

TRUST BOARD
29th June 2017

AGENDA ITEM NUMBER	6.6
TITLE OF PAPER	Quality Improvement Strategy Update 2017 2018 V2
Confidential	NO
Suitable for public access	YES
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED	
None	
<u>STRATEGIC OBJECTIVE(S):</u>	
EXECUTIVE SUMMARY	
<p><i>The aims for, and approach to, transformation and improvement for ASPH were detailed in a strategy approved by the Trust Executive Committee (TEC) in December 2015.</i></p> <p><i>In 2016 we have, with the support of the Institute for Healthcare Improvement (IHI), made significant progress against a number of the objectives identified in this strategy.</i></p> <p><i>This document describes some of the progress made so far as well as the plans for the year ahead. In addition, we have outlined some steps that the Board can take to help in the delivery of the strategy and in helping to create a culture for improvement - a culture of 'curiosity and creativity' for ASPH</i></p>	
RECOMMENDATION:	<i>The Board are asked to note the progress made in the last year and offer support in some of the ways described in the paper</i>
AUTHOR NAME/ROLE	<i>Mark Hinchcliffe, Programme Office Manager</i>
PRESENTED BY DIRECTOR NAME/ROLE	<i>Valerie Bartlett, Deputy Chief Executive and Director of Strategy and Transformation</i>
DATE	23 June 2016
BOARD ACTION	Receive

1 BACKGROUND INFORMATION

The aims for, and approach to, transformation and improvement for ASPH were detailed in a strategy approved by the Trust Executive Committee (TEC) in December 2015. In 2016 we have, with the support of the Institute for Healthcare Improvement (IHI), made significant progress against a number of the objectives identified in this strategy.

This document describes some of the progress made so far as well as the plans for the year ahead. In addition, we have outlined some steps that the Board can take to help in the delivery of the strategy and in helping to create a culture for improvement - a culture of 'curiosity and creativity' for ASPH.

Like most healthcare providers across the NHS, we face significant challenges; primarily to continue to deliver high quality care for our patients while demand for services increases and funding is restricted.

One of the ways we are responding to and meeting this challenge is by accelerating the pace of transformational change and focussing on improvement at all levels within the organisation. We know that successful delivery of change and quality improvement can not only lead to improved patient safety, outcomes and reduced errors, but also leads to improved efficiency, productivity and reduced costs.

Supporting quality improvement is also synonymous with being a developing and progressive organisation and we know that in order for us to achieve our goals, we need our teams to be empowered to be creative, innovative and always looking for ways to improve our services and the care we provide.

We have made progress towards having the 'right' culture for our organisation – a culture of 'curiosity and creativity' that is fair, open and supportive. One of the ways we are contributing to this 'right' culture is by having an approach to quality improvement (QI) that develops capacity and capability for individuals and teams to make improvements for themselves; and an approach that encourages experimentation and innovation.

Our approach to transformation and improvement brings people together to face tough organisational challenges; encourages innovation, supports experimentation and makes continuous improvement part of the ASPH culture.

We are also aiming to develop an approach that is unique to ASPH and builds on the revised vision and draft aims of the organisation.

By 2020, all patients will say...

"I was treated with compassion"

"We developed a plan together"

"I was treated in a safe way, without delay."

...by everyone all the time.

ASPH is a caring and compassionate organisation and we want to ensure that we can deliver a strategy for improvement that reflects these strengths and harnesses them in delivering better care for patients.

2 NATIONAL CONTEXT

In 2017, NHS Improvement published 'Developing People – Improving Care: A national framework for action on improvement and leadership development in NHS-funded services' (Appendix A). In this document, NHS Improvement details the aspirations and expectations for building improvement capability and leadership development amongst providers. Specifically, the document describes:

“In one to three years, all senior leaders will be embedding an improvement mind-set in their organisations and modelling this. By 2020, all candidates appointed as chief executives to trusts and CCGs will need to demonstrate knowledge of, and experience in, applying improvement approaches, as well as compassionate, inclusive leadership.”

In addition to this framework, in 2017, NHS Improvement will be launching a national framework for the building of improvement capability in provider NHS organisations.

Our 2015, our strategy for improvement recognised the importance of leadership for improvement and this has become an important area for development and investment amongst national bodies. In 2016, the King's Fund wrote:

“We need to invest in the development of staff and their leaders with the specific and direct aim of strengthening their capability to improve patient care.

