Cumbria Partnership NHS
NHS Foundation Trust

Together for Quality

Our Strategy for quality improvement | 2014-2017

Happier | **Healthier** | Hopeful

'Place the quality of patient care, especially patient safety, above all other aims. Engage, empower, and hear patients and carers at all times.

Foster whole-heartedly the growth and development of all staff, including their ability and support to improve the processes in which they work.

Embrace transparency unequivocally and everywhere, in the service of accountability, trust, and the growth of knowledge.'

Berwick 2013

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Executive Summary

This strategy signals our commitment to the whole Trust to making quality improvement our organising principle. It builds on work undertaken during 2013/14, including 'Our Case for Change', feedback from staff, national and international best practice on quality improvement.

We all have a role in improving quality, be that frontline staff who directly deliver care to patients or corporate service and support staff who play have a vital role in enabling and supporting our frontline teams.

To deliver quality care we need to understand what is important to patients, carers and their families. This strategy describes a model of care for front line staff that is based on hearing the voice of the patient and knowing and applying best practice.

Patients and carers have an important role to play in helping us reshape our processes and redesign our own services. We will focus not just on patient satisfaction, complaints and incidents but also look at the everyday experience our patients in ways that are accessible and sensitive.

We need the right culture and this strategy shows how we will create the environment that will allow quality to flourish through:

- Communicating a clear vision and shared values that will guide our decisions actions and behaviours
- Aligning goals at every level of the organisation so that each staff member understands their contribution to the overall purpose of the Trust and is supported through annual appraisals, supervision, feedback and training
- Engaging, involving and listening to staff so that they can take charge of developing their own services in partnership with those that use them
- Promoting learning amongst each other and also outside our Trust so that we can build our capacity to innovate and improve
- Supporting cooperation and integration in and across teams to enhance communication and help build relationships and a community focus
- Developing collective values based leadership, making sure we use the wide range of leadership talent we have across the organisation to develop leaders with the right style and in the right place.

To help us know how we are doing we will use the NHS framework to measure patient outcomes for quality and safety and a range of measures to show how well we have engaged with staff. Achieving our ambition will take time and persistence and will only be achieved by working together.

Foreword by Claire Molloy

This strategy signals our commitment to quality by the whole Trust and changing the way that the organisation is run to place quality at the heart of everything that we do. We want to support both our clinical and non-clinical staff to work in a genuine partnership with people who use our services to ensure they have a better experience of services and improved health outcomes. This will require a relentless focus on continuously improving quality; making changes that improve care whilst reducing waste, and safely reducing costs. We know that these improvements will only be felt by those using services if they extend across the boundaries of all of the organisations providing health and social care in Cumbria – we are committed to working and learning for improvement with our partners through the Cumbria Learning and Improvement Collaborative.

We have talked to many of you about what this means. We know that currently things feel very stretched and that you are all working under immense pressure. You tell us that you like our aspirations around putting quality at the heart of everything we do and that you recognise and want to create a positive culture to achieve that. So, we know this is how you would like the organisation to develop. But we have heard your concerns that you cannot see us there yet or how we will get there. We know that this will take time but also it will take ambition and persistence.

You have also reflected to us the need to be mindful of the money as well as quality. Quality without efficiency is unsustainable and efficiency without quality is unthinkable. We know that there is increasing evidence that high quality services can save money – we need first to develop the capacity to get there.

So, this is where this strategy comes in. It sets out our aspiration and tries to answer the question many of you have – 'how will we get there?'

The first step is being clear about our first year priorities. Based on what you have told us, these include:

- Improving how we listen and respond to those we serve to provide the best possible patient experience
- Improving the way we hear feedback from those we serve
- Training for improvement and a focus on what we can stop doing to make *Time for improvement*. We have begun to do this in the first teams within listening into action looking at what we can stop doing if it does not contribute to the health of those living in Cumbria
- A move to and training for collective leadership; knowing that quality exists within this organisation by the action of all those at the frontline, those that lead them and those that support them in corporate services and that we need to develop the leaderships skills across the organisation to enable from line staff for quality improvement

This strategy includes an indicative high level plan and outcomes; it sets direction but we know that we have work to do together making this direction real and felt by those we serve. I know this won't always be easy. It will take continued focus and we will need to hold our nerve when we don't see immediate results. But we are committed to this as a direction of travel and know that it is the right thing to do for you, our staff, and for the people we serve in Cumbria.

