Board of Directors – Public

SUMMARY REPORT	Meeting Date:	25th January 2023
	Agenda Item:	12

Report Title:	Quality Improvement Biannual Progress Report	
Author(s):	Dr Parya Rostami, Head of Continuous Improvement	
Accountable Director(s):	Salli Midgley, Executive Director Nursing and Quality Dr Mike Hunter, Executive Medical Director	
Other meetings this paper has been presented to or previously agreed at:	**Committee/Tier 2 Group/Tier 3 Group**	Quality Assurance Committee
	Date:	11th January 2023
Key points/ recommendations from those meetings	The Committee received this first Quality Improvement Biannual Progress Report and considered the evidence of progress presented. The Committee advised the Board that initial progress was promising and that a further paper would be received in six months, which would be reviewed for evidence of assurance of sustained progress.	

Summary of key points in report

The purpose of this paper is to provide the Board with an update on progress with driving Quality Improvement (QI) at pace across SHSC in line with the Trust's Quality Framework, as outlined in the Trust's Quality Strategy 2022-2026. A summary of key points from the last 6 months:

- **QI Team –** The QI Team have successfully joined the Quality Directorate, supporting closer working with teams focussing on Quality Planning, Quality Assurance and Quality Control, in line with the Trust's Quality Framework. The team will continue to work closely with the Medical Directorate.

- **Quality Framework –** The QI team continues to support the wider Quality team with the implementation of the Trust's Quality Framework. This includes supporting engagement work, which will help to ensure more voices, including service user voices, are heard.

- **Building QI Capability –** In line with the Care Quality Commission's (CQC) Well-led Key Line of Enquiry (KLOE) 8 the Trust is making changes to ensure that there are robust and visible systems for QI training and oversight in place by March 2023. This includes linking all QI training to the Electronic Staff Records (ESR) and using a QI Project logging form which is now accessible on the Trust's intranet, which will allow us to have oversight of QI projects in different directorates.

- **QI Programmes –** An Improvement Priorities Session was held on 14th December 2022. The QI team continue to support the Trust's major change programmes including Primary Care Mental Health, Community Mental Health Teams, Learning Disabilities & Restrictive Practice Programmes.

- **QI projects –** QI Projects across the Trust continue to be supported by the QI Team - including projects in collaboration with external partners such as the Improvement Academy. An example of this work is the “Huddle Up for Safer Healthcare (HUSH)” work that has led to significant reductions in falls on involved inpatient settings. Example data for this has been presented in the appendices to this report.

- **Presentations, Posters, Funding, Fellowships, Secondments and Awards–** The QI team have supported the Clinical Director for Learning Disability Service to lead on a session at the Institute of Healthcare Improvement (IHI) International Virtual Forum. The session was called “Empathy is Needed for Equity: Putting Yourself in the Shoes of Patients from Ethnic Minorities” and received praise from the IHI Host and attendees. A QI Fellow for 2023 has been appointed and a 12-month secondment opportunity for a QI Programme Manager will be advertised in January 2023.

Recommendation for the Board/Committee to consider:

Consider for Action		**Approval**		**Assurance**	**x**	**Information**	

The Board is asked to receive this report and consider the assurance contained within regarding evidence of progress with the development of Quality Improvement in SHSC.

Please identify which strategic priorities will be impacted by this report:				
Covid-19 Recovering effectively	***Yes***	*x*	***No***	
CQC Getting Back to Good – Continuing to improve	***Yes***	*x*	***No***	
Transformation – Changing things that will make a difference	***Yes***	*x*	***No***	
Partnerships – working together to make a bigger impact	***Yes***	*x*	***No***	

Is this report relevant to compliance with any key standards ?					**State specific standard**
Care Quality Commission Fundamental Standards	***Yes***	*x*	***No***		Person- centred, Dignity and Respect, Safety, Safeguarding from Abuse, Complaints, Good Governance, Staffing
Data Security and Protection Toolkit	***Yes***		***No***	*x*	*N/A*
Any other specific standard?	***Yes***		***No***	*x*	*N/A*

