

Continuous Improvement Strategy

2020/2025



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“I am delighted to see the development of a Continuous Improvement Strategy for the Countess. Myself and the Non-Executive Directors believe that this is the right approach to ensure that we are continually improving all that we do for our patients. We look forward to hearing about progress of the strategy and sharing our improvement experiences, both from within and outside of the NHS to support its delivery.”

**CHRIS HANNAH
CHAIR**

Foreword

I am pleased to share with you our five year strategy for Continuous Improvement (CI). This document marks an important step forward for our Trust as CI will become an integral part of everyone's daily work.



This places our people at the forefront of improving care as they are best placed to identify and solve the problems they face. This approach will help to make a real difference for our patients and support our staff to continue to deliver the highest standards of care - whatever your role, you all have the power to influence and improve the services you deliver.

Within this document you will read more about our chosen methodology for improvement - Lean. I have seen first-hand the benefits that this methodology can achieve. The application and commitment of adopting this methodology is what will set us apart in the years ahead. Please rest assured Lean is not about cutting costs and reducing the workforce, Lean helps us focus on the processes to support the people to do the best that they can do. Lean will help us to redesign our pathways and processes to ensure that all that we do is adding value. We are a clinically led organisation which means putting the needs of the patient first.

The CI strategy will be a key enabler for delivering other

strategies such as the Clinical Strategy which describes the shape and direction of our clinical services over the next five years. Whatever we do our services need to be safe and effective, a message which you will have heard me say many times before.

It is well known that the safest and most effective hospitals are ones where they have a formal CI methodology which is recognised and adopted across the Trust. Our strategy provides a clear statement of intent to CI and provides clear and concise stages of our aim, which I believe, will support our progression towards becoming an outstanding Trust.

To deliver the strategy successfully I recognise that you may require support from me and the Board of Directors. The Trust Board will undertake training in Continuous Improvement to ensure we understand the approaches and are best placed to support you. The Trust Board will play a key role in guiding teams to success. We will ensure, where we can, we will remove the

blockers to enable our staff to make improvements happen. Our CI strategy reiterates the Trust Board's commitment to delivering safe and effective care to our patients.

I ask of you all, encourage and support each other to make continuous improvement happen.

Dr Susan Gilby,
Chief Executive Officer



You may be more familiar with the term Quality Improvement (QI) rather than Continuous Improvement (CI).

Whilst they both aim to achieve the same outcome, our people told us that they felt CI

was a better phrase to use as it reflects that we are all continually building on the great care that we already provide.

As a partner within the West Cheshire Integrated Care Partnership (ICP) we recognise the importance of working with others in the wider healthcare system, working in partnership to develop innovative and integrated ways of working that drive CI. We know services will need to adapt and transform to meet the changing needs of our population.

The CI Strategy demonstrates our commitment to improve the quality of care for our patients. It sets out our clear aim and priorities and, most importantly, how all staff can be supported and encouraged where they see an opportunity to make improvements. To create a culture of CI we promise to ensure our staff are equipped with the skills they need to get through challenges they face. We will continue to strengthen and support our leaders by providing them with the skills to motivate and empower staff to lead and deliver improvements themselves. This strategy should be a living document which supports all of our staff to bring to life our ambition

Ian Bett,
Director of Transformation



Introduction

As a Trust we are committed to continually improve the experience and outcomes in all that we do.

Continuous improvement is a way of working which delivers improvements by the everyday use of improvement tools and techniques.

An important success factor for continuous improvement is the way in which change is introduced and implemented. Taking a consistent approach and ensuring that all staff understand their role is essential if we are to continually improve the quality and safety of care we provide for our patients.

Our ultimate ambition is for the Countess of Chester Hospital to build and embed a culture of continuous improvement across the Trust. This means that we make improvement a daily routine activity and use improvement tools and techniques to solve the problems we face. Paul Batalden, Senior Fellow at the Institute for Healthcare Improvement and teacher at the Jönköping Academy in Sweden states, "everyone in healthcare really has two jobs when they come to work every day: to do their work and to improve it"¹.

Building a continuous improvement culture will not

happen overnight and we recognise that this is a journey which will require commitment and determination from all.

This document sets out our five year strategy for continuous improvement, however this will be reviewed and updated every two years. The strategy, and the plans which underpin it, will be closely linked with the Care Quality Commission's (CQC) domains of safe, effective, caring, responsive and well-led.

“Continuous improvement is a systematic, sustainable approach to enhancing the quality of care and outcomes for patients.”
KPMG²

“I am very happy to endorse our refreshed approach to continuous improvement within the organisation. We have a strong track record in delivering across a range of quality improvement (QI) projects and have taken a conscious decision to reframe our success into a wider and more challenging phrase – continuous improvement. By making this change, we are reflecting how we embed a culture of improvement into business as usual and away from project-based approaches. This is a change which I am sure will be welcomed by our people. We have an incredibly enthusiastic and high performing CI support team and I look forwards to facilitating further success in the months and years ahead.”

**DR DARREN KILROY,
MEDICAL DIRECTOR**



Developing the strategy

We have developed this strategy through a series of workshops in which we have talked to and listened to our colleagues and users of our services.

