Our Quality Improvement Plan
2014 - 2017

Delivering improvements in safety and experience for patients, families, carers, volunteers and staff
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Quality Improvement Plan 2014 - 2017

A great place to be cared for; a great place to work.
Foreword from Jackie Daniel, Chief Executive

I am pleased to present to you our Quality Improvement Plan for the next five years.

This plan supports our longer term, transformational clinical strategy: better care together.

Our Quality Improvement Plan is the first time we have brought together all of our key planning and operational delivery documents, ensuring that they all work together to achieve our commitment of delivering safe, high quality care for all of our patients, as well as making our hospitals, modern and efficient places to work. Together, it will help us to realise our aspiration of making our hospitals great places to be cared for; and great places to work.

We have come a long way in the last two years in improving standards of care for our patients, but we still have much more to do.

I don’t want our Quality Improvement Plan to become just another plan on a shelf, I want it to be a live document, supporting our staff, governors, volunteers and partners to bring to life our ambition to be a Trust which others aspire to follow.

We haven’t chosen the easy route for continued improvement, but I do believe we’ve chosen the right route for our patients, communities and staff. Our ambition can never be to achieve an ‘acceptable’ or ‘requires improvement’ type rating. We owe it to ourselves and our patients to only settle for ‘good’ as a minimum standard. Being an outstanding Trust can be the only acceptable level.

I firmly believe that we will only move from a rating of ‘inadequate’ to ‘good’ and then to ‘outstanding’, if every member of our hospitals works together as a team, towards a clear, shared vision and set of values, and in close and true partnership with our stakeholders.

The action plan to address the issues raised by the CQC is time limited; it has to be, as we need to deliver the improvements at a greater pace and before our next Inspection. To ensure the improvements can be sustained and to tackle some of the long standing issues such as culture, we will also be establishing an Improvement Hub within our Trust.

The Improvement Hub will provide support and assistance to our staff, helping them to fully understand what ‘good’ and ‘outstanding’ looks like and providing them with the tools to achieve it. The Hub approach will assist with using tried and tested techniques for delivering consistent, sustainable change.

Everyone knows that communication is key to the success of any plan, our plans for communicating and engaging with everyone connected with our hospitals is equally ambitions. I will be ensuring that as many people as possible, particularly our patients, have the opportunity to get involved and help shape our future.

Our Quality Improvement Plan reiterates the Trust Board’s commitment to delivering high standards of safe, quality care to our patients, as well as providing a working environment and culture which promotes and welcomes honesty, safety first, openness and compassion in everything we do.

Jackie Daniel,
Chief Executive.
Defining Quality and Quality Governance

Quality
Our definition of quality encompasses three equally important elements:

Care that is safe
Working with patients and their families to reduce avoidable harm and improve outcomes

Care that is clinically effective
Not just in the eyes of clinicians but in the eyes of patients and their families

Care that provides a positive experience for patients, their families and our staff
As evidenced by ‘I Want Great Care’ and staff surveys

Quality Governance
Quality Governance is the combination of structures and processes at and below Board level and these include:

Structures
- Board of Directors
- Board Assurance Committees
- Quality Improvement Panel
- Divisional Boards
- Improvement Hub
- Local Improvement Teams

Processes
- Listening into Action (LiA)
- Sign up to Safety
- Investigating and taking action on sub-optimal performance
- Planning and driving continuous improvement
- Identifying, sharing and ensuring the delivery of best practice
- Identifying and managing risks to quality of care
- Implementing openness and honesty (duty of candour)
What are we trying to accomplish?

Our vision is to: **"Constantly provide the highest possible standards of compassionate care and the very best patient and staff experience. We will listen to and involve our patients, staff and partners."**

The focus of this Quality Improvement Plan is the establishment of our Trust as a great place to be cared for; a great place to work – it is a rallying call for every single employee, volunteer and governor to ensure that we deliver excellent care, every time to every patient.

Our aim is to create a culture of continuous improvement which is both patient-centred and safety-focused. To do this, we must create the conditions where we:

- Listen to and include the views of our staff and key stakeholders;
- Fully embed the Trust Values in everything that we do in order to ensure the working environment is conducive to continual improvement and innovation;
- Actively engage with and enable staff to lead and deliver measurable change and improvement;
- Focus on human factors - how we deliver care as teams;
- Are open and honest with people (duty of candour) when things go wrong.

We must also ensure that improvement is seen and understood to be everyone’s business by:

- Expect all teams and staff to be involved in improvement and innovation as part of their everyday business;
- Local teams regularly discussing performance, innovation and improvement.

This plan therefore aims to provide staff, patients and the public with a clear description of our quality improvement and experience priorities and how these will be measured and monitored over 2014-17.