Have these areas been considered? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	***Yes***	*x*	***No***		Increased evidence of patient safety and quality of experience and outcomes
Financial (revenue &capital)	***Yes***	*x*	***No***		Investment is likely to be required to fully implement and ensure sustainability
Organisational Development /Workforce	***Yes***	*x*	***No***		Enhancement of QI capacity and alignment with the OD function
Equality, Diversity & Inclusion	***Yes***	*x*	***No***		Section 4.3 completed. Specific QI projects focusing on EDI are being supported and co-production is recommended for all QI work.
Legal	***Yes***	*x*	***No***		No legal or regulatory implications are anticipated
Sustainability	***Yes***	*x*	***No***		Sustainability recommended for all QI activity, for example, balancing measures such as printing paper may be measured in QI projects if appropriate

Quality Improvement (QI) Biannual Progress Report

Section 1: Analysis and supporting detail

Background

1.1 This report provides updates for Quality Improvement (QI) activity across the Trust, including activities that are in direct response to the objectives highlighted in the Trust's Quality Strategy (see Appendix 1).

1.2 The above-mentioned objectives align with the Care Quality Commission's (CQC) Well-led Key Line of Enquiry (KLOE) 8 which highlighted that the Trust needs to ensure that there are robust and visible systems for learning & continuous improvement in place. An update on this is provided in Sections 1.6 -1.10 under "Building QI capability".

1.3 The new Head of Continuous Improvement joined the Trust on the 31st of October 2022 and has spent her induction period understanding the current QI capability, projects and programmes across the Trust.

1.4 It is clear that there is good QI capability within the Trust obtained through a variety of QI training opportunities and various programmes. This includes NHS England, NHS Horizons, Sheffield Microsystems Coaching Academy, The Improvement Academy and SHSC Training programmes.

1.5 The immediate focus for the QI team is to bring the wealth of QI knowledge and capability together in a clear and robust way. This will help the Trust to understand our QI resources and how they can be used to help tackle the Trusts biggest improvement priorities. A Driver Diagram summarising this aim and the associated drivers to achieve this aim can be found in Appendix 2 and progress is summarised in the next section.

Building QI Capability

1.6 The QI team has worked with the Electronic Staff Record (ESR) team to ensure that QI training is recorded on ESR. The MCA Microsystem Coaching Programme, SHSC two-day, one-day and half-day training have now been linked to ESR (includes the recording of training retrospectively). Currently at least 180 colleagues in the Trust have been trained in QI as documented in ESR.

1.7 Over time, other QI training will also be included and this will enable directorates to see what improvement capability they have and in which teams. This will support quality planning and QI projects.

1.8 Since December 2022, a short introduction to QI is included in the Trust's induction. This has received good feedback from induction participants. It has also highlighted that several of the Trust's new starters have existing QI experience that the Trust can utilise.

1.9 Another change that has been made in December 2022 is the introduction of a QI Project logging form (see Appendix 3) that will support oversight of QI activity across the Trust and will also ensure that teams receive fair support depending on their needs and availability of QI. We are also considering using Life QI, which is a platform for registering QI Projects that also provides a range of QI tools online that can be used collaboratively by teams. Life QI is used by several other Trusts including East London NHS Foundation Trust.

1.10 The activities above particularly support the Quality Strategy Objective which focuses on

"Clear governance structures, process and metrics to support delivery of Trust vision, strategy and priorities" (see Appendix 1).

QI Programmes

1.11 In line with the Quality Framework, KLOE 8 and Quality Strategy Objectives, work is underway to identify an improvement priority for an organisational level QI collaborative.

1.12 An Improvement Priorities Session, led by the QI team, was held on 14th December 2022 and was attended by clinicians and other leaders.

1.13 The five priorities that emerged and were discussed are presented in Appendix 4. The QI team are now researching these priorities to understand the evidence base and what has been done elsewhere to improve these priorities. The QI team are also reviewing how these priorities align with risks and objectives.

1.14 The QI team are working with large change programme leaders in the Trust to achieve a standardised way of recording programme aims, driver diagrams and measurement plans.

QI Projects

1.15 As mentioned previously, the QI team have developed a QI Project logging form to help the Trust to track what is happening in terms of QI in different places. This will also help to link different teams working on similar aims to learn from each other.

1.16 Although the form is in its infancy, improvement projects have already begun being logged. The number of logged QI projects will be shared every 6 months via this report.

