



Quality Improvement & Innovation Strategy

2017-2022



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Quality improvement

Is 'working together, using methods, tools, data measurement, curiosity and an open mindset to improve healthcare' Health Foundation, 2013



Innovation

Is 'the introduction and application of processes, products, treatments or procedures, new to the team, department, ward, pathway, organisation or system and intended to benefit patients, staff, the organisation or the wider society' Kings Fund, 2017



Creating the Conditions for Qii

'Requires giving frontline teams the autonomy to experiment, discover and apply new and improved ways of delivering care'



Outcomes from Qii

The majority of provider trusts rated 'outstanding' by the Care Quality Commission have their Chief Executives attribute this to the established quality improvement methods for improvement in their operational performance, staff satisfaction and quality outcomes. NHS Improvement, 2016

Qii Behaviours and values into action

W

We always put the patient first.

✓ I work with our patients and families to understand what is important to them.

✓ I actively engage patients and families in Qii.

e

Everyone counts.

✓ My team and I are empowered to suggest ideas and make changes.

✓ I listen to others ideas as well as putting forward my views in a positive way.

C

Committed to quality.

✓ I use evidence and best practice for improvement.

✓ Qii is everyone's role and I look for opportunities everyday to 'be better tomorrow than today'.

a

Always caring and compassionate.

✓ I use a positive, strengths based approach.

✓ In my team we recognise what is working well and build on this as well as constructively challenging and questioning with curiosity.

r

Responsible and accountable.

✓ I take ownership for what I can change in my practice, and regularly make improvements.

✓ My team has ownership of Qii and we work jointly to solve problems and identify our plans for Qii.

e

Encouraging and valuing our diverse staff.

✓ We will come together to improve care and I actively participate.

✓ I share ideas with other people, teams and organisations sharing best practice.

Executive summary

Providing the best possible care and outcomes for patients means continual improvement, and at DBTH we want to ‘do things better tomorrow than today’ and deliver the ‘best care possible’. This Quality Improvement & Innovation (Qii) Strategy sets out our vision and our aims to embed Qii into our culture. It is an evolving strategy that will be regularly updated and reviewed (using Qii methodologies to do so) and we want to engage with as many staff as possible in its implementation and evaluation. It is an important enabling strategy and complements and works with all other corporate strategies.

We believe that all staff, along with our patients, carers, residents, governors, and partner organisations have all the ideas and experience to contribute ideas to improve the quality, safety, effectiveness and efficiency of our services, and to create solutions for the way we design and provide our future services. Working together on improving the quality of our services will help us to achieve our vision of:

As an Acute Teaching Hospitals Trust, and a leading partner in health and social care across South Yorkshire and Bassetlaw, we will work with our patients, partners and the public to maintain and improve the delivery of high quality integrated care.

We are moving from a period of successful financial turnaround where we needed significant focus on efficiency. Going forward we need to continue to improve our efficiency and meet the on-going financial challenges at the same time as developing sustainable transformation and longer term sustainability by working together on Qii.

This Qii strategy will support the vision of DBTH by bringing a systematic approach to tackling complex problems, with a focus on outcomes and by bringing staff and patients, and partners together to improve

and redesign the way that care is provided. This will improve quality of care by focusing on ensuring care is:

- ✓ Safe
- ✓ People centred
- ✓ Timely
- ✓ Consistent and standardised
- ✓ Effective
- ✓ Efficient
- ✓ Equitable
- ✓ Evidence based

(Based on Quality indicators, identified by Institute of Healthcare Improvement)

This strategy outlines our methodology and WAY for Qii, WHAT we will put in place in terms of the Qii infrastructure, the mechanisms, resources, and ways of working, our focus for Qii and WHERE Qii will be evident. The strategy also focuses on our desired culture of Qii and HOW we want Qii to feel within DBTH. This will be achieved through empowerment and engagement of WHOever you are (staff, patients, volunteers, governors and partners) so everyone is involved and engaged in Qii.

This strategy also includes what we expect to see as a result of Qii. A range of measures are included such as did we do what we said we would in the actions through to the impact this Qii strategy has on patient outcomes, and staff engagement. This will help us understand where we are on our Qii journey as we progress and how we are doing in achieving our vision for this strategy of:

‘All patients will experience the best care possible by all staff and teams improving quality in their practice every day. Staff, patients, carers and partners work together to co-create ideas and plans for continuous improvement and innovation.

Where are we now?

Why do we need a strategy?

Our patients, carers and residents in Doncaster and Bassetlaw deserve the very best care that we can provide for them.

Although we have lots of examples of excellent quality improvement practice by staff and teams we don't have an overall organisational approach, and up to now we have not set out our plans for how we want to work on improvement together. This strategy will do that by outlining the support we will provide to staff, as well as our approach across the organisation, and with our wider partners so we are working together on quality improvement as effectively as we can.

Aren't we improving quality already?

We have lots of excellent examples of staff working with patients, carers and partners to improve care everyday. We have improved significantly our patient safety measures such as reducing falls, and reducing hospital acquired infections. Many teams and Care Groups are working together to improve the quality of care in a planned way, to review services and how they are provided, and to identify innovative and new ways to provide effective and efficient care. We want to build on this. "Employee engagement describes the involvement of people at all levels in positive two-way dialogue and action to deliver the highest quality patient care and create great places to work – where people find their work meaningful and are willing to work together for patients, their colleagues and the future success of their organisation."