High-performing health care organisations see quality improvement and leadership development as two sides of the same coin – thoroughly connected and synergistic.”

Improving Quality in the English NHS – King's Fund, 2016

“Compassionate leadership means paying close attention to all the people you lead, understanding the situations they face, responding empathetically and taking thoughtful and appropriate action to help.

Inclusive leadership means progressing equality, valuing diversity and challenging power imbalances. These leadership behaviours create just, learning cultures where improvement methods can engage colleagues, patients and carers, deliver cumulative performance improvements, and make health and care organisations great places to work. “

'Developing People – Improving Care: A national framework for action on improvement and leadership development in NHS-funded services' - NHS Improvement, 2017

2.1 EXAMPLES FROM OTHER ORGANISATIONS

“Chief Executives of the majority of provider trusts rated ‘outstanding’ by the Care Quality Commission credit established quality improvement (QI) methods for improvement in their operational performance staff satisfaction and quality outcomes.”

‘Developing People – Improving Care: A national framework for action on improvement and leadership development in NHS-funded services’ - NHS Improvement 2017

A small number of NHS providers have led the way in demonstrating the benefits of investment in quality improvement and two examples are described below.

EAST LONDON NHS FOUNDATION TRUST (ELFT)

ELFT has invested in a quality improvement programme for four years and has formed a strategic partnership with the IHI at a cost of around £300,000 per year (£1.2m). Beginning with an aim of embedding continuous quality improvement at every level of the organisation, the ELFT QI programme aimed to reduce harm by 30% every year; improve patient experience; and enable the trust to provide ‘the highest quality mental and community care in England by 2020’.

ELFT have gone on to be rated as ‘outstanding’ by the CQC and were awarded ‘NHS Provider Trust of the Year’ in 2016. They have also led successful acquisitions of other mental health Trusts and have expanded their organisation into Luton and Bedfordshire in 2016.

WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST (WSHFT)

WSHFT have invested significantly in their partnership with the Virginia Mason institute in the US at a cost of around £1m, and has developed an approach to improvement and staff engagement in recent years. The WSHFT approach is based on the principles of:

- Putting the patient at the heart of every element of change
- Cultural change across the organisation
- Continuous improvement of services through small steps of incremental change
- Encouraging front-line staff to lead the redesign of processes

WSHFT has gone on to be rated as ‘outstanding’ by the CQC and has formally been asked to provide executive leadership for neighbouring Brighton and Sussex University Hospitals to improve the safety, quality and sustainability of services there.

Both these organisations have demonstrated that, by being recognised as a national leader in the delivery of continuous quality improvement, there are significant strategic opportunities to be taken advantage of. In addition, organisations such as Sheffield Teaching Hospitals NHS Foundation Trust and Salford Royal Hospitals Foundation Trusts (CQC rated ‘outstanding’) have evidenced that ‘financial improvement and quality improvement are positively correlated’.

These organisations have demonstrated that by optimising the conditions for improvement, and by aligning organic improvement with clear strategic intent, it is possible to achieve significant improvements in safety and efficiency.