Introduction

As a Trust we are committed to putting continuously improving, high quality, compassionate care at the heart of our work. By high quality, we mean care that is:

- Safe
- Effective
- Patient centred
- Timely
- Efficient
- Equitable

Our success will be measured by positive feedback from the people who use our services when they tell us about their individual experiences; all feedback will be central to our commitment to learning and improvement. Success will be achieved by redesigning our structures and processes together with those we serve and other partners who contribute to health and social care in Cumbria. Above all, we know that in order to succeed we will need to create the right environment and a positive culture where quality care can flourish.

This strategy sets out how we will support all staff in providing high quality care and the areas we will need to attend to in order to change and maintain a culture that supports quality.

Organisational Development for Quality

This strategy builds on the work undertaken with staff over the last 10 months in Cumbria Partnership NHS Foundation Trust and *Our Case for Change*. It is specifically focused on *quality* and it has been developed from three separate pieces of work:

- A broad staff group have worked together to identify key needs for their own and the organisation's wider development – summarised in Appendix 1
- National and international work on quality improvement has been reviewed.
- The advice of those working at the forefront of developing effective culture and leadership to deliver quality in the health service has been sought.

This approach has allowed the development of a strategy which identifies a model for each and every clinical contact that our staff have with those who use our services. This

contact provides the context for where quality is, or should be, as experienced by patients and their families. The strategy then explores the organisational culture to support quality at each clinical contact.

Quality Care at the Frontline: *Every Patient, Every Time*

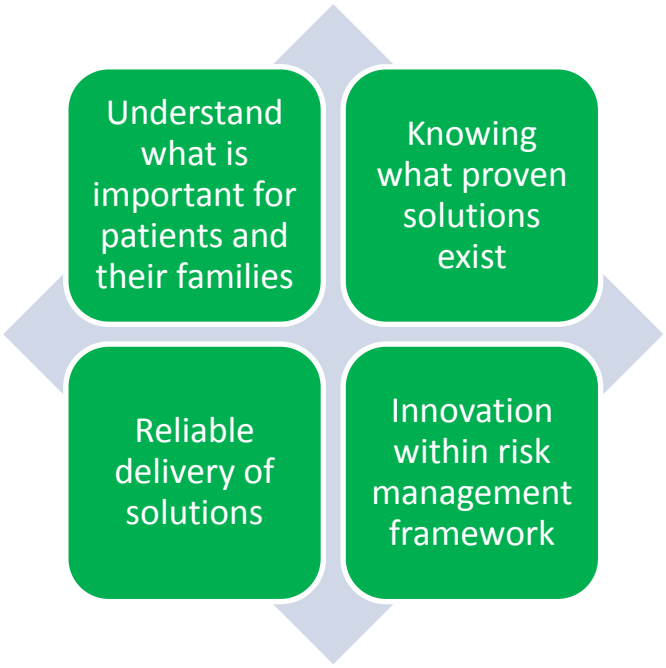
We believe that improving quality overall involves each and every contact our staff have with those who use our services. Our model is based upon staff:

- Knowing what is important to the patient
- Knowing what works
- Doing it well

High quality care gives the best possible outcome to the individual consistent with their condition, their choices and priorities. This care should be safe but in cases where some harm may be unavoidable, the risks should be shared and understood by the patient, their families and care-givers at the outset. This assessment of risk will form part of the discussion of treatment and will help ensure that informed choices are made. Care should always be experienced as compassionate – that is to say, attention that is focused on the patient and those that help care for them, a response that is empathic and that results in shared action based on information and understanding.

