

Quality Improvement Strategy

28 February 2018

“To make a positive difference in people’s lives by improving health and wellbeing”

Our Values;

- **People first** – We put our patients and colleagues at the centre of everything we do.
- **Respect** – We respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment.
- **Honesty** – We are open and transparent in all we do.
- **Do your best** – We work closely with our partners to achieve the best possible outcomes for people.



How this strategy has been written

This strategy started with a review of The King’s Fund document ‘*Quality improvement in mental health*’ (2017):

“Fundamentally, quality improvement rests on an understanding that those directly involved in giving and receiving a service are best placed to improve it, provided they are given the right tools and authority to do so”.

With this in mind, and also informed by the ‘*Shared commitment to quality*’ from the National Quality Board (2016), we engaged via an on-line questionnaire with teams across the Trust, with people who use our services, with carers, with partner agencies and with members of our communities, to help us set the direction and priorities for our Quality Improvement Strategy. We took this approach as a way of modelling partnership working from the outset, and adhering to the spirit of the statement from the King’s Fund.

The questionnaire asked three simple questions:

1. As a Trust, how effective are we at listening to the ideas of staff, people who use our services and carers about how we might make those services better? (on a scale of 0-10, with 10 being fantastic, and 0 being pretty poor)
2. How might we improve the way we share ideas for quality improvement across the Trust?
3. What could we do better to turn good ideas into action?

We received 175 responses to the questionnaire. The key themes of these are incorporated into this report, and quotes from some of the comments are in word boxes. As a baseline, below is the table of the results of the answers to the first question:

1. As a Trust, how effective are we at listening to the ideas of staff, people who use our services and carers about how we might make those services better? (on a scale of 0-10, with 10 being fantastic, and 0 being pretty poor)			
		Response %	Response number
0		4.00%	7
1		7.43%	13
2		8.57%	15
3		10.29%	18
4		9.14%	16
5		24.57%	43
6		9.14%	16
7		10.29%	18
8		11.43%	20
9		2.86%	5
10		2.29%	4
			175

If we infer a score of 7 or above to be 'good enough', then around a quarter of the respondents view us as a Trust which listens effectively to ideas from those directly involved in giving and receiving our services. Clearly, this is a position we wish to improve.

People who completed the survey provided 413 comments, ideas and suggestions and some examples are below:

There is tremendous potential and lots of caring and enthusiastic staff on the ground

Many events and workshops seem to be for the purposes of engagement rather than effective listening to inform plans and actions

Things are actioned quickly if the right person is approached

Have faith and courage to try something different/new

You said we did is always good

Talk to and listen to staff on the front line

We don't always hear how the Trust has listened and what they have done

I feel that the Trust listens to service users and acts on the ideas and recommendations. However staff ideas and recommendations are usually ignored

From a staff point of view, I feel the Trust is very effective at listening and making changes

Things are improving with the Staff Forum and Senior Managers being more open to feedback whether good or bad

Staff have lots of ideas on improvement but I find that as an organisation we are not willing to 'take a leap of faith' and trust our staff

We focus too much on systems rather than individuals and their experiences

We may be good at listening but slow to do anything and have no obvious mechanism to facilitate change

Could we have a quality section on the Weekly Connect?

Don't put it on Connect – it gets lost and a lot of people don't read it

We are working too much in silos

The feedback was mixed, with some clear and very positive experience of quality improvement. However, strong themes were staff not feeling listened to, suggested quality improvements not being actioned, the need to engage staff in any change process, the need to share ideas, the importance of the service user and carer voice, the importance of values, and communication and consultation.

What is Quality in the NHS?

Within the NHS regulatory framework developed by the CQC in 2013, the following questions were devised:

- Are services safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well led?

Any approach to quality improvement in these areas has a specific meaning, and is not the same as 'improving quality'. Quality improvement is a continuous approach, underpinned by how we learn, and is based on the principle of everyone in an organisation continuously striving to improve how they work: **Continuous Quality Improvement**.

