

Improvement Strategy 2023-2028

*'Our Journey of Continuous
Learning & Improvement'*



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Foreword

Putting patients at the heart of patient safety using insight, involvement, and improvement

This strategy is a testament of our commitment to excellence and our unwavering dedication to putting patients at the forefront of everything we do. At Bradford Teaching Hospitals NHS Foundation Trust, we have prioritised patient experience and engagement, and this is reflected and demonstrated by two key projects that have been undertaken by our clinical colleagues supported by our Quality Improvement Team.

I am delighted that I am able to provide a brief overview of these 2 projects as a foreword of this strategy as they demonstrate our ambition as a provider of outstanding care but also the dedication of staff to continuously improve the experience of patients and their families.

‘Learn Together’

Following a patient safety event, as a Trust we may conduct a Patient Safety Incident Investigation. It is recognised that listening to and valuing different perspectives within an investigation can support ‘patients and families to heal’ and organisations to identify meaningful learning opportunities^{1,2}. We were invited and took part in an independent research programme led by Professor Jane O’Hara at the Yorkshire Quality and Safety Research (YQSR) group and Yorkshire and Humber Patient Safety Translational Research Centre (YH PSTRC) funded by the National Institute for Health Care Research (NIHR). The aim of this work was to co-design and test resources to improve the way patients and their families are involved during the investigation process. As a result of this programme, there are a suite of resources for patients and families and organisations to provide practical steps to support people during an investigation¹. These guides help to meet the requirements of the Patient Safety Incident Response Framework (PSIRF) and supports flexible working while appreciating individual needs and preferences for involvement.

1. <https://learn-together.org.uk/>

2. Wailling, J., Kooijman, A., Hughes, J., & O’Hara, J. K. (2022). Humanizing harm: Using a restorative approach to heal and learn from adverse events. *Health Expectations*, 25(4), 1192-1199.

‘NHS England’s Worry and Concerns Group’

The Trust was successful in a bid to be the regional representative to take part in this first improvement collaborative to develop, test, implement and evaluate reliable ways for patients, carers, and families to escalate worries and concerns about acute illness and deterioration. This includes being able to evidence that these views are considered and acted on by the healthcare team. As part of this quality improvement a multi-disciplinary team have been involved in testing a patient wellness score³ on acute wards. Using an improvement lens for this work means we are measuring outcomes, processes and any unintended consequences or benefits. We are also gathering staff and patient feedback and are working with patient and public involvement groups to shape our thinking and approaches to testing ideas. We are working with our learning disabilities, mental health and equality, diversity, and inclusion teams to ensure this work addresses any potential health inequalities associated with this work. We anticipate that we will share our learning across the organisation, our local system and with our local communities later in 2024. Dr Henrietta Hughes (Patient Safety Commissioner for England) invited the project team to take part in a national policy development session in October 2023 to support the potential implementation of ‘Martha’s rule’. We are also sharing our work with the six NHS organisations who are participating in the collaborative, which is intended to inform national policy and practice to improve the way organisations recognise and respond to the acutely unwell patients.

I have been heartened by our recent involvement with research and improvement programmes, that has enabled meaningful and active involvement with patients, carers, and families to enhance the quality, safety, and experience of care. This approach is at the centre of how we learn as a system and drives change in health care.⁴

I envisage an amazing, shared space for learning and improvement for all our partners. By using a systematic approach to continuous improvement, we will develop ways to understand the issues that matter to our local population and solve together to deliver better outcomes for our patients, our staff, and the wider system.

This improvement strategy will continue to support our journey of improvement as an organisation and help to embed the new shared NHS improvement approach: NHS IMPACT.



Dr Liz Tomlin PhD, RN

*Head of Quality Improvement
and Clinical Outcomes*

3. Albutt, A., O'Hara, J., Conner, M., & Lawton, R. (2020). Involving patients in recognising clinical deterioration in hospital using the Patient Wellness Questionnaire: A mixed-methods study. *Journal of Research in Nursing*, 25(1), 68-86.

4. <https://www.england.nhs.uk/long-read/improving-experience-of-care-a-shared-commitment-for-those-working-in-health-and-care-systems/>

1. Executive Summary

‘Act as One – Learn as One – Improve as One’

The challenges facing the NHS are universal and complex; a rising demand from an ageing population, the rising costs of providing services balanced against advances in medical science which heighten expectations during a time of financial and economic uncertainty as well as workforce challenges. At Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) we aim to meet these challenges whilst ensuring we deliver the highest quality of care.

As an acute care trust, we strive to be an outstanding organisation. This means we need to provide outstanding care for patients, be in the top 20% of NHS employers and demonstrate how we continually learn as an organisation. Outstanding organisations demonstrate a strong culture of continuous improvement and innovation supported by a culture of learning and knowledge sharing, underpinned by visible and sustained leadership.

This strategy sets out the Trusts ambitions over the next 5 years to embed our approach to Quality and Improvement. Our approach to quality is underpinned by the National Quality Board's shared single view of quality, the NHS Patient Safety Strategy, and the newly published NHS Impact approach to improvement. It is our intention that by taking an aligned and integrated approach to improvement delivery and building improvement capability across the organisation and the wider system, investing in our people, and working with our local communities, we will create a culture of safety, where people can freely speak about quality of care, value diversity, and embody compassionate leadership. Realising the opportunities in our People Promise we will retain our highly skilled workforce and continue to develop our culture of learning and continuous improvement, putting patients at the centre of all that we do.

The health and care system in England is now embracing digital as a powerful driver for transformation, improving care, productivity, and experience. The Trust is committed to securing further investment in technologies, talent, and skills to achieve the levels of experience and match the expectation of colleagues and our communities consistent with other digitally transformed industries. Data insight and intelligence are at the heart of our approach to delivering pro-active, evidence-based, and effectively planned and co-ordinated care. Our electronic patient record is at the heart of how we organise and deliver care, but we must do more to join up information across all care settings and to empower patients, their families, and carers to pro-actively manage their own conditions and lifestyle choices, with digital tools as appropriate. There are exceptional occasions when technology transforms organisations – it is the combination of people, process and technology that are the critical ingredients for success, driving and striving for higher levels of quality and improved outcomes and experience.



2. Introduction

Healthcare today within the NHS and across the world faces a hugely significant set of complex challenges. As we recover from the COVID 19 pandemic the demand on healthcare services is increasing; a rising demand from an ageing population exhibiting multiple co-morbidities, rising costs of providing services balanced against advances in medical science which heighten expectations during a time of financial and economic uncertainty as well as skills and capacity gaps in our workforce. To sustain our services, we must meet these challenges whilst ensuring we continue to improve the quality of services we provide.

Implementing the NHS long term plan⁵ requires Bradford Teaching Hospitals NHS Foundation Trust (BTHFT, the Trust) to implement both large and small scale change effectively to support service improvement and transformation across the wider system and within our own services working with our partners at both PLACE and system level. Therefore, it is essential that with the launch of the NHS Impact (Improving Patient Care Together)⁶ we set out the key components behind the Trust's approach to improvement. This will enable us to deliver the ambitions as set out in the plan to provide the highest quality of healthcare as we strive to become an outstanding organisation.

