



Quality Improvement Strategy | 2018 - 2021

Contents

Introduction	3
How we define quality	4
What are we trying to accomplish?	6
What are we trying to achieve?	8
How was our strategy developed and how will it be delivered?	9
Our model for improvement	10
Our approach to Human Factors	11
Our strategic aims	13
How do we use information and data?	15
How will we know how we are doing?	16
Patient, carer and community engagement	17
Delivering the key aims	19
Ward accreditation programme	19
Delivering the plans	20
Delivering the strategy	21

Introduction



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Chief Executive



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Chief Nursing Officer



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Chief Medical Officer

some immediate improvements and tackling some of our most urgent quality and safety issues, we are now seeking to move from a short term, reactive approach to quality and safety to a more comprehensive, strategic approach.

This approach will help to make a real difference for the better for our patients and support our staff in their efforts to deliver the high standards of care to which they aspire.

Whether you are a patient, carer, member of staff or anyone else with an interest in the quality and safety of local health care, we hope you will find in these pages a clear statement of our intent, a strong commitment to continual improvement and a realistic and easy to follow route map of the next stages of our improvement journey.

Thank you.

Welcome to our new Quality Improvement Strategy.

This strategy, and the plans which underpin it, mark an important step forward for our Trust. They have been drawn up with input from our staff, patients, carers and other key

stakeholders and reflect some of the things which matter most to those important groups.

They set out our ambitious plans over the next three years to deliver sustained, significant and continuous improvements to the quality and safety of the care we provide for our patients.

In keeping with our signature behaviour we aim to “do what we say we will do” and use the ambitions and actions set out in these plans to reinforce quality and safety as the prime drivers of everything we do.

Having focussed considerable time and effort on delivering

How we define quality

In the past few years the NHS has had a number of inquiries that have identified poor practices and raised concerns about the quality of the services being delivered. These have been reported widely in the press and have caused the public to lose confidence in the services they may receive. Reports such as the *Francis Report* into Mid Staffordshire Hospital, the Morecambe Bay inquiry and the report into care at Winterbourne View Care Home are just a few.

The *Five Year Forward View* published in October 2014 challenges NHS organisations to make improvements in quality to deliver the change required for the next five years. Within the document the ambitions on quality are described as follows:

Five year ambitions on quality

The definition of quality in health care, enshrined in law, includes three key aspects: patient safety, clinical effectiveness and patient experience. A high quality health service exhibits all three. However, achieving all three ultimately happens when a caring

culture, professional commitment and strong leadership are combined to serve patients, which is why the Care Quality Commission (CQC) is inspecting against these elements of quality too.

We do not always achieve these standards. For example, there is variation depending on when patients are treated: mortality rates are 11% higher for patients admitted on Saturdays and 16% higher on Sundays compared to a Wednesday. And there is variation in outcomes; for instance, up to 30% variation between Clinical Commissioning Groups (CCGs) in the health related quality of life for people with more than one long term condition.

We have a double opportunity: to narrow the gap between the best and the worst, whilst raising the bar higher for everyone. To reduce variations in where patients receive care, we will measure and publish meaningful and comparable measurements for all major pathways of care for every provider – including community, mental and primary care – by the end of the next Parliament. We will continue to redesign the payment system so that there are rewards for improvements in quality. We will invest in leadership by reviewing and refocusing

the work of the NHS Leadership Academy and NHS Improving Quality. To reduce variations in when patients receive care, we will develop a framework for how seven day services can be implemented affordably and sustainably, recognising that different solutions will be needed in different localities. As national bodies we can do more by measuring what matters, requiring comprehensive transparency of performance data and ensuring this data increasingly informs payment mechanisms and commissioning decisions.

The *Five Year Forward View* can be found online at <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

Quality Improvement is a formal approach to analysing performance and systematic efforts to improve. Improving quality is about making what we do of the highest quality possible, ensuring that we do the right thing at the right time for the right patient. To deliver this it is key that all staff are empowered to lead and make improvements in their everyday work and that all performance is measured and monitored in a systematic manner to ensure that quality improvements are made and sustained.