1.17 One particular QI project that has shown significant improvement is the work done to implement Huddle Up for Safer Healthcare (HUSH) huddles on Dovedale 2 and Ward G1. As an example, Ward G1's data has been shown in Appendix 5, and the data shows that since the implementation of the huddles there has been a statistically significant improvement from an average of 4 falls to 2 falls a week (rounded to the nearest whole number).

Quality Framework Development and Testing

1.18 The QI team continues to support the wider Quality team with work to implement a Quality Framework (see Appendix 6). This Quality Framework underpins all QI activity and also quality planning, quality control and quality assurance We will support frontline teams to implement the framework in their area.

1.19 The CERT team has been identified as the team to start this work with, and the Trust is receiving support from colleagues at NHS England to do this work.

Presentations, Posters, Funding, Fellowships, Secondments and Awards

1.20 The QI team have supported the Trust's Clinical Director for the Learning Disability Service to lead on a session at the Institute of Healthcare Improvement (IHI) International Virtual Forum. The session was called "Empathy is Needed for Equity: Putting Yourself in the Shoes of Patients from Ethnic Minorities" and received praise from the IHI Host and attendees.

1.21 The QI team and the Deputy Medical Director have successfully appointed an Improvement Fellow who will start in September 2023.

1.22 A new QI Programme Manager fixed term post will be advertised as a secondment opportunity in January 2023. This post will be a 12-month fixed-term post funded by

the Rehabilitation and Specialist Services (R&S) Directorate. The successful post-holder will lead on a QI Programme that will focus specifically on the R&S Directorate's improvement priorities. The post-holder will be supported by the QI team.

Learning from Outstanding Mental Health Trusts

1.23 The QI team attended a virtual open day for East London Foundation Trust, which is an outstanding Mental Health Trust with a major QI focus. We are using the publications from this Trust to guide our improvement activity – including consideration of utilising Life QI (a web-based platform that supports improvement activity – see 1.9).

Section 2: Risks

2.1 There is a risk that the Trust is unable to improve the quality of patient care and fail to deliver the QI objectives and actions relating to CQC Well-led Key Line of Enquiry (KLOE) 8 *"to ensure that there are robust and visible systems for learning & continuous improvement in place"* particularly as team members are currently at capacity with the projects and meetings that they are supporting. To help to mitigate this risk, the QI team are asking colleagues to request QI support for particular meetings, rather than to attend all meetings. This will help to free up time for drop-in sessions and QI coaching.

2.2 The lack of a QI Project Manager or QI Data Analyst is also a risk but the QI team are building stronger relationships with the Business Performance Team and Project Management Office. Support from these teams may help to mitigate this risk and being part of the Quality Directorate is helping with working more closely with other teams focusing on Quality.

Section 3: Assurance

Benchmarking

3.1 The impact of all QI work will be monitored through bespoke measurement plans.

3.2 This includes outcomes measures but also process and balancing measures, recognising that measurement in QI does not take a one-size-fits all approach.

3.3 Data from other organisations is being reviewed for learning purposes.

Triangulation

3.4 A range of data is being reviewed to help guide the Trust's top improvement priorities for the next year. This includes complaints data and incident data. Evidence and data from other organisations are being reviewed for learning purposes

Engagement

3.5 As the foundations for improvement in the Trust are being strengthened, service user and care involvement has been a key element of this work. For example, the QI project logging form includes questions about whether Service Users are involved with the QI projects (see Appendix 3).

3.6 Engagement with QI training is now being monitored through ESR, and all QI sessions include an evaluation form to review engagement and what can be improved.