The outcomes of this plan link closely to those described in the Trust’s Quality Accounts and the Care Quality Commission’s (CQC) domains of safe, effective, caring, responsive and well led. They demonstrate how the Trust is working in partnership with commissioners to develop, design and implement an integrated long-term quality and service strategy for the whole healthcare economy.

Our Quality Improvement Plan will focus on three key improvement outcomes. These are:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better</td>
<td>To reduce mortality and harm</td>
</tr>
<tr>
<td>Care</td>
<td>To provide reliable care</td>
</tr>
<tr>
<td>Together</td>
<td>To improve patient and staff experience</td>
</tr>
</tbody>
</table>

Delivering our three key improvement outcomes of better, care and together will influence the delivery of improved services which are effective and will demonstrate measurable outcomes relating to how they improve standards of care, patient and staff experience and contribute to our financial and service performance.

1 The focus for 2014/15 will largely be on addressing the improvement areas identified by the Care Quality Commission.
Quality Goal: Reducing harm

Harm is an unintended injury resulting from sub-optimal clinical care which results in additional monitoring, treatment or extended stay in hospital. Despite the hard work and good intentions of healthcare professionals, patients are harmed in hospitals every day.

It is our duty and responsibility to protect patients and we are committed to providing harm free care. The Trust is an early adopter of the ‘Sign up to Safety’ movement which aims to make the NHS the safest healthcare system in the world.

Traditionally there has been a reliance on voluntary reporting of patient safety incidents in order to track harm. However, research has shown that only 10-20% of errors are reported through voluntary reporting systems and, of those, 90-95% cause no harm to patients.

We will continue to monitor harm through the reporting of all patient safety incidents, but we will also focus on proactively detecting and measuring harm using the Department of Health’s ‘Safety Thermometer’ tool, thereby enabling us to take remedial action and learn from sub-optimal care.

Our goal is to achieve at least 98% of patients receiving harm free care, consistent across every ward, as measured by the ‘Safety Thermometer’ against the following indicators:

- Hospital Acquired Pressure Ulcers (Lead: Executive Chief Nurse)
- Catheter Associated Urinary Tract Infections (Executive Chief Nurse)
- Venous thrombo-embolism (Medical Director)
- Patient falls (Executive Chief Nurse)

In addition to the harms under the umbrella of ‘Safety Thermometer’, our ambition is to achieve a 50% reduction in hospital acquired infections within 12 months as measured by:

- Methicillin Sensitive Staphylococcus Aureus (MSSA) Bloodstream Infections (Director for Infection Prevention & Control)
- Hospital Acquired Clostridium difficile (Director for Infection Prevention & Control)

We will aim to have zero avoidable MRSA Bloodstream Infections.

We will develop a medication-related workstream for harms linked to the omission of critical medicines and missed doses of all prescribed medication. There are plans to introduce a National Medication Safety Thermometer, and consideration will be given to this when establishing performance measures.

We will also aim to achieve zero ‘never events’. (Medical Director)

We will also establish baseline measurements for:

- Ventilator Acquired Pneumonias (Medical Director)
- Wound Infections (including surgical site infections and high risk areas) (Director for Infection Prevention & Control)

Following this baseline evaluation, we will achieve a similar reduction within an 18 month period.
Our baseline performance, set for the period 2013-2014, is as follows:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>2013-14</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure Ulcers above grade 3</td>
<td>15</td>
<td>Safeguard</td>
</tr>
<tr>
<td>Hospital Acquired Catheter Associated Urinary Tract Infections (UTI)</td>
<td>24</td>
<td>Avoidable new UTI</td>
</tr>
<tr>
<td>Venous thrombo-embolism (VTE)</td>
<td>12</td>
<td>Avoidable VTE</td>
</tr>
<tr>
<td>Patient falls</td>
<td>520</td>
<td>All falls including no harm</td>
</tr>
<tr>
<td>Patient falls resulting in harm</td>
<td>29</td>
<td>Avoidable moderate/ significant harm</td>
</tr>
<tr>
<td>Hospital Acquired C-Difficile</td>
<td>50</td>
<td>Avoidable hospital acquired</td>
</tr>
<tr>
<td>Hospital Acquired MRSA</td>
<td>0</td>
<td>Avoidable hospital acquired</td>
</tr>
<tr>
<td>Hospital Acquired MSSA</td>
<td>69</td>
<td>Avoidable hospital acquired</td>
</tr>
<tr>
<td>Never Events</td>
<td>4</td>
<td>Safeguard/STEIS*</td>
</tr>
<tr>
<td>Ventilator Acquired Pneumonias</td>
<td></td>
<td>Baseline information to be established in 2014-2015</td>
</tr>
<tr>
<td>Hospital acquired Wound Infections</td>
<td></td>
<td>Avoidable hospital acquired</td>
</tr>
</tbody>
</table>

*Safeguard/STEIS are local and national clinical incident reporting systems.