The workshops were carefully designed to gain an understanding of what is important to our people and how we can work together to build a continuous improvement culture.

The feedback and recommendations that have been captured have been collated and throughout this strategy you will see how we have turned these into our drivers for embedding a continuous improvement culture at the Countess of Chester Hospital.

Throughout the strategy we have included key learning points from experts in improvement.

Learning from Others

We recognise the value of learning from others, especially those who have already started on their continuous improvement journey. Learning from outstanding organisations, both within and outside of the NHS, we have found 6 consistent learning points in which we have considered when developing our strategy.

1. Staff engagement is a vital driver for change
2. Small change is just as important as large scale change
3. A standardised and disciplined approach is essential for success
4. It is a marathon, not a sprint
5. Leadership is key to success
6. Cultural change is needed 'the way we do things around here'. It is not a programme of work.



“This strategy cannot be created in isolation, engaging our patients, doctors in training and staff in the development is vital for its success. I believe the strategy should be patient focused and promote a straightforward approach which should be adopted by everyone working here”

IAN BENTON
CONSULTANT RESPIRATORY
PHYSICIAN



Word cloud created at one of our workshops.

The image is composed of words used within the workshop, the size of each word indicates the frequency that it was used.





“

“To be able to embed a CI culture everyone needs to contribute”

SALLIE KELSEY,
INTERIM HEAD OF EDUCATION and

LIZZIE SHEVLIN,
LEARNING AND DEVELOPMENT FACILITATOR

”

Strategic Overview

and Trust Priorities

Our Corporate Strategy describes the shape and direction of our Trust over the next five years with a focus on a number of key themes including the development of our workforce, our digital ambitions and how we see our estate will look in the future, just to name a few.

Continuous Improvement is recognised by the Trust as the key enabler and support to our staff in delivery of our Trust ambitions contained within the Corporate and Clinical Strategy and future enabling Trust strategies and plans .

Where are we now?

Care Quality Commission (CQC) inspection

Our hospital works closely with regulators and commissioners to ensure we continuously strive for excellence and monitor our progress against local, regional and national standards of care. The Trust underwent a CQC inspection in 2018. We were disappointed to report that the CQC could not be assured that our current systems and processes were effective. The Trust was rated as 'Requires Improvement' overall: we will change that.

- Safe and Effective? Your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.
- Caring? Staff involve and treat you with compassion, kindness, dignity and respect.
- Responsive? Services are organised so that they meet your needs.
- Well-led? The leadership, management and governance of the organisation make sure

Overall rating for this trust

Requires improvement

Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Requires improvement

Our continuous improvement strategy aims to see us strive towards becoming an 'Outstanding' organisation, which is no less than our patients and staff deserve. All improvements will be assessed against the five key questions the CQC considers during an inspection:

- Safe? You are protected from abuse and avoidable harm.

it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Staff Survey

We know that staff engagement is vital for success in our continuous improvement journey. Our latest staff survey results tell

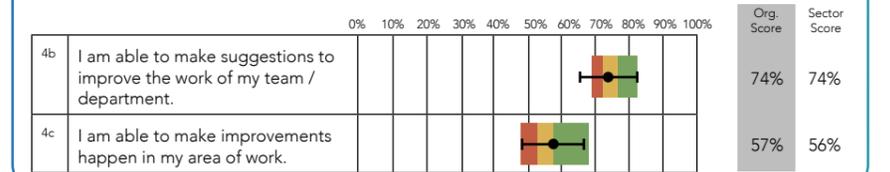


us that 26% of our staff, who completed the survey, do not feel able to make suggestions to improve the work of their team or department. Also, only 57% of staff who completed the survey feel able to make improvements happen

Friends and Family Test

The Friends and Family Test (FFT) is a way that patients can provide feedback on their experience and asks if they would recommend the services they have used. Listening to the views of patients helps us

Theme 10 - Staff Engagement



in their area of work. The CQC also reported in their latest inspection that staff working here did not always feel actively engaged or empowered.

To embed a continuous improvement culture our staff must feel empowered and skilled to make improvements happen. Our staff are the experts in their field of work and therefore in conjunction with patients, are best placed to identify, create and deliver the improvements that need to be made. It is essential that they feel empowered and confident to make improvements happen. With the successful implementation of the continuous improvement strategy we aim to improve our staff survey results for questions 4b and 4d, and place best in peer.

identify what is working well, what can be improved and how.

In 2019 we reported that 86.7% of patients that have used our services would be likely to recommend them to friends and family. Our strategy aims to seek the views of our patients and include them in our improvements. We aim to improve our FFT score to be best in peer.

Quality Champions

To date we have trained approximately 200 staff in the basics of improvement methodology. We are proud of the improvements our staff have made but recognise the need to widen the capability. Our Quality Champions will be key individuals in the successful delivery of our new continuous improvement strategy.



**JO BATEMAN,
PHARMACIST AND QUALITY CHAMPION**

"I attended an improvement programme where I learnt about improvement methodology and the tools and techniques that sit within it. As part of the programme I undertook an improvement project which aimed to develop the pharmacy technician role to provide a medicine administration service on the intermediate care unit.