COVID-19 encouraged us to provide more services "virtually" in the form of video or telephone appointments. This was well received by patients who like not having to travel to hospital for routine appointments. This has spurred us on to do more work using digital technology in a plethora of exciting and innovative ways across care pathways, transforming outpatients, informing, and educating patients regarding self-care, delivering more efficient scheduling models, cancelling, and rebooking via NHS App, to ensure scarce expert resources are available at the right time and in the right place more often.

5. <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/> NHS England. The Long Term Plan. NHS England (2019)

6. www.england.nhs.uk/nhsimpact

Best evidence^{7,8,9} tells us that improvement works most effectively when it forms part of a coherent and organisation-wide approach. This strategy draws from best evidence, acknowledging the six steps of the improvement journey as described by The Health Foundation and their 5 guiding principles¹⁰ in response to the publication of the new NHS guidance.

The Health Foundation's six steps of the improvement journey

1. Assessing readiness
2. Securing Board support
3. Securing wider organisational buy in
4. Developing improvement skills and infrastructure
5. Aligning and coordinating activity
6. Sustaining and organisation-wide approach

The Health Foundation's five guiding principles to implement NHS Impact

1. Set the right pace for sustained improvement
2. Set expectations in ways that build commitment
3. Enable learning across systems
4. Build capability at provider and ICS level to navigate and reconcile competing priorities
5. Align national policy around the NHS impact approach to improvement

In this strategy we will define what we mean by Quality and describe our approach to improvement, both large scale transformation and small-scale continuous improvement activity at every level across the organisation. How we use measurement to evidence that what we are doing is making a difference for our patients and staff, utilising best evidence to set our goals and ambitions, working with external agencies and partners to set our ambitions high.

We will set out how we empower our people to make improvement an integral part of their professional life with the aim of improving care and outcomes for patients as well as improving staff experience, building on our People Promise, embedding and creating an environment where all 'Thrive'. This requires a continued focus to support and empower our frontline leaders to create the right culture for our teams, both clinical and operational, to think creatively about new ways of working at all levels of the organisation. To support this, we are building on our formal coaching offer, Scope for Growth, and less formal approaches such as career conversations or coaching for improvement.

7. www.englandnhs.uk/nhsImpact

8. The Health Foundation. *The Improvement Journey: Why organisation-wide improvement in health care matters and how to get started.* (2019)

9. Aqua. *Embedding a Culture and System for Continuous Improvement* April 2022

10. The Health Foundation. www.health.org.uk/publications/long-reads/five-principles-for-implementing-the-nhs-impact-approach

We will build upon our experience to increase our improvement skills and infrastructure to strengthen our capacity and capability for improvement by ensuring that we share learning across the organisation. We will celebrate our successes through our annual leadership conference, 'For the leader in everyone', networking events and our formal "Outstanding" improvement programmes. We will use the improvement expertise within our Transformation, Organisational Development and Quality Improvement teams, to work cohesively to maximise our opportunities for improvement underpinned by personal and professional growth.

It is intended that this strategy will complement our Corporate Strategy, Nursing and Midwifery Strategy, Allied Health Professionals Strategy, Patient Experience Strategy, Equality, Diversity, and Inclusion Strategy and People Plan with the purpose of helping to achieve our core ambitions based upon four themes; Our Patients, Our People, Our Place and Our Partners (See Figure 1). As part of the development of this strategy, we have engaged with our staff, patients, members, partners, and stakeholders to determine our key priorities.

Figure 1: Bradford Teaching Hospitals NHS Foundation Trust Corporate Strategy 2022-27



3. What Do We Mean By Quality?

The Trusts vision is;

‘to be an outstanding provider of healthcare, research and education, and a great place to work.’

3.1 Defining Quality in Healthcare

To realise this vision the Trust has adopted the National Quality Boards approach to quality¹¹. The National Quality Board states that ‘quality without efficiency is unsustainable, but efficiency without quality would be unthinkable’.

For us this means that we approach quality from six domains:

1. Safe

We will deliver care in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports, and enables people to make safe choices and protects from harm, neglect, abuse, and breaches of their human rights: and ensures improvements are made when problems occur.

2. Effective

We will provide care that is informed by consistent and up to date high quality training, guidelines and evidence; designed to improve the health and wellbeing of the people we serve, address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, best evidence, benchmarking, using resources such as the Getting it Right First Time (GIRFT) programmes as well as national and local clinical audit.

3. Positive patient experience

Care will be responsive and personalised- shaped by what matters to our patients and their families, consider their preferences and empowering them to make informed decisions and co- design their own care, which is coordinated, inclusive and equitable. Care will be delivered with compassion, kindness, dignity and with mutual respect.

4. Well-led

Quality will be driven by collective and compassionate leadership, which champions a shared vision, values, and learning; within a governance framework that promotes a just and inclusive culture fostering learning rather than blame.

¹¹ National Quality Board: Shared Commitment to Quality. April 2021

5. Sustainably resourced

Services will be delivered with a focus on optimum outcomes within the financial envelope, reducing impact on public health and the environment.

6. Quality care is also equitable

Everyone will have access to high-quality care and outcomes, with a commitment to understanding and reducing variation and inequalities.

3.2 Our Approach to Improvement

Utilising best evidence, we will use our improvement expertise to identify our improvement priorities. These will be driven by data intelligence and insight aligned to our Trusts objectives and operational improvement plan which will be refreshed annually and reflected in our Annual Quality Account and Annual Report. We will work with our people and local communities, arming our workforce with the skills (including digital and data literacy) and expertise to be involved in improvement at every level to ensure that our improvement work is sustained.

As a first step we have aligned our Trust objectives to The NHS improvement approach¹² to ensure that there is clarity of language within the Trust but also at Place and system level.

Objectives

1. To build a shared purpose and vision

Our people whether they are substantive, trainees or learners understand the direction and strategy of our Trust, enabling an ongoing focus on quality, responsiveness, and continued learning.

2. To invest in developing our culture and people

We will have clear and supported ways of working, through which all staff will be encouraged to lead improvement.

3. To develop leadership behaviours that support improvement

We will have a focus on instilling behaviours that enable improvement throughout the Trust, role modelled consistently by our Board and Executives.

4. To build improvement capability


All our people (workforce, trainees, and learners) have access to improvement training and support, whether delivered within the Trust or via a partner organisation.

5. To embed the Trust's quality management system

We will embed our approach to assurance, improvement and planning that co-ordinate activities to meet our patients, policy, and regulatory requirements through improved operational excellence.

¹² NHS delivery and continuous improvement review: recommendations. How can improvement-led delivery enhance the quality of outcomes for our patients, communities and health and care workforce? April 2023

These aims link to the Trust's strategic objectives, corporate strategy and the NHS People's Promise, as highlighted in the table below.