Why do we need a Quality Improvement Strategy?

We are all aware of the challenges facing the NHS at the current time. True improvement work, that will bring with it enhancements to the quality of what we do, to our staff wellbeing, and to how we spend the money available to us, can only be developed in partnership with those at the front line.

All across the Trust, we have people who are employed by us, people who use our services, and people in our communities who support our work, who all bring a wealth of expertise and experience. If we do not tap into this expertise and experience, there is a significant risk of missed opportunity to find new and improved ways of approaching our work, of how we can best make a positive difference.

What will a Quality Improvement Strategy do?

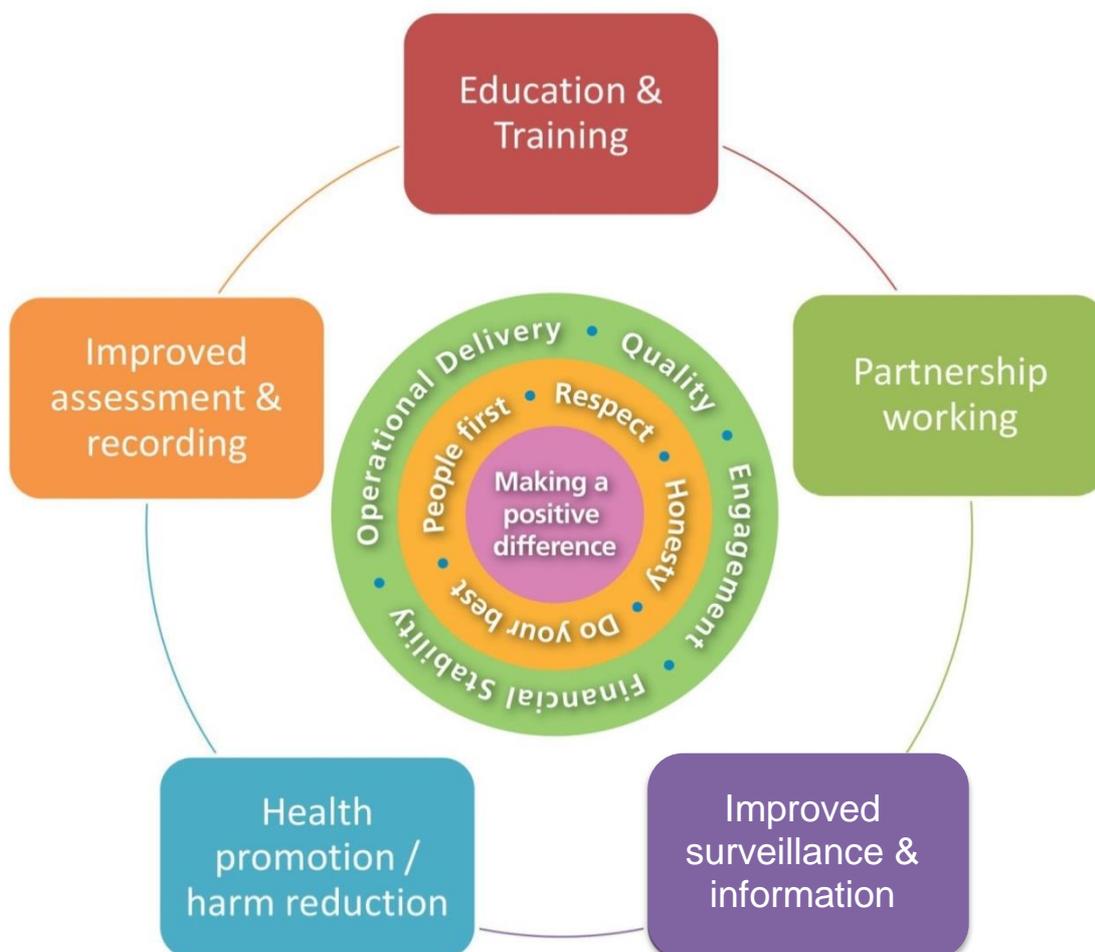
This document is about creating the right conditions for front-line teams to feel empowered to develop and improve the services that they provide, in partnership with those in receipt of those services and others who will be affected by any changes. This will mean that the Trust will commit to the principles of continuous quality improvement and move towards a model of decision making responsibilities devolved to front-line staff who are trusted and supported to make changes. Devolved leadership will bring both opportunities and expectations, and this will need to be clearly negotiated and communicated.