Underpinning the many and varied policy initiatives designed to improve the quality of care have been multiple approaches to improving quality, reflecting competing beliefs on how improvements are best achieved.

We define quality as being three main equally important elements.



What are we trying to accomplish?

We aim to deliver safe care which is clinically effective and is a positive experience for our patients, their families and our staff.

What has happened so far?

The Chief Inspector of Hospitals visited the Trust in November 2016 and published the findings in July 2017. The Trust was rated overall as *‘Inadequate’*.

Overall rating (Nov 2016) - Inadequate		
Are services safe?	●	Inadequate
Are services effective?	●	Requires improvement
Are services caring?	●	Good
Are services responsive?	●	Inadequate
Are services well-led?	●	Inadequate

This section provides a summary of the CQC’s findings about services at Worcestershire Acute Hospitals NHS Trust.

The Summary report and full CQC report can be found on our website www.worcsacute.nhs.uk or the CQC website www.cqc.org.uk.

1. Ensuring services are safe

The CQC rated the safety of our services as *‘inadequate’*. They found a culture of reporting, investigating and learning from incidents but inconsistencies in external reporting for serious incidents. Staffing within the Emergency Department at the Worcestershire Royal site was not in line with national guidance; however, most other areas had adequate staff to ensure patients received safe care and treatment. Management and storage of medicines was poor with a lack of a robust process being in place for monitoring and reporting fridge temperatures. Too many patients were receiving care in the corridors of our Emergency Departments, particularly at the Worcester site, sometimes being placed near exit doors and out of the line of staff’s sight. Mandatory training was, across most areas,

below the trust target of 90%. This meant that we could not be assured that staff had sufficient knowledge to manage the care and welfare of patients. Patient risk assessments were not fully completed on admission and generally not reviewed at regular intervals throughout the patient’s stay in hospital. Patient records were not always stored securely. Aging and unsafe equipment was used in the radiology departments across the trust that was being inadequately risk rated. There was a lack of capital rolling replacement programmes in place. Medical patients on non-medical wards were not always effectively managed.

2. Ensuring services are effective

The CQC rated the effectiveness of our services as *‘requires improvement’*. The Trust mortality indicators (HSMR and SHMI) at the time were both above the national average. Our performance in national audits was poor with some areas performing significantly worse than the England average. Robust action plans were not in place to ensure improvement and there was no standardised approach to local audits. Mandatory training for staff was below

the Trust standard in most areas and not all staff understood their obligations under the Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DOLS), meaning our most vulnerable patients were potentially at a higher risk of not receiving all the care they need.

3. Ensuring services are caring

The CQC rated the caring of all our services as 'good'. They observed staff delivering compassionate care, involving patients in decision making, whilst providing good emotional support to patients and people close to them. However, the privacy and dignity of patients being cared for in corridors within the ED departments was often compromised.

4. Ensuring services are responsive

The CQC rated the responsiveness of our services as 'inadequate'. The Trust was consistently failing to meet the national performance standards (Emergency Access; Cancer; Referral to Treatment and Diagnostics)

with the flow of patients through the hospital being poorly managed. However, the Trust did have systems in place to ensure that patients living with dementia had safe care that was tailored to their needs. Staff could also demonstrate good examples of where they had altered care to ensure patients beliefs and diverse needs were met.

5. Ensuring services are well led

The CQC rated the Well Led aspect of the Trust as 'inadequate'. They had significant concerns about the interim nature of the Board at the time and felt that the executive team did not have effective processes to ensure communication was embedded from ward to board. A revised framework for governance and assurance had been put in place but the CQC felt that it was not operating effectively and so the board did not have clear oversight of the risks affecting the quality and safety of care for patients. The CQC also raised concerns about reported high rates of bullying of staff from patients, relatives and other staff. In addition they noted the lack of BME staff employed in senior posts within the Trust.



What are we trying to achieve?

Our Vision:

Our vision is to provide the highest possible standards of compassionate care and the very best patient and staff experience by ensuring that the right patient is given the right care in the right place every time.

The Quality Improvement Strategy is a high level document that sets out our intentions to deliver excellent care every time to every patient.