Section 4: Implications

Strategic Priorities and Board Assurance Framework

4.1 QI activity supports the Trust Vision to improve the mental, physical and social wellbeing of the people in our communities as well as all strategic priorities:

1. Covid-19 - Recovering effectively.
2. CQC – Continuing to improve
3. Transformation - Changing things that will make a difference
4. Partnerships – Working together to have a bigger impact

By using QI methodology efficiently, the Trust will better be able to demonstrate progress towards all of the above priorities. Various QI activities contribute to the mitigation of prominent Board Assurance Framework risks incldluing:

> ***WARD ENVIRONMENT:*** An example of a project that supports the improvement of the ward environment is the HUSH huddles work which is helping to reduce falls (see Section 1.17). This work involves daily team huddles focussed on how falls can be avoided – including if there are any issues with the environment such as handrails being faulty etc.
>
> ***IT:*** An example of a QI Project that is being supported that factors risks associated with IT is a clinical record keeping project which is being led by the Trust's Clinical Risk and Patient Safety Advisor. This is in its early stages but the introduction of RIO is being factored into the change ideas that will be tested.
>
> ***STAFFING:*** Empowering staff to lead on QI will support staff retention. An example of a QI project that was supported that helped with this risk was the "Enjoying Work collaborative" which was done with the Older Adults Home Treatment team.

4.2 The examples above show how QI can be used to mitigate the Trust's biggest risks. QI encourages changes to be tested at a small scale and be refined and gradually scaled up over time. The QI team will continue to facilitate learning from the work done to date, measuring the impact of changes and scaling up improvements where appropriate.

Equalities, diversity and inclusion

4.3 Co-production is a part of the Driver Diagram presented in Appendix 2 and the QI team will ensure that they are working with Equality, Diversity and Inclusion team, and Experts by Experience to ensure that EDI is factored in the Trust's major programmes and to ensure that QI is accessible to all. QI training and support helps to ensure are people are empowered, engaged and supported. A number of QI projects are helping to ensure that people who use of services have equitable outcomes and experience, for example a QI project to help reduce restrictive practice. The QI team have also been supporting the development of leaders from all backgrounds. The QI team are leading a Developing as Leaders Session on the 24th January 2023 and have supported our leaders to be at the forefront of QI, for example at International Conferences (see Section 1.20).

Culture and People

4.4 Leaders will be supported to emphasise and promote a culture of openness, learning and trust. Those working within Team SHSC and those using our services will be encouraged to feel able to speak up, contribute ideas, raise concerns and learn from mistakes.

Integration and system thinking

4.5 As mentioned previously, the QI team are learning from outstanding mental health Trusts and the evidence base related to QI. The QI team are also working with a range of system partners to deliver improvement together, such as the Yorkshire Improvement Academy which is supporting the HUSH huddles work which has reduced falls.

Financial

4.6 Continuous QI is a key driver of effective service delivery. Although investment may be required to support scaling up of capacity and capability to ensure sustainability in an approach, there is significant evidence that improvement increases productivity and efficiency.

Sustainable development and climate change adaptation

4.7 Sustainability is encouraged for all QI activity and projects are recommended to use balancing measures such as paper printing if appropriate. There are also specific QI projects being planned to help reduce waste, for example by using methods from the NHS' model hospital approach (https://model.nhs.uk/).