Improvement metrics years 1 to 5 for reducing harm

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>90%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 1</td>
<td>90%</td>
<td>91%</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>Year 2</td>
<td>92%</td>
<td>93%</td>
<td>93%</td>
<td>94%</td>
</tr>
<tr>
<td>Year 3</td>
<td>94%</td>
<td>94%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Year 4</td>
<td>95%</td>
<td>95%</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Year 5</td>
<td>97%</td>
<td>97%</td>
<td>98%</td>
<td>98%</td>
</tr>
</tbody>
</table>

Within 1 year:
- reducing harm: 92% of patients receiving harm free care

Within 3 years:
- reducing harm: 95% of patients receiving harm free care

Within 5 years:
- reducing harm: 98% of patients receiving harm free care
Quality Goal: Reducing avoidable mortality
(Medical Director)

Overall mortality at our Trust is measured in three ways across all specialties - two are a risk adjusted ratio/index, the SHMI and the HSMR. Our goal is to reduce the number of avoidable deaths at our Trust, by reducing the number of patients who die as a result of avoidable harm.

The HSMR is a risk adjusted indicator which has been in use for several years and is produced by Dr Foster Intelligence. It is a similar risk adjusted indicator to SHMI, but has been in use for longer and is constructed slightly differently. The calculations take account of more factors than the SHMI. Both these measures compare an organisation’s actual number of deaths with their expected (or predicted) number of deaths.

The SHMI, produced by the NHS Information Centre, is risk adjusted for age, sex, diagnosis and co-morbidities. It does not include weighting for palliative care input. It includes deaths up to 30 days following discharge from hospital. If the Trust has a HSMR (or SHMI) of 100 it means that the number of patients who died is exactly as expected taking into account the standardisation factors.

The third measure is a crude death count of all inpatient discharges. Crude death count relates to the percentage of patients who die in hospital as a proportion of all patients who are discharged - this measure excludes day cases.

Our aim is to:

- maintain scores consistently in the ‘statistically as expected’ range, or better, for both the ratio/index measures; and
- reduce the actual numbers of crude deaths

These measures will be reported monthly via the Mortality Report to the Quality Committee.

Jargon Buster:
The hospital standardised mortality ratio (HSMR) is an important measure to improve patient safety and the quality of care in hospitals. The HSMR attempts to describe the mortality experience of a hospital compared to the rest of the country in a single statistic. The HSMR adjusts for factors that affect in-hospital mortality rates, such as patient age, sex, diagnosis and admission status. It then compares the actual number of deaths in a hospital with the average experience. The HSMR provides a starting point to assess mortality rates and identify areas for improvement to help reduce hospital deaths.

The Summary Hospital-level Mortality Indicator (SHMI) is an indicator which reports on mortality at trust level across the NHS in England using a standard methodology. It is produced and published quarterly as an official statistic by the Health and Social Care Information Centre (HSCIC). The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures. It includes both deaths occurring in hospital and those occurring up to 30 days post-discharge and adjusts as far as possible for factors outside a hospital’s control that might impact on hospital mortality rates.
Our baseline performance trend, set for the period 2013-2014, is as follows:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>2013-2014 baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSMR</td>
<td>101.41</td>
</tr>
<tr>
<td>SHMI</td>
<td>107.58</td>
</tr>
<tr>
<td>Raw (Crude) Death Rate</td>
<td>3.75</td>
</tr>
</tbody>
</table>

Improvement metrics for mortality

- Within 1 year: Mortality ratio to be within expected range
- Within 3 years: Mortality ratio to be 2-5% better than the national average
- Within 5 years: Mortality ratio to be 5-10% better than the national average
Quality Improvement Plan | 2014 - 2017

A great place to be cared for; a great place to work.
Care Improvement Outcome 2

Quality Goal: Deliver effective and reliable care

We recognise that there will be occasions when clinical judgement, based on the requirements of individual patients, will override guidelines. This will be documented on the occasions when this occurs.

‘Reliability science’ can help healthcare providers redesign systems to ensure patients receive all the elements of care they need. Healthcare systems are organised differently at the weekends compared to weekdays where there is a lack of access to certain services over the seven day period. This can result in delays to treatment that can contribute to less favourable outcomes for patients.

We are developing plans that will deliver safe, effective and consistent clinical services across seven days, in alignment with plans for the wider NHS, through the following means.

Care Bundles
(Medical Director)

Care Bundles are ‘best practice’ clinical interventions, with an applied research base, that involve key clinical management steps that have been demonstrated to save patient lives. In effect they are condensed, single-page versions of clinical guidelines. Some care bundles also advice clinicians on whether to admit to hospital or not.

The Trust will introduce care bundles for key areas of clinical practice as a part of its Quality Improvement Plan.

Ward Accreditation
(Executive Chief Nurse)

The Trust has fully implemented “Intentional Rounding” across all ward areas, following a very successful pilot programme.

