

# Quality and Safety Strategy

# Forward

At Xyla Elective Care, we provide a wide range of short to medium term solutions to support the sustainable delivery of clinical services within NHS Trusts and Community Based Services. We work with clients to reduce delays to patients and to improve referral to treatment, cancer, and diagnostic targets.

2020 was undeniably a difficult year for the NHS and its staff with long-term impactful consequences affecting millions of patients. During this time, we worked flexibly alongside the NHS to design Covid-19 compliant strategies enabling us to deliver care in challenging circumstances. We remain proud of being able to support the NHS at such a time without compromising our patient centred, client focused services and the safety of our teams. Our partnerships have strengthened, through collaborative ingenuity in the transformation and redesign of pathways to meet patient and client needs.

Our services are clinically led by experienced Senior Consultant and Nursing who understand the NHS landscape, challenges, regulatory framework, and regulatory requirements. They lead engagement with clients to ensure that our services are clinically effective and safe. We have engaged a team of analysts and experts to ensure that services we design and deliver on behalf of our NHS clients are of the highest quality.

Under the Acacium Group, we have access to technologies, AI and digital solutions which enable us to develop innovation in clinical pathways and service delivery. Aside from proving pivotal in the design of services during the pandemic, this also allows our leaders to focus strategically and maintain bespoke and comprehensive support to our clients. Data collected on these technology platforms informs real-time decisions about health and is critical to ensuring not only transparency in performance but also providing assurance to our clients. Importantly, there is a corporate governance structure to whom we are accountable at Board level with regards to strategic aims and the delivery of quality and safety metrics.

# Quality and safety is at the heart of everything that we do.

Our Quality Strategy sets the direction for the delivery of high-quality services. It means that we keep people safe from avoidable harm and ensure that our services are well led, caring, responsive and effective. It builds upon Xyla Elective Care's proven delivery of high-quality services, whilst supporting its ambition for to be the preferred provider to the NHS for elective care within NHS Trusts and Community Based Services.

The strategy is supported by our core values which are excellence, innovation, integrity and agility.

## Excellence

To be recognised as a high performing organisation in everything we do from our operational processes to the front-line delivery of our clinical services.

## Innovation

We are relentless in looking for new and better ways of doing things. We seek out and implement clinical pathway innovations that improve outcomes and patient experience.

## Integrity

We are determined to always conduct ourselves in a manner consistent with the highest standards of integrity. We believe that our reputation is more important than any other short-term rewards. We do the right thing for patients every time and put them first in everything we do. We are transparent in all areas affording our clients with assurance of capability and skill in all areas.

## Agility

We are committed to responding rapidly and flexibly to our client's needs. We recognise the need to be able to sense, adapt and respond to changes in the healthcare landscape so that we can innovate and continue to provide high quality services to our clients.

Above all, our aim is to develop outstanding services that can be seamlessly integrated within the NHS, giving patients access to the treatment they need in a timely way. Our NHS trust and Community Based Services will be able to meet their operational performance goals, working with a provider whose organisational infrastructure is 100% patient centred.