Compliance - Legal/Regulatory

4.8 No legal or regulatory implications are anticipated.

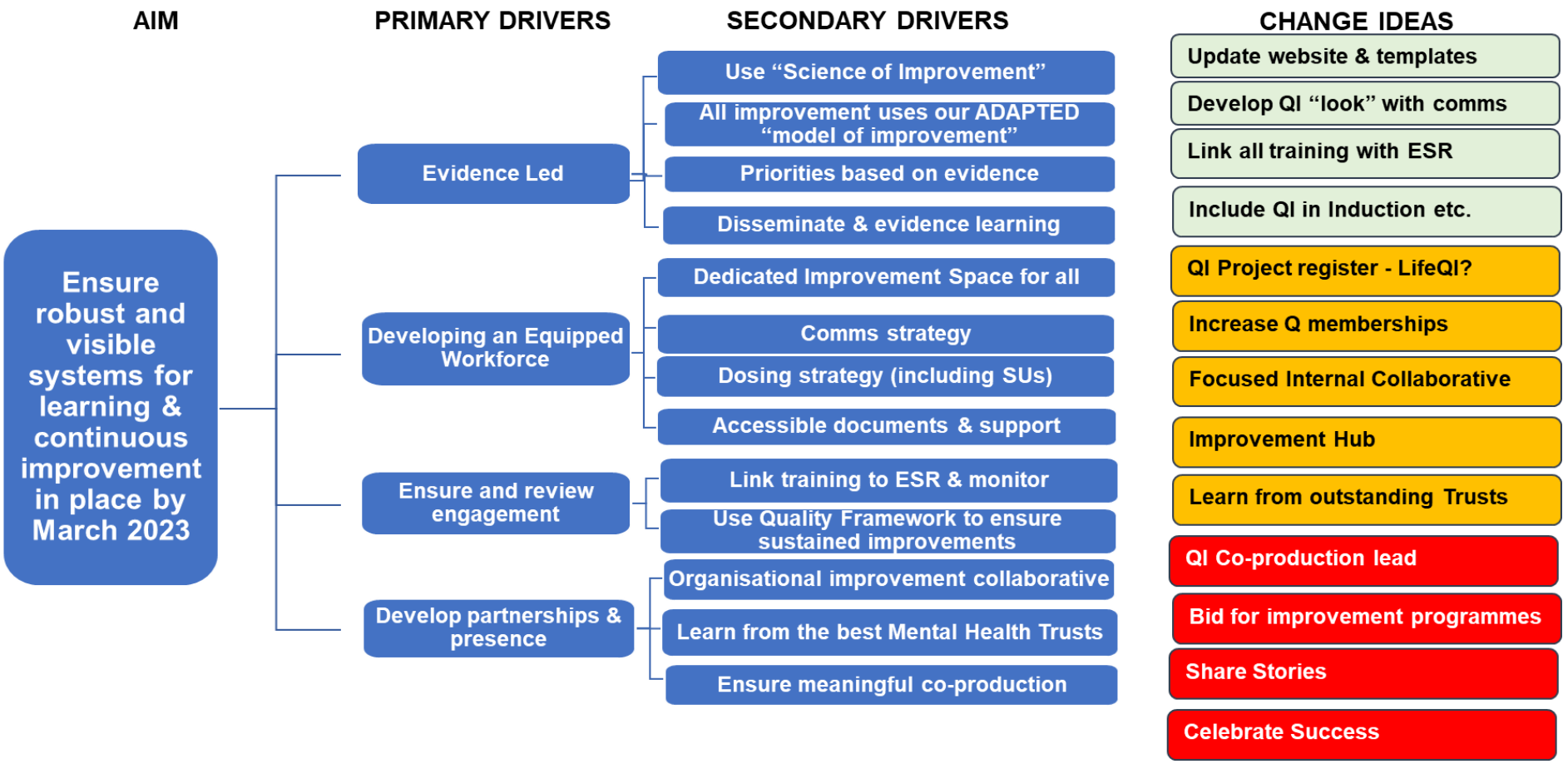
4.9 Learning from other Trusts and working with System Partners supports the NHS constitution requirement that Trusts aspire to the highest standards of excellence and professionalism.

Section 5: List of Appendices

Appendix 1 – Quality Strategy Delivery Plan Objectives related to QI

Quality Strategy 2022 - 2026 Delivery Plan
Develop a culture of continuous improvement and just culture
Name
Align coherent and accessible narrative for continuous improvement to the Trust Vision, Strategy and Priorities
Clear governance structures, process and metrics to support delivery of Trust vision, strategy and priorities (copy)
Board members, clinical and professional leaders at all levels know and understand their role in leading continuous improvement in key priority areas
Staff at all levels are supported to lead and deliver continuous improvement work
Achievements and learning from improvements are captured, shared and celebrated across Team SHSC
Embed continuous improvement in recruitment and induction processes
Embed continuous improvement in business planning processes
Embed continuous improvement in PDR process
Celebrate improvements and learning through the SHSC Annual Improvement Event
Develop 'dosing' approach for building and embedding improvement skills and support at every level of the organisation
Make Quality Improvement skills training and coaching support accessible for all teams to lead continuous improvement work

Appendix 2 – Driver Diagram summarising drivers we are focussing on to achieve our aim for KLOE 8 and change ideas we are testing



Change idea Key: Green = Completed, Amber = In progress, Red = Not yet initiated

Appendix 3 – QI Project logging form

Q47. Quality Improvement Project (QIP) Log Form

SHSC Improvement Hub would love to hear about the improvement work you are planning. Please complete the form below to log your improvement project.

Registering your improvement work through this system will support oversight of improvement work, shared learning and the ability to report on improvement projects that are taking place throughout Team SHSC.