BTHFT Strategic Objectives	Corporate Strategy Themes	CQC Domain	The NHS People's Promise*	Quality Strategy: Our Journey of Continuous Learning & Improvement
				
To provide outstanding care for patients	Our Patients	<ul style="list-style-type: none"> • Safe • Caring • Well Led 	<ul style="list-style-type: none"> • We are compassionate and inclusive. • We are safe and healthy 	<ul style="list-style-type: none"> • Build a shared purpose and vision.
To deliver our financial plan and key performance targets	Our Patients	<ul style="list-style-type: none"> • Well Led • Effective • Responsive 	<ul style="list-style-type: none"> • We are recognised and rewarded • We work flexibly. 	<ul style="list-style-type: none"> • Embed our quality management system
	Our People			
	Our Place			
	Our Partners			
To be in the top 20% of NHS employer	Our People	<ul style="list-style-type: none"> • Well Led 	<ul style="list-style-type: none"> • We are recognised and rewarded. • We each have a voice that counts 	<ul style="list-style-type: none"> • Investing in culture and people
To be a continually learning organisation	Our Patients	<ul style="list-style-type: none"> • Safe • Effective • Well Led 	<ul style="list-style-type: none"> • We are always learning. • We work flexibly. 	<ul style="list-style-type: none"> • Developing leadership behaviours for improvement.
	Our People			
	Our Partners			
To collaborate effectively with local and regional partners	Our Place	<ul style="list-style-type: none"> • Effective • Responsive • Well Led 	<ul style="list-style-type: none"> • We are a team. • We each have a voice that counts. 	<ul style="list-style-type: none"> • Building improvement capability
	Our Partners			

*The NHS People Promise is about improving the experience of working in the NHS for everyone. The themes and words that make up 'Our People Promise' have come from those who work in the NHS.

3.3 Our Model for Quality and Improvement

At BTHFT we have learned from other organisations and experts in improvement. We have distilled our learning and continue to refine our approach to Improvement by developing our model informed by national strategies¹³, local and national priorities and evidence-based literature^{14,15,16} (See Figure 2).

Figure 2: Bradford Teaching Hospitals NHS Foundation Trust's approach to continuous learning and improvement



The learning, improvement and assurance cycle is underpinned by key concepts within the NHS Patient Safety Strategy⁸ (See Figure 2 and the blue outer concentric rings).

13. England, N. H. S., & Improvement, N. H. S. (2019). *The NHS patient safety strategy. Safer culture, safer systems, safer patients.*

14. Jones, B., Horton, T., & Warburton, W. (2019). *The improvement journey. Why organisation wide improvement in health care matters and how to get started.*

15. Allcock, C., Dormon, F., Taunt, R., & Dixon, J. (2015). *Constructive comfort: accelerating change in the NHS.* London: The Health Foundation.

16. Nundy, S., Cooper, L. A., & Mate, K. S. (2022). *The quintuple aim for health care improvement: A new imperative to advance health equity.* JAMA, 327(6), 521-522.

We will enhance our ability to continuously improve by:

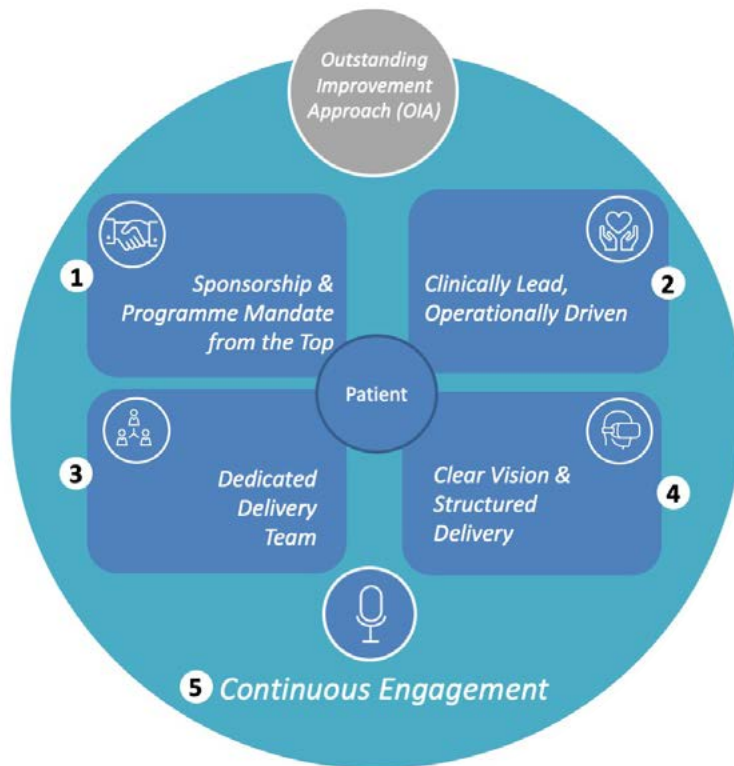
- Drawing insight from multiple sources of information e.g., patient and staff feedback, Care Quality Commission assessments and cultural diagnostics,
- Providing patients, colleagues, and partners with the opportunity to be involved in co-designing improvements in care throughout the system, seeking opportunities to engage with our communities at every opportunity,
- Making improvements that are effective and sustainable and within the most important areas that matter to our local population, by testing out new and innovative ways of working.

This approach to improvement places patients and colleagues as partners, co-designing services. This requires us to embed our approach, for colleagues “doing the work” being active in “improving the work”. Through constant re-testing of patient care and the re-design of processes, the patient and staff will be at the centre of every element of change. We will support staff by using a coaching approach with curious questioning to raises awareness and enable responsibility taking.

We will adopt and adapt approaches from a range of disciplines, encompassing organisational development and systems thinking, as well as the application of a range of improvement tools and methods consistently to maximise our opportunities for improvement. We will take the approach of ‘learning as we test’ as we work with colleagues on programmes both small and large.

For larger scale change culturally and operationally we have developed an ‘Outstanding’ improvement approach (OIA). Initially tested and evaluated in maternity services we have now commissioned two further programmes, ‘Outstanding Theatres’ and ‘Outstanding Pharmacy’. We will use this approach where there is a requirement for longer term support to facilitate a positive impact on the team and overall quality and performance. These programmes are sponsored and championed by an Executive and the Trust Board and supported with project management. The executive sponsor has oversight but also act as an enabler or broker where there may be competing agenda’s that require decisions to support success. An example of this can be seen below.

Figure 3: The 'Outstanding' Improvement approach



Our commitment to improvement and determination to get things right for our patients is clear in this strategy. As we gain more insight and understanding of the different ways we can improve, we are in a better position to look critically at what we can do better, test and apply learning.

We will use our learning and improvement cycle to provide the assurance to our patients, the public, the Board, our commissioners, and regulatory bodies, that we are consistently delivering the highest quality of care at all times (our mission).

We will develop our community of practice by bringing together our expertise formally to provide a forum to share learning which will also provide us with an opportunity to agree to deploy our resources efficiently and effectively against our agreed priorities.

