



Quality Improvement Strategy

2019 – 2022



@BTHImprov1

Improving Lives Across the Fylde Coast

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Improving Lives Across the Fylde Coast



What are we trying to achieve?

Our ambition over the next three years is to reduce our mortality rate to one that is below the national average, saving over 900 lives across the Fylde Coast.*

We will be putting Quality Improvement at the heart of everything we do, developing a portfolio of Quality Improvement projects to achieve our overall ambition. Across our hospitals and community services our staff, patients and partners will be empowered and supported to provide high quality, safe care for all, via a new Quality Improvement Programme with the aim to reduce harm and mortality.

We are committed to building a Quality Improvement focus across the organisation and this strategy builds on some great work that has taken place at grass roots level within the organisation already.

This document sets out our three-year Quality Improvement approach to achieve our goals.

- We will deliver a programme of quality improvement projects which will help staff make changes to provide high quality, safe and effective personal care to every patient, every time.
- We will focus our efforts on a targeted portfolio of projects which we believe will have a significant impact on unintentional patient harm and mortality. These projects are described in the document.

People Centred

Our plan is to train our staff in our chosen Quality Improvement approach. To support this, we will be developing a communications strategy to help raise awareness across staff, patients and key stakeholders.

Positive

Each improvement project will be led by our frontline staff who will be developing Plan – Do – Study – Act (PDSA) cycles, learning from testing ideas and proactively making changes to improve the quality of care.

Our two high level Trust aims over the next three years are to:



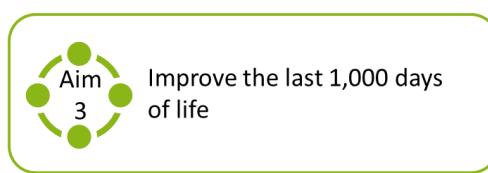
Excellence

We will benchmark ourselves against peers and measure the impact of our improvement projects, celebrating successes along the way and learning lessons from failures, always striving for continuous improvement.

Compassion

We know we will not always get things right and we cannot do this alone. During these times we will listen and learn and put plans in place to make our services a safer place for staff and patients.

Our high-level System-wide aim over the next three years is to:



**Lives saved indicated throughout this document refer to additional lives that could be saved*



Improving Quality - Why are we trying to do this?

Since 2014, the Trust has been a national outlier for mortality indices SHMI and HSMR and since January 2019 has received six mortality outlier alerts from the CQC. More recently the Trust has undergone a CQC inspection, with the results due in October 2019.

The NHS Long Term Plan issued in 2019 highlights the need for local health systems to have the improvement capabilities, including Quality Improvement skills and data analytics, to implement change effectively using systematic methods of QI. These capabilities will support organisations, ICP's and ICS's to generate new ideas and practices to design and implement improved systems and processes to support the delivery of high-quality care and reduce unwarranted variation.

Quality Improvement is not new to our Trust and there have been a number of projects that have celebrated successes to date.

Emergency Department Sepsis Project

Our Emergency Department identified that patients with Sepsis experienced delays in receiving antibiotics. Using Quality Improvement methods, they understood the issues and implemented month on month PDSA cycles to implement changes. The overall result was that the number of patients who received antibiotics within an hour from presenting at the Emergency Department increased by 37%.

We recognise that we will not always get care right and there are areas we need to improve, we will build on the successes we have seen to date by wrapping around a standardised way of doing things and bring learning together, developing a Quality Improvement Community. Our ambition is to develop an approach that is recognised by our staff, patients and partners across the Fylde Coast.

We need to be responsive and reactive to patient care, however, we need to make sure that these actions are sustainable and have a long-term impact. Our Quality Improvement Strategy builds on the work our teams have done to date and compliments the new governance and assurance infrastructures being established.



Our Improvement Journey

Improving Quality is everyone's responsibility and we need to focus on:

Immediate improvement actions:

- Ensuring we are getting the basics right
- Stabilising services
- Creating the right conditions upon which we can continue to improve and ultimately transform care delivery.

Long-term priorities:

- Support improvement
- Improve patient outcomes
- Deliver service efficiencies
- Improve compassionate leadership
- Develop a just culture

As part of our Improvement Journey we have developed a plan on a page that sets out key areas we need to focus. This will be available as a separate document and the key themes are highlighted below:

Priority Areas	Our Plan
Governance & Risk	<ul style="list-style-type: none">• Improve our management of Incidents, Complaints, Claims, Serious Incidents and Coroner's Inquests.• Improve the Trust's response and support for patients under the Mental Capacity Act and Deprivation of Liberty Safeguards.• Improve the care of our patients with Learning Disabilities.
Quality & Safety	<ul style="list-style-type: none">• Develop a QI faculty, implement a standardised QI methodology throughout the Trust for all improvement projects and build QI capability within the Trust.• Prevent avoidable deaths and harms and improve how we respond to deaths through mortality reviews.• Improve end of life care and overall patient experience.
Workforce & Staffing	<ul style="list-style-type: none">• Develop workforce plans to ensure we have safe levels of staffing for all staff groups across the whole organisation.• Implement initiatives to improve the health and wellbeing of our staff.• Improve recruitment and retention of staff throughout the organisation.
Operations & Performance	<ul style="list-style-type: none">• Improve patient flow throughout the organisation.• Provide care closer to home to support patient care in their homes.• Develop and embed a new performance assurance framework, improving access and quality of data.
Fragile Services	<ul style="list-style-type: none">• Redesign our respiratory pathways.• Embrace digital technology as an enabler for service delivery and data sharing.• Design initiatives that will enable and sustain and safely staff our fragile services.
Culture & Leadership	<ul style="list-style-type: none">• Embedding a just culture.• Promote personal growth and career development.• Improve staff satisfaction.• Develop a model of compassionate leadership.
Collaborative Working with Partners	<ul style="list-style-type: none">• Develop integrated service models and clinical pathways with our ICS and ICP partners.• Further develop integrated neighbourhood services.• Build on our tertiary services in cardiac and haematology.

In addition to complex improvement projects, team led innovations and improvement projects on a smaller scale/national collaborative participation will also continue to be identified and progressed. These include national initiatives such as "Getting It Right First Time" (GIRFT) and RightCare, as well as locally derived projects.

These will be required to align to and contribute to the delivery of the Trust priorities. Teams undertaking these smaller scale projects will receive support and facilitation of the QI Directorate and will be able to use our chosen Quality Improvement methodology to implement these changes.