Our aim is to create a culture of continuous improvement and learning which is both patient centred and safety-focused.

Our aim is to create a safety culture in all areas so we do the right thing first time every time.





To do this, we must embed the four Signature Behaviours in all our actions by:

- Listening to staff and patient’s views
- Making the working environment conducive to continuous improvement
- Actively engaging with staff in continuous improvement through the development of divisional improvement plans and local action plans
- Focusing on the human factors to ensure support and development of team working

- Being open and honest with people when things go wrong
- Sharing lessons learnt from incidents and improvements
- Creating a culture of openness and candour in line with the *Learning not to Blame Report*, the *Freedom to Speak up Report* and any other publications that support incident reporting and learning
- This strategy will be closely linked with delivery of the Quality Improvement Plan, the Trust’s Quality Accounts, The Care Quality Commission’s (CQC) domains of safe, effective, caring, responsive and well-led and be supported by annual planning.

Working together – putting patients, their carers and the community at the forefront of all we do will ensure we collectively lead the changes required in the provision of safe, effective and reliable care and services.

This is the foundation required to ensure we deliver for our patients and their carers.

Signature Behaviours			
	Do what we say we will do		We listen, we learn, we lead
	No delays, every day		Work together, celebrate together

How was our strategy developed and how will it be delivered?



WHO WAS INVOLVED?

- Allied Health Professionals (AHPs)
- Doctors
- Nurses
- Patients
- Informatics
- Operational staff
- Estates
- Relatives
- Carers
- Staff from other organisations
- Domestic staff
- Administrative staff

Our model for improvement

Our staff and patients are best placed to identify, create and deliver the improvements that need to be made to our services. It is our ambition to create a culture of learning, openness and transparency, supporting staff with the training and development needed to support their care delivery.

Our four Signature Behaviours will drive the culture change we need to ensure the Trust creates the intentional culture we want.

Our behaviours are:



Do what we say we will do



No delays, every day



We listen, we learn, we lead



Work together, celebrate together

Our Model for Improvement is that promoted by the Institute for Healthcare Improvement. It focuses on answering three questions to clearly define our improvement aims, measure our improvement and select the right changes

to ensure success. Plan Do Study Act (PDSA) cycle enables changes to be tested before they are fully implemented, thus making sure the changes we select have a positive impact.

Process Flow Conversations provide a framework to bring the correct staff and patients together to solve the problems preventing us from delivering the care we aspire to. As well as learning from incidents we also learn from successes through our Learning from Excellence programme.

Part of our journey will be achieved through working with our partners in improvement such as the University of Worcester, West Midlands Academic Science Network and West Midlands Quality Review Service.

Other partners that work with us are those who assess our services for accreditation against national standards such as Joint Advisory Group in GI Endoscopy (JAG), International Standards Organisation (ISO), Health & Safety and our regulators.

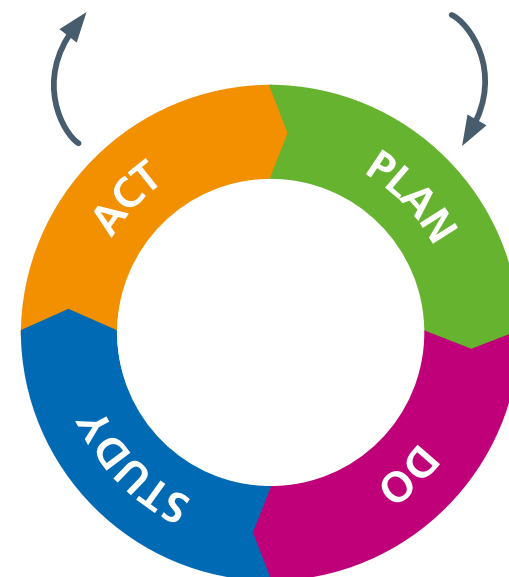
1. What are we trying to accomplish?



2. How will we know that our change will be an improvement?



3. What changes can we make that will result in the improvement we seek?



Our approach to Human Factors

Our Trust recognises that understanding Human Factors is key to improving the performance of individual staff and teams. It is critical in enabling us to deliver safe care.