Do we really need to do anything differently?

What we don't have is a 'DBTH Qii way' where we have a shared approach that we all understand and use. We want all staff to be confident and skilled in a range of Qii practical tools and approaches to use in their everyday work, and to be involved in quality improvement projects with others as we think this is the best way of maximizing quality improvement, and the spread of good practice.

We want to develop our DBTH 'Qii way' including creating a culture where all staff are able to use their curiosity, creativity and enthusiasm to benefit patients.

Is this about efficiencies and reducing costs?

We are moving from a period of successful financial turnaround where we needed to focus predominately on efficiency. Going forward we need to continue to

improve our efficiency and meet the on-going financial savings at the same time as developing sustainable transformation and longer term sustainability by working together on Qii.

Quality improvement is our aim for this strategy. If we focus on what is important to our patients, carers, partners and staff then we can provide the highest quality care that is safe, effective, patient centered, efficient, timely, equitable, consistent and evidence based which will then be best value within the resources available, and sustainable.

What is our data telling us about quality improvement?

We have made significant improvements in quality of care such as those outlined in our Quality Account for 2017/18:

- 18.75% improvement on our performance in 2015/16 for C.Diff infection
- Reduction of 14% in repeated falls, falls with harm, as well as serious harm from falls.
- Continued progress with our Hospital Standardised Mortality Ratio (HSMR), reducing by 4.54 points from 95.62 in 2015/16 to 91.08 in 2017/18.

We have a relatively small number of staff trained in Qii approaches across the organisation and some who are champions in their areas. We have lots of activity in teams on improvement and innovation although we don't collect and report on this organisational so we don't really know how well we are doing, what the positive outcomes are or the opportunities for sharing and spread of this.

We are currently rated 'Requires Improvement' by the Care Quality Commission (CQC) for our care although it is positive that 74% of services were assessed as 'Good', and no services or components of core pathways were identified as 'Inadequate',

Our most recent staff survey results for 2016 highlight areas where staff feel less engaged such as lower rates of staff who feel able to contribute their ideas towards improvements at work of 63%, support from immediate managers at 3.61 (out of 5) and staff satisfaction with levels of responsibility and involvement 3.83. There is lots of evidence that higher staff engagement, and in particular involvement in decision making and being able to contribute ideas impacts on care quality, patient mortality, and patient satisfaction (*Michael West*)

Strengths

- ✓ Recent achievement of Teaching Hospital status
- ✓ Decision to invest in and develop Qii team
- ✓ Many examples of excellent quality improvement and innovation by staff and teams in DBTH
- ✓ Improved significantly patient safety measures such as reducing falls, and reducing hospital acquired infections, Hospital Standardised Mortality ratio (HMSR)
- ✓ Continued achievement of other quality indicators
- ✓ CQC – good in caring and well-led
- ✓ Willingness to listen and use feedback to improve quality and patient experience
- ✓ Open to new ways of doing things with clinical staff generally responsive to Qii ideas
- ✓ Developed and established R&D team
- ✓ Track record of working with strategic partners to develop services and improve pathways
- ✓ Some clinical staff trained in Qii who currently champion this work
- ✓ Positive senior level (Board) sponsorship and support

Opportunities

- ✓ Re-refresh of strategic vision is an opportunity to place Qii centrally to enable delivery
- ✓ Programme of improvement programmes for operational efficiencies and Strategic Delivery Projects identified where Qii approach will enable sustainability and broader quality focus
- ✓ Well developed Qii infrastructure in region to draw on resources, training, and for networking
- ✓ Funding for innovation and improvement externally and nationally to support work, potentially linked to Teaching Hospital status
- ✓ Pathway re-design across Place and STP is an opportunity for collective Qii work
- ✓ CQC requires improvement in safe, effective and responsive –74% of areas were judged to be good. Opportunity to use Qii to support plans
- ✓ Further improve our Research, Development and Innovation profile
- ✓ Equipping all staff across Trust with understanding of Qii through skills training to embed approach in everyday activity
- ✓ Emerging Patient Experience strategy will enable development of culture of co-creation of Qii with patients and carers

Weaknesses

- ✗ No organisational approach to Qii and lack of co-ordination of activity and priorities means external funding opportunities may be missed.
- ✗ Relatively small number of staff trained in Qii
- ✗ Low rates of staff who feel able to contribute their ideas, or who feel involved in decision making (2016 Staff survey)
- ✗ Systematic patient engagement in Qii less evident
- ✗ On-going financial deficit will require ongoing efficiency drive
- ✗ No current organisational wide mechanisms for Qii – will require prioritization and clear focus to manage capacity
- ✗ Difficulties with recruitment of some clinical staff and pressures in clinical areas impacting on potential ability to fully engage in some Qii activity
- ✗ Service capacity challenges – may mean some focus on reactive problem solving rather than longer term service change

Threats

- ✗ Balance of focus on Qii mechanisms and ‘tools’ – needs also to be on culture
- ✗ Qii outcomes may take time to realize as this is not a ‘quick fix’ approach
- ✗ Scale of Qii challenge will require ownership by clinicians and leaders as essential

Won't this take time and be extra work?

Funny how we don't have enough time to improve, but we have plenty of time to perform work inefficiently and to resolve the same problems over and over.

Fire fighting can be fun but it is only putting the process back to where it was in the first place. It is not improvement of the process.