Case Study: Outstanding Maternity Services (OMS)



1	Why did we need an Outstanding Programme?
	<ol style="list-style-type: none"> 1. Achieve necessary and desired changes subsequent to CQC inspection 2019 rating maternity services as requiring improvement 2. To support CBU to in aspiration to become an Outstanding Maternity Service, requiring large scale transformation 3. Programme team in place to facilitate workforce and stakeholders to identify, progress and deliver their ambitions 4. Enable change and build on many excellent achievements 5. Provide transformation, quality improvement and leadership expertise
2	What have we done?
	<ol style="list-style-type: none"> 1. Five work streams in place with clinician and midwifery leads-By them, for them, with them 2. Work plans in place across all 5 work streams, with interdependencies 3. Creation and use of visual charters, KPI's and newsletters to share simply and publically, making OMS accessible 4. Established a variety of engagement approaches with workforce and teams to enable involvement & improvement in their place; visioning, quality improvement and listening to service users 5. Established and embedded service user involvement in all works streams, working with the Maternity Voices Partnership-Listening to and working with women and families to improve and co-design maternity services 6. Shared learning internally and externally
3	Improvements & Outcomes Delivered?
	<ol style="list-style-type: none"> 1. Reviewed maternity pathways focusing on The Women's Journey through Maternity Care, rather than segments of care 2. Supported major projects implementation: Maternity EPR, new obstetrics theatres, buildings feasibility project 3. Key safety improvements implementation-BSOTS (Birmingham Specific Obstetric Triage System) 4. Undertaken 15 for Maternity Reviews in all clinical areas and allied department such as scan and neonatal unit. Approach shared with and now being undertaken at Airedale Maternity Service 5. Provided quality improvement training, coaching and project support 6. Celebrated and showcased the services achievements at successful 1st Birthday event



4. Culture and Leadership

4.1 Improvement and Learning Culture

Our senior leaders and the entire Board are committed to an 'open and honest culture'. We have learned from other safety critical industries that to create the right conditions for learning and improvement our staff must feel psychologically safe to raise concerns, be heard and receive a positive response from their leaders rather than fearing blame. This requires a 'Just culture' ethos, one which encourages staff to report, learn and improve. We have aligned our Human Resource Policies with our patient safety and improvement work to ensure that we continue to grow and support the fair treatment of staff when things go wrong.

Staff also have access to our Freedom to Speak Up Guardians and are encouraged to speak up about any concern they have at work.

We recognise that it is essential that our staff feel valued and invested in and that they are supported. We have developed our 'Thrive' offer, investing in our staff's health and wellbeing. We have created a community where everyone can learn, grow, and reach their full potential; a place where they feel heard, are always treated with dignity and respect, and are trusted to do their job.



We understand that visible and sustained commitment to improvement from our leaders at every level is essential to ensure organisation wide traction and support. Without this, we recognise that there is a risk that performance gains from improvement programmes will be restricted to specific care pathways and services and not generate the intended organisation wide benefits.

Improvement is therefore at the heart of our strategic objectives enabling us to build a sustainable system for improvement. Our Academy approach to delegated committees of the Trust Board demonstrates our commitment to quality and improvement. The Quality and Patient Safety Academy is chaired by a Non-executive Director with the meetings focussing on learning, improvement and providing assurance that what we are doing is making a positive difference to our patients and service users. Our Quality Dashboard Performance Balance Score card is central to our discussions, using our data and knowledge to navigate our journey over time. We will build on this by developing ward and department quality boards and a quality dashboard aimed to support our clinical management teams to ensure that clinical teams have data at their finger tips to support improvement.

Our operational teams will be invited on an annual basis to present to a joint meeting of all three academies, Quality and Patient Safety, Finance and Performance and People demonstrating that we recognise that quality and improvement cannot be achieved without all three pillars working cohesively together.

Figure 4: Our People Charter



Core to the delivery of this strategy is the Trust's values and related behaviours. Our approach to civility is all about 'what we do matters'. We recognise that we can all make a difference to each other and our patients by the way we treat each other. Our People Charter, which is built on our values clearly sets out what is expected of us and what we can all expect from BTHFT. These apply to how as a Trust we value our workforce as well as our patients, carers, colleagues, and members of the public.

We know that leadership is the single biggest influence on culture and that the culture of an organisation shapes the behaviour of everyone in it. Our leadership behaviours include executive walk rounds, daily safety briefings and tangible 'hands on' involvement in improvement programmes.

We have launched a Cultural Leadership Programme (CLP) at our June 2023 Leadership conference. CLP provides an evidence-based approach to nurturing compassionate and inclusive organisational cultures. It aims to help NHS organisations develop cultures that enable and sustain continuously improving, safe, high quality, compassionate and inclusive care (the six elements of high-quality care cultures).

Table 2: Elements of high-quality care cultures (Prof. Michael West)

Cultural Elements	Values	The way we do things
Vision and Values	Constant commitment to quality care	Everyone taking responsibility in their work for living a shared vision and embodying shared values
Goals and performance	Effective, efficient high quality performance	Everyone ensuring that there are shared priorities and objective at every level and intelligent data constantly informing all about performance
Support and compassion	Support and compassion for all patients and staff	Everyone making sure that all interactions involve careful attention, empathy and intent to take intelligent helping action
Learning and innovation	Continuous learning, quality improvement and innovation	Everyone taking responsibility for improving quality, learning and developing better ways of doing things
Equality and Inclusion	Trust, transparency, health equalities, civility, pride, staff wellbeing and innovation	Everyone demonstrates equity, diversity and inclusion. Promoting inclusion at every level, ensuring equity, helping all to grow and lead and ensuring diversity is positively valued and developed
Teamwork	Enthusiastic cooperation, team working and support within and across organisations	Everyone taking responsibility for effective team-based working, interconnectedness within and across organisations, systems thinking and acting

4.2 Leadership & Management Development

Having skilled, competent, and confident people at all levels of our organisation is critical to our success. We want to make sure that all staff have opportunities to learn, grow and develop at any stage of their career.

We have therefore developed formal leadership pathways to help increase leadership confidence and development as well as virtual webinar sessions designed to provide continued support throughout their leadership journey.

Figure 5: The Four Leadership Pathways



We recognise that leaders at every level play a critical role in supporting, promoting, and facilitating improvement. An appreciation and understanding of how change happens in a complex system is a vital component which helps leaders determine when to lead, when to engage others, and when to support others to solve problems rather than stepping in to provide solutions.

