care during each procedure, aiming to help each patient to adjust to their experience. The team will bring knowledge and skill, provide information, explanation and environmental control to promote understanding and a safe, successful outcome.

We will seek to maintain each patient's dignity, privacy and confidentiality and will seek to reduce any anxiety or discomfort in where we can.

Through continuing professional development, and a culture that recognises and values the contribution of all staff, we will train and develop a workforce that is competent, caring, flexible and fresh-thinking. We will comply with legal and regulatory requirements in the conduct of our activities.

We will develop integrated approaches to managing services across and with other organisations to ensure a high quality service.

5. Informing our strategy

InHealth's corporate objectives help inform our Clinical Quality Strategy and the priorities that we have set. Our corporate objectives are to:

- Improve the quality of care
- Develop and add new services
- Expand and develop customer base
- Enhance our market profile
- Develop our people
- Exceed financial targets

Our achievements in the last year

We have made progress in meeting the key clinical quality priorities as set out in our Annual Quality Account 2014/15, published April 2015. The table below summarises key points of progress:

Domain	Priority	Progress
Safety	Improve and increase the reporting of incidents and near misses	InHealth launched an incident reporting campaign at the end of November 2015 to drive up the number of incidents and near misses reported. A number of initiatives have been planned and will continue throughout 2016. Early data shows that incident reporting levels may be rising but it is too early to report a sustained position and we will continue to monitor this.
	Compliance and evidence in mandatory training	We have seen a month-on-month increase in compliance in the last year.
Clinical Effectiveness	A framework for effective clinical leadership as part of business excellence: The InHealth Way	A new organisation structure for the Clinical Quality Team has been developed and an interim team has been recruited and is operational. The team will transition to permanent appointments in 2016.
	Implement an updated healthcare quality audit (HQA) programme in line with CQC fundamental standards	The HQA programme has been reviewed and its application is currently being reviewed through consultation. This review will be completed in 2016.
Patient Experience	Implement the NHS friends and family test (FFT)	A new patient experience survey based on FFT was launched in December 2015.
	Establish a patient engagement programme	A Patient Engagement Strategy is currently being developed and will be complete by April 2016.

Our ambitions for the next three years

In developing this Clinical Quality Strategy, the CQSC carried out a strengths, weaknesses, opportunities and threats (SWOT) analysis to inform our programme to 2020 and to ensure that we continue to meet our strategic objectives. Analysis of the action areas shows that the opportunities for continuous quality improvement fall into four main themes:

- 1) improve audit and monitoring
- 2) improve clinical practice and management
- 3) improve communications and engagement with our patients and staff
- 4) support the development of our services

Quality improvement projects under these four themes will be delivered under the CQSC work programme to 2020. Projects will include some of those listed below (depending on prioritisation and resourcing):

1) Improve audit and monitoring

- continually increase incident reporting and categorise incident severity aspiring to 2% of patients booked
- identify national, local and contractual indicators and develop into generic dashboard to be monitored through CQSC; explore in-house ways to better capture data and ensure data quality
- review HQA process through working group including operational leads; delegation of assessment to CQC-registered managers; and explore in-house ways to better capture data and ensure data quality that can grow with the organisation
- develop Sentinel to capture actions for complaints and serious incidents (SI); monitor completion of actions through CQSC; further embed and develop CLIC to facilitate
- ensure service assurance monitoring system (SAMS) closes the loop on triangulation to provide evidence of quality improvement this being monitored through HQA process and CQSC
- develop schedule of themed reviews for the CQSC on identified clinical quality concerns
- ensure quality team representation at contract meetings and include presentations by third party providers to the CQSC to gain assurance of quality as part of the schedule of themed reviews
- develop clinical audit programme informed by Clinical Leads for each modality; with presentation of audit results and actions through CQSC

2) Improve clinical practice and management

- review infection control policies and monitor through HQA, CLIC and CQSC; explore training opportunities to strengthen practice
- development a Safeguarding Assurance Framework, Safeguarding Strategy, review Safeguarding Children and Adult policies; and monitor progress through CQSC, incidents continue to be monitored through CLIC
- review Incident Reporting Policy to include duty of candour; and communications to staff

- themed review on dementia through CQSC to define InHealth approach and action necessary
- identify modalities appropriate for inclusion for ISAS and aspire to develop in 2016/17