Traditionally, nurses administer medication to patients in hospital and audit work shows that they spend over 40% of their time handling medicines; successful completion of my project would enable nursing staff to focus their skills on delivering patient

care. I created a driver diagram which helped me plan my improvements, and then tested my ideas using a PDSA cycle. A go see exercise was undertaken which timed the pharmacy technicians administering medications.

The pharmacy technician providing medicines administration saved on average 132 mins per day of nurse time administering medicines each morning and lunch. Subsequently, this has now become standard practice in many areas across the Trust with additional funding provided to recruit more technician medicine administration roles. Within Pharmacy, I circulated the improvement methodology

to all staff members undertaking improvement projects and requested that all projects should follow this as I had found it a useful tool to ensure projects were written up concisely and appropriately.

I have also applied the knowledge and tools to all further projects and have recently completed an innovative project looking at integrated working for medicine optimisation reviews for patients on direct-acting oral anticoagulants in Primary Care, which has been written up using the improvement skills and techniques which I think has made the process more robust and efficient."



**PERRY MASKELL,
JUNIOR DOCTOR**

I had the idea of a Quality Improvement Project (QIP) to "Improve e-Discharge summary timeliness in surgery" after working in the colorectal department during year one of my foundation programme and feeling frustrated by being given the responsibility of completing the backlog of those that had not been done. I was guided by the QI team to explore the issue utilising the tools and techniques I had learnt during a teaching session.

I started by researching the standard of what we should be doing, I found a national target of completing every e-Discharge summary (EDS) within 24 hours of the patient leaving the hospital. I knew from my experience, that the surgery department couldn't be reaching this target, so I sought how the department was doing in terms of an exact percentage. Once I had these figures, I could confirm there was an improvement to be made. From there I enlisted the help of two of the clinical fellows in general surgery, as well as gaining a consultant supervisor to oversee the project. It was really important to create a project team to support and drive the QIP forward.

We kicked off the first intervention, beginning PDSA cycle one, where we tried to get Surgical Assessment Unit staff to

print the outstanding e-Discharge list daily, to prompt the doctors to be aware of the backlog, and hopefully facilitate their completion. Adding to this, the second PDSA cycle initiated the role of "e-Discharge co-ordinator" within the surgical team, to keep better track of the backlog, and organise the junior doctors to address it. The first two PDSA cycles were not successful towards improving the issue however, the purpose of the PDSA allows us to learn as quickly as possible whether an intervention works. I have made adjustments accordingly to increase the chances of delivering and sustaining the desired improvement and I am now amidst a new PDSA cycle, with the intervention being a formal arrangement in the morning and evening handover policy, whereby the outstanding EDS list will be printed and discussed.

We are in the process of reviewing this by keeping track of the intervention uptake, hopefully enabling us to correlate the intervention with a change in EDS completion timeliness. I recognise that there is still work to be done but using QI methodology has helped me structure the process and I feel that it has helped and hopefully the sustainment of the improvement".

Methodology

If we are to embed a continuous improvement culture we need to adopt and apply a methodology for change that is recognised by all staff

Øvretveit, a leading expert on quality in healthcare, describes improvement as better patient experiences and outcomes achieved through changing provider behaviour and organisation through using a systematic change method and strategies⁴. The key elements in this definition are the combination of a 'change' (improvement) and a 'method' (an approach with appropriate tools)⁵.

“Lean management tools empower staff to support patient-centered care by improving their daily work processes, eliminating waste and non-value added activities, and ultimately, becoming more efficient and innovative at problem-solving”

**VIRGINIA MASON INSTITUTE,
SEATTLE, USA⁶**

Lean

Our principal method for change will be Lean. Put simply Lean is about ensuring we are maximizing value whilst minimizing waste. Lean helps us to identify the least wasteful way to provide better, safer healthcare to your patients - with no delays⁷. Lean is not about cutting costs.

Lean has been developed from the Toyota Production System and has been used successfully in manufacturing and other industries such as Amazon and Tesco for many years. It is increasingly being applied to health services in the UK and

overseas to improve the quality of clinical care, improve patient safety and experience, eliminate delays, and improve productivity and financial health. There are many examples across the NHS showing that even relatively small-scale quality improvement initiatives can lead to significant benefits for patients and staff, while also delivering better value⁸. You may be familiar with 'Releasing Time to Care, The NHS Productive Series' which evidenced success in the in the NHS by using Lean to reduce

“We should be using improvement methodology to help achieve sustained improvements”

**DEBBIE BROWN,
CONTINUOUS
IMPROVEMENT
MANAGER**

when it comes to evidencing improvements and instead use quantitative and qualitative data. Where appropriate run charts and statistical process control (SPC) should be used to plot data over time.

Using these techniques helps us understand variation and in so doing guides us to take the most appropriate action¹⁰.



“The way data is presented can sometimes not highlight the important issues that should be focussed on. SPC is really useful in identifying the real issues to help with decision making and monitoring of performance to drive improvements.”