To provide this quality care our staff need to have the skills to understand the clinical problem or task and then to:

- Gain an understanding of what is important for the patient and their family- *to know what's important*
- Know the clinical evidence base and to be able to explain this clearly – *to know what works* in general
- Where there is no clear or limited evidence to be able to innovate safely within a risk framework – *to know what works* or what may work for that individual
- There should be application of appropriate technical knowledge to allow for the reliable delivery of the chosen solution - *to do it well*



The Trust has a wide range of clinical services that support various clinical situations and settings and is highly relevant for both individuals and groups of patients. Whilst a variety of clinical outcomes, choices and evidence exist it is the use of these for the best possible patient experience that gives a unity to the Trusts purpose.

For staff to work within this model they need to be supported in putting quality first. They need a professional infrastructure that supports learning through continuous professional development and personal reflection; they need feedback in the context of clear shared expectations and access to a range of other professional supporting multi-disciplinary approaches within team frameworks. This is a model that best connects our staff to their purpose; the purpose that they have told us motivates them to work within healthcare.

Hearing the voice of the patient

If success will be measured by positive feedback from the people who use our services when they tell us about their individual experiences, we need to ensure that we have accessible and sensitive ways of hearing the voice of patients and those who care for them. Whilst satisfaction has been the cornerstone of patient feedback, it is clear that this tells us a limited amount if we are to improve. Whilst it is imperative that we learn from mistakes, complaints and untoward incidents we must also seek to understand the everyday experience of patients and continue to improve services for those who do not voice their concerns, resolving issues before they become complaining matters.

NICE (National Institute of Clinical Excellence) published comprehensive guidance on how to have a broader view of patient experience for both mental health (2011) and general healthcare (2012). This included access to services as well as support and involvement across the care pathway for mental health patients. The general pathway

defines essential elements of care, individualisation, continuity of care and active participation in care.

Recent innovation in this area suggests feedback is not enough for transformational change. Whilst planning for feedback to help the day to day continuous improvement for individual teams, we also need to be ambitious when gaining a better understanding of the voice of those who use our services. We need this to become the way we focus our redesign and reshape our processes. We must attend to the whole care pathway that the patient will experience, not just the part that sits within our own services. This underlines the need for learning and working together across organisations. In particular we must work with every service user to optimise their experience, ensuring that our services area tailored to meet their needs and that they are clear who is responsible for their care and who to contact in times of need.

A word on organisational structure, process and culture

Although this document places an emphasis on changing organisational culture, it will be necessary within the change programme to also consider the structures in which we work and the processes we use to ensure these support our quality ambitions.

We have already changed structures within *Our Case for Change* with the aim of improving our ability to organise for quality. We would expect that there will be a continuing need to transform our services to enable improvement and also to provide the best services within a limited resource.

We also know that we will need to attend to our processes at frontline clinical services and in the corporate services that support them. Improving processes across the whole patient journey will need to build upon:

- Understanding the patient and carer experience
- Having the skills to understand and improve processes
- Listening to staff at the frontline where the improvement will be experienced
- Listening to staff who support the frontline delivering high quality services
- Having the leadership at every level to focus, prioritise and deliver
- Having the connections across the whole health and social care economy to work together across the entire patient journey.

We know that those who use our services often do so across the health and social care economy therefore we need to ensure that where these services are provided by more than one organisation there are no ‘gaps’. The Cumbria Learning and Improvement Collaborative (CLIC) is beginning to establish the first steps of shared training and working across the health and social care sector to support this.

Developing a Culture that Supports Quality

Having put quality at the heart of each and every contact with those who use our services, we also need to attend to the overall picture - the leaderships, culture and infrastructure that supports the frontline in delivering care.
There are six important areas in developing a culture that supports quality. These are:

- A clear vision and shared values
- Clear aligned goals at every level of the organisation
- Engagement for high quality care
- Learning, innovation and improvement
- Teamwork, cooperation and integration
- Collective values based leadership

Each of these areas is discussed in turn below.

A Clear Vision and Shared Values

Positive cultures for quality are built on a shared understanding of the future that we are building together - our vision and an agreement about the style or behaviours we hold dear in reaching this vision - our values. Health care organisations that provide the best quality are those that have a commitment to quality that is shared as a guiding ambition, inspiring and unifying the whole workforce in one 'shared mind'. They are clear about their shared values and how these shape their behaviours and relationships.