We encourage all colleagues who are registering projects to undertake quality improvement training before starting their project. Details on Jarvis - Teams that Support Me - Improvement Team.

Q1. 1. Person making the request

Simon Wheatley

Q2. 2. Role

Improvement Facilitator

Q3. 3. Email address

Simon.Wheatley@shsc.nhs.uk

Q13. 4. Have you attended any of the following Quality Improvement training?

- [x] Introduction to improvement (on line)
- [x] 2-day Quality Improvement course
- [x] Microsystem Coaching Course
- [ ] Other (please record below)

Q16. 5. What team / directorate will your improvement project take place in?

Test

Q14. 6. Is there a senior lead supporting the project? (We suggest that all projects should have a senior lead to address any challenges or unblock any barriers)

- ○ No
- ◉ Yes - please record name / role below: Test

Q13. 7. What is the Aim of your improvement project?

Test

Q50. 8. Which of the following best describes your improvement aim?

- ◉ Reducing harm
- ○ Improving service user / staff experience
- ○ Delivering Evidence Based practice
- ○ Promoting equity
- ○ Other

Q17. 9. Who else needs to be involved in this project? (Staff, service users, carers, other stakeholders)

Test

Q14. 10. Do you need to register any part of your project with clinical audit? (Jarvis - Things that support me to do my job - Clinicians - Clinical audit)

- ○ Yes
- ◉ No

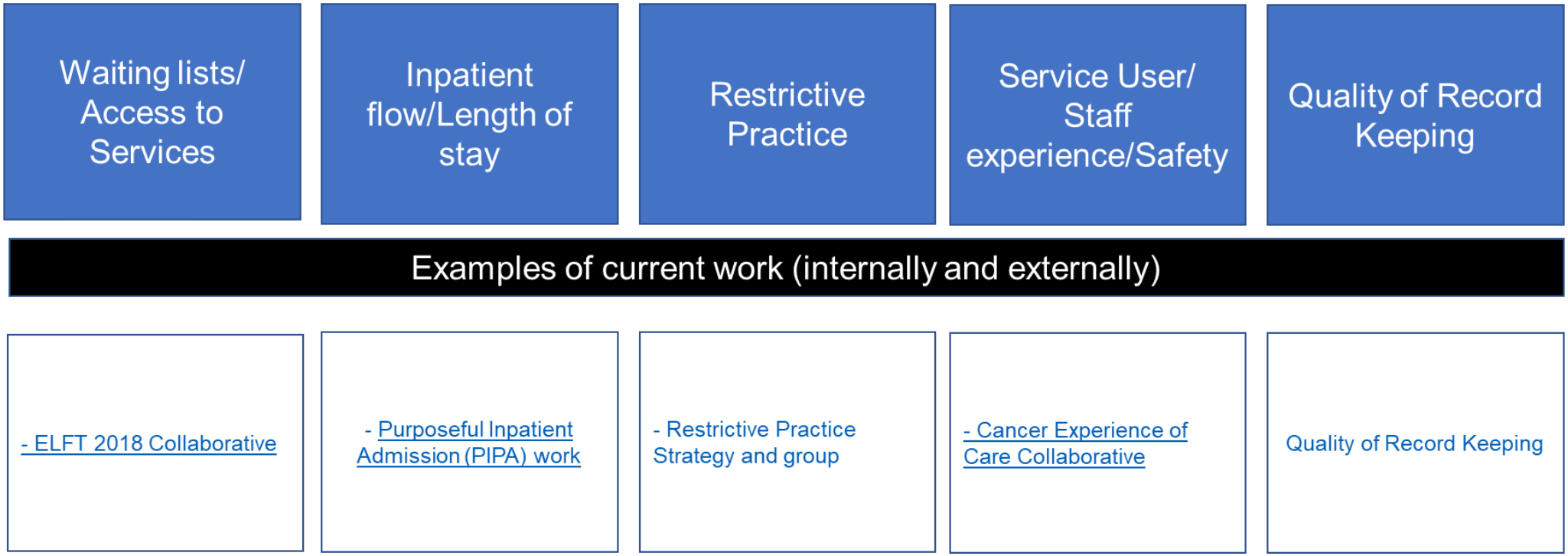
Q19. 11. Do you wish to request support from an Improvement Coach?