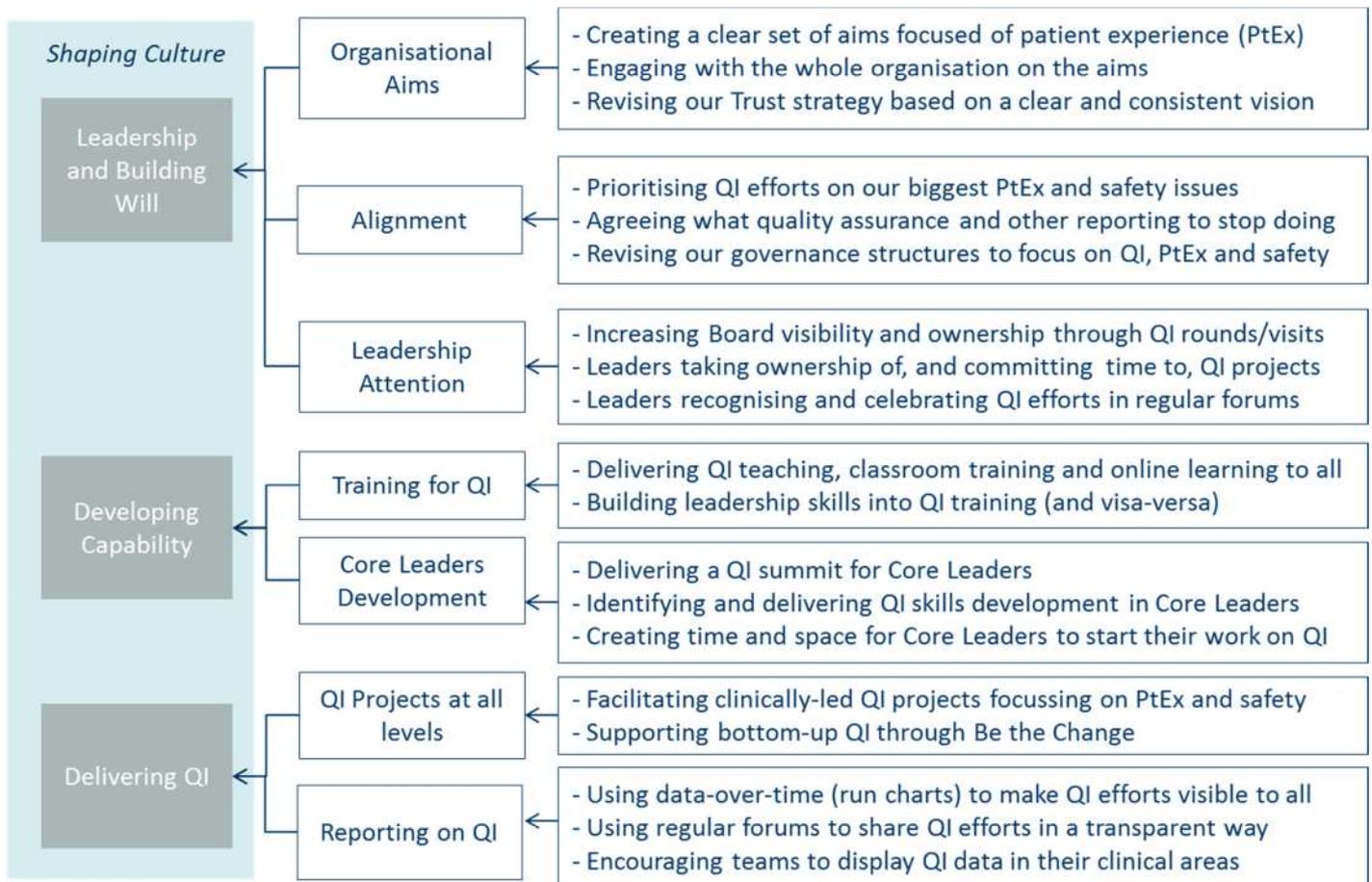
ASPH has an opportunity to build on the foundations of our own QI programme to become a leader and exemplar provider of excellent care with a culture that supports inclusivity and innovation. We also have an opportunity to influence the national strategies for improvement by working with colleagues in NHS Improvement and others demonstrating the achievements we have made.

3 OBJECTIVES OF THE STRATEGY

The strategy approved by TEC in December 2015 outlined the following aims:

<p style="text-align: center;">AIM 1</p> <p style="text-align: center;">To continually improve the care given to our patients</p> <p style="text-align: center;">By supporting improvement in the reduction in harm and improvement in safety, quality, efficiency and the patient experience</p>	<p style="text-align: center;">AIM 2</p> <p style="text-align: center;">To contribute to an organisational culture of 'curiosity and creativity'</p> <p style="text-align: center;">By supporting learning, improvement and innovation; developing capacity and capability in the Trust for individuals and teams to make improvements for themselves</p>	<p style="text-align: center;">AIM 3</p> <p style="text-align: center;">To strengthen teams and build collective leadership for improvement</p> <p style="text-align: center;">By supporting teams to define shared objectives for improvement and to build mutual trust and learning</p>
--	--	--

Since this time there has been progress in the delivery of the strategy, specifically in the establishment of forums for training and the engagement and support for those participating in QI. Following a successful quality improvement summit in July 2016 with the IHI, the following objectives were agreed:



3.1 PROGRESS TO DATE

Since the development of the strategy in 2015 and the subsequent event with the support of the IHI in 2016, there has been significant progress made against a number of the objectives identified. For example:

- A revised vision and a clear set of aims focused of patient experience have been developed
- Consultation is now underway with the whole organisation on the revised aims