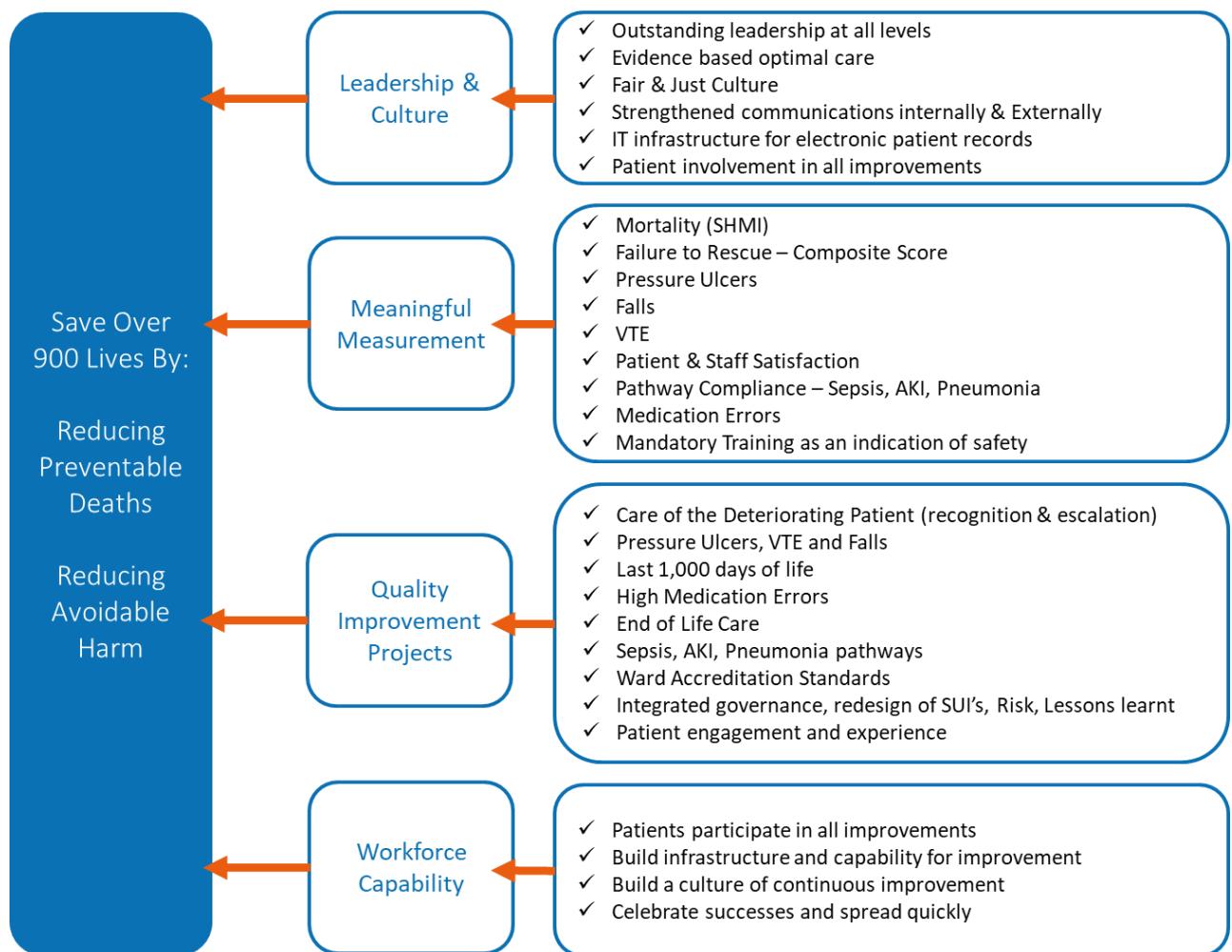


Driving Change on Our improvement Journey

To deliver on our ambition to reduce our mortality rate to one that is below the national average, saving 900 lives, our Board of Directors have agreed that improvements need to be managed through an understanding of what will drive and influence change.

We will be developing Quality Improvement projects that will focus on reducing our mortality rate, through preventing avoidable deaths and reducing avoidable harm. Each project will set out its aims and objectives that are Specific, Measurable, Achievable, Relevant and Time limited.

The driver diagram below identifies the Quality Improvement programme that will take place over the next three years and its organisational impact. This diagram helps to identify connections and interdependencies of what will drive and influence change.





Aim 1 – Reduce Preventable Deaths

Summary Hospital-level Mortality Indicator (SHMI)

Over the last 12 months we have supported a number of discrete projects that have focused on improving our mortality. For example, our Sepsis mortality rate is improving, however, there is still more room for improvement.

Summarised Hospital Level Mortality is the ratio between the number of patients who die following hospitalisation and the number that would be expected to die based on the average England figures. If the Trust has a SHMI ratio value of 1.0 that means that the number of patients who died is the same as were expected. Our Trust remains an outlier for SHMI.

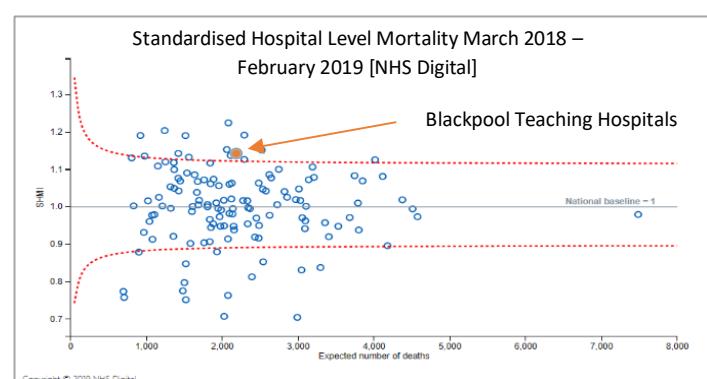
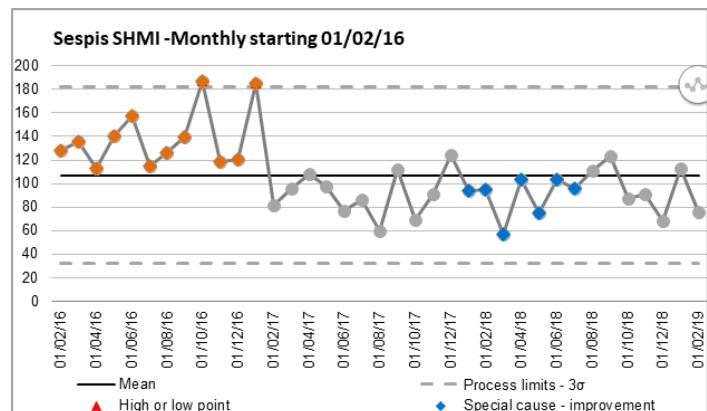
Number of Lives we can save

Between March 2018 and February 2019, we would expect approximately 2,055 deaths within the hospital. During this time frame we have experienced more deaths than have been expected. This means that in a 12-month timeframe we had the opportunity to save an additional 315 lives.

Deteriorating Patient Collaborative

To support this initiative, we want to help set up a deteriorating patient collaborative to help develop new initiatives to test new ways of working that will help us to recognise the clinical deterioration of patients and be able to respond to it, safely and efficiently. For example, a group of wards may collaborate to test out new initiatives or changes to help recognise patients on their wards who are in need of care and at risk of further deterioration.

Our ambition is to bring our observed deaths in line with our expected deaths over a three-year period. Setting our ambition to save over 900 lives.



Site Name	Provider Spells	Observed Deaths	Expected Deaths	SHMI Value
Blackpool Victoria Hospital	54,530	2,370	2,055	1.1526



Aim 2 – Reduce Avoidable Harm

Pressure Ulcers

In June 2019, we held a call to action, engaging staff from throughout the Trust to understand the key drivers impacting patient harm as a result of pressure ulcers. It was recognised that data quality was a key issue in recording and validating data.