3) Improve clinical communications and engagement with our patients and staff

- development of Patient Engagement Strategy (including proactive engagement with Healthwatch England) to be monitored through CQSC
- communicate progress on the Clinical Quality Strategy to our staff; ensure communications cover key quality issues; increase cascade of expertise and information through Clinical Leads; increase clinical leads' corporate visibility; continue to offer open invitation to CLIC meetings
- increase engagement with Operational Leads through invited membership of CQSC and open invitation to CLIC; engage on review of HQA process and operations representation on site visits
- increase visibility of Quality Team by committing to visit 1 site a month; and commitment by Clinical Leads to undertake at least one HQA deep dive a year (peer-to-peer visit)

support the development of our services

- develop and keep up-to-date a pack of key policies and quality information to support bids
- Quality Team & Clinical Leads engage key partners and professional bodies; feedback to CQSC
- through the InHealth Way ensure new acquisitions are quickly integrated and work to corporate policies; supported by Quality Team and monitored through CCQSC.

6. Our approach to service assurance monitoring

Providing a high quality healthcare service is key through all our services and supports our mission to be the most preferred and valued provider by patients.

This Clinical Quality Strategy is the route by which InHealth will continue to ensure that services are high quality – in that they are safe, effective, responsive, well-led and provide an excellent patient experience. We will continue to reactively and proactively monitor the quality of all of our services and modalities, for both NHS and private contracts.

InHealth is passionate about providing high quality care to its patients and recognises the importance of having effective processes in place for monitoring and assuring quality. To this end, InHealth has developed a five-step service quality assurance (SQA) approach, based on methodology in the Keogh Report.

This approach offers a methodical way of assessing and monitoring quality to ensure that InHealth can:

- ascertain the quality of services delivered by all sites and support improvement
- improve partnership working to support monitoring and clinical quality intelligence sharing
- obtain clinical quality assurance against agreed contractual and national standards
- enquire to review and identify quality concerns

- identify areas of best practice to be shared and target areas for continuous quality improvement

The five- step service quality assurance (SQA) process



Step 1: Data gathering and analysis

InHealth has identified and agreed local, contractual and national quality indicators that can be monitored and measured through the Health Quality Audit process and the Clinical Quality Sub-Committee to ensure that all our services are providing high quality care to our patients.

The core local and national quality indicators act and allow for key lines of enquiries to be turned into quality intelligence to evidence the quality of each of our services, allowing for internal and external benchmarking activities.

These quality indicators are collated in various ways. Quality intelligence helps to build a profile of all individual services and supports continuous quality performance monitoring, benchmarking, early identification of concerns, identify areas for targeted quality improvement and sharing of learnings. Collated quality information is then analysed and triangulated further (step 2) for discussion at various quality meetings (weekly CLIC and quarterly CQSC) and through our healthcare quality audit process (See Appendix 2).

Step 2: Hard and soft intelligence triangulation

Hard intelligence triangulation allows for the local quality indicators to be triangulated with soft and/or hard intelligence held by operational or third party monitoring.

Intelligence reviewed in isolation might not cause concern but when combined with other information might identify gaps or potential concerns requiring further exploration and/or deep dive.

Triangulated intelligence can be sourced from:

- InHealth operations and quality team performance monitoring

- Care Quality Commission (CQC) inspection outcomes and/or concerns raised
- our partner NHS organisations (eg CCG's, NHS host organisations)
- referrer GPs and secondary care doctors
- members of the public through informal or formal complaints and patient experience surveys
- Healthwatch organisations
- other providers

Step 3: Quality monitoring reviews

Data gathered (step 1) and triangulated (step 2) can be analysed in various ways:

- healthcare quality audit (HQA) deep dives
- quality groups and local clinical governance meetings
- walkabouts and inspections

Step 4: Continuous targeted quality improvement

In order for safe high standard care to be delivered, quality assurance and monitoring cannot only focus on monitoring the performance of our services. There also needs to be an element of monitoring third party services and supporting them to improve the care they deliver in order to achieve safe, high quality care for our patients. This can be done through developmental work with service managers to facilitate the change in quality and outcome.

Through various quality monitoring meetings and/or any other avenues, potential areas for improvement can be identified and agreed. InHealth will ensure that services' improvement actions are delivered with the analysis to determine whether there has been any change.