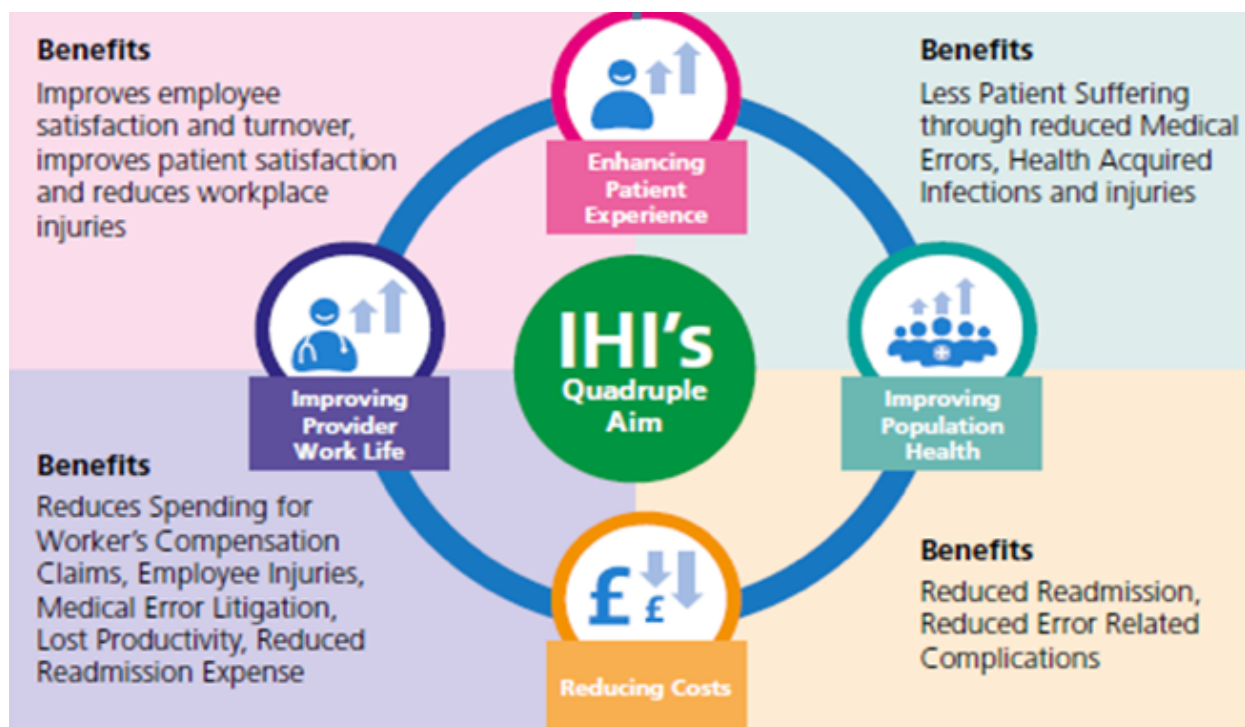
It is therefore imperative that our leaders and managers are skilled in selecting, aligning, and orchestrating the essential components of an improvement programme ensuring that they articulate a clear and coherent plan that all staff comprehend and support. Our leadership programme signals our long-term commitment to driving organisation-wide change and our willingness to invest in developing the required improvement capabilities within our workforce.

5. Building Improvement Capability and Capacity

5.1 Improvement Training

It is our ambition to build strong foundations to deliver high quality, safe care with patients at the very centre of what we do and how we do it. This is underpinned by our significant investment in continuous improvement and the teams in place to support delivery of our programmes. Our approach is based on standardisation, system re-design, innovation and research improving patient pathways and eliminating error and waste and improve quality. The philosophy behind our approach expands upon the Institute for Health Improvement's "Quadruple Aim"¹⁷.

Figure 6: Institute for Health Improvement Quadruple Aim



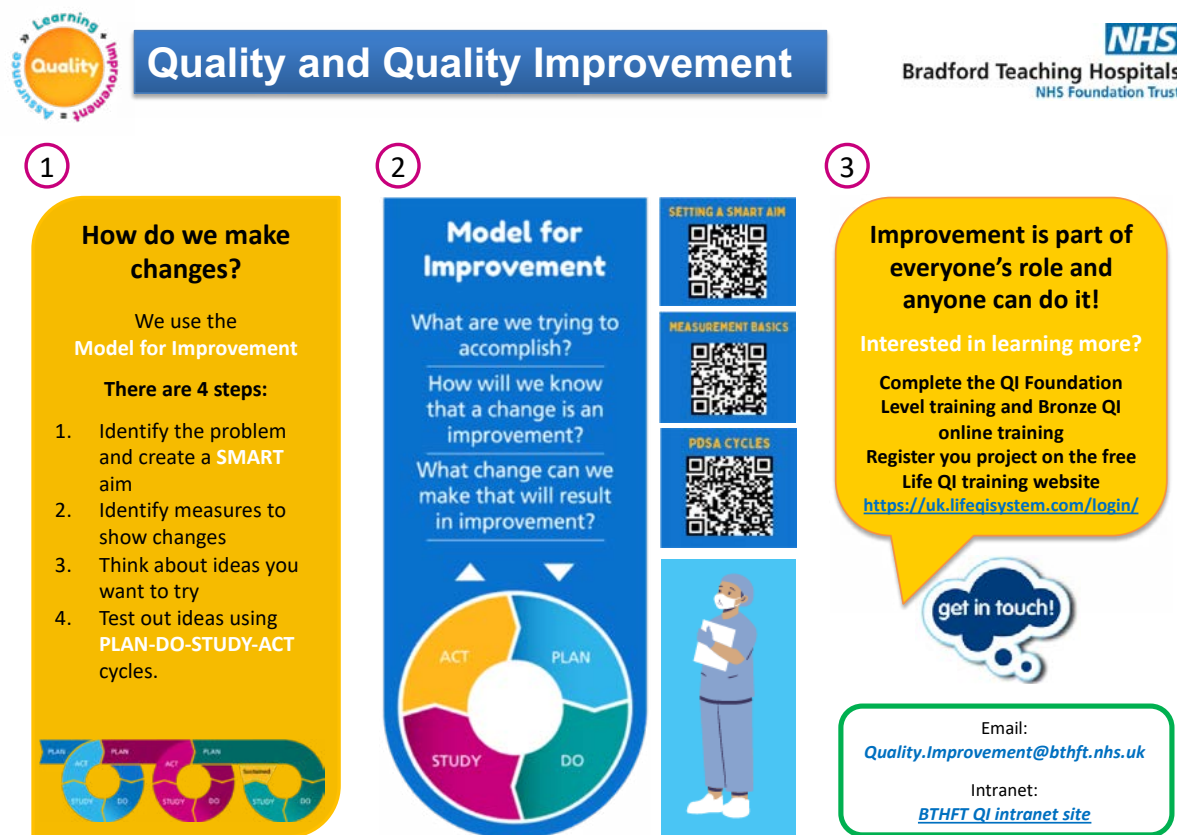
Whilst there is no single definition of improvement, a number of definitions describe it as a systematic approach that uses specific techniques to improve quality. The Health Foundation suggests that improvement should reflect a combination of 'change' (improvement) and a 'method' (an approach with appropriate tools), while paying attention to the context, to achieve better outcomes. We have adopted The Model for Improvement^{18,19} as the foundation of our approach to improvement and have developed a suite of training resources which are delivered through a range of mediums.

17. Institute for Health Improvement

18. Institute for Health Improvement. *How to Improve*. www.ihl.org/resources/Pages/HowtoImprove

19. NHS England and NHS Improvement Online library of Quality, Service Improvement and Redesign Tools. *Plan, Do, Study Act (PDSA) cycles and the model for improvement*.