In order to support and promote consistent delivery of high standards of care within wards and departments, a ward-level monitoring and accreditation system will be introduced that will allow measurement and assessment of the wards and departments against a core framework of standards. This will ensure that quality and safety are delivered and that patients and families are at the heart of care delivery. The outcome of the ward-based assessment will provide the Trust’s ward accreditation as ‘Exemplar Wards’ as providing excellent care.
**Patient Safety Summit**

(Executive Chief Nurse)

The introduction of the weekly Patient Safety Summit results in any harm (or near miss) being reviewed by senior doctors, nurses and Allied Health Professionals (AHPs) within a week of that harm occurring. The ‘story’ relating to the incident is discussed along with any actions taken and confirmation of individual learning. The Patient Safety Summit considers and promotes wider learning that can be applied across the organisation, and monitors adherence to the duty of candour.

This learning is communicated in a number of ways within the organisation and with key stakeholder organisations.

**Duty of Candour**

(All board members and all Trust staff)

Candour means being open and honest: to patients, families and to each other. We have been implementing Duty of Candour for some time because it is the right thing to do.

From November 2014, Duty of Candour has become a statutory duty and NHS providers are held to account for ensuring that when we get things wrong, we are open and honest about it and make an apology.

We have processes in place to monitor that duty of candour is in place when things go wrong and we will continue to champion this as the right thing to do every time.
Quality Goal: Improve patient and family centred care

A positive patient and family experience is of great importance to us. We understand that many of our patients often experience life changing diagnoses and treatments, and it is our ambition to make their experience the best that it can possibly be. In order to do this we also recognise the need for our staff to feel valued and supported.

There is much more that we need to do to improve patient and family care and we ask our patients and their families for their views through the “I Want Great Care” initiative.

The use of “I Want Great Care” will drive quality improvement through a cycle of continuous improvement at ward level, with local actions taken by Matrons/Ward Leaders to address concerns and issues raised through patient feedback in a timely way.

The “I Want Great Care” data is systematically monitored and displayed in all wards and departments involved.

To achieve our aims we will deliver a programme of actions that ensure that our patients and families describe UHMB as their provider of choice based on the quality of their experience. The work we focus on will be based on the guiding principle that all care will be viewed through the eyes of patients and their families.

Jargon Buster:
iWantGreatCare lets patients leave meaningful feedback on their care, say thank you and help the next patient
• It’s a service that is independent, secure and trusted by patients, doctors and hospitals
• Feedback is provided on doctors, dentists, hospitals, GP practices, medicines, pharmacies and nursing homes to ensure problems get fixed
For more information see: www.iwantgreatcare.org/information/about

Within
1 year
All inpatient areas to deliver I Want Great Care.

Within
3 years
I Want Great Care to inform Medical revalidation.

Within
5 years
I Want Great Care to inform non medical professional revalidation.

Quality Goal: Improve staff experience
(Director of Workforce and Organisational Development)

The delivery of consistently excellent patient experience is reliant upon having an engaged, competent and motivated workforce, unified by a compelling organisational culture built around patient-centred and safety-focussed care.
The delivery of this plan is formed around the NHS Constitutional pledge to give every employee the opportunity to be involved in decisions that affect them and the services that they provide. It will continue the drive to give all employees an increased voice on how their organisation can be improved and encourage them to personally take action to achieve this.

It needs to be recognised that cultural change requires time to shift the way that people think, act and behave in an organisation. First you have to shift those people’s experience of the organisation. Performance against our ambitions will be measured through the NHS Staff Survey.

Our baseline performance, set by the 2013/14 NHS Staff Survey results, against the key findings areas, is as follows:

<table>
<thead>
<tr>
<th>Performance Area</th>
<th>Result</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best 20%</td>
<td>4</td>
<td>(14%)</td>
</tr>
<tr>
<td>Better than average</td>
<td>2</td>
<td>(7%)</td>
</tr>
<tr>
<td>Average</td>
<td>3</td>
<td>(11%)</td>
</tr>
<tr>
<td>Worse than average</td>
<td>12</td>
<td>(43%)</td>
</tr>
<tr>
<td>Worst 20%</td>
<td>7</td>
<td>(25%)</td>
</tr>
</tbody>
</table>

Whilst the Trust would want to see improved staff experience illustrated through all of the key result areas identified in the NHS Staff Survey, the key indicators² are as follows (with 2013/14 performance identified):

- Staff ability to contribute to improvements at work (65%)
- Staff recommendation of the Trust as a place to work or receive treatment (3.39 out of 5)
- Staff motivation at work (3.76 out of 5)

² The focus for 2014/15 will largely be on addressing the improvement areas identified by the Care Quality Commission.

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Jargon Buster:
What is the NHS Constitution?