As a result we have been working across our acute and community settings to correctly identify and reduce the number of pressure ulcers that are Trust acquired, whilst improvements can be demonstrated, there is still work to do to ensure these changes become sustained improvements.

Pressure Ulcers, also known as Pressure Sores or Bed Ulcers are injuries caused to patients due to prolonged pressure. They can happen to anyone and any time but are commonly associated with people who are confined to a bed or sit for prolonged periods of time.

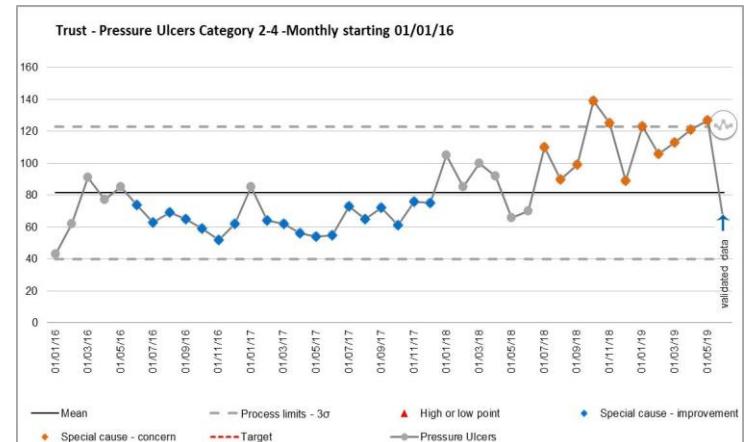
Number of Avoidable Harms – Pressure Ulcers

At Quarter 3 in 2018-19, we had recorded 864 Grade 2 or above pressure ulcers, compared to our peers who on average recorded 125. At Quarter 3 there was an opportunity to reduce 739 avoidable harm instances in relation to pressure ulcers. If we aggregated this up to Q4 this would mean an annual opportunity to avoid 985 instances of patient harm. Over a three-year period, this would result in avoiding 2,955 instances of harm, however, we know through validation and current work this number is not a true reflection of current harm, we recognise it is lower, but to our patients and public stakeholders we need to ensure our reporting is an accurate reflection of the care we provide and that we are doing something about avoiding harm.

Our ambition is to establish a true understanding of our baseline position for each harm group and develop initiatives to ensure our avoidable harm instances are in line with our peers. Examples of harm group metrics we will be looking at include: Hospital Acquired Pressure Ulcers

- Non-Hospital Acquired Pressure Ulcers
- VTE
- Falls
- Sepsis
- Medication Errors

Our improvement projects will work to baseline ourselves on these metrics, understand how we benchmark against peers and track the impact of these projects against these metrics and against our peers.



Indicator	Blackpool	Peer Average
Number of Pressure Ulcers Grade 2 and above Q1-Q3	864	125



Aim 3 – Improve the last 1,000 days of life

We recognise that people get “stranded” in our hospital beds, particularly the elderly or chronically ill. A proportion of patients who are “stranded” in our hospital are in the last 1,000 days of their life, and we want to make sure that their time is not wasted being stranded so that they can make the most of their last 1,000 days in a setting they want, with the people they want.

There is significant evidence that immobility in hospital leads to deconditioning, loss of functional ability and cognitive impairment, all of which have the potential to increase a patient’s length of stay, using up their valuable time.

“One week in hospital for a person of 80 years and over can equal 1.5kg of muscle loss and 10% deterioration in aerobic capacity. In addition hospital inactivity can result in accelerated bone loss, muscle weakness for 3-5 years and increase the risk of requiring institutional care by 5 fold. This leads to increased risk of falls, pressure damage, malnutrition and incontinence.”

Chief Nurse, Blackpool Teaching Hospitals NHS Foundation Trust

Making these last 1,000 days meaningful is something we can not do alone. We need to draw on our system partners from GP practices to Community Services so we can all support patients to receive care in their place of choice. We will need to set up a forum with our partners which will act as a place to develop ideas as a system and collate examples of good practice.

We will develop metrics that help us recognise patients who are “stranded” and work with teams to develop ideas to improve.

We will be supporting two key initiatives that will help us kick start this campaign - Helping patients to get up and moving, the value of patient time (Last 1000 days) and Red to Green.

Our ambition is to develop specific improvement projects with our partner organisations that improve the lives of our patients and their families in the last 1,000 days of life.



Why do we need a Quality Improvement Methodology?

