

<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	24
<b>Date of Meeting:</b>	4 <sup>th</sup> April 2019		

<b>Report Title:</b>	An outstanding experience for every patient: <i>our strategy for improvement 2019-2021</i>			
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
				X
<b>Prepared by:</b>	Esther Provins, Director of Transformation			
<b>Executive Sponsor (presenting):</b>	Esther Provins – Director of Transformation			
<b>Appendices (list if applicable):</b>	n/a			

<b>Recommendation:</b>
The Board is asked to approve this strategy.

<b>Executive Summary:</b>
<p>Adopting a continuous improvement approach has been shown to deliver better patient outcomes alongside improvement in operational, organisational and financial performance.</p> <p>To meet our full potential, we need to make ‘making change’ an intrinsic part of everyone’s job, every day, in every part of the organisation. Our success relies on a step change in three distinct areas; our <i>culture</i>, our <i>capability</i> and our <i>capacity</i>.</p> <p>The purpose of this strategy is to set out what we mean by ‘improvement’, how we will make sustainable improvement, roles and responsibilities, actions we plan to take and how we will measure our success.</p> <p>Delivery of this strategy will be overseen jointly by the Clinical Governance and Workforce committees, and will be reported to the Board on a 6 monthly basis.</p>

<b>Board Assurance Framework – Strategic Priorities</b>	Select as applicable
<b>Local Services</b> - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input checked="" type="checkbox"/>
<b>Specialist Services</b> - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input checked="" type="checkbox"/>

**CLASSIFICATION: UNRESTRICTED**

<b>Innovation</b> - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input checked="" type="checkbox"/>
<b>Care</b> - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input type="checkbox"/>
<b>People</b> - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input checked="" type="checkbox"/>
<b>Resources</b> - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input type="checkbox"/>

# **An outstanding experience for every patient: *our strategy for improvement 2019-2021***

## **Introduction and background**

Salisbury NHS Foundation Trust is operating under challenging circumstances. Workforce shortages across health and care in our local area are common, and this, along with financial challenges and a rising demand for our services means we are operating under significant pressure.

Notwithstanding the above the Trust has a clear vision: **to achieve an outstanding experience for every patient**. Our strategic priorities remain clear and focused with a clear foundation in improvement: “to meet the needs of the local population by developing new and improved ways of working...” “to provide innovative, high quality specialist care...” and “to promote new and better ways of working...”

There is a clear commitment to improvement and getting the best for our patients in all we do.

The purpose of this strategy is to set out:

- What we mean by improvement
- how we will make sustainable improvements
- roles and responsibilities, and
- actions we plan to take.

## **Improvement, change and transformation**

Often these terms are used interchangeably however there are some subtle but important differences.

Improvement refers to making something better, something that already exists in the first place whereas change means to make something different. Transformation refers to a complete overhaul or the emergence of an entirely new state, involving both improvement and change. In healthcare is often incremental in nature rather than truly transformational *per se*<sup>1</sup> however it nonetheless it requires a fundamental rethink along with a new approach to enable new and better solutions to be found.

## **Where are we now?**

It is clear that our staff are dedicated to delivering high quality care and are passionate about improving the quality of services we provide. However, there is more we can do to support continuous improvement throughout the Trust.

Our latest CQC report confirmed this when stating “*the trust is committed to quality improvement and innovations. However, it is important that improvement principles and practices are given pace and prioritisation within the organisation*”. This recognition of commitment is positive and recognises our progress to date, whilst also recognising the need to prioritise improvement.

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<sup>1</sup> (Durka Dougall, 2018)

Our scores for 'quality of care' in our latest staff survey results have deteriorated by a slight margin of 0.1 point. Of particular note are scores for how satisfied our staff are with the quality of care they provide (79% compared to the best result of 89.4%); whether our staff feel their role makes a difference (89.6% against the best of 92.9%) and whether are staff feel they are able to deliver the care they aspire to (63.7% compared to the best result of 80.9%).

These recent measures highlight we still have many opportunities to improve patient care, improve job satisfaction and morale. It is for this reason we need a different approach to improvement and transformation.

## **Aims and Objectives**

Adopting a continuous quality improvement approach has been shown to deliver better patient outcomes alongside improvement in operational, organisational and financial performance. Organisations that have adopted this new approach 'feel different'— there is a palpable focus on quality and patient centred care<sup>2</sup>. Thus, the aim of this strategy is ultimately to improve patient care.

The following objectives will help us to achieve this.

1. Every member of staff is supported to do their job and improve their job
2. Everyone takes every opportunity to improve patient care on a daily basis
3. Every member of staff feels satisfied about what they have achieved each day and want to return the next, and
4. Every member of staff uses the lived experience of friends, family, patients, partners and community to improve.

Quite simply, we want to reach our full potential. As an organisation, as services, teams, wards, and as individuals.

## **How we will achieve our objectives**

To meet our full potential, we need to make 'making change' an intrinsic part of everyone's job, every day, in every part of the organisation.

Our success relies on a step change in three distinct areas; our *culture*, our *capability* and our *capacity*.

**Culture** describes our way of life, our behaviour and what is normal to us. Our organisational culture in Salisbury NHS FT has grown over time and we are more than likely comfortable with the way things have always been. In order to improve and sustain improvement our culture needs to shift, to a culture where:

- Continuous improvement is built into everything we do. This means each and every member of staff is encouraged to initiate, support and lead improvement initiatives. Just because this is the 'way we have always done things around here' does not make it the most effective or appropriate way of doing things now.