- We have implemented leadership walkabouts to increase visibility and ownership of QI
- A number of forums have been created to recognise and celebrate QI efforts underway
- We have supported a number of team 'safety huddles' and 'assemblies' throughout the organisation, supporting teams to define shared objectives for improvement and to build mutual learning

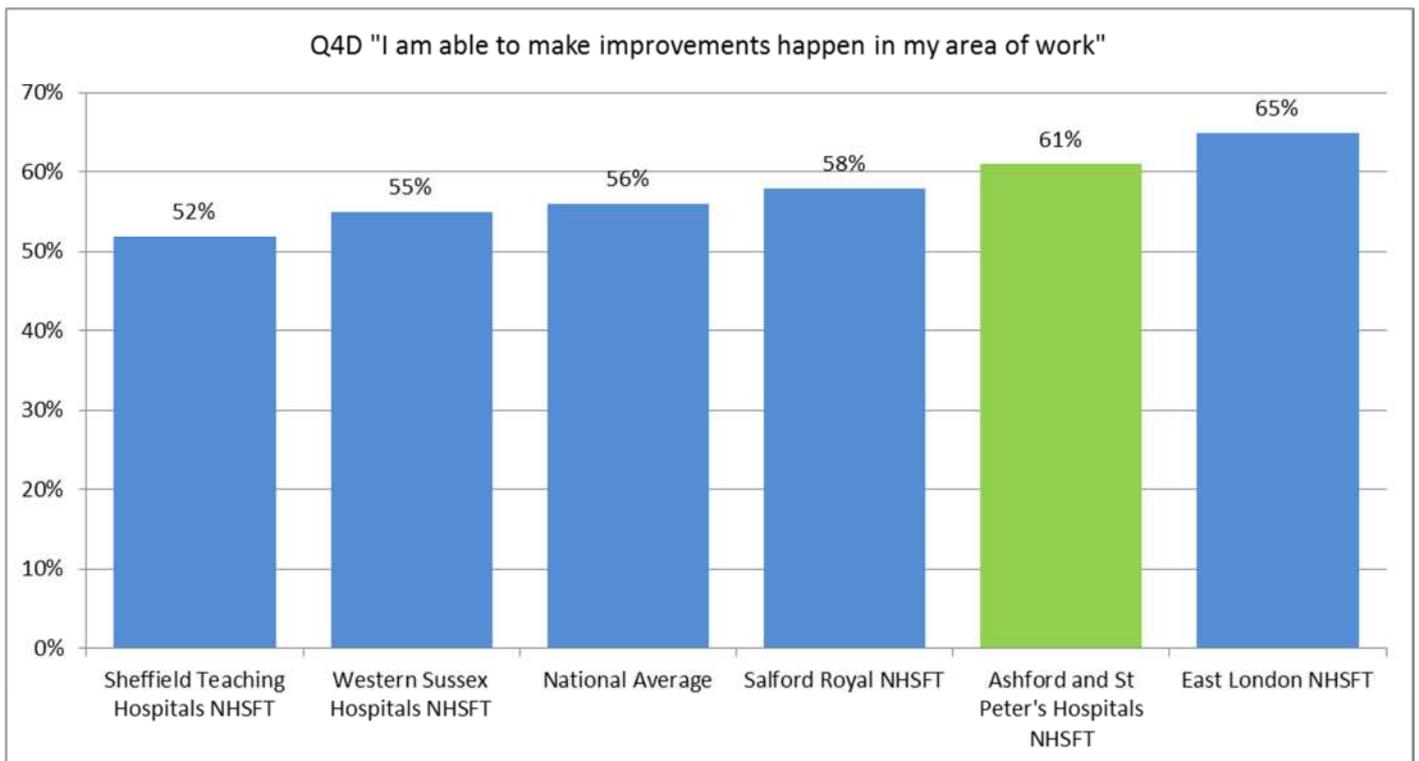
