

Report to:	Trust Board (Public)	Agenda item:	25
Date of Meeting:	4 th April 2019		

Report Title:	Quality Improvement Operational Plan 2019/20			
Status:	Information	Discussion	Assurance	Approval
				X
Prepared by:	Esther Provins, Director of Transformation			
Executive Sponsor (presenting):	Esther Provins – Director of Transformation			
Appendices (list if applicable):	n/a			

Recommendation:
The Board is asked to approve this plan.

Executive Summary:
<p>This paper outlines our 2019/20 operational plan to embed a quality improvement approach, to deliver the quality improvement elements of our improvement strategy.</p> <p>This plan will deliver the following six key objectives during 2019/20:</p> <ol style="list-style-type: none"> 1. To embed quality improvement into Trust leadership & governance 2. To adopt and socialise a common and easy to use quality improvement methodology 3. To provide tools and techniques to support staff in leading quality improvement initiatives 4. To provide support, expertise and training in quality improvement 5. To embed a quality improvement approach into day to day activities 6. To reward and share good practice and evaluate progress. <p>The Workforce Committee and the Clinical Governance Committee will jointly oversee the Quality Improvement agenda and will receive regular progress updates.</p>

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - 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"/>

CLASSIFICATION: UNRESTRICTED

Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input checked="" type="checkbox"/>
Innovation - 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"/>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input type="checkbox"/>
People - 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"/>
Resources - 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"/>

Quality Improvement – Operational Plan 2019/20

1.0 Introduction and Purpose

- 1.1 Quality improvement can be defined as the combined and unceasing efforts of everyone – clinicians and non-clinicians alike – to make changes that will lead to better patient outcomes, better care and better professional development¹.
- 1.2 This plan is set in the context of our overarching strategy for improvement entitled '*An outstanding experience for every patient: our strategy for improvement*'.
- 1.3 This paper outlines our 2019/20 operational plan to embed a quality improvement approach, to deliver the quality improvement elements of our improvement strategy.

2.0 Background and context

- 2.1 Innovation and improvement are at the very heart of our vision and our drive to be 'Outstanding Every Time'. In our strategic priorities we have committed to developing 'new ways of working', providing 'innovative, high quality specialist care' and promoting 'new and better ways of working'. This requires us to focus on continuous improvement. We are ambitious, and determined to continue on our improvement journey at pace.
- 2.2 Achieving a systematic approach to quality improvement is as much about nurturing a culture of quality improvement as it is about encouraging the adoption of a consistent implementation model.
- 2.3 Quality improvement is not a quick fix but a continuous process requiring a sustained focus over time. Building an organisation-wide commitment to our approach will involve a cultural shift in ways of thinking, leading and working.
- 2.4 Over the last few years the Trust has implemented a number of targeted quality improvement initiatives. For example, the annual Health Improvement Programme (HIMP) for F1 doctors run by the Trust requires junior doctors to identify and undertake a quality improvement initiative, with support and guidance from qualified members of staff. In 2018, 10 members of staff were successful in being accredited by Wessex AHSN as 'Q' practitioners. The Save7 campaign was started, with 82 champions (one from each service) trained. The Trust also introduced Sharing Outstanding Excellence (SOX) to look at interactions that 'go right' so that good practice and lessons learned are shared.
- 2.5 Whilst in themselves these initiatives have been successful, it is recognised that to date, there has not been a consistent Trust-wide approach to embed quality improvement.
- 2.6 In February 2018 a business case proposing a £591k investment into resources for QI over a period of 4 years was developed. Although the business case was approved in principle by the Joint Board of Directors (now the Trust Management Committee), due to operational pressures there has not been sufficient funding available during 2018/19 to release the

¹ Batalden PB, Davidoff F. What is "quality improvement" and how can it transform healthcare? Qual Saf Health Care. 2007;16(1):2–3. doi: 10.1136/qshc.2006.022046. [[PMC free article](#)] [[PubMed](#)] [[CrossRef](#)]

additional resource requested. This has prompted a review of our proposed approach to quality improvement considering the current financial constraints the Trust is operating within.

2.7 In December 2018 the Trust underwent a CQC Well-Led review and in their subsequent feedback the CQC clearly identified that additional work to embed a quality improvement approach in the Trust is needed. They also recommended that an executive lead be identified, to champion and drive quality improvement at senior level.