Continuous targeted quality improvement can be by:

- turnaround support teams and action plans
- education and training programmes
- guidance and support from local quality champions (Clinical Leads)
- service redesign

Step 5: Learn and Share Lessons

Quality assurance and monitoring to identify areas of concerns is essential, but it is only part of the process of continuously improving the standards and quality of care delivered to InHealth patients. It is equally important that learnings are shared beyond the immediate service to across the entire organisation.

It is only by sharing learnings that InHealth will identify new ways of working to minimise the risk of preventable harm in the future and to improve quality across our wider organisation.

InHealth is developing a system for sharing lessons across the wider organisation. Some of the routes are:

- feedback through Rapid Alert Notifications (RAN)
- email notification through the Complaints, Litigation, Incidents and Compliments (CLIC) group
- direction from the CQSC
- dissemination through Operations Directors and Clinical Leads
- serious incident and complaints reviews leading to organisational action plans
- organisational communications

7. Patient experience

An excellent patient experience is a crucial part of quality healthcare provision. The Care Quality Commission, NHS Constitution, NHS Mandate and NICE Quality Standards for Experience all reinforce the need for patient-centred care.

Good patient experience is associated with improved clinical outcomes and contributes to patients having control over their own health. We also know that good staff experience is fundamental for ensuring good patient experience. Patient and staff experience therefore are core components of this quality strategy.

Care and treatment in our services must consistently include:

- compassion and respect for each patient's preferences and expressed needs
- consideration for equality and diversity
- equal access to services
- good communication and information
- physical comfort
- emotional support
- welcoming the involvement of family and friends.

InHealth services will continue to seek, listen to and act on patient feedback, ensuring that the patient's and carer's voices are heard and directly influence improvements in our services.

Our commitment: InHealth will involve and engage with patients and partners to ensure they have a voice in all aspects of our healthcare services

InHealth monitors patient feedback through patient satisfaction surveys which are carried out by an independent organisation. An annual patient satisfaction report is produced for each of our units based on feedback from patients who use our services. Currently over 99% of patients rate our services as either 'excellent' or 'very good' or 'good'; with over 95% rating 'excellent' or 'very good'.

Key themes for improving patient experience:

- improve the maps for our locations
- foster a patient-focused staff ethos to eliminate poor feedback due to staff attitude
- encourage staff to take time to listen to patients and explain things appropriately
- ask MRI staff to warn patients in advance about the high noise level in the scanner

We will build these key themes into our annual quality work programme. Our aim is to ensure we monitor all the information we receive from a variety of sources in respect of patient experience to identify both areas of good practice and those which raise concerns that need to be addressed.

Ways of listening to patients and staff: we monitor the following information sources:

- patient complaints – analysing these for themes and trends that give cause for concern
- feedback from GPs and referrers
- partner feedback, such as from CCGs, CQC, Monitor and Healthwatch, NHSE and NHS
- patient feedback survey
- organisations such as Patient Opinion and NHS Choices
- employee surveys and staff forums
- social media channels
- external media coverage
- patient groups (including InHealth patient representatives and forums)

8. Key priorities

InHealth commits to the following priorities in 2016/17 in line with CQC fundamental standards:

Safe	Effective	Responsive	Well-Led	Experience
<ul style="list-style-type: none">• Demonstrate increase clinical incident reporting and number of closed incidents and near misses	<ul style="list-style-type: none">• Develop integrated quality dashboard to monitor quality of services	<ul style="list-style-type: none">• Demonstrate organisational learning from complaints and serious incidents	<ul style="list-style-type: none">• Ensure fully recruited substantive clinical quality team	<ul style="list-style-type: none">• Greater analysis of patient experience data from FFT which then demonstrates improvement in quality