How do we go about Quality Improvement?

There are a number of methodologies, processes and tools relating to continuous improvement. What is common to most continuous improvement processes is daily lean management, i.e. daily activities and behaviours that leaders engage in to continually improve ways of working. The benefits are:

- Ideas come from the bottom up and are more likely to come from the workforce closest to the task. This is engaging and motivating and enables staff to design and influence their work.
- Activity is customer focused i.e. tasks add value to the service user and/or the staff member and non-added value and waste is eliminated from the process.
- Success criteria are identified and performance is measured, enabling self and team reflection (feedback), optimisation of process (efficiency) and modification (evolution).
- It promotes autonomy and develops the behaviours and characteristics required for sustainable improvement.
- Improved processes deliver better, more consistent quality and reduced cost.
- Improvement is ongoing and incremental i.e. based on many small changes rather than big radical change and there is also less expenditure associated with each improvement.

This aligns closely with the Trust’s model. Any Quality Improvement initiative will seek to Make a Positive Difference, underpinned by Trust values, and could be focused around any of the themes below:



We have many examples of Quality Improvement initiatives across the Trust, together with staff who have been trained in Quality Improvement methodologies. As a Trust we need to support Quality Improvement by providing a clear structure for people to use. The Quality Improvement methodologies that are supported by the Trust include:

NHSI Model Hospital	Continuous Improvement
Lean management	Productive ward
Value stream mapping	Red2Green
Community-based workforce productivity (Carter)	Principles of Virginia Mason Institute lean culture of continuous improvement
Inpatient workforce productivity (Carter)	Microsystem coaching
Purchasing Price Index Benchmarking (PBIB)	Getting it Right First Time (GIRFT)
Corporate services benchmarking (Carter)	Medicines and Pharmacy (Carter)

These are incorporated into the work of teams as continuous improvement or transformational projects. Monitoring and review occurs through the Division’s operational and clinical meeting structures and is assured through the Project Assurance Board with updates and escalation if required to the Trust Management Team.

Our objectives for the Trust:

The respondents to our survey told us clearly what is required:

- Develop a culture where quality improvement can happen
- Open and honest discussions
- Translate willingness into action
- A learning culture in the Trust
- Shared leadership
- Listen and involve – staff, service users, carers, partner organisations
- Share good practice between teams
- Empower us with our ideas
- Be brave
- Be prepared to stand up and support ideas
- Trust our staff
- Encourage

Guided by this and combining it with the King's Fund statement that "those directly involved in giving and receiving a service are best placed to improve it", our objectives are as follows:

1. We will develop a culture where people in any role in the Trust feel that their ideas are welcome, considered, and can make a difference.
2. Quality Improvement priorities and initiatives will be held at Divisional Level, and overseen through whichever mechanism each Division considers will give them the best chance of success.
3. Local clinical leads and operational managers within divisions will feel supported to proceed with quality improvement initiatives, with access to clear quality improvement methodologies and additional support if required via the Project Assurance Board and the Nursing & Quality Team.
4. Opportunities to share and showcase developments, either by planned events, social media or other means, will be developed and supported, led by those on the front line.
5. We will continue to nurture a culture of learning and tolerance in expectation of when initiatives might not go as planned
6. There will be a shared commitment to a model of continuous quality improvement between senior members of staff and front-line practitioners, both clinical and non-clinical.

All of these objectives are also clearly aligned to the principles of the Recovery Strategy, and with the Quality Framework & Quality Strategy 2015 – 2018, which proposes that all of our staff's clinical voices will work towards quality improvement.