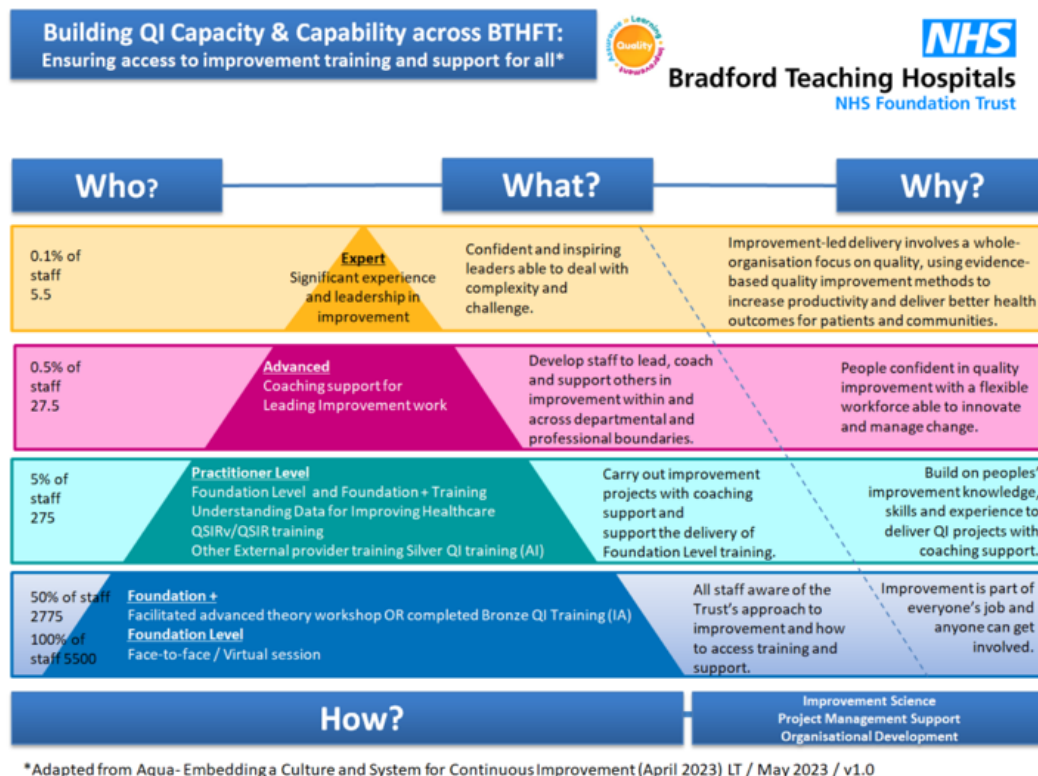
Figure 7: BTHFT Model for Improvement



The term 'science of improvement' emphasises innovation, rapid testing cycles in the field, to generate learning about what changes, in which context, and if the change produces the desired outcome. It is characterised by the combination of expert subject knowledge with improvement methods and tools. It is multidisciplinary; drawing on clinical science, system theory and psychology underpinned by data. We know that our commitment to quality and improvement therefore needs to be complemented by an effective capability and capacity building plan.

Learning from our past successful improvement programmes and current improvement literature, we know that to support learning and drive improvement we need to provide our people with knowledge and skills. This combined with a supportive collaborative inclusive culture promotes and facilitates a learning climate where teams have time and space for reflective thinking, feel psychologically safe to raise concerns, and are supported to try out new ideas and approaches to their work.

Figure 8: QI training dosing model



Our approach to building capability has therefore been developed with the aim that there are people with the knowledge and skills at every level of the organisation, ranging from a foundation understanding for all staff through to deep expertise for a limited few.

Training is targeted according to the competencies required at different levels of our 'improvement skills dosing model' to maximise our investment and opportunities for large- and small-scale improvement.

Our training is supported by coaching offered through our experts in improvement either in our Transformation Team or Quality Improvement team, and more formal coaching programmes such as 'Managers as Coaches' supported by our Organisational Development Team. This ensures that on-going support and encouragement is given throughout the improvement journey. This builds on our ethos of continual learning, our people feeling empowered to do the very best for their patients and each other. People doing the work, designing the solutions to the problems they have identified.

Those who have undergone the training then go on to become mentors and champions for future cohorts of improvers. Taking this approach builds our capacity, sustainability, resilience and creates a group of ambassadors who are credible with their peers and seen as part of the fabric of our organisation.

We have also invested in several qualified practitioners in Quality Service Improvement and Redesign Tools (QSIR) who are able to support and coach individuals and teams. They provide guidance and expertise to identify the most appropriate tool or technique to use in their improvement work to ensure success.

We continue to learn and build on our experience and develop our capability to scale-up and adopt by developing our 'spread' strategies, as well as understanding variation and its impact on quality and patient safety.

5.2 What We Mean by 'Learning'

Learning is about bringing people together to share insights (data), knowledge and experiences to understand the care we deliver. The ambition for the organisation is to build and support a learning health system (LHS). This will be a group of people working with 'a community of stakeholders' that has the 'ability to learn from the routine care it delivers and improve as a result' ²⁰.

Whilst we have started to embed learning and improvement as part of our improvement agenda, LHSs are seen as the next step in improvement with a 'systematic approach to iterative, data-driven improvement' ¹⁶.

Learning Health Systems (LHS) are also recognised to be 'deeply social' networks. Building relationships, questioning data, appreciating different perspectives will require time and space but are essential elements if we want to bring about change in a complex adaptive system.

Our learning, improvement and assurance cycle is about gathering and analysing data, formulating theories, and conducting small tests of change. This cycle is continuous with each test of change building on the previous. By doing these activities well we anticipate that we will design and implement meaningful service changes demonstrated through measured outcomes. We will continue to develop our quality oversight system to support a LHS across the organisation.

5.3 How Does Digital Technology Augment and Support Delivery of Our Ambitions?

One of the clearest manifestations of our commitment to delivering clinically led service transformation has been through the emergence of our Virtual Royal Infirmary Programme. The merits of using digital technology to support patients in their own homes are clear:

- People are often more comfortable in their own surroundings with the support of family, carers, and people they know well
- GPs are enabled to discuss and seek advice from senior medical staff at the Trust without the need to formally refer the patient to hospital in the first instance
- Cooperation between hospital and community-based services increases as lower risk patients can be identified earlier and directed to community-based treatment as a priority
- Hospital inpatient and physical capacity is maintained for the sickest patients or those requiring surgery and other procedures that simply cannot be provided at home

Whilst recognising the opportunities that digital provides we are ever vigilant to ensure that digital inclusion initiatives - delivered in partnership with colleagues across Place - enable any member of our community challenged by digital and data poverty or apprehensive about their own digital and data literacy to stay connected to services or choose non-digital alternatives where necessary.

20. <https://www.health.org.uk/publications/reports/developing-learning-health-systems-in-the-uk-priorities-for-action>

6. Embedding Improvement Into Our Management System

It is our ambition to embed improvement into the very fabric of our organisation. To achieve this we recognise that our strategy deployment together with making improvement a daily activity builds an operating system to support a culture of continuous learning and improvement.

We will therefore align our organisational goals with our improvement work through a process of engagement, goal setting and review. We will further develop our performance and quality measures aligning them with national, system and organisational objectives to support continuous learning and improvement, not just upwards accountability.

We will therefore undertake an annual review of our improvement priorities using our data intelligence collaborating with external stakeholders, staff and patients to evaluate past programmes to identify our improvement programmes both large and small scale going forward. This ensures that leaders, managers and clinical teams are working towards the delivery of shared improvement goals and priorities.