Deming, change management and quality improvement expert

Improvements in the quality of care do not occur by chance. They come from the intentional actions of staff equipped with the skills needed to bring about changes in care, directly and constantly supported by leaders at all levels.

Kings Fund, 2016

Where do we want to be?

'All patients will experience the best care possible by all staff and teams improving quality in their practice every day. Staff, patients, carers and partners work together to co-create ideas and plans for continuous improvement and innovation.'

Vision for Qii

Our vision for Qii will result in our patients and families experiencing improved care, and staff working in improved services which are:

✓ **Safe**

We will continue to improve our progress in avoiding harm to patients. We will embed Qii approaches into quality governance work and processes to embed high impact improvements.

✓ **Effective**

We will provide services based on evidence, and use benchmarking and other data to review our performance. We will make improvements that impact positively on outcomes.

✓ **People centred**

We will work in equal partnership with patients / families to ensure care meets patients' needs and preferences. This principle will be at the centre of all Qii work.

✓ **Efficient**

We will reduce unnecessary waste in all areas to ensure we are as efficient as possible. We will systematically review capacity and demand, flow, and pathways to increase efficiency.

✓ **Equitable**

We will seek to understand any inequity in our services and care. We will make improvements to reduce / eliminate gaps in health outcomes between different social groups.

✓ **Timely**

We will reduce unnecessary waits and delays in our pathways, and in our services to ensure we improve our performance on required standards as well as internally identified expectations.

✓ **Consistent and standardised**

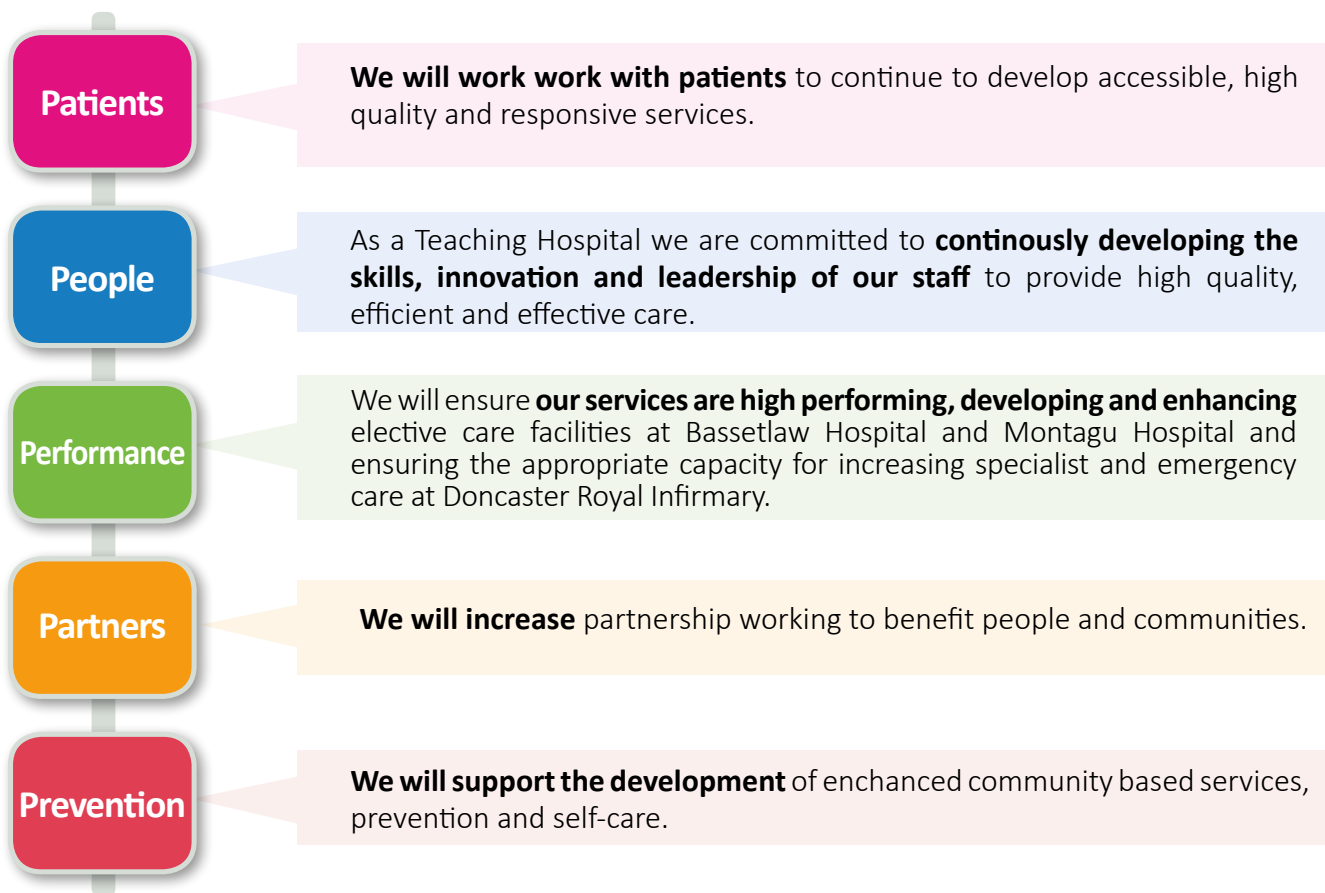
We will reduce unnecessary variation in the way we provide care and services. We will identify optimal pathways to enable us to deliver the best care consistently.