The NHS Constitution was created to protect the NHS and make sure it will always do the things it was set up to do in 1948 – to provide high-quality healthcare that’s free and for everyone. No government can change the Constitution without the full involvement of staff, patients and the public. The Constitution is a promise that the NHS will always be there for you.

For the full constitution please visit:
Developing Our Improvement Approach

Engagement and Improvement

In order for transformational change and continual improvement to take place across our organisation there is a need for the Trust to become a learning organisation: for improvement and innovation to become part of everyone’s role, and to be considered part of the day job. Part of the culture, or the way we do things around here, must be to continually look for, and implement, improvements.

The Trust is on a ‘journey of improvement’– whilst initial emphasis will be on sustainably addressing the concerns raised by the Care Quality Inspection in 2014, and routinely achieving all externally set standards and targets, the longer-term aspiration is to always achieve excellence in patient care.

To support this journey, the Trust has adopted two new initiatives: Listening into Action and an Improvement Hub.

Engagement

Listening into Action will provide the initial pace and organisational focus for this.

Improvement Methodology

The Improvement Hub will provide ongoing rigour, structure, expertise and support to ensure continued momentum and successful improvement outcomes.

Listening into Action (LiA) is a proven staff engagement approach aimed at involving front line staff in generating and leading on improvement activities. LiA is designed to increase the pace of improvement and to realise some quick wins and early positive outcomes.

The Improvement Hub is being established to provide two main functions:

- An assurance and monitoring role to oversee improvement activity. An Improvement Panel will be established to fulfil this function.
- A development and resource role to provide support to staff involved in improvement and change activities.
The Improvement Hub will comprise the following elements:

- Quality Improvement Panel (multi-disciplinary and with Executive representation);
- Improvement Team, headed by an Improvement Lead, providing operational leadership and focus;
- Local Improvement Champions, to lead on local improvement projects. These individuals will receive training in improvement science and methodologies and coaching support as needed;
- Local Improvement Teams to ensure a multi-disciplinary team based approach to improvement, maximising staff engagement;
- Academic partner(s) to provide training and expertise in improvement methodologies and coaching/facilitation support to project groups;
- Academic input to develop robust performance measures to measure and monitor success;
- NHS partner/buddy organisation(s) to provide expertise, experience and to validate our approach.

A structured Improvement Hub approach will support the move towards this new culture of continual improvement around the Trust’s strategic priority areas, by providing a central focus for staff to access expertise and support in methodologies and evaluation. This will be flexible to ensure there is an agile approach to improvement across the organisation.

**Quality Improvement Panel**
- Initially, set priorities, monitor progress, report to TMB

**Setting Priorities**
- Select projects ECIST, CQC, QIP, LiA themes

**Performance Monitoring**
- Check & Challenge: project reports & presentations

**Staff Development**
- Diagnostics, Action Learning, Coaching
- External support: AQUA, CETAD, CLIC
- Internal Coaches/improvement experts

**Project Management**
- PMO
- Improvement Hub Lead
- Project Lead/Champion
- Sponsor
- Project plan

**Embedding Improvement**
- LiA pass it on events
- Celebrate Successes
- Establish Improvement Champion Awards
- Share learning
- Disseminate and embed

**Trust Management Board (TMB)**
- Governance route

**Progress**
- Our progress will be improved through innovation, education, research and technology to meet the challenges of the future.
Quality Improvement cycle:

The four stages below represent a continuing cycle.

<table>
<thead>
<tr>
<th>Stage in Improvement Cycle</th>
<th>Strategic</th>
<th>Team/Dept</th>
<th>Individual</th>
<th>Improvement Hub</th>
</tr>
</thead>
<tbody>
<tr>
<td>LiA Lead, sponsor group, large scale events</td>
<td>Local listening events, comms cells</td>
<td>100 influencers Patient voice Learners New starters</td>
<td>Incubation of ideas Expert input</td>
<td>Plan</td>
</tr>
<tr>
<td>Improvement activity</td>
<td>Improvement teams</td>
<td>Improvement Champions All!</td>
<td>Q3 4 wards accredited</td>
<td>Do</td>
</tr>
<tr>
<td>Measurement of outcomes</td>
<td>Audits, performance data Comms cells Friends &amp; family test</td>
<td>New skills, feedback, PDR</td>
<td>Collate outcomes, reports, dashboards, coaching, ALS, signposting to support</td>
<td>Study</td>
</tr>
<tr>
<td>Spread, BaU</td>
<td>Embed improvements, celebrate success, identify ongoing improvements</td>
<td>Peer support, coaching, lead on new improvement</td>
<td>Disseminate outcomes, lessons learnt, celebrate success, oversee spread activities</td>
<td>Act</td>
</tr>
</tbody>
</table>
Robust and ambitious targets will be set for each Local Improvement Team to identify progress and success in achieving this improvement plan. There will be a portfolio of projects for which key performance indicators will be agreed in consultation with clinical leaders. These will be linked to our quality goals.