Learning from the aviation industry has been incorporated into a Trust training programme. Training is open to all staff. We have developed a group of medical, nursing and managerial staff who act as trainers, thus bringing together Human Factors principles and in depth knowledge of clinical practice and operational processes.

In 18/19 we will expand the programme further, linking specific safety priorities to the training programme further enabling us to improve our safety culture.

We are fully committed to developing a robust and sustainable process to continually improve the services we provide. This will enable us to deliver safe and effective care for our patients.





Our strategic aims

AIM 1

Improve patient safety

- We aim to give every patient consistently safe, high quality and compassionate care.
- We aim to protect every patient from unintended or unexpected harm whilst in our care.
- We will learn from our excellence and our mistakes and improve care provided as a result.
- Staff will be taught both clinical and improvement skills to continually improve care. We will work together to achieve excellence.

AIM 2

Enhance our clinical effectiveness and efficiency

- Adhering to evidence, guidelines and standards to identify and implement best practice.
- Using quality improvement tools (such as clinical audit, evaluation, rapid cycle improvement) to review and improve treatment.
- Development and use of systems and structures that promote learning across the organisation and services.
- Measurement of performance to assess whether the team/ department/ organisation is achieving the desired goals and outcomes.

AIM 3

Delivering person centred care enhancing our compassion and communication

- We will develop a culture where patients, their carers' are at the forefront of all we do.
- We aim to achieve this through the development of a culture that supports continuous improvement by delivering services to the patients, their carers and the community that is responsive to the information they are telling us.



Patient Name: _____
Physician Name: _____
Consultant: _____
Nurse Name: _____

Assessment	Score
Balance	
Weight	
Strength	
Flexibility	
Endurance	
Coordination	
Reaction Time	
Visual Perception	

FALL RISK
IMMEDIATE NURSING COMMENTS: _____

L&S BP Completed ☐

How do we use information and data?

Information and data lie at the heart of improving quality and safety within the Trust. From nationally mandated standards and levels of compliance, to local Trust agreed metrics; raw data is triangulated with qualitative evidence to provide intelligence about quality and safety priorities in the Trust.

Information is used to ensure that everyone in the Trust can be held to account, consistently, for the work that we do. The Trust can proactively identify trends, track improvements, and identify hotspots for focus.

Safety and Quality Information Dashboard (SQUID)

A board to ward Safety and Quality Information Dashboard was launched in early 2017. Known as SQUID, the dashboard is open access to all and provides the Trust with a user friendly electronic assurance system giving ward to board sight of key quality and safety information. It also provides a single source of the truth for quality and safety information.

SQUID supports organisational hierarchy with escalation and assurance running from ward to

board, and direction and steer running board to ward. Areas of good and poor performance are highlighted, and the system encourages real time feedback. SQUID is supported operationally by Datix, which is used within the Trust to manage incidents, complaints and risk. Operational real time dashboards are available through Datix.

SQUID will continue to be used to monitor, challenge, manage and report progress on the Trust Quality Strategy.

Information priorities for quality and safety data

- Continue to develop data quality flags for quality and safety information
- Ensure benchmarking is in place for all indicators to allow the Trust to compare itself nationally against peers.
- Further develop use of SPC charts in tracking improvements
- Ensure that data is collected as part of an electronic system where possible, allowing clear audit trails



How will we know how we are doing?

AIM 1

Improving patient safety

As measured by:

- Improved Safety Culture score
- Reduction in avoidable harm
- Improved Hospital Standardised Mortality ratio (HSMR and SHMI)
- Demonstrable and sustained improvements in priority safety objectives
- Maintaining incident reporting and reduction in Serious Incidents

AIM 2

Enhancing our clinical effectiveness and efficiency

As measured by:

- Compliance with National clinical audits
- A range of clinical outcome measures
- Delivery of NHS Constitutional standards

AIM 3

Delivering person centred care enhancing our compassion and communication

As measured by:

- Effective and timely response to patient and carer complaints
- Annual patient survey
- Friends and family test
- Real time patient feedback

Patient, carer and community engagement

The strategy is underpinned by the values of the Trust embedded within our cultural change programme launched in 2017.