We need to be clear about our ambition for the future with a unifying vision that helps every member of the organisation know what we are aiming for and the part they will play in getting there. We also need to be clear about the underlying values that we hold as an organisation, the behaviours that we will choose and what we expect of our services in the future.

We have already worked within the Trust to understand our shared vision; we want to support people in our communities to live happier, healthier and more hopeful lives, hence our purpose is to provide continuously improving, high quality, compassionate care. We will do this by transforming our services, consistently delivering the highest possible quality and by realising the potential of everyone we work with. This vision, mission and goals are at the heart of the Trusts strategy.

We have also worked to understand our shared values within an inclusive and engaging process. The key values are: being kind, fair, spirited and ambitious.

We never forget why we are here

We recognise that living these values means that they must flow through our processes, such as recruitment, appraisal and leadership. We must also create an environment where staff feel able to give voice to these values and challenge themselves and others when they recognise that we are in danger of falling below our standards.

The Trust is committed to providing mechanisms to ensure that concerns can be raised, heard and acted upon.

We need now to focus on making this vision and these values part of the everyday language and experience of patients and their families, our staff and our partners. We will achieve this initially by communicating the vision and committing to it; we will then embed the vision alongside the values we are promoting in the everyday processes and policies of the organisation. We will work across the organisation to ensure that we all know what behaviours are consistent with our values and provide ways to give feedback.

Aligned Goals at Every Level

The measure of the success of a vision and values is how well these are understood by our staff and the extent to which they are helpful to them in guiding clear goals and expectations day to day. There is good evidence that the best patient experience happens when staff are engaged with a compelling vision, lived by staff day to day and reflected in all of the processes that support them. This includes each staff member understanding their and their teams' contribution to the overall purpose of the Trust; delivering continuously improving, high quality, compassionate care.

We need to develop leaders for each team who can translate the vision and the values in a way that make sense to each individual and each team. We need good quality management processes to ensure that quality goals and objectives will guide annual appraisals, supervision, staff feedback and training.

Engagement for High Quality Care

Engagement is about staff participation and involvement and there is a wealth of evidence to show that this is key for high quality care:

- The CQCs annual health check correlates staff engagement scores positively with both quality of service and also financial management indicators
- Highly engaged staff have less absence from work
- High engagement in nursing is associated with safer patient outcomes and higher patient satisfaction
- Engaged doctors make fewer mistakes

Health care organisations that are highly successful in engaging staff for quality:

- Provide a compelling strategic narrative
- Have inclusive leadership and management styles
- Put staff in charge of service change with support
- Live their values with integrity; they are fair

We have begun to talk to staff about our vision and how this translates to each individual in a way that makes sense to them and supports the care they deliver.

We need to develop a range of support and ways to feedback to key leaders to ensure they are inclusive and engage well with staff. Our plans for supporting learning, innovation and improvement will help put staff in charge of developing their own services in partnership with those that use them.

To date, we have adopted the Listing into Action model (LiA) for staff engagement. This is an approach with a positive track record of enabling staff to improve the services that they deliver. Further details of this approach and the improvement it is delivering are shown later under 'Where We Are Now'. This approach will continue to be the cornerstone of our approach to staff engagement for quality.

Learning, Innovation and Service Improvement

A central recommendation of the Berwick Report is that the NHS should become a learning organisation. It states that 'the most powerful foundation for patient safety lies in its potential to be a learning organisation rather than the top down mechanistic imposition of rules, incentives and regulation'. This means harnessing the power of every member of staff in learning and improving our services. This means hearing of the voice of the patient and those who care for them and working with them to co-produce services.