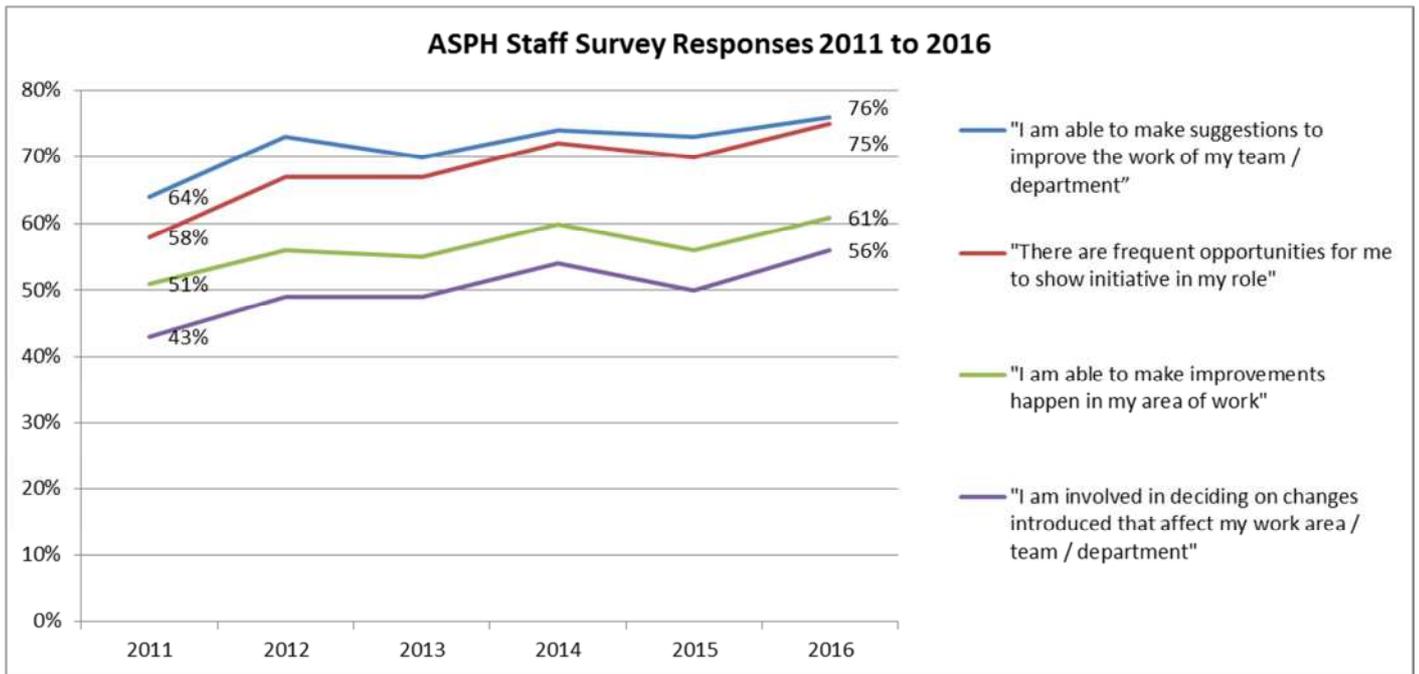
- We have delivered QI teaching (classroom training and online learning) to over 125 staff
- We have made the QI Academy available to all staff
- The IHI Open School has been launched and the first 20 members of staff have 'graduated'
- QI training has been incorporated into the leadership framework and the new manager's toolkit