✓ **Evidence based**

We will use evidence, clinical best practice, national and local benchmarking, and intelligence /data to understand where we are and where we need to be, and to measurement progress.

Targets and specific desired outcomes for improvements in these areas will be included in the Qii annual action plan, which will be updated and reported on regularly. This vision is equally applicable to staff working in support service and corporate roles who provide an internal service to other staff or other departments.

Qii aims and objectives



Qii Aims

To achieve our Qii vision our strategic approach to Qii will include:

WAY - Our Model for Improvement

This is the methodology for the delivery of this strategy, as well as for how we approach Qii within DBTH.

WHAT - Our approach to Qii

This is what we will put in place in terms of the Qii infrastructure; the mechanisms, resources, and ways of working across the organisation.

WHERE - Our focus for Qii

This is the places that Qii will be evident.

WHO - Our empowerment and engagement

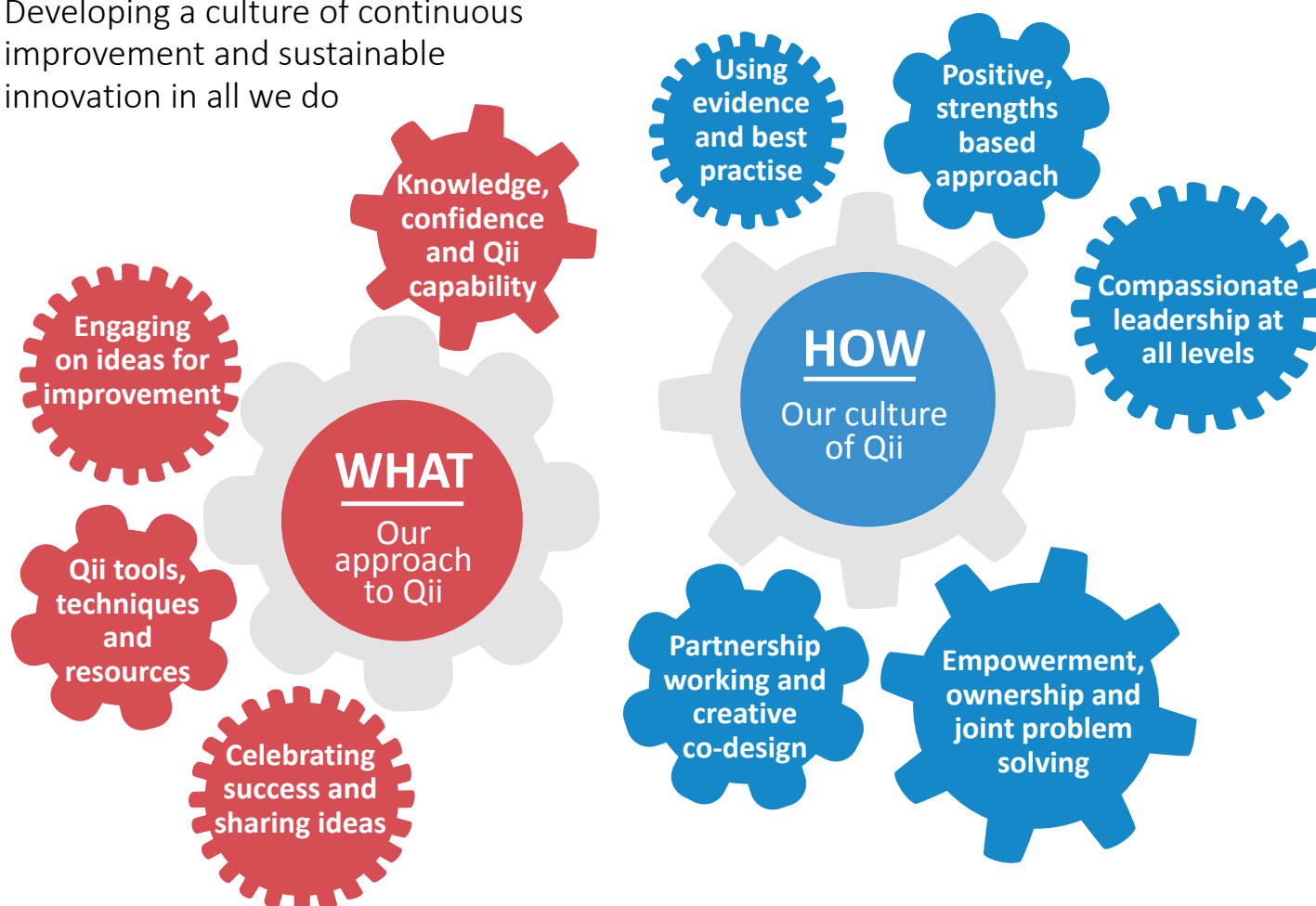
We want everyone (staff, students and trainees, patients, volunteers, governors and partners) to be involved and engaged in Qii.