Continuously improving, high quality compassionate care requires an environment in which clinical care can flourish. This includes:

- A continual clinical focus on quality, improvement and harm reduction with feedback to help timely understanding of how well services are performing
- The routine sharing of best practice and innovation elsewhere
- Rewards for and celebration of success, innovation and achievement
- Psychologically safe environments that encourage reflection and challenge to continuously improve quality
- An infrastructure that acknowledges that staff have two jobs – their job and the improvement of their job
- Attention to the training needs of staff to fulfil these jobs
- Support for innovation and new ideas so that this can be coordinated and safely enacted
- The development of partnerships with other organisations to provide joined-up care across the health and social care economy.

We need to focus on the leadership required at a team level to create these environments to ensure that all of our staff have the opportunity for up-to-date training and professional development, not only for the job they are doing but to improve the job and the service. We need to examine how we promote learning amongst each

other and also outside our Trust. We need to examine the ways in which we reward and celebrate success.

We need to build our capacity to innovate and improve through creating networks within the Trust and also with partners in the wider health and social care economy in Cumbria.

Teamwork, Cooperation and Integration

Effective teamwork is the cornerstone of clinical care for those with complex health and social care needs that cannot be met by an individual practitioner. We need to support and develop teams to enhance team working and communication, helping them to build the relationships and community focus required for quality care. It is often the transition of care between teams that is high risk, either within organisations or between two or more organisations who contribute to the care of an individual.

High quality care arises from teams that are well led and where relationships are respectfully focussed on a clear shared purpose and goals, where difference is explored and conflict is well managed.

High quality teams include the patient and those who care for them as part of that team; the production of individualised care plans is not possible without engagement and partnership.

We need to build team leadership to continuously develop well-functioning teams and create a framework to grow our team leaders for quality. This will include team based strategies, setting team purpose and quality improvement plans, establishing team training plans and supporting teams to work with their external partners to ensure continuity and the best possible patient experience.

We need to provide teams with timely, accurate and relevant feedback so that they can judge how well they are doing and respond quickly when problems emerge. Management information as well as clinical information and outcomes is essential and team based *dashboards* are being developed within the Trust for this purpose. The Patient Experience Team will make a vital contribution to facilitating feedback at a team level and as a Trust we will work with our partners to examine the best ways in which we can understand the patient experience at every level of the organisation.

Collective Values-based Leadership

The Berwick Report clearly outlines the positive effect leadership behaviours can have on the culture of learning and continuous improvement; likewise, poor leadership can create negative and unintended consequences which result in a culture of blame and fear and where improvement is a limited possibility.

The five headings identified previously – compelling vision and values, aligning purpose and contribution, engagement, learning cultures and effective teams - all require leadership of the right style and in the right place. They are the collective work of a wide range of leadership talent across the organisation which must be supported and grown if we are to succeed. We need to develop and support collective leadership with a focus on quality.

'*Our Case for Change'* has identified three key responsibilities in each care group: clinical leadership, operational management and quality and we will develop specific training initiatives and general coaching to support this.

It is also important that we work with teams and develop our team leaders, to support a focus on quality and enabling styles of leadership.

We need also to attend to the specific area of leadership for our clinical governance systems; to ensure that these are consistent with a style that enables quality improvement at the frontline.

What will be different in the future?

It is important for us to be able to say how these changes will improve the experience of patients and those who care for them, individual staff, teams and leaders.

For Patients and carers: over the next three years you will…

- Experience more personalised care and have greater involvement in your care planning with better continuity of care
- Have the opportunity to be part of the Trust's work in reviewing current services and designing the future
- Have clearer information on services and their effectiveness, particularly on quality and safety

For Staff: over the next three years you will …

- See less duplication and bureaucracy and have more time to care for patients
- Have more clarity on the organisations' priorities and your personal objectives
- Be supported by better systems of appraisal and supervision
- Have more visibility and support from senior managers

- Have the opportunity to be involved in delivering improvement and be trained in quality improvement methods
- Have access to a programme of clinical skills and CPD
- Have clearer visibility of pathways for career progression
- Feel enabled to deliver significant improvements in the safety and quality of direct patient care
- Have clear routes for escalating concerns within your care groups and corporate structure
- Have opportunities to develop leadership skills as part of a move towards collective leadership