9. Delivery of our Clinical Quality Strategy

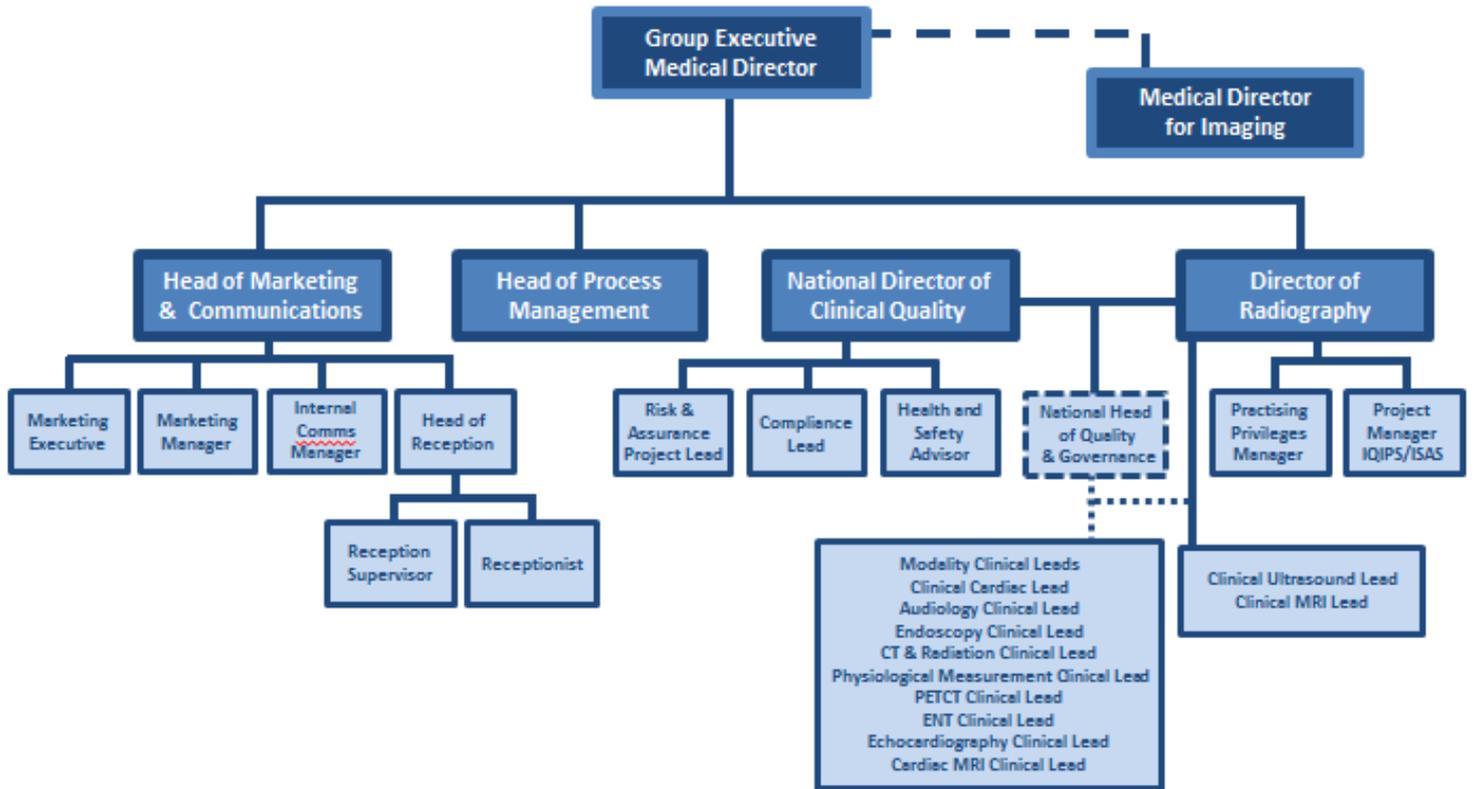
This strategy will be implemented through our annual clinical quality work programme which will be developed by CQSC. This will set out the CQSC's annual agenda plan and maps areas of work against healthcare quality audit (HQA) monitoring. We aim to set out this work programme by 31st March 2016.

The strengths, weaknesses, opportunities and threats identified within the SWOT analysis will influence the annual quality work programme for ensuring improvement and maintenance.

Progress against the annual quality work programme will be formally reported to the CQSC and assurance included in the Quality Report to Risk & Governance Committee and through performance reporting to the Board via the Executive Team. Delivery against our Clinical Quality Strategy will be reported upon in our 2016/17 Annual Quality Account.

This Clinical Quality Strategy will be reviewed on an annual basis together with the annual quality work programme.