A dashboard will be developed to enable monitoring at the Local Improvement Team level and provide assurance to the Trust Board through the Quality Improvement Panel.

The proposed dashboard will report on four quadrants of quality. A standard template will be developed which will incorporate benchmarking data and trends in order to facilitate clear communication of the information for the Board, staff, Governors and the public.

SAFETY
- Falls
- Tissue viability
- VTE prevention
- WHO checklist
- Medication – right drug, right dose, right duration
- Low infection rates
- Low mortality

EXPERIENCE
- Compassion in care
- Putting patients first
- Respecting patients’ wishes
- Communicating treatment plans
- I Want Great Care
- NHS Staff Survey
- Pulse Survey

OUTCOMES
- Treatment outcomes (upper quartile)
- Length of stay (upper quartile)

IMPROVEMENT
- Improvement Hub alumni
- Published case studies
- Recognition and awards for innovation and improvement
Enabling Principles

Building improvement capacity and capability

This Improvement Plan will only be successful if we focus on developing continuous improvement capability in our workforce. We will build on existing organisational structures and expertise to develop skills, build capacity and create opportunities for shared learning across the wider multi-disciplinary team.

Learning with and from other organisations

Key to the development of the Improvement Hub will be identification of appropriate academic and NHS partners that will assist in the set-up of the Hub and provide resources, training and expertise in improvement methodologies and coaching/facilitation support to project groups. We will maximise the opportunities to learn with, and from, other NHS Trusts and international organisations to bring about measurable improvement.

Specifically we plan to work with:

- An NHS Improvement Partner for maternity services
- Salford Royal NHS Foundation Trust on Nurse Accreditation and Standard Setting (NASS) and implementing the Improvement strategy
- Wrightington, Wigan & Leigh NHS Foundation Trust on staff engagement and the long term improvement strategy in order to sustain the momentum Listening into Action will create
- Advancing Quality Alliance (AQuA) to build on our membership by accessing training and train the trainer resources to enable key Improvement Champions across the organisation to be skilled in improvement science and methodologies
- Centre for Training and Education (CETAD), Lancaster University to commission flexible and bespoke input to facilitate staff engagement in improvement activities, including provision of coaching, action learning sets, expert speakers, drop in sessions
- Cumbria Learning & Innovation Collaboration (CLIC) to strengthen partnership in Cumbria in order to work effectively on cross-organisation improvement projects

Partnerships

Our partnerships make us strong. By investing in them, we will deliver the best possible care to our communities.
Leadership for quality

The drive for continuous quality and safety improvement requires exceptional leadership at every level of the organisation. We recognise the power and value of having clinicians leading the quality agenda, and we aim to have clinical leaders at the forefront of delivery. The importance of leadership has been recently highlighted by the Patient Safety First Campaign which promotes the requirement for a commitment to patient safety not only by clinical leaders, but also at Board of Director level.

There is strong commitment from our Board of Directors to lead the quality improvement agenda. This will be done by:

• Ensuring that the Trust’s Vision and Values drive everything that we do
• Keeping the patient (and their family) at the centre of all we do
• Creating an environment where staff feel empowered to lead change
• Promoting patient involvement in the quality improvement activities of the Trust
• Ensuring transparency of quality performance and improvement activities
• Providing support for quality improvement training programmes for staff
• Ensuring that senior meetings have a focus on quality and safety improvement

A commitment to quality will be at the heart of clinical and managerial leadership at all levels of the Trust. We will ensure that continuous quality improvement is a key element underpinning our leadership development programmes for all groups of staff.

In addition to building capacity and capability within front-line teams, our leaders need the skills to enable and drive improvement. We will develop a curriculum which will be tailored according to identified needs and priorities. This curriculum will cover:

• Models for improvement and small-scale rapid tests of change
• A coherent improvement strategy
• Concepts and practices of high-reliability organisations
• Concepts of flow management
• Concepts and practices of scale-up and spread of improvements
• Concepts and practices of safety systems
• Understanding human factors

The NHS faces challenging times requiring resilient and creative leadership together with a determination to learn and develop.
Delivering a safety culture

A positive safety culture in healthcare organisations can have a significant impact on patient safety. We want to create a culture within the Trust where patient safety and reliable high-quality care is central to everyday practice. This includes the development of an environment where there are optimal systems and processes for reporting and learning from patient safety incidents and serious untoward incidents (SUIs).

We will achieve this by ensuring staff understand what their responsibilities are and what is expected of them. We will also create an environment where staff know that we will listen to their concerns and support them in delivering safe care. This will ensure that patient safety is recognised as our foremost priority and everyone’s responsibility.

Our safety culture approach will influence behaviours by having a positive effect on beliefs, values, and attitudes. Culture is difficult to measure directly but indications can be gained from surveys of staff attitudes and opinions, or the use of safety culture assessment tools to evaluate whether our safety culture is improving. The development of a positive safety culture will be closely linked to our programme to build human factors knowledge and expertise.