HOW - Our culture of Qii

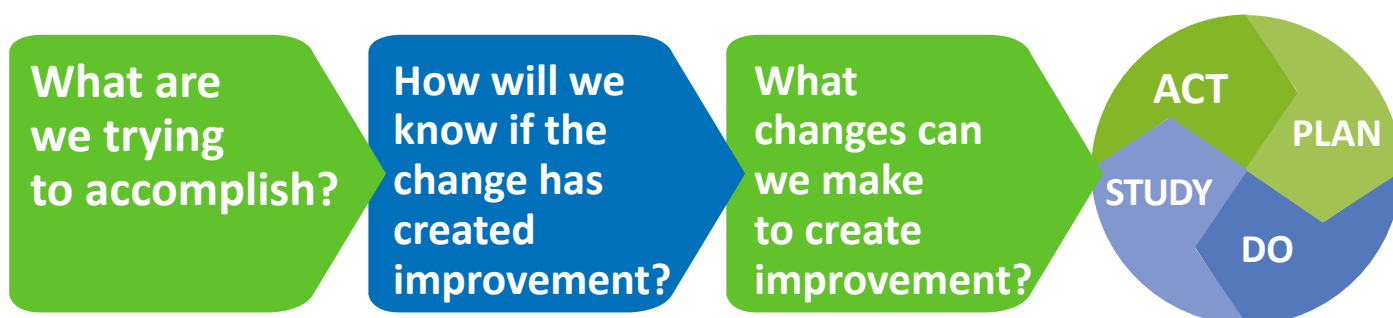
This is how we want Qii to 'feel' within DBTH through the way we go about working on quality improvement and innovation.

Improving quality with our patients and their families

Developing a culture of continuous improvement and sustainable innovation in all we do



WAY Model for improvement



A consistent approach to how we deliver improvements through a common Qii language and 'way of doing things' will enable the greatest Qii impact.

At the heart of our Qii Way we will use the recognised 'Model of Improvement' which is an easy to use, yet powerful structured cycle of improvement. It includes problem and issue definition, generating and testing

ideas for improvement and innovation, measurement and learning, following by on-going assessment of impact. This will result in sustainable Qii change as we will be clear what we are trying to do, where we are and where we need to be and the difference our changes make. A practical toolkit designed to be used by individuals and teams will cover more detail of each step from where to start, what to consider, key questions, essential practical tools to apply.

WHAT Our approach to Qii

Engaging on ideas for Improvement and Innovation.

What this will look like

We want all teams and staff to be involved in improvement and innovation as part of their everyday work and for everyone to have 'a voice' so all ideas are heard.

Objectives

- Establish organisational wide methods for actively encouraging and generating ideas, and for involving staff, patients, families, and key stakeholders in Qii using specific timed campaigns linked to organisational goals. This may include: 'Bright Ideas', 'Bugbears', 'Break the Rules' / 'If only we...', Rapid Improvement Events, NHS Fab Change Week etc.
- Diagnostic support will be provided to help teams identify improvement opportunities from local Qii champions and coaches as well as the Strategy & Qii team.
- We want all managers and leaders to access development in engagement and Qii which will be included as part of the 'Management Passport' and other leadership programmes.
- Develop approaches and increase patient engagement and involvement in Qii such as trialing experienced based design. Our vision and actions for this work are outlined further in the Patient Experience & Engagement Strategy.
- Support, guidance and coaching will be available from the Qii team to Care Groups, Corporate departments and teams about how to 'engage for ideas'.
- Provision of external evidence, benchmarking, diagnostic tools and intelligence including horizon scanning of new approaches, knowledge services, literature reviews, new technology, etc will be provided to ensure opportunities for improvement are understood and considered.
- A variety of 'Improvement and Innovation Spaces' will be established which will enable and encourage discussion, debate and sharing on potential ideas.

- Enhanced availability of relevant quality and efficiency metrics and intelligence for staff to identify areas for improvement.
- Maximizing use of external funding to support Qii by ensuring all available funding streams utilized.

Accessible and practical Qii tools, techniques and resources.

What this will look like

We want all staff to be able to access practical tools and resources to apply to achieve Qii outcomes.

Objectives

- Create a collection of practical tools, techniques and resources on Qii for all staff.
- Use a range of methods such as paper, on-line, apps, videos for maximum usefulness.
- Resources will include topics such as identifying issues, generating and testing ideas, thinking creatively, measurement and learning.
- Develop an accessible database of Qii projects across the organisation which is used by services to share Qii work and progress, and to identify opportunities for spread.
- Ensure new resources, and tools made available nationally are reviewed, and an evaluation takes place of their potential use, and how best to evaluate implement.
- Listen to staff about what is helpful, what is missing, what is needed and refine.
- Support, guidance, signposting available and seen as useful by services from the Qii team on where to start with Qii, the best tools to use, and to support questions.
- To enable joined up approaches and resources between Qii, R&D, Clinical Audit, so enable staff to access the right support and resources, and choose the best path for their work.

Developing Qii knowledge, confidence and capability

What this will look like

We want all staff to have a practical understanding of Qii and confidence to use in their role.

Objectives

- All staff will gain a basic understanding of Qii through annual SET training
- A range of practical skills development opportunities and training will be at different levels of expertise – face to face, e-learning, video, regular 'Qii tips' in Buzz. This will enable all staff, in all roles, and at all levels to be actively involved in Qii. This includes students, trainees and junior doctors too who have a crucial role in bringing new knowledge and insights and contributing to Qii
- All managers and leaders will be confident and skilled in Qii which will be included as part of the 'Management Passport'. 'Compassionate Leaders for Improvement' is a key objective
- Developing a 'Qii faculty' with a range of staff contributing to education, teaching and development. This will support the aspirations and vision of the People & OD Strategy.
- Develop Qii champions across the organisation, enthusiastic staff of any level and role who will support Qii. Aim of having at least one champion in each team.
- Enabling governors and patients / families skills input into Qii through opportunities to actively participate, and training and support where helpful
- Embed Qii skills by bespoke development for specific roles such as PMO team, HRBPs, finance business partners, business managers etc
- Develop coaches throughout DBTH who will support others, and provide advice, support, challenge and expertise. Aim of at least one Qii coach in each Care Group / Corporate team.
- Develop senior leader knowledge and confidence in Systems level Qii through bespoke internal development, as well as accessing NHSI programmes

- Qii team will provide coaching and mentoring, including developing a 'Qii Coaching Circle' and 'Qii Champions Network' to further develop skills as well as contributing to sharing ideas.