For Teams: over the next three years you will…

- Have access to relevant information on quality and safety
- Have explicit support to help you understand the role of your team and the effectiveness of relationships with other teams that you work with
- Have support to build team relationships and help when things are not working well
- Understand the connection between the expectations, priorities and practice of front line teams and the Trust's Quality Strategy
- Help to create and deliver consistent standards of care across the county

For Leaders at every level: over the next three years you will…

- Be part of a leadership that works in teams and supports a collective model
- Have training for quality improvement
- Be clear about your roles and responsibilities in the new structure
- Have clearly defined behaviours
- Feedback on your performance through appraisal
- Have access to support through coaching, mentoring, action learning
- Have access to relevant and timely data and workforce plans to help you manage your service
- Feel able to adopt a mentoring and coaching approach to all that you do

For our partners; over the next three years you will find…

- A Trust eager to work with others, across boundaries to improve services
- A Trust open to collaboration
- A Trust looking to learn lessons and improve

Where we are now

The Trust has been through a major restructure outlined in '*Our Case for Change'*, that was developed in response to internal and external reviews which indicated that existing structures and processes were insufficiently focused on quality as a primary goal. The new structure aligns clinical expertise in care groups to support strong leadership in teams consisting of clinicians, operational managers and quality governance leads.

In addition to work on *'Our Case for Change'* the Trust has worked to develop a clear organisational strategy and there has been consensus building around the values held by staff.

For frontline staff to have confidence in their ability to improve clinical services and the organisation's ability to support them to do this, they will need to be part of the shift in culture. We know that our current culture does not enable staff or support them well enough in delivering continuously improving, high quality and compassionate care. They have told us this clearly in The Staff Survey, in the LiA pulse check survey and in our 'post-Francis' culture review. We know that there is a both a need for individuals to learn how to speak up with clarity and confidence and, correspondingly, a need for the organisation as a whole to listen.

'Listening into Action' is a method to ensure these skills are learnt and well used, and that there is a systematic way of removing blocks to staff being heard. CPFT is now in year one of this program, building on the work done after both the national reviews of Francis and more local reviews demonstrating concern. Staff have engaged in large numbers and a summary of these initial conversations is shown on the next page.

The work done to listen more effectively, including this approach, has yielded optimism that change is a possibility and that all staff can contribute to this. In the first wave, 'quick wins' were identified and the process of working with staff in teams across the organisation on specific improvements in the medium term are in progress. We need to continue to engage with our staff; listening to their concerns and suggestions and working with them where they see room for improvement.

Listening into Action

Cumbria Partnership NHS
NHS Foundation Trust

What Matters To Our Staff

We have heard you say...

"We Want to Create a Positive Culture"

Living our values
Challenge poor behaviour
Involve staff
Clarity of expectation of roles
Visible leadership
Give autonomy
Celebrate success

Our Purpose– "Help us See the Bigger Picture"

Clear strategy & vision which translates to all
Health Needs Analysis
Clear SLAs
Service criteria
Develop common goals with partners

"Help us Improve Patient Experience"

Share learning from SUIs
Kindness towards patients/ carers/colleagues
Discharge Planning
Involve users/carers/young people
Keep a 'local' focus
Get basics right first time

"Invest & Value us as Staff"

Accurate pay for job
Relevant training
Career opportunities
Succession planning
'Thank you', feedback & recog-nition
Coaching & mentoring
Appraisal linked to values

"Enable our Staff & Teams"

Compatible IT systems
Tools to do my job
Interim solution for remote access
1 Log on-smartcard
Aligning support services
Improve the recruitment process

"Help us to Reduce Harm"

Timely access to equipment
One record flows with patient
Simplify policies
Bed management system

"We Want to Work Better Together"

Workable pathways of care
Forum to share experience
Develop relationships internal &external
Assume responsibility for role
'Learn' not 'blame'

"Free Us up to Have Time to Care"

Reduce duplication
Appropriate staffing levels/ skills
Increase admin/ancillary
Reduce bureaucracy—data collection
Meetings to have a purpose

"Lets Create a Service Improvement Culture"

Protected Learning time
Align initiatives
Planned audits linked to priorities
Use of clinical review data to inform priorities
Permission - 'have a go'