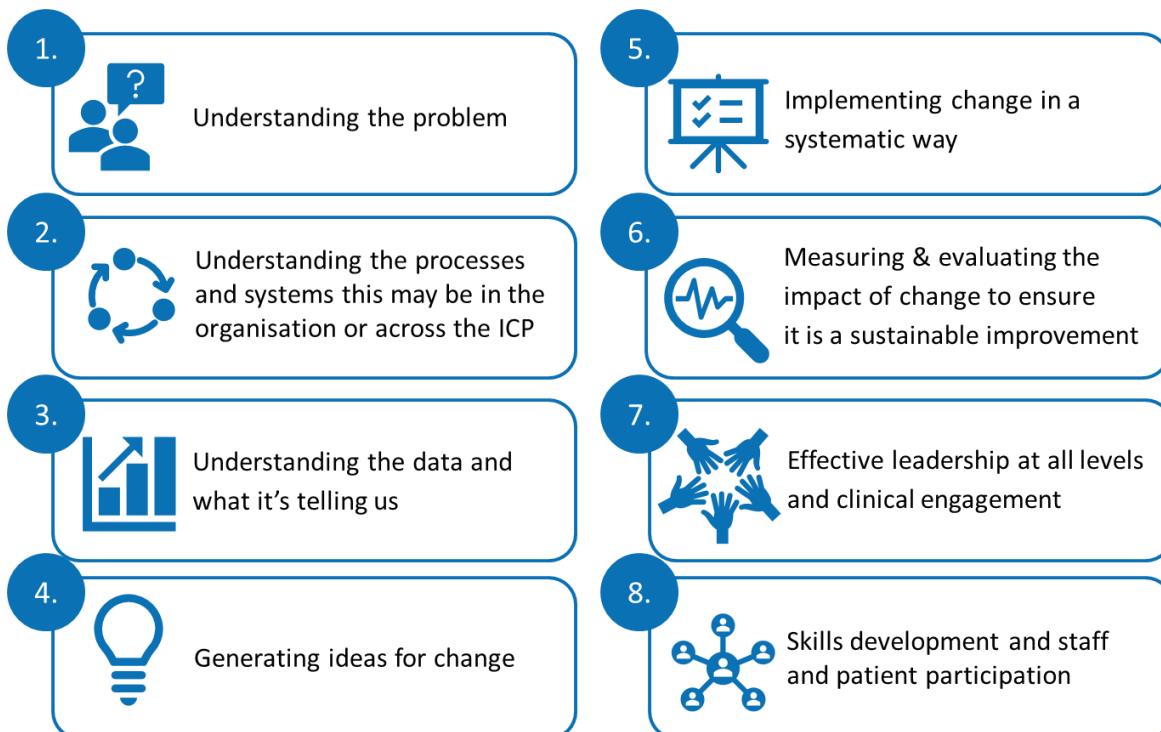
Quality Improvement is used to support continuous and sustained improvement in the quality of care and outcomes that we deliver.

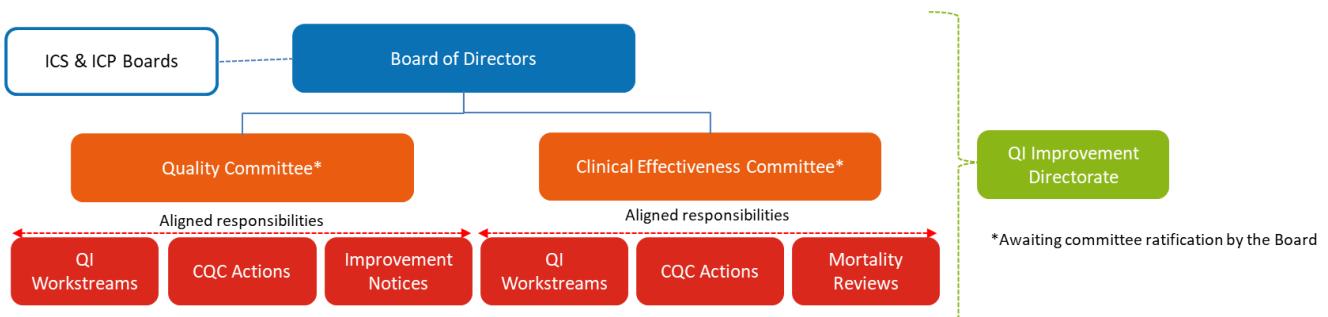
We will do this by providing a structured approach with a clear methodology and systematic use of evidence-based tools, processes and measurement to support continuous and sustained improvement in the quality of care and outcomes that we deliver.

The rationale for, and Trust approach to QI, will be fully aligned and integrated to other enabling strategies within the Trust such as Digital Transformation and Workforce and Organisational Development. Where we can find solutions to support change in these areas we will link into them through our executive board sponsors to ensure that everyone is aware of any interfaces or interdependencies.