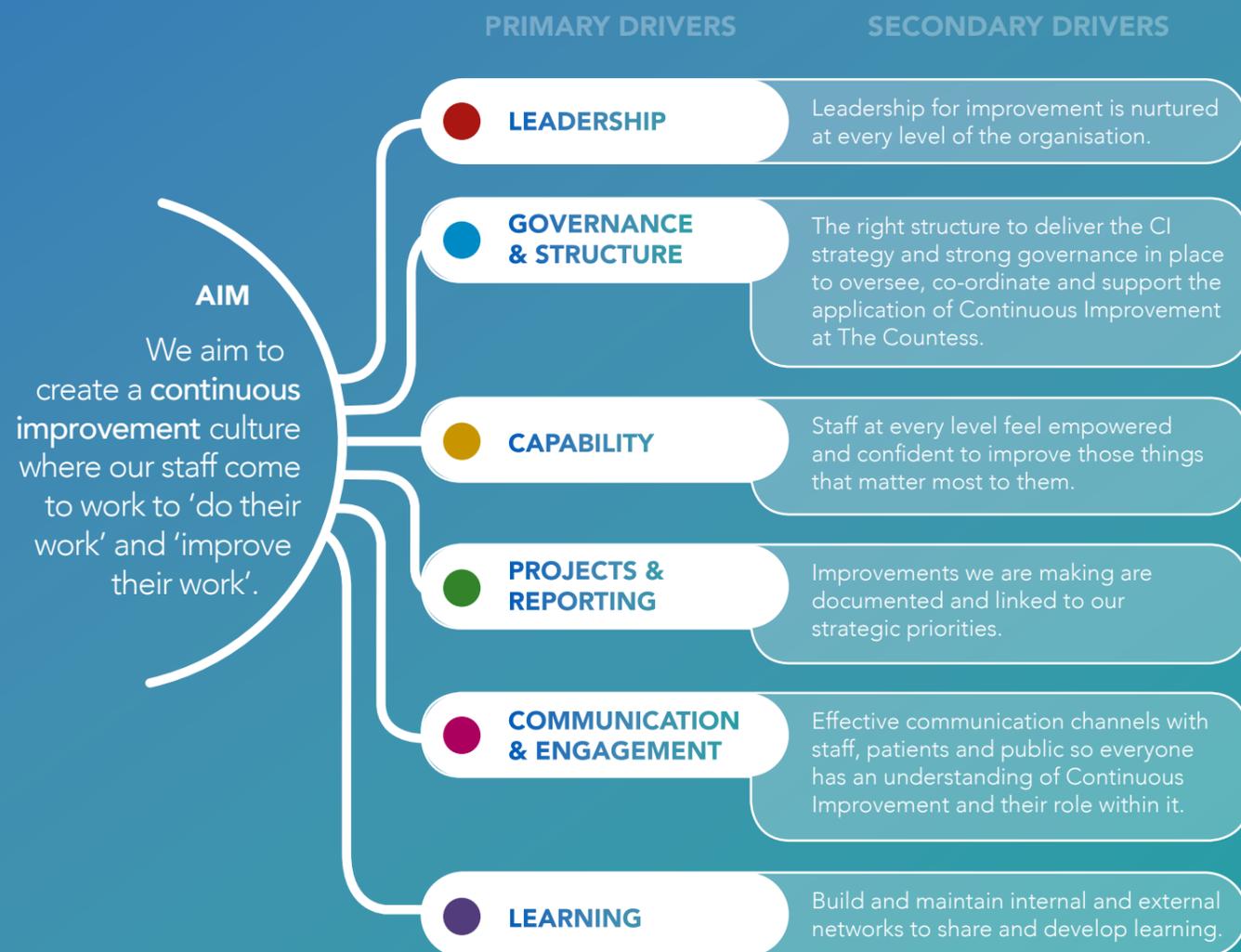
**HELEN NOWAKOWSKA,
BUSINESS PERFORMANCE
MANAGER**



Our aim

Our aim is to create a culture in which staff working at the Countess of Chester Hospital come to work to 'do their work' and to 'improve their work'.

Our aim will be achieved through a number of drivers outlined below. Further information about each of the drivers will be provided through the remainder of this paper.



Common Language

We want to ensure there is widespread understanding of our approach to continuous improvement. There may be new terms used that our staff are not yet familiar with. We will create a common language which will become embedded in the way we do things, motivating staff with terms that highlight the benefits for patients.

Leadership

● DRIVER ONE

Leadership for improvement is nurtured at every level of the Trust;

The CQC use 'key lines of enquiry' for their assessment of the 'well-led' domain. A rating of outstanding is defined as 'the leadership, governance and culture are used to drive and improve the delivery of high quality person-centred care'. We need to ensure that everyone working here is committed to adopting our continuous improvement culture. You do not need to be in a management position to lead improvement and all staff will be expected to make improvement a daily routine. As a Trust we need to ensure people looking to work at the Countess of Chester Hospital are aware of our continuous improvement journey and the culture in which we are working towards creating.

improvement, being visible, utilising improvement methodology and actively engaging in improvement efforts. These behaviours align to the Trust values and behaviours. Our leaders should also be empowering their staff to 'do their work and improve their work'. To ensure leadership for improvement is nurtured at every level of the Trust we will:

- Provide our leaders with the training and support required to lead successful improvements;
- Leaders will be expected to use a structured approach to support improvements;
- Everyone working here will be asked to evidence at least one improvement effort at their annual appraisal;
- Ensure evidence of adopting continuous improvement behaviours are included in succession planning;
- Include our strategy aim within all future job descriptions and look to recruit staff with experience of continuous improvement or a commitment to adopt the behaviours;

“Organisations who have paid attention to developing a leadership and culture for improvement, most typically demonstrate the greater strides toward achieving tangible improvements in safety, positive patient experience and clinical care outcomes.”