6.1 Human Resources

To support our improvement culture, we will recruit people into leadership positions not only on their technical competence but also on their ability to engage people in improvement activities.

We will review our Human Resources policies to ensure that they reinforce a compassionate and inclusive leadership style. This includes our approach to recruitment, induction, training, appraisal and how we reward and promote our people. We will involve patients and families in recruitment panels, engaging and involving them in improvement programmes, contributing to ideas for future roles, demonstrating our commitment to putting patients at the heart of everything we do.

Our approach to organisational development with our Thrive offer will ensure staff feel supported, intellectually, physically, and emotionally. This will include addressing the challenges of basic digital and data literacy.

6.2 Finance

We will continue to assess the quality impact of the introduction of new services or changes to existing services through our business and planning model, acknowledging the intrinsic links between improving quality and improving productivity.

6.3 Digital Technology, Data, Intelligence, and Insight

We have a strong and mature digital technology, data intelligence and insight capability. We are however not complacent about resourcing technical debt (replacing old systems), creating and maintaining a skills and talent pipeline, all the while remaining entrepreneurial in this intensely fast-moving context.

Our digital resources aim to be ambitious, diverse, resilient, and sustainable.

Our shorthand for our work on ensuring that we have a stable foundation on which to build our digital ambitions is “Brilliant Basics”. It is focused on ensuring that our digital infrastructure is safe and secure, that we have the right devices in sufficient quantities and that we have adequately thought through our future strategy for key assets such as our Data Centre and Patient Portal.

We will expand the role of our Electronic Patient Record (EPR) in capturing vital clinical information and providing essential decision support, especially for those patients cared for in a virtual setting. We will enhance our training and support to clinical staff so that they can use existing and new digital systems well. We will ensure that we cater for people in our local population that do not have access to electronic devices or connectivity or for whom English is not their first language.

One of our key ambitions, as an anchor institution, is to ensure that we provide sufficient advice and guidance to our local population so that they become educated consumers of data and insight, using it to make better informed decisions about their health and care. We will also create mechanisms where people can share information and insights about their preferences to shape the services we provide. This will ensure that our services are in tune with their expectations and experiences.

We will build on our current capability introducing a ‘self-serve’ model for colleagues, Power BI (Business Intelligence), to enable clinical teams to access data to drive improvement forward. We recognise that there is a difference in using the data for accountability purposes and the use of data for improvement and transformation. We will continue develop our Quality dashboard to track our progress identifying measure that:

- Identify harm
- Improve outcomes
- Improve satisfaction
- Reduce costs

This will require us not only to measure processes but also outcomes. We will use different techniques to look at our data such as statistical process control charts, to identify variation and identify opportunities for further improvement.

We will continue to look for opportunities to utilise new digital technologies and innovations in the delivery of our services.



6.4 The Physical Estate

We will be agile and responsive to the needs of new or redesigned services that require changes to our physical layout to support new service models and ways of working. We will work with our teams and service users to ensure that their needs are heard and enacted when our physical space is being re-designed.

7. Sustaining an Organisation-Wide Approach

We recognise that maintaining momentum overtime may be a challenge however, we are committed to continue to engage with our people, patients, and external stakeholders in our improvement journey.

We will achieve this by celebrating our successes both small and large scale. Small tests of change at departmental level will be celebrated and shared through the use of social media and reporting structures, work undertaken within the Clinical Support Units will be celebrated at our 6 monthly 'Quality Health Check' as part of the Quality and Patient Safety Academy's annual workplan as well as an annual Quality and Patient Safety event where teams will be able to showcase and share their improvement achievements.

We also recognise that personal reward and recognition is such an important part of job satisfaction and is at the heart of our Thrive approach with monthly employees and team of the month awards, sharing thank you messages and the awarding of Value badges for those colleagues who have displayed our Trust values and behaviours.

8. Conclusion

In conclusion our approach to quality and improvement as described in this strategy is an important and well-conceived set of actions and goals. We have taken the time to understand what is needed to support a culture of continuous improvement, recognising the enablers and infrastructure that is required to ensure that this strategy is effective.


We recognise that we must identify our priorities using data to drive this. By deploying our expertise and resources efficiently we will achieve our vision 'to be an outstanding provider of healthcare, research, and education, and a great place to work.



Appendix 1

Outstanding Improvement Approach

Sponsorship & Programme Mandate from the Top



Sponsorship &
Programme
Mandate from
the Top

1

A What is it?


Outstanding Programmes are clinically and operationally sponsored from the very top of the organisation. The programme vehicle is used to achieve a step-change in culture, patient or staff experience or operational performance. In recognition of that, the programme will have a *Programme Mandate* approved by Executive and Trust Board setting out the objectives, scope and resources required to achieve the desired programme objectives and an Executive Sponsor from the Trust Executive to Chair the Outstanding Programme Board and provide Executive oversight of the programme.

B Why is it important?


- Allows the trust to prioritise transformation resource to their highest priority areas and to concentrate on choosing the *right things* as well as doing *things right* (see Clear Vision & Structured Delivery)
- Ensures the trust's most strategic transformation work is agreed at Board and Executive level and has sufficient resource and a clear roadmap in place to enable delivery
- Allows a member of the Executive to champion the programme at Board level, providing timely support to the Delivery Team to achieve effective delivery of the plan

C What does it look like?


A concise programme definition document, in slide format suitable for review by an Executive Audience. Describes Programme Purpose and Objectives, Scope, Resources and Outline Plan.



Programme Mandate Document




Programme Roadmap



Clear Programme Objectives

Clinically Lead, Operationally Driven



Clinically Lead,
Operationally
Driven

2

A What is it?


Outstanding Programmes are not just operational improvement at scale. The programmes are lead by clinicians passionate about achieving sustainable change and improvements for their patients and teams and who are committed to embedding outstanding practice in everything they do. The change and programme must also be operationally deliverable and understood by the team on the ground. Outstanding Programmes are: *Clinically Lead, Operationally Driven*. The make up of the Dedicated Delivery Team described in the Programme Mandate should reflect the clinical skills and capacity required to lead the programme.

B Why is it important?


- Supports trust and buy-in from the shop floor
- Allows the programme to access the significant experience from within the service in order to improve services in a sustainable way
- Programme clinical leaders need to be experienced within the organisation, trusted and have sufficient impact and gravitas to be able to work alongside the service and workstream leads to shape the programme vision and redesign of services
- Allows for key skills and behaviours to be role-modelled for the service including: mentorship, inspiring confidence and behaving with integrity

C What does it look like?

A consideration of the clinical leadership and role-models required in the Outstanding Programme Team




Programme Governance Structure



Programme Resource Plan

Dedicated Delivery Team



Dedicated
Delivery Team

3

A What is it?


A fundamental principle of the Trust's Outstanding Improvement Approach is a dedicated team of transformation, continuous improvement and clinical expertise to work alongside the service to enable the change. The scale and expertise of the Delivery Team should be clearly documented in the Programme Mandate including any associated funding if resources cannot be allocated from existing internal teams.