Claire Fisher  
Chief Nurse, Xyla Elective Care

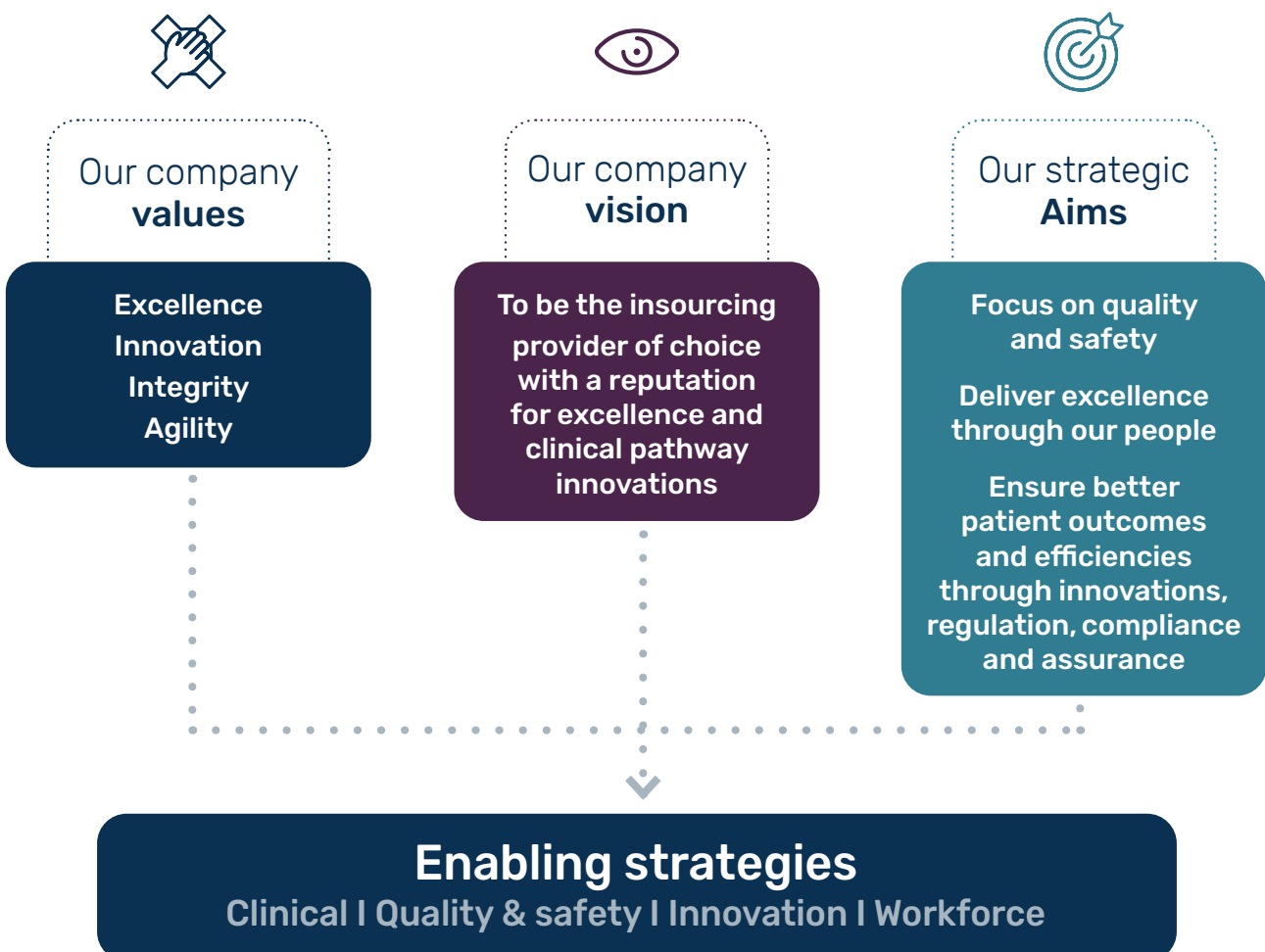
# Introduction

We know that high quality care starts with safe care and we believe in getting things right the first time around and, committing to decisions based on safety. Our strategic plan integrates our approach and actions towards achieving this.

We have set out 5 key objectives that underpin the successful delivery of our strategy. We hope that over the next two years, this will support our vision to be well regarded for outstanding clinical pathway innovations and service excellence.

These objectives are supported by detailed implementation plans embedded throughout our organisation. This will ensure that quality and safety is owned

by everybody, that we foster a culture of openness and transparency where staff will feel encouraged to speak up to voice a concern and, to contribute to our development by having a say. We have considered all clinical, non-clinical, financial, or other risks that are likely to affect successful implementation of this strategy and have built control mechanisms into our plan to mitigate against these risks.





# What is high-quality care?

In Lord Darzi's 2008 review entitled "High Quality Care for All", quality was defined in terms of 3 criteria:

- Patient safety (doing no harm to patients)
- Patient experience (care characterised by compassion, dignity, and respect)
- Effectiveness of care (to be measured by data clinical and patient reported outcome measures)

In terms of clinical effectiveness, the concept of using data to drive quality improvements is not new to us as this enables us to tell a story about our services and those who deliver it. Fundamental to our strategy, is improving data quality and optimising the use of this to inform decision making and optimise transparency.