DAVID FILLINGHAM AND LESLEY MASSEY, ADVANCING QUALITY ALLIANCE¹¹

Developing a continuous improvement culture will require our leaders to adopt the behaviours required to lead improvement such as, embracing problems as opportunities for

Governance & Structure

DRIVER TWO ●

The right structure to deliver the strategy and strong governance in place to oversee, co-ordinate and support the application of Continuous Improvement at the Countess;

Governance

Quality & Safety Committee

The Quality and Safety Committee supports the Board in ensuring that the Trust's management, and clinical and non-clinical processes and controls are effective in setting and monitoring good standards and continuously improving the quality of services we provide.

Transformation Group

The Transformation Group will report to the Quality & Safety Committee and is responsible to drive forward the development and delivery of the strategy. A quarterly report will be submitted to the Quality and Safety Committee providing an update of progress made against the strategy delivery. We will also report to the Board twice a year.

Structure

Embedding a continuous improvement culture will require everyone's support however; we have identified a guiding team who will play an active part in supporting the delivery of the strategy.

The Board

- Responsible for oversight and delivery of improvement work across the Trust
- Provide strategic direction in regards to priorities, key themes and outputs
- Leads for value streams and strategy drivers

Continuous Improvement Team

- A central team to ensure that staff have a single point of access to co-ordinate and support
- Provide structure, methods and rigor behind improvement methodology
- Build capacity and capability across the Trust by training and developing staff to use the methodology

Continuous Improvement Clinical Leads

- Ensure that improvements are clinically led, putting the needs of the patient first
- Support the identification and delivery of value streams (beyond own area of clinical expertise)
- Engagement and pace

To support the delivery of the strategy we will ensure the right structure and governance is in place by:

- Holding monthly a Transformation Group to drive forward the delivery of the strategy;
- Provide quarterly progress reports to The Quality and Safety Committee;
- Identify and confirm Continuous Improvement Clinical Leads;
- Ensure clear roles and responsibilities are in place for the Trusts guiding team and these are adhered to and we hold each other to account.



“Investment in the infrastructure is required to create a Continuous Improvement culture”

**PETER FOLWELL,
LEAD GOVERNOR**

Capability

DRIVER THREE ●

To ensure our staff feel empowered and confident to improve those things that matter most to them;

We know that staff working here have an abundance of knowledge and expertise in their professions. We want to empower our staff to identify and lead improvements in their own area of work and providing them with the knowledge, skills and support to do so. Another key line of enquiry used by the CQC to establish if an organisation is well led is whether robust processes are in place to support learning, continuous improvement and innovation. It is therefore essential that staff have knowledge of our continuous improvement approach and access to improvement tools and techniques.

Although all staff working here must be familiar with our approach we will use a 'Dosing Formula' to develop different levels of improvement expertise across the Trust. This is demonstrated in figure 1 and has been based on the Advancing Quality Alliances adapted dosing formula¹². The concept of 'dosing' was first developed by Dr Robert Lloyd at the Institute for Healthcare Improvement (IHI) and is derived from the

principles used to establish the appropriate dose of a medicine. The dosage of the medicine would be based on the patient's needs. In a similar manner the 'dose' of the improvement knowledge will differ depending on the needs of the individual and their role in the making the continuous improvement journey a reality. The key point of dosing is that not everyone needs the same depth of knowledge about improvement concepts, methods and tools¹³.

“Successful delivery 'will rely on local health systems having the capability to implement change effectively' and commit 'supporting service improvement and transformation across systems and within providers'”