- We have supported over 35 clinically-led QI projects focussing on patient experience and patient safety
- We have supported over 40 Be the Change QI projects
- We have also worked with the Quality team and clinical teams to identify some priority areas for improvement and coached local teams to make improvements in these areas; including:
 - Patient safety issues such as reducing pressure ulcers and falls
 - National quality goals such as the timely identification and treatment of Sepsis
 - Sources of common errors that result in harm (missed fractures in ED, patients being lost-to-follow-up)

- Clinical Nurse Leader-led quality improvement projects have been established
- We have led the Patient Safety Culture programme (in collaboration with KSS AHSN) and facilitated the associated training with three clinical teams

The benefits of the progress made to date can be seen in a number of different ways, through reduced instances in patient harm (for example pressure ulcers); and through improved patient experience measures in areas such as the Emergency Department and Outpatients.

The benefits of the progress made are also clear in the significantly improved engagement and staff survey results from 2016 (below):



However, those organisations that have been successful in designing and implementing a similar approach have found a way of both supporting staff to pursue QI projects that are important to them and ensuring that improvement projects are aligned with the Trust's strategic aims.

In order to improve alignment between the improvement efforts undertaken in the future and the rest of the Trust's strategic goals the following objectives have been identified:

- Identify organisation improvement aims around patient experience and safety
- Ensure all QI projects are aligned with organisation improvement aims
- Mobilise QI efforts towards the priority organisation improvement projects
- Align quality assurance, reporting and governance structures with organisation improvement aims

To assist in meeting these objectives, to improve the alignment between the future QI efforts and the rest of the Trust's strategic goals; and to accelerate into the next phase of our work - we are proposing to enlist the support of the IHI in holding a breakthrough event and further leadership coaching in 2017.

The event will be preceded by a period of pre-work and data collection with leadership teams in order to gain an insight and understanding of our current priorities and capabilities. The event will then be an opportunity to co-design some quality goals and begin to mobilise teams around a signature initiative.

Following the breakthrough event, we will continue the on-going senior leadership engagement and coaching to assist in delivery of strategies and tactics for achieving our quality goals.

4.2 BUILDING IMPROVEMENT CAPABILITY

“Not only do (quality improvement) methods deliver results in terms of quality and value for money, they also have tremendous power to engage, energise and motivate staff by recognising their individual and collective strengths and trusting them to work with patients and communities to make health and care systems better.”

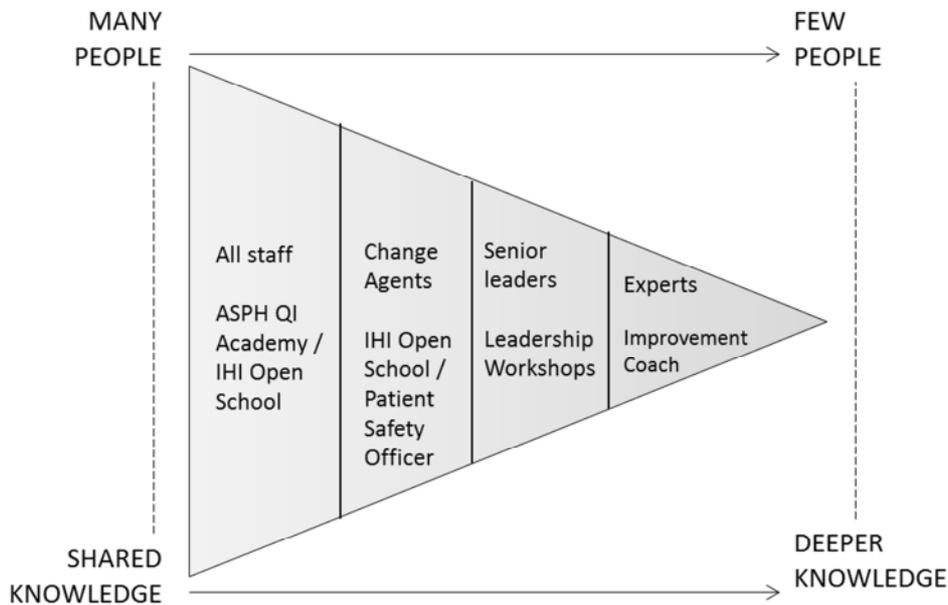
‘Developing People – Improving Care: A national framework for action on improvement and leadership development in NHS-funded services’ - NHS Improvement, 2017

Building improvement capability at every level of the organisation is a key driver for the success of the desire to embed QI in the organisation and we want to equip our staff with the tools and coaching to make improvement a reality.

In 2016, a plan for building improvement capability in the organisation was developed and since that time we have delivered QI teaching (classroom training and online learning) to over 125 staff and made the QI Academy available to all staff. We have also worked with the Learning and Development team to ensure that QI training is incorporated into the organisation's Leadership Framework and the new Manager's Toolkit.

In the year ahead, we intend to build capability for improvement at scale in the organisation and go beyond the 'innovators' to reach more of our teams.

Again, there are lessons to be learned from other organisations that have been successful in implementing an approach to building improvement capability at scale. For example, some organisations have developed a capability development plan that provides a blueprint for developing improvement skills differently at each level of the organisation.



The diagram above describes the approach that has been adopted for ASPH as recommended by the IHI in order to “stratify (our) employee population to build a strategy for improvement capability development across the entire organisation”.

Building on the successful programmes run in 2016 we are proposing to continue to take advantage of the excellent resources made available by the IHI; to make these available to more of our staff; and to use these resources to complement our own internal training offerings.

In the year ahead we intend to grow our in-house QI Academy by providing in-person training as well as continuing to access the IHI Open School and support up to 50 members of staff who wish to learn more about the IHI approach to QI and earn an online accreditation.