There has been a significant amount of learning in response to events throughout the last 10 years and in developing our strategy we have referenced key reports and data sources for robustness. More relevant to us is the case of Verita's inquiry into Ian Paterson, which showed systematic failures within the independent sector across the recruitment process, appraisal, and revalidation, monitoring of performance to adherence to protocols across.

Xyla Elective Care's governance framework is embedded within our recruitment processes, ongoing assessment of clinical competencies, education, and training, how we measure our performance (benchmarking our clinical services and outcomes) the way we engage with our clinical workforce and our clients.

The learning from these reports is summarised on the following pages.



# Safety

- Integrate quality and risk management into organisational culture and everyday practice
- Ensuring clear leadership and communication
- Embrace a positive safety culture, of learning and continuous improvement celebrate achievements, work in transparent way, being open about what we need to improve
- Optimise clinical engagement with our remote workforce; quarterly forums, providing feedback on events and quality initiatives.
- Develop clinical engagement strategies that meet the unique challenges of dealing with a virtual workforce
- Work on initiatives optimise reporting of incidents and near misses
- Sustaining zero tolerance for never events
- Consistently achieving over 95% of harm free care
- Create a culture where all staff feel supported to speak out safely particularly about patient safety concerns
- Patient safety metrics and expand our ability to benchmark ourselves against national performance
- Maintenance of robust recruitment processes to establish expert competencies in all clinical staff
- Effective monitoring of performance and outcomes in line integrated governance framework; Xyla Elective Care Medical Advisory Groups (MAG), Audit and Risk Committee and Quality and Safety Committee (QSC)
- Clear structure, timescales, roles and responsibilities for delivering the clinical governance agenda
- Use data and other systems to monitor, understand, minimise risks and enhance decision making throughout the business
- Understand client challenges; work collaboratively to support service delivery models ensuring mitigations are in place for local risks.
- Provide structured weekly operational & safety feedback to our clients ensuring transparency over performance metrics and effectiveness.
- Use best practice tools to carry out annual safe-staffing reviews
- Consistently achieve higher staff survey metrics that exceed the national average
- Ensure bi-annual review of performance data for medical staff as part of their appraisal process
- Ensure a robust decision-making framework to deal with poor performance

# Clinical effectiveness

- Ensure strong and effective clinical leadership from the Board to frontline clinical staff
- Maintain exceptional performance in relation to clinical effectiveness and patient outcomes
- Maintain compliance with national guidance from National Institute for Clinical Excellence (NICE), royal colleges and clinical societies
- Annual peer review of clinical decisions of our medical consultants as part of our audit programme by our MAG
- Develop and implement a Decision-Making Policy to address performance concerns and Decision Making Group to manage the process
- Use technology to support timely provision of operational performance data to clinicians
- Maintain a quality dashboard that improves visualisation of all quality metrics and use data to drive decision making across the business
- Implement and audit compliance with all NICE guidance
- Ensure learning from audit findings with delivery of robust action plans and documented clinical pathways
- Ensure good practice is shared and highlight areas requiring focus for improvement
- Building in clinical pathway innovations that drive efficiencies and improve patient outcomes



# Patient experience

- Routinely collect patient feedback during each service episode and share timely feedback with clients
- Maintain exceptional patient satisfaction results. Ensure results are fed into monthly quality dashboard
- Ensure safe staffing levels are consistently maintained during service provision
- Develop key strategic alliances with healthcare partners who can help us deliver clinical pathway innovations that improve the patient experience
- Develop non-technical skills training and assessment to be rolled out to all clinical staff. The focus will be to reduce the level of patient complaints and ensure a better patient experience
- Ensuring information governance and confidentiality standards
- Teams take ownership of their feedback to promote learning and improvement.





# Regulation, Compliance and Assurance

The Care Quality Commission's (CQC) essential standards and key lines of enquiry (below) provides an in-depth approach which build upon the three dimensions of quality. We are confident that this strategy and its implementation plan will ensure that strong performance against these standards within our individual registrations within community-based services or when in support of client services.