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<sup>2</sup> (Care Quality Commission, 2018)

- Each and every member of staff is encouraged to keep an open mind, and to adopt a questioning approach of 'appreciate enquiry'. This means listening to, and being open to consider opposing opinions, and being open to trying something new.
- We shift from an 'organisation as a machine to an organisation as an organism'<sup>3</sup>. This means a shift away from a top-down hierarchy to an environment where leaders set direction and empower staff on the ground to take action. A culture of 'no more heroes'<sup>4</sup> where the role of a leader is about 'creating bridges, holding the space in the middle and facilitating change'<sup>5</sup>.
- We co-produce change and improvement with our patients and carers and partners, harnessing the power of our community and using the collective wisdom of our lived experience.
- We continue to learn, where staff are encouraged to try new things in safe environments and not worry if something doesn't work out as expected. A culture where we evaluate the changes we make and we build on lessons learned to improve further.
- Teams celebrate success together and support and challenge each other.
- We involve all stakeholders and their representatives in transformation, rather than imposing top down change.

**Capability** describes our ability or power to do something. In the context of improvement, capability refers to our 'understanding, readiness and commitment to improvement and its skilled resources to achieve transformation'<sup>6</sup>. It not only describes the knowledge of how to do something, but the ability to do it well. Building our capability for improvement means:

- We have the right people, in the right number, with the right skills in the right place at the right time. This particularly relates to both clinical and non-clinical staff leading and supporting change programmes.
- All members of staff know where to go to access easy to use tools and resources to support them with improvement projects.
- Training in quality improvement, planning, project management and evaluation is available to all staff.
- We focus on building capacity in others by adopting a coaching approach.
- We build our competencies by doing, practicing and experiencing, whilst safely managing any associated risk.
- We provide supportive leadership that promotes taking time for improvement.

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<sup>3</sup> (Wouter Aghina, 2018)

<sup>4</sup> (The Kings Fund, 2011)

<sup>5</sup> (Timmins, 2015)

<sup>6</sup> (Hamer, 2012)

- We encourage everyone to be empowered and take ownership for things within their control, reducing reliance on power from 'above'.

**Capacity**, in this context, refers to an individuals, team or organisations ability to absorb change effectively<sup>7</sup>. Both individuals and organisations can only assimilate a certain amount of change before negative symptoms occur, affecting both individuals and the success of change. Building our capacity for improvement means:

- The pace and scope of change is managed, to ensure we are able to absorb and sustain such change.
- Everyone understands the emotional impact of change, and people are given time and space to think through the purpose of change.
- Staff are given opportunities to undertake new challenges in line with opportunity and ability.
- Improvement and transformation programmes are led, support and facilitated by multi-disciplinary staff across different staff groups.
- Resources are freed up or introduced where needed.
- Different and new ways of working to increase our capacity to support and lead improvement are encouraged.

### **Actions we will take**

1. We will **embed a culture of quality improvement** throughout the organisation, to include adoption of a standard quality improvement methodology across the Trust and provision of tools, techniques and training. This will commence in 2019/20.
2. We will work with our partners across our STP to a **consistent system-wide approach** to improvement, starting in 2019/20.
3. We will **develop a network of improvement agents**, by developing our current network of Save 7 agents and supporting them to champion improvement. This will commence in 2019/20.
4. We will **embed a new approach to clinical and non-clinical leadership** involving a shift away from problem solving to 'being enablers of change'. This will start in 2019/20, as part of our People Strategy.
5. We will **encourage innovation and reward good practice**, commencing with a Dragons Den Innovation Forum in 2019/20.
6. We will **introduce a programme of team development**, firstly targeting teams that are involved in leading change but rolling out to all teams over time. This will commence in 19/20, as part of our People Strategy.

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<sup>7</sup> (Kealey, 2015)

7. We will build on our **talent management strategy**, increasing our improvement capability and capacity by matching available skills and ability to opportunities. This will commence in 19/20, as part of our People Strategy.
8. We will ensure that **all major transformation schemes are co-produced and have patient representation** included in project board membership. This will be reviewed and during 2019/20.
9. We will continue to **improve our programme management approach**, resulting improved governance and oversight of our transformation and improvement programmes. We will do this in 2019/20.
10. We will **review the business support** available to clinical services to support major transformation, along with our systems and processes. We will do this in 2019/20.

### **How we will measure our success**

In addition to the deliverables listed above, we will monitor the success of our improvement strategy by the following measures.

#### Process measures: (short / medium term achievement 2019/20)

- All major change programmes are co-produced with patients / carers and appropriate partners
- We will provide a transparent view of all improvement initiatives being undertaken
- All improvement programmes demonstrate the impact on patient care and experience
- Our staff feel able and empowered to make improvements themselves
- The majority of improvements are initiated 'bottom up'; rather than 'top down'.

#### Outcome measures (medium / long term achievement) 2021/22 and beyond

- A positive impact on patient care and experience (Family & Friends Test, outcomes)
- Staff job satisfaction has improved (staff survey)
- Staff retention has improved (workforce metrics)
- Improved efficiency and productivity (performance metrics)
- Financial performance (performance metrics)
- Our stakeholders view of Salisbury NHS FT (feedback)

### **Governance arrangements**

Delivery of this strategy will be overseen jointly by the Clinical Governance and Workforce committees, and will be reported to the Board on a 6 monthly basis.

Esther Provins  
Director of Transformation  
18<sup>th</sup> March 2019