This strategy puts at its heart active engagement with patients, their carers and the community as is our statutory duty to do so. Our patients and carers have told us that they need us to listen, care and act with compassion. This will be achieved through further development of person centred care – leading a programme of change and transformation.

Whilst it is recognised there is no one single definition of person centred care, we see person centred care as defined from active engagement with our stake holders, (patients and carers being our key stakeholder group) to ensure that how we deliver care and services to patients and their carers is designed in conjunction with them and not the other way round.



 <p>AIM 1: To develop a culture where patients and their carers are at the centre of what we do.</p> <p>HOW WE WILL GET THERE:</p>	 <p>AIM 2: Developing a culture that supports continuous improvement by delivering services to the patients, their carers and the community that is responsive to the information they are telling us.</p> <p>HOW WE WILL GET THERE:</p>	 <p>AIM 3: To develop a culture of person centred and family centred care.</p> <p>HOW WE WILL GET THERE:</p>
<ul style="list-style-type: none"> Strengthen patient experience team to better support engagement and enable better reporting and analysis of feedback which is more visible and user friendly, which can really be used to drive targeted Gain a proper divisional overview of patient involvement already taking place and develop a consistent structure for this Celebrate our successes and ensure we acknowledge and reward innovation and achievement Appoint a Patient Experience Associate Non-Executive Director to work alongside the patient experience team to drive improvements to engagement and involvement and ensure board ownership and oversight of patient experience work and initiatives Provide a menu of involvement opportunities which will enable a more diverse and representative number of people to work with us, give their views and suggestions to improve what we do Build on the work and learning we have gained from participation in the Kings Fund Collaborative Pairs Programme. 	<ul style="list-style-type: none"> Develop Patient Experience Leads Links within divisions to work alongside corporate team to drive and embed improvements Develop a process to proactively recruit patients and community members to work alongside us and develop and drive continuous improvement, ensuring that we increase diversity and broaden representation Reduce the number of complaints, waiting times Increase the satisfaction of the responses to complaints Increase response rates to Friends and Family Test (FFT) and better utilise data Strengthen our understanding of the links between patient and staff FFT and improve how we use this information to make improvements and cultural change. Implementation of IHI Always Events Framework Build on the learning from our recent involvement in the Kings Fund Collaborative Pairs Programme to develop and strengthen a culture of collaboration and patient leadership Explore development of patient experience research opportunities in conjunction with the University of Worcester Review our current feedback mechanisms, modernise where necessary and ensure we are optimising value for money which produces effective outcomes. 	<ul style="list-style-type: none"> We will empower our staff to be receptive, open and honest in response to patient feedback, incidents through learning and reflective practices, Build on the positive partnership links we have been developing over the past couple of years to help develop more holistic approaches to involvement which support changing healthcare expectations and the requirements of the STP Work closely with our existing volunteers and use their feedback and suggestions in a much more structured way to enhance patient experience.

Delivering the key aims

To be able to deliver the key aims of the strategy we need to identify areas that require specific support or where there are areas of best practice where we can share our learning and celebrate our success. We need to identify different ways of doing this for all wards and departments. For our wards we are working on development of a ward accreditation programme.

Ward accreditation programme

The Care Quality Commission (CQC) assessed the Trust as 'good' against the care domain in November 2016. This gives staff and patients confidence in the care that wards and departments are providing. To ensure that trust and confidence is maintained it is key that there is an understanding of the standards that each area is achieving. The approach being developed is a programme of ward accreditation which will build on the existing quality audits to establish sustained performance against a series of set standards;

The ward accreditation framework will use a variety of information from a variety of sources which will be triangulated and used to form a judgement of the quality of care being provided in the clinical area.

The inspections will be undertaken by senior nurses including the matrons and ward managers from other areas. Each ward will have a Quality Champion identified which in most cases will be the ward or departmental manager. The Quality Champion will lead the preparation of the evidence, meet the inspection team, receive the feedback and a written report and develop and manage the local action plan.