THE NHS LONG TERM PLAN¹⁴

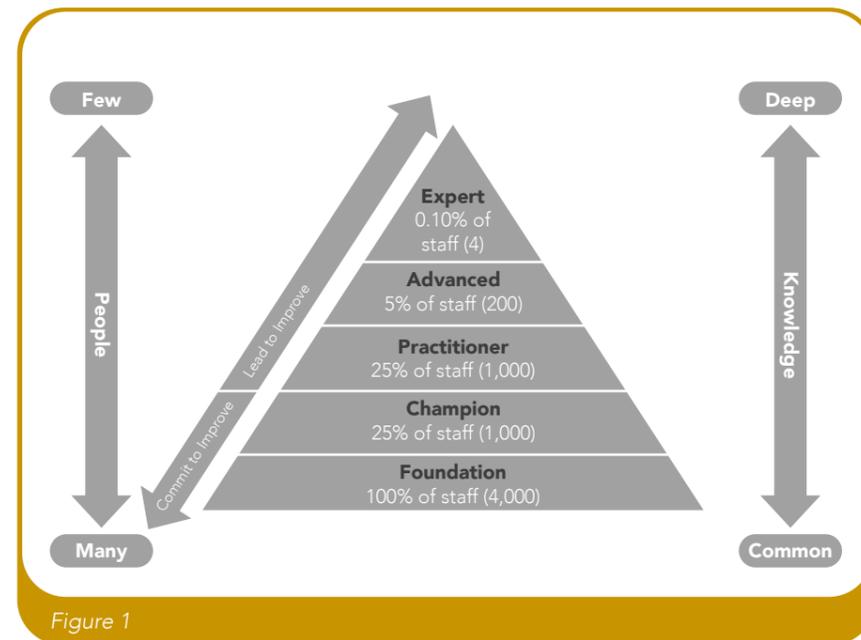
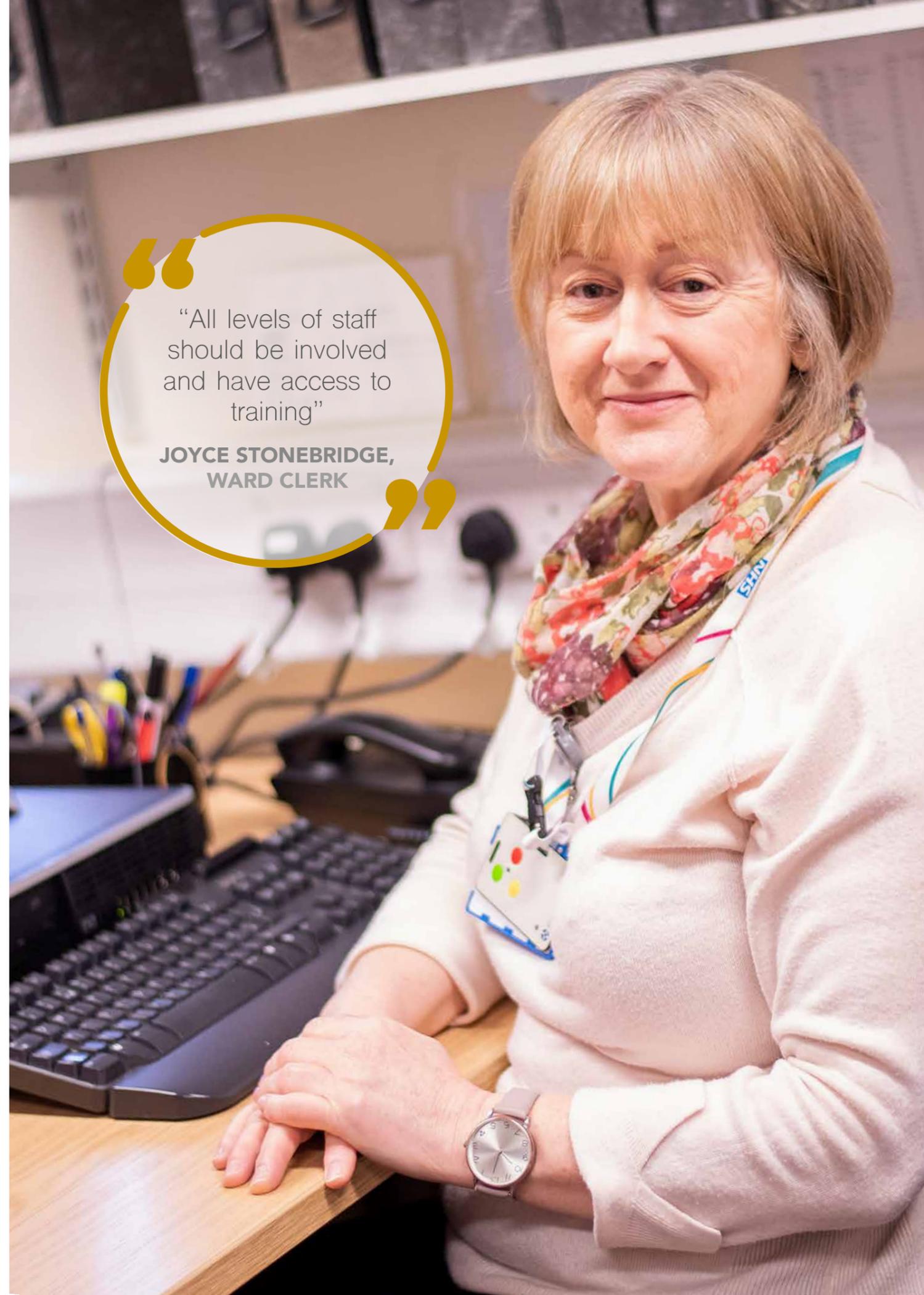


Figure 1



“All levels of staff should be involved and have access to training”