Celebrating Qii success and sharing ideas

What this will look like

We want all teams to regularly discuss lessons innovation and improvement, and share their learning with others, internally and wider.

Objectives

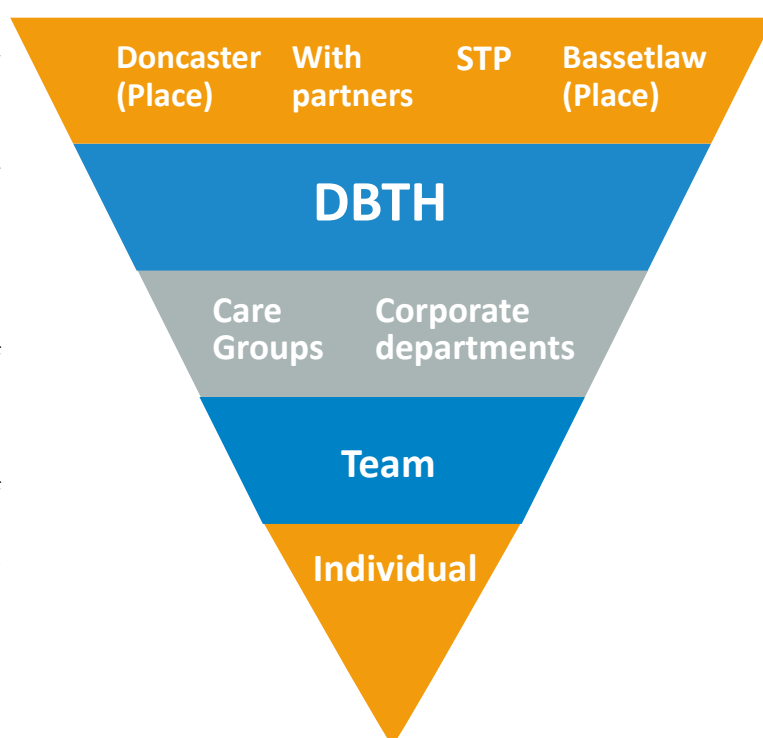
- Reward and celebrate staff and teams who are actively engaged in quality improvement.
- Review Qii activity and success as part of the trust regular reporting processes including; Ward Quality Assurance Too (WQAT) and the DBTH Balanced Scorecard / Dashboard.
- Establish ways of 'spreading' Qii across the organization:
 - Improvement 'portal' – information on Qii projects across the organisation.
 - 'Pass-it on' forums.
 - Qii annual conference.
 - 'Qii Coaching Circle'.
 - 'Qii Champions Network' inc 'virtual/technology'.
- Into DBTH - Use horizon scanning of external new approaches, technology, etc to spread good practice into relevant areas will be improved to enhance availability of relevant quality and efficiency metrics for staff to identify areas for improvement.
- A variety of 'Improvement and Innovation Spaces' will be established which will enable and encourage discussion, debate and sharing on potential ideas.
- Out of DBTH – Increase proactive communications and media of Qii successes. Promote our success also across STP and with commissioners and other partners.

WHERE Our focus for Qii

Individuals working to improve what they do and teams working together on Qii to continually improve and develop their services is critical – all these changes add up to big improvement. Care Groups and corporate services will use Qii to deliver fundamentally improved new models of care for the future. This will involve working across service and organisational boundaries, as part of the 'Place Plans' and in the wider STP to innovate and improve care across pathways and integrate care for the benefit of patients.

Qii across the STP system on large scale transformation will increase in importance throughout the lifetime of this strategy. This systems approach to Qii will enable patient pathways to be improved in a strategic way and will ensure the complexities of improvement across multiple providers and partners.

Qii will also involve collaboratively with a wider range of partners and such as the Academic Health Science Network (AHSN), Yorkshire & Humber Innovation Unit, NHS Improvement, the Yorkshire & Humber Innovation Champions Network with Medipex, and the Yorkshire & Humber Collaboration for Leadership in Applied Health Research and Care (CLAHRC).



WHO Our empowerment and engagement

We want everyone to be involved and engaged in Qii. This includes:

- **Staff** – all staff, in all roles, and at all levels being actively involved in Qii. Qii is a key part of all of our everyday roles, and something we can all contribute to, lead and champion.
- **Students and Trainees** – will all have opportunity to learn about Qii when on placement by actively contributing to and leading Qii work. We value the perspective that student nurses, student therapists, preceptors and trainee junior doctors bring with new knowledge and insights from other environments, and will enable them to fully contribute to Qii and work with other team members.
- **Patients, families and carers** – We will engage patients, families and carers in identifying areas for improvement, actively seeking feedback and input, and involve in quality improvement projects
- **Volunteers** – We want our volunteers to be able to get involved in Qii as part of the teams they work in
- **Governors** – Have a crucial role in supporting Qii to improve care
- **Partners** – We will work with colleagues in a wide range of partner organisations to improve quality together. This will include working together on Qii as part of our 'Place Plans' in Doncaster & Bassetlaw as well as part of the South Yorkshire & Bassetlaw STP.