The QI methodology will underpin all our improvement plans, we recognise that not everything will be reliant on the methodology, as we will require specific organisational actions to respond and react to our challenges. Where we can use this methodology, we will.

The underlying QSIR principles we will take to QI will focus on:





Board of Directors

The Board of Directors is committed to supporting quality initiatives that meet the two key aims, reducing preventable deaths and reducing avoidable harm. This support will be shown directly to our front-line staff, devoting the first part of the Trust Board for our staff to present and update them regarding their improvement projects. Members from the Quality Improvement Directorate will be there to support our staff and be responsible for ensuring that all the correct documents are submitted to the board.

Quality Committee

The Quality Committee, will support and routinely monitor outcomes and ensure feedback on workstreams that fit its remit. These include projects that focus on pressure ulcers and care of deteriorating patients. The Quality Committee is will also be accountable for delivering on specific CQC actions and improvement notices and will develop new workstreams in response.

Clinical Effectiveness Committee*

The Clinical Effectiveness Committee, will support and routinely monitor outcomes and ensure feedback on workstreams that fit its remit. These include projects that focus on learning from deaths, mortality GIRFT and VTE. The Clinical Effectiveness Committee will also be accountable for delivering on mortality reviews, upholding royal college standards and delivering on specific CQC actions. The Committee will be able to develop new workstreams in response to these.

QI Workstreams

These are the individual workstreams, or improvement projects, led by our staff, this could be anyone from a ward clerk to a clinician or volunteer. We will train these staff in our chosen Quality Improvement Methodology and they will receive support from our Quality Improvement Directorate. Each project will identify a team to work together and be responsible for updating the Trust board on their progress.

Quality Improvement Directorate

This is our new directorate who will be there to support improvement teams from concept to delivery of outcomes. They will help teams develop project initiation documents, project plans and risk logs and coordinate the tracking of quality improvements. Not all our projects will result in the expected benefits, so we want the Quality Improvement team to learn lessons, so we can continuously improve.

ICP and ICS Boards

We recognise that some of the quality improvement projects cannot be done alone or in isolation. Working with our system partners we will develop system-wide projects to deliver benefits across our ICP and ICS footprint. Alongside our Board of Directors will report progress on supporting patients in their last 1,000 days to the ICP Board.

*Awaiting committee ratification at September 2019 Board of Directors



QI Methodology

We will use the NHSI QSIR methodology, which stands for Quality, Service Improvement and Redesign. It is primarily based on the NHS National Institute for Healthcare Improvement 'Model for Improvement'. The approach brings together stakeholders to learn improvement theory, build capability, share and implement change ideas, which will be tested through PDSA cycles and underpinned by meaningful measurements, to drive improvement. It is designed for both clinical and non-clinical staff. For complex improvements, we intend to use this methodology, alongside a structured collaborative approach.

All complex improvement projects will have an identified Executive Sponsor and a structured programme of work that will encompass five phases:

1. Preparation and planning

At the start of each project we will match the project champion with a member from the QI Directorate who will help organise meetings, develop best practice and develop key timelines. They will start developing meaningful measurements, baselines and benchmarks and work with the performance and quality data teams to ensure we have one source of truth on reporting. We want to ensure we involve service users early to support co-design, co-production, review and learning and we will work with our patient influence panels to support patient and public involvement in improvements.

2. Expert Stakeholder Meeting

This is where the project champion comes together with individuals who have skills, experience or are subject matter experts. Staff working on improvement projects will commit to working together over a fixed time period, usually 12 months, and attend five one-day learning sessions which will provide instruction in the theory and practice of improvement. They will support and encourage each other to understand the preparatory work and develop a project plan and programme of improvement. This will then be translated into project documentation, such as Project Initiation Documents (PIDs) and Project Plans.

3. Development of Improvement Project Plan (Driver Diagram, measurements & timescales)

The project team will present the Project plans to the Board. This includes a description of the issue, what the project is attempting to address, timescales for implementation and expected benefits and potential return on investment. The board will use project plans to track if the project is running to plan or if they need to support the team to get it back on track.

4. Implementation of improvement Project Plan

The project team will commence a series of Plan-Do-Study-Act (PDSA) cycles and attend learning session in between these PDSA cycles to learn lessons, test changes and redesign improvements. During this time the teams will be supported by the QI Directorate and OD Directorate through a series of action learning sets, supportive ward/locality or department visits and access to the specialist team.

5. Review and Spread of Improvements organisationally

Evaluation of projects as well as the programme, will be rigorous from the start to ensure that we can continue to learn, improve on our approach and that we can celebrate our achievements, as individuals, as a team and as an organisation. We are a learning organisation and will encourage our staff to spread their learning and experiences with others.





The Board is committed to ensuring our QI methodology underpins everything we do and will be dedicating time at Executive Board to discuss our Quality Improvement projects. To support the board in overseeing the quality work, and for our teams to track improvements, we need high quality data.