**JOYCE STONEBRIDGE,
WARD CLERK**

LEVEL	DEFINITION	TRAINING OFFERINGS
Foundation	All staff will receive 'foundation' training, as part of their Trust induction. Staff will receive a refresh every 3 years via mandatory training. The session will provide an overview of the Trusts approach and personal responsibilities.	<ul style="list-style-type: none"> Welcome Event Mandatory Training
Champion	Our 'champions' will attend a training session which introduces and enables individuals to do their work and to improve their work. This is a ½ day session for apprentices and bands 1 – 4.	<ul style="list-style-type: none"> Lean Basics
Practitioner	This programme is designed to provide individuals with an introduction to lean concepts. 'Practitioners' will have a sound knowledge of lean concepts which can be transferred back into the place of work. This is a one day programme with an ½ day follow up session to review the application of learning.	<ul style="list-style-type: none"> Introduction to Lean
Advanced	A 6 month programme during which individuals will have an 'advanced understanding of lean methodology and the extensive range of tools and techniques which help them to transform services they deliver on a daily basis whilst also inspiring and leading others through change.	<ul style="list-style-type: none"> Lean for Leaders
Expert	A small group of staff who are responsible to build the capacity to teach, coach and mentor others in improvement tools and techniques.	<ul style="list-style-type: none"> External

We recognise that there are sometimes different needs and there are further opportunities to transfer improvement knowledge and skills, we will also support:

Introduction to Improvement Programme Team Approach
This is a bespoke training programme for a team looking to deliver improvements.

The Nurse Leadership and Development Programme (ACORN)

We will continue to provide aspiring nurse leaders with an introduction to improvement tools and techniques which will enable them to deliver an improvement project.

Junior Doctors Foundation Programme

Provide improvement training and coaching for our junior doctors who are required to complete an improvement project.

Student Nurses

Work with local universities to provide student nurses an overview of the Trusts approach and their role within it prior to them commencing work with us.

Improvement Clinics, Coaching and Mentoring Experts and where appropriate, Advanced level staff will be required to provide improvement coaching and mentoring other staff looking to develop their knowledge and skills.

To ensure our staff feel empowered and confident to improve those things that matter most to them we will:

- Deliver an overview of our continuous improvement approach at each welcome event.
- Create and deliver a continuous improvement mandatory training session.
- Deliver monthly Lean Basics training.
- Deliver 2 cohorts of Lean for Leaders per year.
- Ensure experts continually develop their skills
- Deliver quarterly introduction to lean training.

Projects and Reporting

DRIVER FOUR ●

Ensure that the improvements we are making link to our strategic priorities;

Projects

Continuous improvement projects are essential to ensure good quality care for our patients. We must ensure that all improvement projects support one or more of the CQC's domains of safe, effective, caring, responsive and well-led. For maximum benefit the projects should also be meaningful to the person(s) delivering them whilst support strategic priorities, such as CQC recommendations.

To ensure that improvement efforts are meeting the requirements, coordination of projects is essential. Coordination will also

ensure that duplication does not occur and that widespread dissemination of improvements and lessons learned are adopted, where appropriate.

We recognise visiting the place of work 'go see' is one of the best ways to identify areas for improvement. We are committed to adopting this approach to identify problems on the 'shop floor' and also to improve them on the 'shop floor'. We will develop value streams (improvement programmes) by using 'go see' and utilising a technique named Rapid Improvement Events (RIE) to make improvements.

What is a RIE?

The aim of RIE is to rapidly improve a process to produce a step-change in performance, safety or patient experience. The event will be typically run over one week during which stakeholders will focus on improving the process of a specific area.

To have successful and sustainable outcomes, sound planning is required together with a clear structure, alongside smart metrics and measurement for improvement. To ensure organisational engagement is secured from the outset we need to demonstrate executive and senior clinical commitment to drive the initiative.

WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10	WEEK 11	WEEK 12
Initial observations			Planning Meetings			RIE		PDSA Cycles			Action Planning



“Ensure that projects are captured and coordinated to reduce the risk of discontinuing good work or repeating a failed idea”

**STEVE SCOTT,
RESPIRATORY
CONSULTANT**

Communication and Engagement

● DRIVER FIVE

Ensure we have effective communication channels with our staff, patients and public so everyone has an understanding of our Continuous Improvement Strategy and their role within it;

Reporting

Keeping a register of all the improvement projects taking place will enable us to generate regular reports to provide awareness of improvement efforts taking place in different departments across the Trust.

To ensure that the improvements we are making link to our strategic priorities we will:

- Use goal deployment to link improvements projects or value streams to Trust priorities;
- Create a repository of Trust-wide projects in which staff can choose to lead or support;
- Develop a centralised database to record new and historical improvement projects;
- Identify value streams by utilising 'Go See'
- Complete a minimum of eight Rapid Improvement Events per year.
- Provide quarterly reports of improvement projects to Divisions and Medical Education;
- Work closely with Clinical Audit and Research to optimise the links between the audit and PDSA cycle.

JENNIFER BELLAMY, JUNIOR DOCTOR

"As a group of foundation doctors we found that the medical weekend ward cover shift could be very challenging and we were eager to see what changes we could introduce to improve the experience for future junior doctors and patient safety at the weekend.

Learning about Quality Improvement has enabled us to measure changes we are making to the medical weekend review request system. We are confident this can lead to permanent improvements."



Change can often feel overwhelming and sometimes worrying, it is therefore essential that we have effective communication channels with our staff making them aware of progress in our improvement journey. Unfortunately, we know that effectively communicating messages can sometime be challenging as not 'one size fits all'. We will ensure that we tailor our communications in different forms such as newsletters, posters, email, events and roadshows to reach as many of our staff as possible.