Safety culture forms part of the broader organisational culture and we will ensure that we embed and strengthen the values and behaviours which promote the delivery of high-quality care focussed on the needs and wishes of our patients.

Local Improvement Champions

Each clinical area will have a designated Local Improvement Fellow/Champion to take a lead role in implementing a culture of safety on their individual wards and departments. They will provide leadership for quality improvement projects, promoting a culture where patient safety is a first priority at all times. These Local Improvement Fellows will lead the local improvement groups and projects. These individuals will receive training in improvement science and methodologies in coaching support.

Human factors – Developing Expertise

Human factors are the interrelationships between humans, the tools they use, and the environments in which they live and work. In the healthcare setting this has two main components:

The first is a review of organisational systems and processes to eliminate or reduce latent conditions which can lead to harmful or potentially harmful incidents. This aspect includes incident reporting and learning from mistakes in a way that improves the system and reduces the chances of recurrence of the same mistake.

The second, “Team Resource Management”, helps clinical teams to work together safely and effectively. This includes training teams to improve:

- Leadership, followership and team roles
- Effective teamwork
- Communication
- Situational awareness
- Workload management
- Problem solving and decision making

There is overwhelming evidence that the integration of human factors into clinical care is a vital aspect of improving patient safety, and we are committed to eliminating error-prone systems and processes by developing human factors awareness within our workforce.
Engaging with our Staff

Meaningful staff engagement is essential to create a culture where safety and high quality care is embedded in every day practice.

We will implement the Listening into Action (LiA) approach across the organisation as the single, coherent vehicle for staff engagement within the organisation. LiA takes a conversation approach to engaging staff at all levels for positive and effective change. It helps make connections between people, services and functions and fosters collaboration to ensure collective ownership.

The LiA approach will support delivery of the Improvement Plan by engaging staff in the design, delivery and evaluation of quality improvement schemes.

Other important enablers

Rigour in relation to selecting improvement projects to ensure appropriate focus on Trust priorities. Proposals for, and progress of, innovation projects to be managed via the Quality Improvement Panel, against set criteria and Trust priorities. Close liaison with the Trust’s Improvement Board and the Project Management Office are essential.

Scoping for innovative approaches and best practice evidence and adoption of these as appropriate eg:

- Introduce ward standards and accreditation to support development of exemplar teams
- Structured process for involving medical trainees in quality improvement activities

Staff empowerment; regular protected time allocated for all staff and teams to engage in these activities. Senior leaders to be seen to give support and ‘permission’ for staff to be involved.

Involving all stakeholders: Patient, visitor, trainee, student, volunteer and new starter input will all be important contributions to capture. Methods for this will need to be discussed.

Focus will be needed on embedding quality improvement in “business as usual” and in teams in order to become a learning organisation. Teams should be regularly taking time to assess and discuss their performance.

Variety of channels available staff to contribute ideas and be involved and engaged in thinking about improvement and innovation, e.g. drop-in sessions, videos interviewing those engaged in current projects, visiting expert speakers, vox pops, postcards, walkabouts, improvement events to share successes.

Clear and ongoing communications - in order to be successful, staff will need a clear narrative in order to be able to articulate what the Improvement Hub is and how it will support them. Effective communications and divisional support will be vital.
Improvement becoming “Business as Usual”

Listening into Action will represent an intense 12 months of initial engagement activity across the organisation. It is essential that a plan is formulated to ensure that this initial enthusiasm and pace is maintained going forward to support the ongoing delivery of the quality improvement plan.

The Trust will also aim to partner with an organisation that has successfully embedded these activities into business as usual, and has a growing number of staff engaged in improving activities.
Summary

We are fully committed to developing a robust and sustainable process for the continual improvement of the services and care that we provide. We recognise that this can only be achieved with input from our patients, their families and our staff.

This strategy aims to draw together the different components which are key to delivering safe, effective care and a positive experience for patients and their families. It also provides a clear set of goals which are challenging but crucial for the successful delivery of our vision of providing world class services and getting it right for every patient, every time.