Is the service safe?

Are services effective?

Are services responsive to people's needs?

Are services caring?

Are services well led?

To ensure that we remain focused, we take responsibility for quality assurance by holding ourselves to account and enabling our clients to do the same. We discuss generic operational and quality standards and work with clinical leads to agree specialty specific metrics. These Key Performance Indicators (KPIs) are incorporated into our contracts.

Performance against these KPIs is then reported in our monthly quality report which we provide to our clients.



# Organisational structure and accountability

The **Acacium Board** (the Board) has overall responsibility for the clinical quality agenda and outcomes, and for meeting all statutory requirements and adhering to guidelines issued by NHS England with regards to governance.

The **Chief Executive** has overall accountability for governance (corporate and clinical) and will discharge his responsibilities through the Acacium Group Integrated Governance Committee. He will delegate specific areas of clinical quality governance to the Group Clinical Director to discharge on his behalf.

The **Group Clinical Director** has delegated responsibility for managing the strategic development and implementation of organisational risk management, clinical effectiveness, and clinical quality governance. She will delegate specific areas of her duties to Xyla Elective Care Clinical Operations Director to discharge on her behalf.

The **Medical Advisory Groups** have the delegated responsibility for the management of clinical standards within each service (specialty based). The MAG will meet regularly to discuss and oversee all governance issues within the service. The MAG is also responsible for national clinical performance indicators, performance and peer reviews.

The **Chief Nurse** is accountable for the delivery of patient safety and quality of care within each service and to ensure that quality governance values are embedded through awareness, compliance, assurance and good practice.



**Awareness:** All clinical staff should be aware that quality improvement and patient safety are key priorities for Xyla Elective Care and understand how they can contribute to the agenda. They will participate when required, in the delivery of the quality agenda thus ensuring that quality is delivered from the Board to the front-line. They will ensure compliance with all policies and procedures. They will provide safe clinical practice in diagnosis and treatment in line with protocols. They will report all patient safety concerns with urgency.

**Compliance:** The HNG in collaboration with the MAG will ensure that each service plans a programme of quality governance activity to ensure continuous improvement.

**Assurance:** The HNG will collaborate with the operational manager for each service to ensure that evidence is collected in the form of site visits during service delivery, audits and surveys to demonstrate compliance.

**Shared learning:** The HNG in collaboration with the MAG should ensure that each service shares good practice and learning across the organisation.





The key quality governance structures that will support the Board in ensuring that the quality of care is being routinely monitored across all Xyla Elective Care services and that poor performance or variation in quality is challenged are:

## Group Integrated Governance Committee

This Committee monitors and reviews on behalf of the Board, the clinical and quality governance arrangements across all the businesses within the Acacium Group including Xyla Elective Care. It specifically monitors performance with regards to risk assessments, risk registers complaints, health and safety, quality and clinical performance.

## Audit and Risk Sub-Committee

This sub-committee has responsibility for overseeing and providing independent review of Xyla Elective Care systems and controls. It oversees risk management arrangements and considers all clinical, non-clinical and all other risks and maintains an up-to-date risk register. It ensures that there is a structured process for investigating and reporting of adverse incidents and the follow up of outcomes and action plans. It carries out quarterly reviews of complaints and extracts themes and lessons learned. It ensures that a rolling audit framework is in place for all services within Xyla Elective Care.

The Chair is responsible for ensuring the Board is provided with independent and objective review of the necessary assurances on the adequacy of governance arrangements.

## Xyla Elective Care Quality and Safety Sub-Committee

This sub-committee carries out a deep dive review at each meeting on the key aims of the quality and safety strategy. At the sub-committee meeting, the chair of each MAG presents on quality issues, discusses areas of risk, reviews performance against key quality indicators and provides an update on learning from the risk and audit sub-committee regarding clinical incidents and audits.



## Medical Advisory Groups

Each service has an MAG which meets monthly to discuss and oversee all governance issues within that service. To ensure accountability, the MAG is required to submit a summary of their meeting and detailed reports to the Quality and Safety Sub-Committee.





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