

Trust Board			
Agenda item		Attachment	EHRIA code
<b>Date of meeting</b>	23.05.18		<b>Format of Paper</b>
<b>Title of paper</b>	Quality Improvement Strategy Delivery Plan	Written	<input checked="" type="checkbox"/>
<b>Authors</b>	Steve Yarnold & Rick Fraser	Oral	<input type="checkbox"/>
<b>Presenter</b>	Gurprit Pannu (Associate Medical Director)	Presentation	<input type="checkbox"/>
<b>Committees/meetings where this item has been considered</b>			
<b>Purpose of report (tick all that apply)</b>			
To provide assurance	<input type="checkbox"/>	For decision	<input type="checkbox"/>
Regulatory requirement	<input type="checkbox"/>	To highlight an emerging risk or issue	<input type="checkbox"/>
To canvas opinion	<input type="checkbox"/>	For information	<input checked="" type="checkbox"/>
To highlight patient, carer or staff experience			<input type="checkbox"/>
<b>Strategic Goals (tick all that relate)</b>			
1. Safe, effective, quality patient care			<input checked="" type="checkbox"/>
2. Local, joined up care			<input checked="" type="checkbox"/>
3. Put research, innovation and learning into practice			<input checked="" type="checkbox"/>
4. Be the provider, employer and partner of choice			<input checked="" type="checkbox"/>
5. Living within our means			<input checked="" type="checkbox"/>
<b>Summary of Report</b>			
<p>This report is requested by the Trust Board on the implementation plan for the SPFT Quality Improvement strategy (YQI). It has previously been agreed by the Trust board that Sussex Partnership would adopt Quality Improvement as its improvement methodology. This report provides a summary of the implementation of this approach.</p>			
<b>Recommendation</b>	That the Board review this plan for their information and that regular updates on the QI plan are scheduled.		

## 1. INTRODUCTION

Our Clinical Strategy has been developed through a cross-organisational approach generated in 20 workstreams where service users, carers, staff, commissioners and other partners have come together to vision the future. Our task now is to realise the benefits of the strategy by taking forward the implementation of the workstreams, using the resources of both the Trust and the wider STP to achieve this. The adoption of a new and more consistent approach to Quality Improvement (QI) will be a key delivery mechanism.

This work will require a dedicated Quality Improvement Team and Programme to bring together existing quality improvement and innovation projects, tools, methodologies and training. The team will work with external partners on expanding and creating additional opportunities for our operational staff to train in change methodology through coaching, mentorship and internal and external courses, and to implement the desired service improvements.

The team will need to be custodians of the innovation capability (design thinking) within the Trust. They will need to be responsible for cascading knowledge and learning throughout the organisation in order to ensure the Trust meets its aim of becoming a truly innovative healthcare provider that sustains innovation, maintains patient focus and remains a high performing organisation by becoming truly improvement led.

## 2. REPORT

### QI the Sussex Partnership Way

There are 3 organisational objectives relating to the implementation of our QI strategy:

1. Establish the QI Team and define their roles
2. Embed within a 'Just Culture' which underpins and supports QI
3. Establish and sustain an improvement led organisation

QI is everyone's business and needs to flourish across the organisation and at all levels with a particular focus on empowering teams and staff working with patients and carers. That does not mean that support services and those involved in operational or strategic work should not also be involved in QI. We are already engaged in the co-production essential for QI, an example being the 'leader/leader' model at Langley Green Hospital where service leaders are helping to co-design services with our staff. We have over 20 QI projects registered and numerous others being developed. The QI implementation strategy below sets out to address the challenges of raising awareness, engaging, training, registering/supporting projects, managing data/metrics, sharing learning and celebrating success.

The Quality Improvement Team will lead on QI within the organisation. Functions include engaging, training, coaching, providing expert support and linking internally and externally. The Clinical Audit team also sits with the Quality Group with the QI team. The QI Team reports to the Quality Committee.

### Next Steps

#### 1. QI Team :

- The Quality Team - an initial mapping exercise looking at current staff trained in QI methodology and other related improvement methodologies was carried out and starts to provide some understanding of the resource we have already with the capability for leading complex systems in mental health service improvement.
- The QI Team will consist of the core leadership team, QI trainers & coaches and data analytics

#### 2. Training programme:

- The YQI trust wide engagement event took place on 8<sup>th</sup> May and was very well received. This is to be followed by 3 additional events for East, West Sussex and Hampshire which are being organised in June 2018.
- All staff will be required to achieve on-line bronze level training to have active involvement in

project work. This will be monitored by the QI Team via the Improvement Academy and QILife web platforms.

- Silver training will be rolled out for a substantial number of other key staff across the organisation. Cohort 1 – 50 staff members identified to attend 1 days Silver level training starting in June 2018. Then attend a further 2 follow-up days with 3 monthly intervals and will be required to present work achieved on service improvement in their individual areas during the 3 months, delivered by our own in house QI Team. Cohort 2 – to start August 2018. Cohort 3 – to start October 2018
- Executive Team Training delivered by QI and OD lead in association with KSS AHSN and the Improvement Academy.
- Gold standard training to be considered for those developing a new care model aligned to Clinical Strategy PMO.
- November 2018 - QI 'Unconference' - 6 month follow-up event to YQI. 'Unconferences' are about empowering attendees to share their expertise. They give participants the opportunity to have an unfiltered exchange of innovative ideas. It encourages open discussions rather than having a single speaker at the front of the room giving a talk. Promoting an all teach all learn mentality.

### 3. Budget

- Identify budget required to progress the implementation strategy including resourcing the QI team, supporting the training programme, coaching support, data analytics and events management

### 4. Comms strategy for QI

- Comms are involved in supporting the QI strategy and have developed the Trust QI website which will be further refined and defined as we progress. They are also involved in ensuring the implementation plan progresses and reaches all in the organisation.

### 5. Partner organisation engagement

- South of England Collaborative – Mental Health Quality and Patient safety Improvement
- Kent, Surrey & Sussex Academic Health Science Network
- Improvement Academy – Kent, Surrey & Sussex Patient Safety Collaborative
- Q Community – The Health Foundation

### 6. Clinical Strategy & QI

- Development of a new care model work streams includes major pieces of work and small project work that requires coaching and development.
- Priority areas:
  - Towards Zero suicide – community and in-patients
  - Crisis care pathway
  - Patient Flow
  - Restraints
  - Falls

### 7. Data analytics

- Quality Improvement and Quality Assurance performance data.
- Quality Report and annual priority areas, use of improvement methodology.
- Quality Improvement/Clinical audit/Quality Accounts

### 8. QI Interface

- Intranet QI site & links on Mediconnect, Psychology & Nurse's site on Trust intranet
- Links with other learning sites and resources

### 9. QI Metrics

- Number of staff trained to Bronze, Silver & Gold standard
- Spread of staff training across disciplines and services.
- Number of registered projects on QILife system aligned to Clinical Strategy. Expectation that every team will have at least one registered project.
- Number of PDSA test documents on QILife System

- Number of SPC data charts produced on QILife system.
- Evidence of trends and shifts in the data to support actual improvement.

#### **10. Digital technology**

- Support with automated data collection and management for improvement.
- QI team and Digital tech to collaborate to support clinical teams to improve clinical and digital performance.

### **3. Summary**

The Trust has agreed upon QI as its methodology for improvement. There is ample evidence to support such a methodology and this was presented in the previous QI paper for the Board. The next steps involve implementation of the QI strategy, embedding of QI within the organisation and enabling the change needed to become a truly improvement led organisation.