Performance

Our performance drives our organisation. Providing consistently safe, high quality care is how we define ourselves and our success.
### APPENDIX 1:
Measurable Quality Outcomes Trajectory

<table>
<thead>
<tr>
<th>Measurable outcome</th>
<th>Baseline 2013-14</th>
<th>Trajectory 31/04/2015</th>
<th>Trajectory 31/04/2017</th>
<th>Trajectory 31/04/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reducing Harm</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Acquired (HA) Pressure Ulcers</td>
<td>N/A as included hospital and community acquired</td>
<td>46</td>
<td>44</td>
<td>42</td>
</tr>
<tr>
<td>HA Catheter Associated Urinary Tract Infections</td>
<td>24</td>
<td>23</td>
<td>22</td>
<td>21</td>
</tr>
<tr>
<td>HA Venous thrombo-embolism</td>
<td>12</td>
<td>11</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Patient falls resulting in harm</td>
<td>558 (Minor – Major)</td>
<td>547</td>
<td>530</td>
<td>513</td>
</tr>
<tr>
<td>HA C-Difficile</td>
<td>50</td>
<td>49</td>
<td>47</td>
<td>46</td>
</tr>
<tr>
<td>HA MRSA</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>HA MSSA</td>
<td>69</td>
<td>68</td>
<td>65</td>
<td>63</td>
</tr>
<tr>
<td>Never Events</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ventilator Acquired Pneumonias</td>
<td>N/A</td>
<td>To be established</td>
<td>To be established</td>
<td>To be established</td>
</tr>
<tr>
<td>HA Wound Infections</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>Reducing Mortality</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSMR</td>
<td>102.48</td>
<td>100</td>
<td>95-98</td>
<td>90-95</td>
</tr>
<tr>
<td>SHMI</td>
<td>107.58</td>
<td>100</td>
<td>95-98</td>
<td>90-95</td>
</tr>
<tr>
<td>Raw (Crude) Death Rate</td>
<td>3.75</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Target Area</td>
<td>Baseline</td>
<td>31/04/2015</td>
<td>31/04/2017</td>
<td>31/04/2019</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------</td>
<td>------------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td><strong>Delivering Effective &amp; Reliable Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Ward Accreditation</td>
<td>N/A</td>
<td>Accreditation Introduced</td>
<td>10% exemplar status</td>
<td>50% exemplar status</td>
</tr>
<tr>
<td>Outpatient Area Accreditation</td>
<td>N/A</td>
<td>Accreditation Introduced</td>
<td>15% exemplar status</td>
<td></td>
</tr>
<tr>
<td>Theatre Accreditation</td>
<td>N/A</td>
<td>Accreditation Introduced</td>
<td>15% exemplar status</td>
<td></td>
</tr>
<tr>
<td><strong>Improving Patient Experience</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I Want Great Care</td>
<td>N/A</td>
<td>Used in all inpatient areas</td>
<td>Used for medical revalidation</td>
<td>Used for non-medical revalidation</td>
</tr>
<tr>
<td><strong>Improving Staff Experience</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improvement Hub Alumni</td>
<td>0</td>
<td>10</td>
<td>50</td>
<td>300</td>
</tr>
<tr>
<td>NHS Staff Survey Distribution</td>
<td>68% below average/worst 20%</td>
<td>46% below average/worst 20%</td>
<td>Normal distribution</td>
<td>60% above average/best 20%</td>
</tr>
<tr>
<td>Ability to contribute to improvements at work</td>
<td>Worst 20%</td>
<td>Below Average</td>
<td>Average</td>
<td>Above Average</td>
</tr>
<tr>
<td>Recommendation of the Trust as a place to work or receive treatment</td>
<td>Worst 20%</td>
<td>Below Average</td>
<td>Average</td>
<td>Best 20%</td>
</tr>
<tr>
<td>Motivation at work</td>
<td>Worst 20%</td>
<td>Below Average</td>
<td>Average</td>
<td>Best 20%</td>
</tr>
</tbody>
</table>
Quality Improvement Plan | 2014 - 2017

A great place to be cared for; a great place to work.

Improving Staff Experience

Improvement Hub Alumni

NHS Staff Survey Distribution
68% below average/worst
46% below average/worst
20%

Normal distribution
60% above average/best
20%

Ability to contribute to improvements at work
Worst 20%
Below Average
Average
Above Average

Recommendation of the Trust as a place to work or receive treatment
Worst 20%
Below Average
Average
Best 20%

Motivation at work
Worst 20%
Below Average
Average
Best 20%
A number of cross-cutting themes, impacting on all five divisions, have been identified which reinforce the need for collaboration across the local health economy. The key strategic aims common to all five clinical divisions are:

- Developing, recruiting and retaining a workforce which shares the Trust values and delivers care in line with our objectives;
- Engaging our workforce through initiatives such as Listening in Action;
- Developing our estate so that it is fit for purpose and able to support the delivery of 21st century care in an efficient and effective way;
- Delivering the ten Keogh standards;
- Delivering the recommendations of the Francis and Berwick reports;
- Supporting the development of Technology to improve patient care through, for example, the delivery of the Paperlite strategy which aims to deliver 80% of Outpatient consultations with an Electronic Patient Record rather than paper based medical notes or enabling remote reporting for diagnostic films;
- Providing an efficient outpatient service that delivers high quality clinical outcomes and a positive patient experience; and
- Further developing the ethos of an evidence-based approach to clinical practice and an expansion of our portfolio of education and research.

A summary of the plans for each division are shown in the tables below:

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