2.8 In January 2019 a new Director of Transformation officially started in post, and is now appointed to take the lead in embedding a quality improvement approach throughout the organisation.

2.9 Conversations are underway with Banes, Swindon & Wiltshire STP partners to ascertain opportunities for a long term strategic partnership to support continuous quality improvement; and this approach will form part of our wider strategy.

3.0 Aims and objectives

3.1 To meet our full potential we need to make 'making improvements' an intrinsic part of everyone's job, every day, in every part of the organisation. We want our staff to be open to try new things and for our leaders and managers to offer support with a collaborative and coaching approach. We want our staff to be empowered to act at the top of their game and take ownership for improving things within their control.

3.2 This requires a shift in our culture, our mind-set, in the way that we lead and the way we all go about our day to day business.

3.3 This plan aims to support us in achieving this aim by delivering the following six key objectives during 2019/20:

1. To embed quality improvement into Trust leadership & governance
2. To adopt and socialise a common and easy to use quality improvement methodology
3. To provide tools and techniques to support staff in leading quality improvement initiatives
4. To provide support, expertise and training in quality improvement
5. To embed a quality improvement approach into day to day activities
6. To reward and share good practice and evaluate progress.

4.0 Constraints

4.1 The Trust is in a period of financial recovery, and is not currently in a position to make significant new investment into dedicated resources for quality improvement. The plan outlined in this document is therefore constrained to the use of existing resources with little or no additional investment being required.

5.0 Governance

5.1 A quality improvement steering group will convene to oversee the development and implementation of this operational plan.

- 5.2 The Workforce Committee and the Clinical Governance Committee will jointly oversee the Quality Improvement agenda and will receive regular progress updates.
- 5.3 Progress will be reported to the Board on a six monthly basis.

Esther Provins
Director of Transformation
1st March 2019

Embedding a culture of quality improvement - operational plan 2019/20

Objective	Action	Delivery date	Lead
Embed QI into trust leadership & governance	• Set up QI task-finish steering group	February 2019	Director of Transformation
	• Secure patient & stakeholder representation	March 2019	Director of Transformation
	• Agree measures of success	March 2019	Director of Transformation
	• Ensure QI programme has Board oversight, via appropriate Board sub-committee	March 2019	Director of Corporate Governance
Adopt a common QI methodology	<ul style="list-style-type: none"> • Review current methodology/best practice • Agree common methodology at steering group/committee level 	February 2019 March 2019	Director of Transformation Director of Transformation (DoT)
Provide tools and techniques to support QI initiatives	• Set up QI Virtual Academy	August 2019	Communications team
	• Agree standard project management approach	March 2019	PMO
	• Develop and provide tools to support use of statistical process control (SPC)	June 2019	DoT / IT
Provide support, expertise and training in QI	• Develop a central team/network of 'improvement agents' (using virtual team of current 'Q' facilitators and Save7 champions to start)	May 2019	DoT
	• Develop and agree role of network/virtual team	May 2019	Virtual team / DoT
	• Train the virtual team (train the trainer)	October 2019	'Buddy Trust' / external
	• Training included in clinical leadership programme	January 2019	DoT / PMO
	• Training included in general leadership programme	Quarter 4 19/20	DoT / PMO
	• Make training available to all staff	Quarter 4 19/20	PMO / L&D
	• Set up rapid improvement support	Quarter 4 19/20	Virtual team / DoT
Embed a QI approach into day to day activities	• Promote and encourage discussions about QI in 1:1's, team & directorate meetings	December 2019	All managers
	• Review QI activities at a team/specialty/directorate level	December 2019	Heads of Service
	• Include QI in appraisal conversation materials	December 2019	Learning & Development
Communication & engagement	• Prepare communications plan (to reach all staff groups, to include public facing material on website)	May 2019	Communications team
Reward and share good practice and evaluate progress	• Release regular updates on progress and successes	From May 2019	Comms / Virtual team

<ul style="list-style-type: none"> • Set up annual 'Dragons Den' to encourage innovation 	Quarter 3/4 19/20	DoT / Communications
<ul style="list-style-type: none"> • Reward good practice – Service Improvement Awards 	Quarter 1 19/20	DoT / Communications
<ul style="list-style-type: none"> • Review progress on 6 monthly basis 	From Sept 2019	Committees / Board
<ul style="list-style-type: none"> • Evaluate measures of success, including feedback from staff, patients and partners 	From Sept 2019	Committees / Board