HOW Our empowerment and engagement

Culture of Qii

We will embed our DBTH values as part of our Qii approach to develop a culture of continuous improvement and innovation.

Objectives

- Board level and very senior leaders role model Qii values and behaviors, and these expectations will be included as part of objectives, and feedback
- All leaders supported to, and expected to model innovation, improvement and compassionate inclusive leadership.
- All Directors and senior leaders (Heads of Nursing, General managers, Corporate Leads) to act as a Qii coach / sponsor for at least one Qii project outside of their team per year
- Evaluation tools accessible and used to understand Qii culture development areas
- All Care Groups and Corporate services to develop their own local Qii strategic plans and priorities as part of the usual business planning to embed into 'business as usual'. To identify how they will approach and lead Qii in their services
- All staff will have the opportunity to be actively involved in Qii, including students, trainees and junior doctors on placement. This will enable improvements in patient care.

- Gain regular feedback from staff survey as well as Qii 'temperature checks' on Qii culture. To improve staff views of engagement, inclusion and involvement in all areas
- Embed Qii into all organisational processes and ways of working with visible examples in:
 - appraisal objectives for leaders.
 - meetings and action plans using 'Qii approaches'.
 - Qii as part of Quality assessment process including the Ward Quality Assurance Too (WQAT) and the DBTH Balanced Scorecard / Dashboard.
 - Qii approach to workforce redesign using the Calderdale framework as a key supporting tool.

'Not only do these methods [Qii] 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, 2016

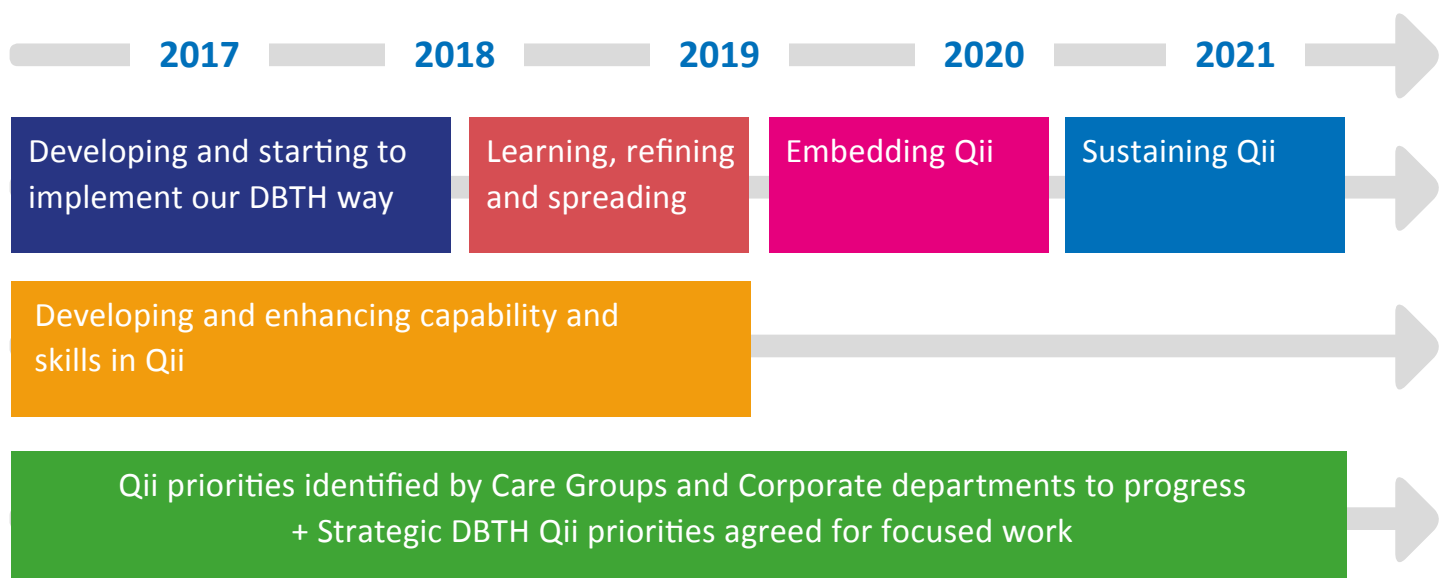
Priorities: Way, What, Where, Who & How?

Qii Priorities

‘Evidence about successful Qii indicates that it is not necessarily the method or approach used that predicts success, but rather it is the way in which the change is introduced’

Health Foundation, 2011

Our Qii strategy is a long term organisational development programme of cultural change. We will use the ‘model for improvement’ to ensure our Qii progress continues to evolve and develop as we learn about what we are doing well, what we could do better, and test out what is having the best outcomes. The steps in our Qii journey are shown below:



Each year we will develop a specific Qii plan for that year, which sets out what we want to achieve, clear actions on what we will do and when, and the expected outcomes. In future years we will also look back on what has been achieved in previous years – what we achieved, what went well and what didn't go so well, and what we have learnt that will help us adapt and grow on our journey going forward.

Qii Goals for 2017/18

In our first year of the strategy we will focus on goals in 3 areas:

- Developing & starting to implement our 'Qii Way'
- Developing & enhancing capacity & Skills in Qii

- Identifying and delivering on Qii priorities identified by Care Groups & Corporate departments, and strategic Qii priorities identified corporately.