Continuous improvement should always focus on what matters to the patient. It is therefore essential that the voice of patients, users of our services, carers and the wider public is heard when we are improving our services. As

well as listening to feedback from our staff, Governors and groups such as Health Watch, we are keen to create a 'Lived Experience Panel (LEP)'. The LEP will play an active part in our improvement journey, working with them to ensure that improvements are co-produced through use of their experience and stories.

To ensure we have effective communication channels with our staff, patients and public we will:

- Recruit a lived experience panel to support our improvement efforts;
- Train our lived experience panel in improvement methodologies;
- Produce a monthly continuous improvement communication briefs to highlight progress and successes;
- Hold regular communication and engagement events;
- Increase our Friends and Family Test scores in identified value streams.

"Effectively communicate to our staff, ensuring consistent messages are being delivered to all staff groups"

STEPHEN WORRALL,
URGENT CARE
MATRON



Learning

● DRIVER SIX

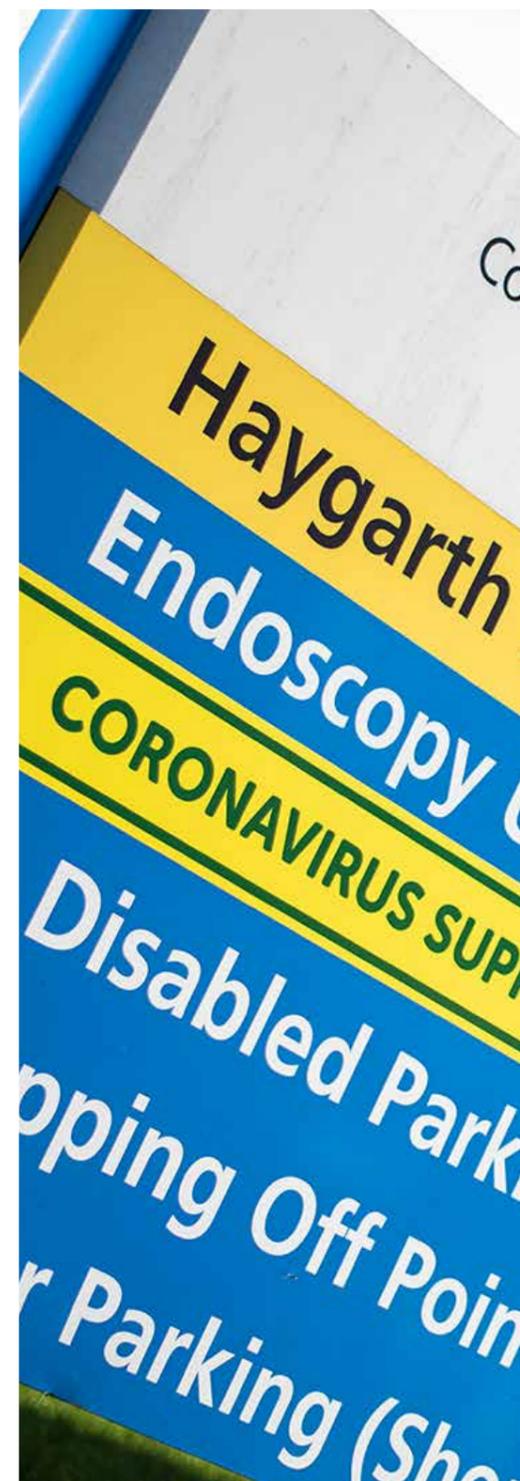
Build and maintain internal and external networks to share & develop learning and motivate others;

We know change can be a challenge so we recognise the importance of creating opportunities for staff to discuss their improvement efforts, share learning and discuss solutions to problems. We aim to create an internal improvement network where staff that have improvement expertise can come together regularly. Building these networks will strengthen our continuous improvement culture and support staff to go further.

During the COVID-19 pandemic we had to change the way we worked overnight. Effective learning is hard when change is happening at pace however, we do need to capture and learn from the rapid innovation and improvements that have taken place to help us to 'lock in' beneficial changes and document any lessons learned.

We will build local learning systems to capture and share best practice to support and benefit our people and the patients they care for.

We recognise the value of having external partnerships with improvement experts



“
“Create improvement groups for support and motivate others”
”
KAUSIK CHATTERJEE,
CONSULTANT PHYSICIAN
ELDERLY AND STROKE
MEDICINE

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9. <https://improvement.nhs.uk/resources/pdsa-cycles/>
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13. <http://www.ihl.org/resources/Pages/Publications/Dosing-Approachto-Building-Improvement-Capacity>
14. <https://www.longtermplan.nhs.uk/>

to continually develop our learning and to accelerate the work outlined in this strategy. We will continue to work closely with our partners in the wider healthcare system as host of the West Cheshire Integrated Care Partnership (ICP) and use consistent improvement methodologies for system wide improvements.

To build and maintain internal and external networks to

share & develop learning and motivate others we will:

- Ensure we utilise improvement expertise by creating internal improvement networks
- Build a platform for staff to share their learning
- Work with external partners to continually learn from others.



“To ensure we continually improve everything that we do we should learn from others”

**HOLLIE SALISBURY,
HEAD OF CONTINUOUS
IMPROVEMENT**