

1.19.18 High Quality Care

Please provide details of how the service will be led to ensure that it is delivering high quality care, encourages learning and innovation and promotes an open and fair culture.

(Maximum Word Count 1000)

Word used = 999

Roles driving high-quality care will be our triumvirate of operational, clinical and medical managers/directors at contract, area, region and divisional levels, led by the Managing Director of Totally plc's urgent-care division in which Vocare sits.

Our leadership approach will benefit the Staffordshire GP-OOH service through:

- Highly productive, agile teams that offers outstanding patient access.
- High staff engagement driving productivity that leads to good patient experience and better clinical outcomes.
- A values-driven team that forms great partnerships focused on patient care, quality and outcomes.

1.19.18.1-How leadership will impact quality of care, learning, innovation and culture

Delivering high-quality patient care is a hallmark of Vocare's urgent-care and GP-OOHs services, and will continue to be our top priority.

Vocare has received 'Good' ratings following CQC inspections for all our services, including for all elements of 'Well Led'

a)-Vision for excellence

Maintaining the highest standards requires a vision for excellence embodied at every level from the Chief

Executive to the front line. Every staff member needs to understand their role as it relates to the patient and the individual experience of the care they receive.

To achieve and sustain our quality people ambitions, we recognise the importance of creating this culture of excellence and building a patient-centred work environment. We use a committed, skilled, highly engaged and diverse workforce who feel valued, supported and developed to work together for patients, the organisation and our partners.

b)-Distributed leadership model

Vocare operates a distributed leadership model, where responsibility sits within triumvirate leadership teams repeated at service/area/regional/executive management levels.

We have a shared expectation of visible and accessible leadership, where leaders manage professional lines of accountability, while collaborating to achieve the same objective e.g. line management of the quality, clinical-governance and safeguarding functions sits within the portfolio of the clinical-leadership team, but

responsibility for quality, clinical governance and safeguarding is everybody's business.

Each member of the triumvirate leadership teams holds accountability for different service aspects, e.g. Operational Managers/Directors holds portfolios for meeting contract KPIs. This accountability is clearly written into job descriptions, agreed at induction and managed during 1:1 meetings and Performance/Development Annual Reviews (appraisal).

c)-Promoting an open and fair culture

Our company values promote a fair and open culture and underpin how we operate. They also underpin our strategies, policies, procedures and practices and promote our professional and compassionate ethos across our staff, patients and system partners. We encourage challenge where our values are not being adhered to and we use them to set a consistent tone across the business.

Our open and transparent culture encourages staff to share concerns about services without fear of retaliation. We investigate incidents/complaints using a strict 'no blame' approach to ensure systems/processes are supporting staff to be able to do the right thing, every time. During investigations, staff will always be given opportunity to share their perspective, reflect on events and receive and embed feedback into their practice. Everyone should feel treated fairly and with respect at all times.

We have an open-door policy so staff feel supported and investment in supporting staff welfare include rollout of Mental-Health First Aiders.

d)-Continuous improvement

Each element or pathway within a service has a clear owner and process, enabling it to be measured, monitored, audited and challenged to drive continuous improvement.

Vocare's Quality-Improvement Strategy has been developed to build on learning from the pandemic. It will embed good practice and address areas where further improvement is required in a systematic way, using gateways and check points to ensure sustained progress against our quality goals. An example is our infection prevention/control systems, which have been honed through experience delivering services in heightened-risk environments into a thorough, robust policy, assured by various mechanisms including audit.

e)-Partnership working

Vocare takes a 'co-design' approach to engaging with patients/carers – developing the current 'you said, we did' approach to involving patients at every step of service/pathway design and change to ensure their views are heard and genuinely shape the services they use.

Every compliment or complaint is valued as it helps to shape the care future patients receive.

This approach leads to innovations being developed and implemented in the right way – to further improve patient care, experience and safety, not just to use the newest technologies. Vocare continually seeks ways to evolve and improve services and innovate pathways/processes to optimise performance and quality that is evidence based and has the largest impact to patients.

f)-Engaging our workforce

We empower colleagues to challenge and be involved in their services to drive improvement and innovative ways of working that provide outstanding care to the patients, families and carers in our community.

Our leadership teams foster an inclusive culture where staff are aware of and involved in decision-making processes relating to the service and our patients. We provide regular quality sessions with representatives from leadership teams and subject-matter experts to learn, reflect and drive improvements in patient care while capturing the staff voice.

We also undertake focus groups, touchpoint surveys and encourage feedback on a 1:1 basis to capture our staff voice and remain aligned to front-line working and the quality of our care delivery.

Our leadership teams provide clear, inclusive communication regarding service development/changes, and regularly celebrate successes where staff go above and beyond in our local employee-recognition scheme.

g)-Encouraging learning

After identifying learning needs, the contract leadership team will develop/implement educational programmes in line with our education/training standards and aligned to our comprehensive competency framework (based on NHSE ACP/IUC Blueprint standards) and skills required for Staffordshire GP-OOH services, e.g.:

- 1:1 clinical supervision/peer support.
- In-house educational sessions including with local speakers (consultants/community service providers etc.), Safeguarding Lead Nurse updates and lead-clinician meetings on skills and competency development e.g. identifying/referring safeguarding concerns; identifying high-risk chest pain, wound management and our award-winning sepsis training programme.
- External training courses.
- Half-day workshops and drop-in sessions from education/training leads.
- Annual awaydays with operational updates, clinical education and staff wellbeing sessions.
- Safeguarding-supervision and competency assessments.

Experience shows that where we develop staff to higher competency levels, our services are safer/higher quality and see more patients.