The ward accreditation programme will be developed with the ward managers to ensure that they influence the framework to reflect their views. This will be done through surveys, workshops and a pilot which will commence in April 2018.

Ward accreditation levels:

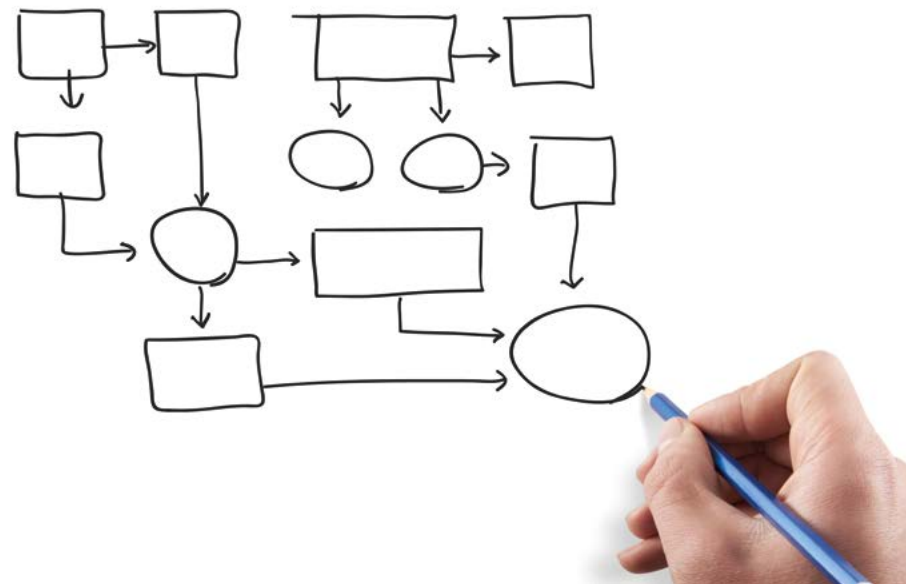
White	Below basic standards of care	Risk summit and targeted support
Bronze	Meets the basic standards expected for that area	Improvement plan, tailored support and buddying for Ward leader
Silver	Meets all the standards expected for that area with a clear plan and evidence of improvement	Leadership development programme for band 7 and band 6 ward leaders
Gold	Meets all the standards and is deemed excellent	Support to ward team to undertake service improvement projects
Platinum	Sustained Gold for one year	Ward used as buddy for other areas and used as beacon site for new initiatives

Delivering the plans

Each clinical division will develop a divisional improvement plan which will be the vehicle to deliver the aims of this strategy but localised to the issues and ambitions of each directorate. Each plan will be developed with the divisional leadership team and will include all of the improvement plans required to deliver the divisional business plan. The divisional improvement plans will be the single plan that will draw together and monitor all action plans across the division. Within each ward and department there will be a lead who will own their local plan which will be the single plan to deliver all quality improvements in their area.

The divisional improvement plans will be managed through the monthly performance review process and will be reviewed formally at the Quality Improvement Board.

The plans will be led at ward and department level by Quality Champions who will lead quality in their area as part of their leadership role. It is expected that this role will be undertaken by the ward or departmental manager. Each division will support their Quality Champions to deliver local improvement plans. This will include engagement of ward and departmental teams. Quality Champions will have enhanced access to service improvement training and support from the service improvement team.



Our Signature Behaviours:



Do what we say we will do



No delays, every day



We listen, we learn, we lead







Work together, celebrate together

Delivering our Strategy



Our Signature Behaviours

-  Do what we say we will do
-  No delays, every day
-  We listen, we learn, we lead
-  Work together, celebrate together

Quality Improvement Strategy

Care that is safe

Care that is clinically effective

Care that is a positive experience for patients and their carers

Corporate and Divisional Quality Improvement Plans

Clinical Skills Development and Improvement Training

Cultural change through our Signature Behaviours

Quality Improvement Faculty

- Quality Hub to triangulate learning
- Quality Informatics and Quality Improvement Training to support teams
- Ward Accreditation