A detailed action plan for 2017/18 has been developed, which also summarizes key areas of focus for 2018/19 and 2019/20.

Evaluation & Monitoring

Each year we will develop a specific Qii plan for that year, which sets out what we want to achieve, clear actions on what we will do and when, and the expected outcomes. In future years we will also look back on what has been achieved in previous years – what we achieved, what went well and what didn't go so well, and what we have learnt that will help us adapt and grow on our journey going forward. This measurable improvement plan will result in an annual report each year which will be shared at the 'Qii Conference / Sharing Event' to ensure successes and learning from working with teams across the organisation is highlighted.

Evaluation and monitoring of this strategy will be coordinated by the Qii team, which is part of the Strategy & Improvement Directorate, working closely in partnership with Care groups and Corporate teams. There will be regular discussion on evaluating together the impact of the DBTH Qii Way, and reports on progress through the Care Group accountability structures.

A 'Qii strategy huddle' will be established that will include a wide range of staff from across the organisation to support translating the strategy into action. The group will informally review progress of the strategy, test out ideas for upcoming actions, gain feedback on impact, and help identify key successes and learning for reporting into formal meetings.

Governance

Progress will be formally reported quarterly highlighting what has been achieved from the agreed action plans, and the impact against a range of measures (see below) including, where relevant, the expected ambitions. Progress will be reported via the Quality & Effectiveness Committee.

Process Measures

- Achievement of agreed Qii action plans each year
- The number of individuals coached and supported with quality, innovation and service improvement work
- The number of active Qii projects in each care Group, and Corporate service, and the number of completed Qii projects, to understand spread and impact
- Numbers of individuals who have completed Qii training, by professional background, Care Group etc., to understand knowledge spread
- The number of trained Qii champions and Qii coaches within the organisation, and the Qii projects they have supported.

Learning Measures

- A review of Qii projects against objectives – with an appreciative learning approach review on what went well and what could have been improved
- Review of the Qii strategy by a range of stakeholders on learning: what we are doing well, what we could do better, what is having the best outcomes
- Review of qualitative and quantitative feedback about Qii across the organisation with a summary of what is going well and lessons learned

Outcome Measures

Through using the 'Model for Improvement' each individual QI programme will have specific measures of the improvements being made to quality (using the various components of quality shown below), and the outcomes achieved. Case studies of a sample of these will be reported regularly.

- | | |
|---------------------------------|-------------|
| ✓ Safe | ✓ Effective |
| ✓ People centred | ✓ Efficient |
| ✓ Timely | ✓ Equitable |
| ✓ Consistent/reducing variation | |
| ✓ Evidence based | |

Impact

This Qii strategy, along with other strategies and specific quality governance work will contribute to the organisation's efforts overall to deliver improvement against the elements of quality shown above. The impact of the Qii strategy will therefore be wide:

'Healthy, flourishing and engaged staff are essential to drive continuous improvement and deliver quality and value. There is strong evidence this impacts positively on outcomes for patients'

Kings Fund, 2017 and West 2002

‘Where leaders model a commitment to high-quality and compassionate care, this has a profound effect on: clinical effectiveness, patient safety, patient experience, the efficiency with which resources are used, the health, wellbeing and engagement of staff and the extent of innovation within the health care system’

Kings Fund, 2017

This Qii Strategy has strong links with the People & OD Strategy and the Patient Experience & Engagement Strategy, and will collectively support the development and improvement of staff engagement, leadership behaviours, and patient outcomes.

The staff survey, along with regular ‘temperature checks’ will provide an understanding of the outcome of Qii cultural work, along with the staff engagement workstreams. Cultural evaluation measures re-used over time, specifically for Qii and more broadly for leadership behaviours will be used to understand the outcomes and impact of our work. Board self assessment of our Qii culture will be completed regularly to understand senior perceptions and vision.

Communication & Engagement

This strategy has been developed in a number of stages:

Strategy: Development

- Engagement has taken place with the senior leaders from all Care Groups, and leaders from Corporate departments on the vision for Qii, and what success would look like. Key messages were collated and incorporated into the initial draft of the strategy
- Discussion and engagement has also taken place with a wide range of clinicians to gain their input
- Trust Strategy sessions have taken place with Care Groups via their leadership meetings structures with the Qii strategy as a component, and feedback sought.

Strategy: Engagement & Involvement plans

- The Qii strategy and evolving action plan will be shared with staff side to gain feedback, and to identify on-going staff-side engagement with its implementation
- A ‘Qii strategy huddle’ will be established including a wide range of staff from across the organisation interested in Qii, to informally review progress of the strategy, test out ideas for upcoming actions, gain feedback on impact, and help identify key successes and learning for reporting into formal meetings.
- Development sessions for Governors will also take place to identify opportunities for Governors active involvement and on-going engagement with Qii

Strategy: Communication

This final version of the strategy will be communicated to all staff, along with the Trust Strategic Vision.

Strategy: On-going engagement and communication

On-going updates on the action plan and key objectives with progress will be communicated through staff briefing and Buzz on a regular basis

The ‘Qii strategy huddle’ will informally review progress of the strategy, test out ideas for upcoming actions, gain feedback on impact, and help identify key successes and learning for reporting into formal meetings.

Progress will be formally reported quarterly highlighting what has been achieved from the agreed action plans, and the impact against a range of measures. Progress will be reported via the Quality & Effectiveness Committee.

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