As part of our improvement journey we have set up a programme group to improve our Integrated Performance Reporting, to ensure we have one source of truth. This work to support managers, clinicians and project teams to track changes using one source where possible.

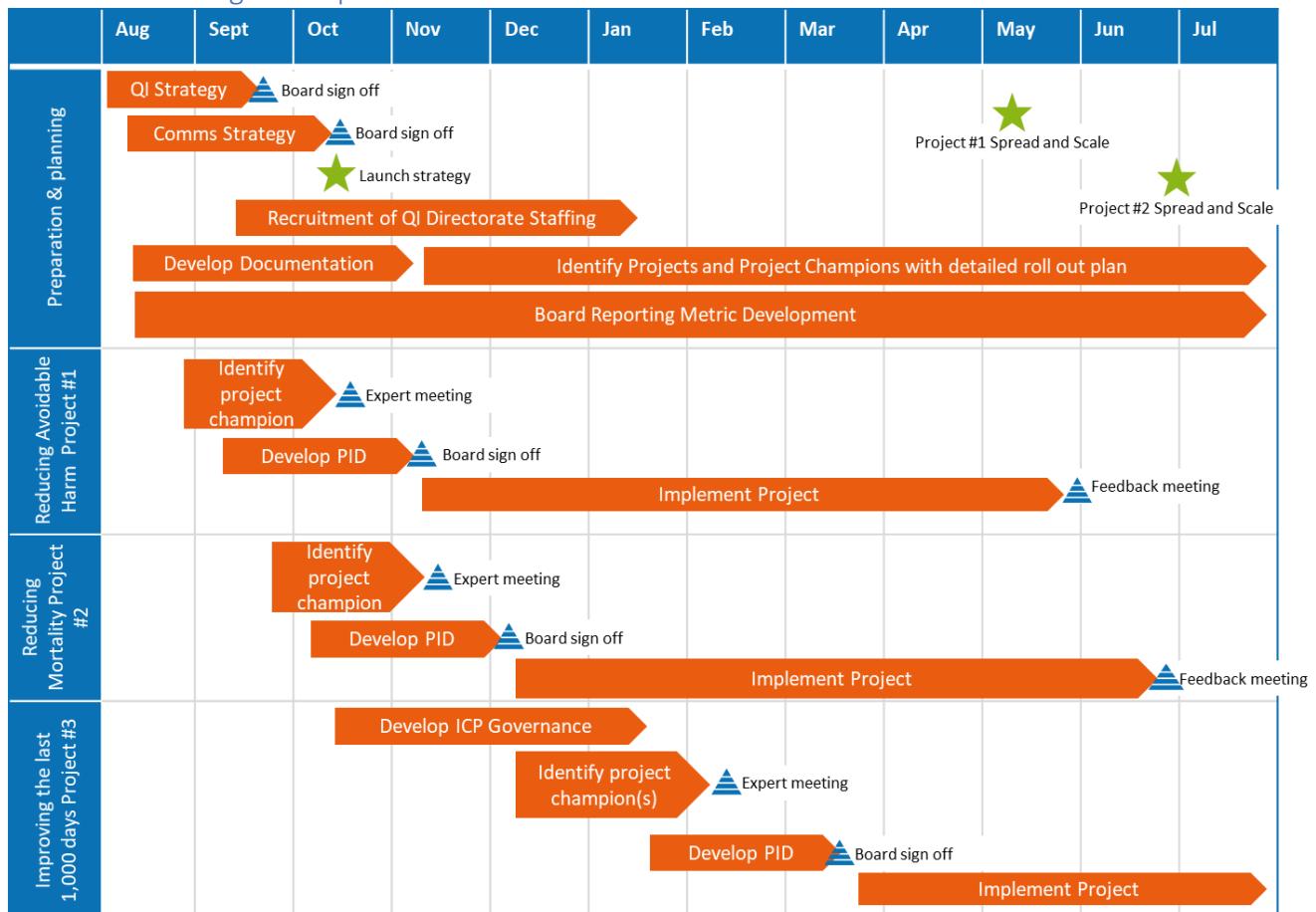
We will be developing statistical process charts to determine trends, shifts or special cause variation. Each project will develop their own set of meaningful measurements (process, outcome and balancing measures) which will track the achievement and sustainability of the project aim.



High Level Plan

We will be developing a new Quality Improvement Directorate who will host our expert advisors to help staff, patients and partner organisations plan and carry out improvement programmes aligned to our priorities. As this is a new programme we have set out some high-level timescales and would like to start piloting two key projects over the next 3-6 months. Once we have a fully established team we will be developing and publishing a more detailed Quality Improvement plan covering the next three years.