To maximise the take up and engagement with these learning opportunities, we intend to embed improvement within objective setting and expectations for personal development for our teams.

Finally, we intend to continue to take advantage of opportunities presented through joint working with colleagues in the KSS region, to appoint to roles intending to build improvement and leadership capability in the next generation of leaders.

In the last year we have worked hard to establish Graduate Trainee (management) and Leadership Fellow (clinical) posts in ASPH, which are externally funded and provide opportunities to future leaders to develop their skills in our organisation while contributing to improvement efforts. Our Leadership Fellow post is the first in the region and we intend to establish two more of these posts in the year ahead.

4.3 BUILDING OUR REPUTATION AS A LEADER IN IMPROVEMENT

ASPH has a growing reputation as a leader in adopting a QI approach to improve the safety and quality of care and in harnessing this approach to develop the culture of the organisation.

In the last year we have:

- Shared three improvement projects at the BMJ /IHI International Forum for Quality and Safety
- Presented our improvement strategy alongside NHS Improvement at the NHS Expo
- Shared the 'Be the Change' programme at the NHS Improvement 'Inspiring Improvement' national event
- Provided two presentations at the Sheffield Teaching Hospitals MCA Expo
- Won the Healthcare People Management Association (HPMA) award for excellence in employee engagement

We have also been recognised by NHS Improvement for our progress made so far and have been asked to present at this year's 'Inspiring Improvement' national event in July.

Although a lot of progress has been made in the last year, we are not currently maximising the opportunities for strategic networking and building on our reputation as an organisation that is leading improvement.

There are many benefits of working more closely with other organisations with similar visions and goals for improvement, such as:

- i) Learning from others in a collaborative way, sharing experiences and reducing the risk of problem-solving-in-isolation (*"Never worry alone" – Professor Don Berwick, 2016*)
- ii) Raising the profile of ASPH as a leader in the field of healthcare improvement and transformation and as an exemplar provider of excellent care with a culture that supports inclusivity and innovation.

In the year ahead we intend to access more strategic networking opportunities such as the IHI Health Improvers Alliance Europe (HIAE) network; as well as exploiting further opportunities for networking include attending and presenting at the BMJ /IHI International Forum for Quality and Safety and similar conferences.

We also intend to increase the level and frequency of communication about the improvement work underway at ASPH and their results for patients and staff.

Maintaining a continuous 'drumbeat' of internal communication about the efforts underway to make improvements has a significant impact in helping to spread the adoption of improvement methods. Spreading the communication externally also helps to raise the profile of ASPH as a leader and innovator for creating an improvement culture.

4.4 HOW THE BOARD CAN HELP

There are a number ways in which the Board can continue their support for the quality improvement strategy and for the teams who are leading improvement efforts; including:

- i) Participating in the 'breakthrough event' co-designed and facilitated by the IHI in August. The event will be an opportunity to accelerate into the next phase of our work; to co-design some quality goals and improve alignment of priorities and efforts with the leadership team.
- ii) Continue leadership coaching with members of the IHI faculty. Following the breakthrough event, we will continue the on-going senior leadership engagement and coaching to of strategies and tactics for achieving our quality goals.
- iii) Participate in and encourage others to grow their improvement skills. The QI Academy is available to all staff who wish to develop the key improvement skills for change and to get started with their QI activities.
- iv) Setting expectations. Help to embed objectives for improvement within our management structures and expectations for personal development for all staff.

In addition, the most valuable contribution the Board have to make to help embed a culture of improvement in the organisation is through their presence and being a regular and visible champion of improvement.

"The most effective leaders build trust and acquire and establish an understanding of the work at the front lines of care by regularly meeting with colleagues who deliver care, and exhibiting a genuine interest in the work performed.

Behaviours like asking questions, sharing concerns, engaging in problem solving and improvement projects, and transparently discussing results (both successes and failures) help create leadership authenticity.

A leader's authentic engagement and presence at the front line of care helps motivate teams, especially in the context of modelling improvement thinking and methods"

'High Impact Leadership Behaviours White Paper' – Institute for Healthcare Improvement, 2013

The Board are asked to note the progress made in the last year, offer support in some of the ways described above as well as participating in leadership improvement walkabouts where possible.

APPENDIX A

'Developing People – Improving Care: A national framework for action on improvement and leadership development in NHS-funded services' - NHS Improvement, 2017



Developing_People-Improving_Care-0102