- ◉ No
- ○ Yes (please detail what support)

Q15. 12. Where did you hear about the Quality Improvement Project (QIP) Log Form

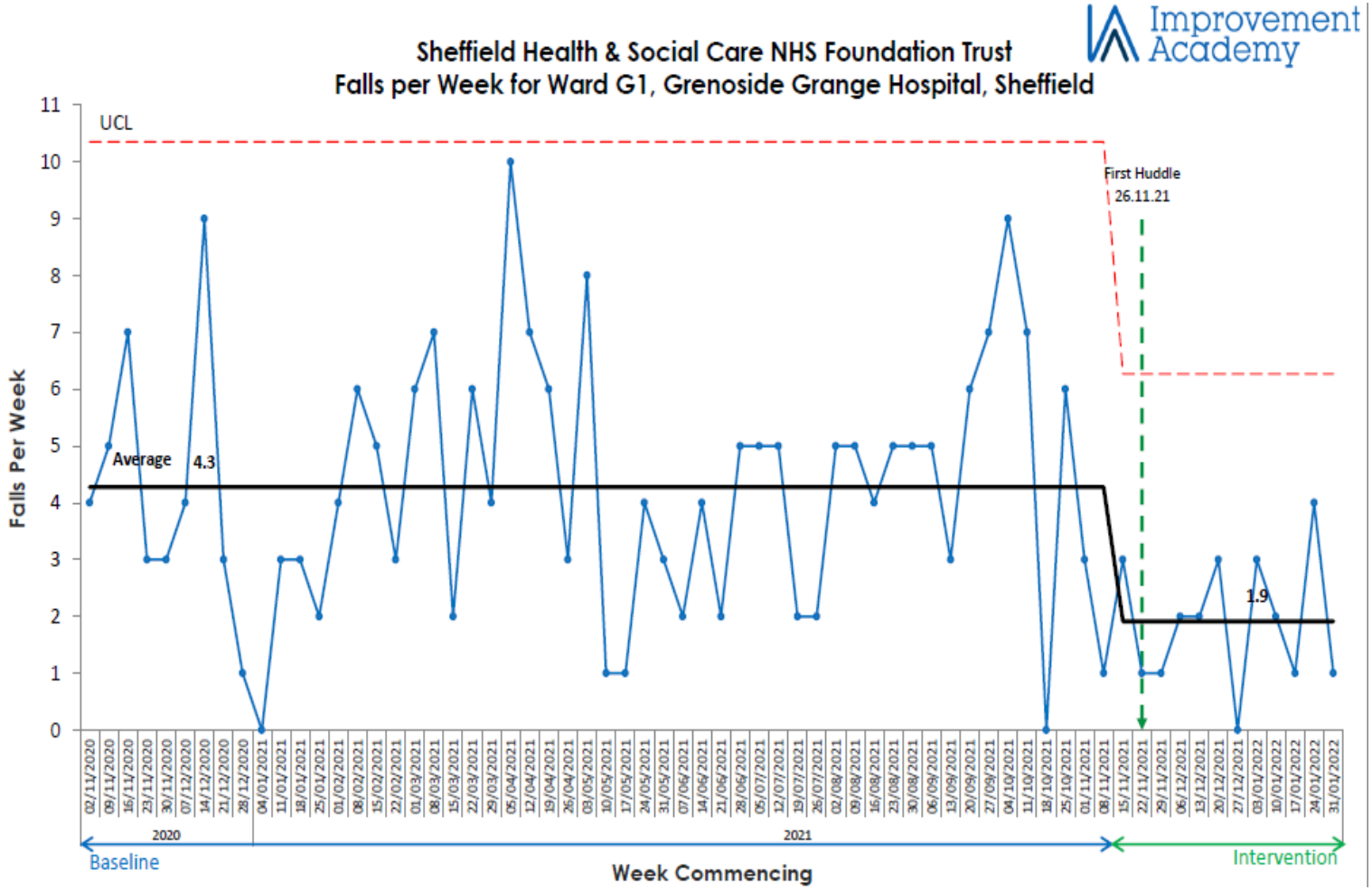
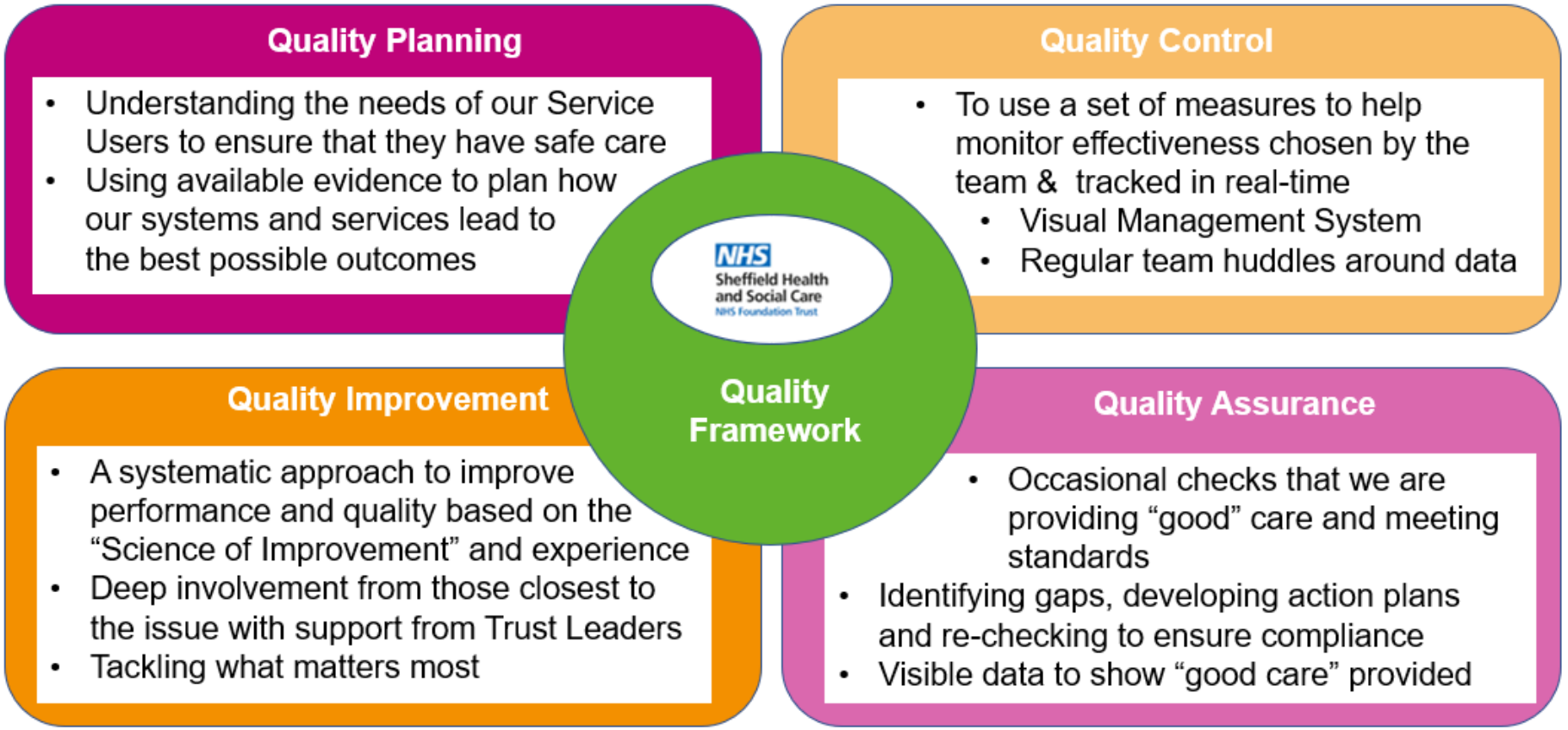
Appendix 4 – Top 5 priorities discussed at improvement priorities session (Under further development and triangulation with more data)

Narrowing down to top 5 priorities



Appendix 5 – A Run chart to show the numbers of falls per week on Ward G1 between November 2020 – January 2022

(As an example of work that we will learn from, and build on)



Appendix 6 – Sheffield Health and Social Care's Quality Framework (Under development as it continues to be tested with frontline teams)