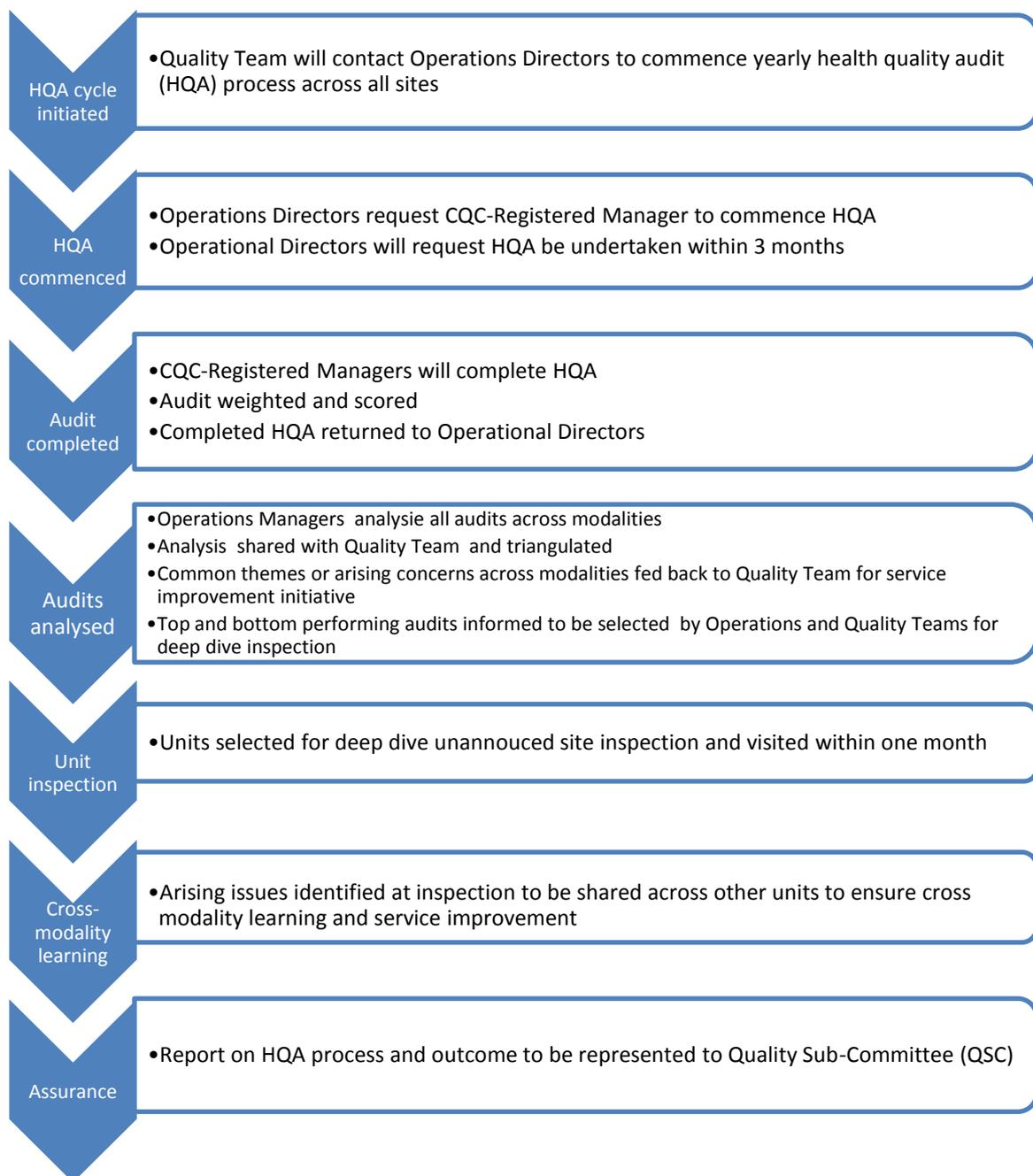
Appendix 1: InHealth Clinical Quality Team and Governance Interim Structure



Appendix 2: Healthcare quality audit process

The illustration below sets out our proposed revised healthcare quality audit process. This sets the expectation for CQC-registered managers to self-assess their own service/s ensuring they maintain compliance with CQC fundamental standard outcomes and provide assurance of this.

It should be noted that this is not the only process by which a unit may be identified for inspection. Should a significant issue or concern be raised from either inside or outside the organisation, the Quality Team may undertake a full or partial risk-based inspection without notice and outside of this process.



Appendix 3: References

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