B Why is it important?


- Outstanding Programmes will be of sufficient scale and complexity that they cannot be managed within Business as Usual (BAU) resources
- Allows for conscious consideration at the outset of the resources required to really make a difference
- Establishes a "healthy tension" between BAU/leaders within the services who are the accountable recipients or customers of the programme and the Dedicated Team who are responsible for delivering the programme roadmap to deliver the outcomes of the Outstanding Programme
- Supports QI expertise to be shared and embedded within the service

C What does it look like?


A consideration of the clinical, operational, transformation and continuous improvement skills required to achieve programme success. The Delivery Team will deliver through a clearly defined delivery structure that has dedicated Delivery Group and Programme Board for effective reporting and risk and issue management.



Programme Governance Structure




Programme Resource Plan



Dedicated Programme Hub

Clear Vision & Structured Delivery



Clear Vision &
Structured
Delivery

4

A What is it?


Outstanding Programmes begin with the end in mind. The service and relevant partners will be engaged extensively at the outset (see Continuous Engagement) to establish a clear Vision that defines what it means to be Outstanding from the perspective of staff and patient. The Vision is the second document after the Programme Mandate to be signed-off by the Executive and Trust Board to signal senior support for the programme's direction of travel. A structured approach to delivery will be in place that is tailored to requirements, using the most appropriate elements of proven delivery frameworks, e.g. Managing Successful Programme, PRINCE2 or QSER to drive or enable continuous improvements.

B Why is it important?


- Allows for the service/team to carefully reflect on what outstanding means for them, what needs to change and what we will look for to know we are outstanding (our Moments that Matter)
- Tailors delivery approach to the task in hand and avoids unnecessary reporting and documentation
- Supports a "golden thread" from Board-level approval through Programme Mandate to Delivery Plans and PDSA cycles undertaken by teams on the ground
- Rigorous reporting through Highlight Reports and Programme Board oversight supports timely intervention and resolution of risks and issues

C What does it look like?


A small number of concise documents to describe the Vision for programme success and what it means to be an outstanding service, an overall Programme Plan following a Phased Delivery Approach and Delivery Plans to support the delivery of Programme Products within sprints or Programme Phases.




Outstanding Vision Document



Phased Delivery Approach



Delivery Plans for Programme Phases or Quality Improvement PDSA cycles



Product Descriptions for key pieces of work on the plan

Appendix 2

Outstanding Improvement Programmes

Trust Level

1. Outstanding Maternity Services (OMS) Improvement Programme (Year 3)

Workstreams:

- Building fit for the future
- Investing in Our workforce
- Linking Learning and Quality through our Information
- Moving to Digital
- The women's journey and Clinical Excellence

2. Outstanding Theatre Services (OTS) Improvement Programme (Year 2)

Workstreams

- Investing in Our Workforce
- New Ways of Learning
- Culture and teamwork
- Building for the future
- Patient Journey
- IT Going Digital

3. Outstanding Pharmacy Services (OPS) Improvement Programme (Year 1)

Workstreams

(TBC)

Appendix 3

Improvement programmes overseen by the Quality and Patient Safety Academy

1. Patient Safety Group (PSG) – QI programmes

Subgroup: Recognition and response of the acutely ill patient Group

- QI Project: Using the Deterioration Patient Tile to support early detection, monitoring and management of an acutely ill patient.
- QI Project: Improving Sepsis Screening and time to antibiotics.
- 'Worry and Concerns' NHS England programme involving patients / carers in early recognition of deterioration.

Subgroup: In-Patient Falls Group

- QI programme: Reducing the risk (number) of in-patient falls/falls with harm.

2. Transformation Team

- Capacity and capability QSIR training
- Programme management aligned to corporate priorities.
- VRI and Outpatients pathways

3. Quality Improvement Team

- Ward Quality Board QI project – to support the implementation of the new Quality Governance Framework
- Capacity and capability building programme foundation training.
- Supporting small scale QI projects and local clinical audit projects

4. External: System QI work

- Systems QI workstream – collaboration with organisations across the local system to development a Place Based Partnership model for learning and improvement activity.

Appendix 4



Our Vision, Objectives and Values

Our Vision

To be an outstanding provider of healthcare, research and education and a great place to work

Our Objectives

Quality



To provide outstanding care for patients, delivered with kindness

Improvement



To be a continually learning organisation and recognised as leaders in research education and innovation

People



To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion

Partnership



To collaborate effectively with local and regional partners to reduce health inequalities and achieve shared goals

Sustainability



To deliver our financial plan and key performance targets

Our Values



We Care



We value people



We are one team

MID Ref: 22020918

Appendix 5

Getting It Right First Time Programme

With ever the ever-growing demands on our hospital services we recognise that the Getting It Right First Time (GIRFT) resources can support us to ensure that the quality-of-service delivery is clinically robust and is being delivered effectively and efficiently.

GIRFT is part of an aligned set of programmes within NHS England. The GIRFT programme commenced as a national programme in November 2016, building on the original work of consultant orthopaedic surgeon Professor Tim Briggs who pioneered the programme in orthopaedics. The programme has the backing of the Royal Colleges and professional associations and has a significant and growing presence on the Model Health System portal, with its data-rich approach providing the evidence for hospitals to benchmark against expected standards of service and efficiency.

The programme undertakes clinically led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved.

The Trust GIRFT programme comprises of a series of 32 surgical and medical work streams and several other cross-cutting, system-wide projects. GIRFT resources include best practice pathways, case studies, and guidance documents for surgical and medical specialties as well as cross-cutting workstreams such as clinical coding and litigation.

The main drivers to ensure the GIRFT programme are implemented successfully within the Trust:

- NHS Long Term Plan
- Supporting clinical teams to work together across the Integrated Care System (ICS)
- The National Elective Recovery Programme
- CQC Use of Resources Assessment Framework
- Links with Training and Health Education England (HEE) mandate
- Lord Carter's 2016 report on unwarranted variation in acute NHS trusts

Through GIRFT, national clinical leaders engage in peer-to-peer discussions with clinical teams and hospital managers. The outcomes will allow hospital clinical teams to reflect on the delivery of their services: what's good and what could be improved.

BTHFT Approach

The inputs and outputs of the GIRFT programme are far as possible integrated within existing programmes of work including clinical service strategy reviews, cost improvement programmes and service development and transformation to reduce duplication of work and to accelerate related programmes.

BTHFT Principles for GIRFT

- Focus on service and quality improvement to deliver improved patient experience, safety, outcomes, and care.
- GIRFT's ambitions are realised in a sustainable, long term and clinically led way.
- A peer-to-peer programme that engages and empowers teams to deliver continuous quality improvement.
- Expert clinicians working together to share best practice and learning, to acknowledge local service achievements, as well as shining a light on the challenges clinical services are facing.
- Provides opportunities to increase direct collaborative working between executive and service level teams.
- Instils a multi-disciplinary approach across clinical and non-clinical staff.
- Involvement of junior doctors to link GIRFT within areas of focus for clinical audits.
- Case studies and learning to be shared across the Trust through the Quality Academy.