Year one initial high-level plan:





Communications Plan

A shared vision is the foundation for the success of our strategy of what we want to be in the future. To achieve this, we need to ensure that we provide staff with a clear understanding of the need for change whilst recognising that everyone in the organisation is doing their best and that their contribution is valued.

To do this, we need to communicate and articulate, to our staff:

- Our strategic direction
- The problems we face
- The approach to support delivery of the strategic priorities
- How staff and partners can play their part in the QI process to evidence that QI is everyone's business

Through consultation with our staff, we can begin to develop a common language for quality and begin to yield staff opinion about our new direction. We will also undertake a similar process with our service users and membership.

Over the coming months we will:

1. Develop a communications plan and supporting materials

We will engage with our staff and patient involvement groups to understand the best forum and fora to receive materials relating to QI. We will develop templates to support the improvement projects and create checklists to help the project teams identify stakeholders and communicate effectively.

2. Launch our Quality Improvement Methodology

In October, we will be hosting Professor Brian Dolan, Professor Dolan is the founder of the last 1,000 days initiative and we want to use his visit as a platform to launch our approach to Quality Improvement.

3. Support the pilot QI projects

Each individual improvement project will have their own communications plan. We will be working with the three pilot projects to support them and develop our approach for future projects.

4. Develop a mechanism of feedback and recognition

We want to recognise staff and help them build a sense of achievement along their improvement journey. We will ensure we give feedback to staff and the organisation and link in with our staff awards to ensure that improvement projects are recognised and rewarded. We will also work towards developing a system for accreditation that aligns with their capability.



Culture & Leadership

For the Trust to be most effective, quality must become the driving force of the organisation's culture. The presence of a positive and supportive organisational culture, with engaged and empowered staff encourages high quality care and an enthusiastic workforce. This is often underestimated but is essential to achieve patient focused services of the best standard. No QI methodology alone will drive improvement unless it sits in the right culture.

The Trust recognises that building and embedding a leadership and culture for Quality Improvement will only happen over time and requires a consistency and continuity of effort at all levels of the organisation. It also recognises that this will happen in steps and not a single event; it is however committed to a Board led culture which:

- Promotes the engagement of staff around the purpose of QI
- Empowers staff and supports the development of skills
- Enables staff to deliver safe and effective sustained improvements
- Encouraged to share and celebrate success

We will need to learn and embed quality improvement methods at all levels and within all teams in the organisation. This will require our clinicians and managers to demonstrate an unrelenting determination to stick to this agenda despite internal and external challenges.

There will be sustained leadership from the Board and senior management teams to embed improvement activity as part of the 'day job' rather than an optional extra; and through engagement and empowerment of our staff, we will create a culture of continuous quality improvement.

Our goal is to become a learning organisation in which every member of staff understands their role in delivering high quality care and works towards that goal every day. Emphasis will be placed on understanding our systems in more detail, working towards excellence in applying clinical systems, engaging all our employees in improvement, using small tests of change to build momentum and learning from our mistakes.



Tracking Our Return on Investment

Whilst the emphasis of QI is to improve patient outcome and experience, we recognise that there will be a paradigm of quality and efficiencies. It should be noted that not all projects will be able to quantify efficiencies, and some will be purely designed to improve outcomes to quality benchmark.

We will be transparent when a project is aimed only at improving quality of care. As part of the Quality Improvement process, each project will submit a Project Initiation Document (PID) which will evaluate the benefits, risks and potential return on investment. Any agreed metrics and their impact will be monitored as part of the suite of agreed metrics.

Whilst financial efficiencies will not be identified as an aim or driver of any QI project, the QI Team will work closely with the Trust's PMO to determine any financial efficiency, both recurrent and non-recurrent that may be realised as savings for the organisation.

It is also recognised that the current Transformation Team applies a pure project management approach to service change and will require training in QI methodology for sustainable improvement as part of the capability building of the organisation. As maturity develops and priorities evolve, how the two departments work together will be reviewed.

Examples of Efficiencies

Reducing Avoidable Harms

We will be looking to set up a collaboration initiative to support the reduction in the number of pressure ulcers reported, both in the hospital and in the community. Patients who experience pressure ulcers in a hospital, stay for longer. If we can prevent pressure ulcers, patients will avoid the impact of this harm, which is not only are painful but can take a long time to heal. A benefit of this would be that they not need to be in hospital for as long and we would expect to see a reduction in their length of stay additionally we would no longer need the budget size we currently have for wound dressings as a result.

Improving the last 1,000 days of life

Making the last 1,000 days of life count, not only to our patients but to their families. If we can improve how we get patients home or to their place of choice quickly, there is the opportunity to improve their quality of life in the last 1,000 days. By getting people out of hospital quickly and timely, we may be able to reduce our bed base or remove the strain of additional costs when we have to open beds and wards that are not funded.