"Improve Communication"

Establish consistent 2 way route between senior managers and staff
Stop Team Brief
Email etiquette
Review intranet
Staff suggestion scheme
'Buddy' teams to share practice
'Who is who' directory
'Ask Jeeves' site

"Stop Wasting Money"

Procurement 'bulk buy'
Credit card for 'need today' items
Accommodation within community settings

How we will change; the priorities for year one

It is important that the changes we have identified are carried though in the spirit of the new culture we are seeking to build – there must be engagement, clear collective leadership and attention to the relationships we are forming and the values that these reflect.

It may be tempting to think that we could achieve results by a method of command and control – telling people what culture we need and by when – it is clear that this will not succeed and the pace we set must also reflect the collective nature of our endeavour. We can take heart from the work we have already done and the appetite for engagement and improvement seen through LiA. There is a desire across the organisation to learn about quality improvement and build upon the existing skills; likewise, there is a range of formal and informal leaders who are keen to build on our common purpose and communicate our vision and values, engaging with large numbers of staff and helping them to reflect on why they came into health care. We can therefore be ambitious in our goals.

We need however to set a direction and priorities and to understand how we will review and plan for continued culture change over the next 3 years.

The first year will be one of agreeing the vision and being clear, we need then to focus on:

- Improvement in patient experience is our overriding ambition. We will undertake re-evaluation of patient experience work and how this is used to coproduce our services with our staff and partners. This is our overriding ambition; without a clear change in the way we understand and work with patient experience we will not be able to understand the ways in which our services must change
- Engagement with staff around the vision and values
- Aligning basic management processes to the vision by good person management and a professional infrastructure alongside our professional leads
- Staff engagement and empowerment for improvement – continue LiA
- Learning for the job – developing staff to ensure they have the right skills for their job and also to improve their job and our services. Focus on reduction of waste to release time for improvement
- Measurement for quality – continue to develop the dashboard from ward and team level to care group to executive and board level to provide robust presentation of quality outcomes and safety data. Develop a wider range of data reflecting patient experience
- Building resource to sustain a network to support improvement at the frontline- an improvement promotion and transformation function

- Leadership for quality – supporting, coaching and developing our leaders with specific focus initially on the care groups, team leaders and the clinical governance leadership structures.

The High level Plan for the First Year

Year 1 priorities	Actions
Quality at the frontline; patient experience	Review and redesign of the understanding of patient experience and how we design services in response to this. Pilot of new ways of redesign within each of the care groups using LiA methods. Provision of team level data to improve quality
Engagement with staff around the vision and values	Comprehensive plans to engage staff with vision and values work Work to define behaviours and feedback for the Trust values
Aligning basic management processes to the vision	Work with professional leads on supervision, appraisal and a professional infrastructure Work with team leaders and care group leaders
Staff engagement and empowerment for improvement –	Continued focus on Listening into Action, speaking out safely and psychologically safe team environments To work
Learning for the job, learning to improve the job	Team based training reviews to build skills for the job and personal development plans Focus on making *Time to Improve* by using CLIC training to find and eliminate waste – releasing time to care and time to improve
Measurement for quality	Development of ward to board dashboards Training and awareness of the use of data for quality improvement
A network to support improvement at the frontline	The development of an improvement promotion function Work with partners through CLIC
Leadership for quality	Care groups leadership coaching and support Team leader development for quality – clear team purpose and contribution, leadership for quality improvement and learning, team based training reviews, relationships and collaboration across pathways Clinical governance leadership development to support the care groups

Outcomes – how we will know if this is effective

There are two clear ways we will track the outcomes of this strategy and plan.
The first is to develop and deliver a detailed project plan with clear actions, outcomes and measures of success.

The second is to understand how successful we are in providing continuously improving compassionate care, the central purpose of this strategy. We will measure the impact of our efforts on quality and safety outcomes and also the impact on staff and their engagement. We know that these are connected.
The Table below outlines patient outcomes for quality and safety against the NHS and public health frameworks. This is based upon National imperatives and is inclusive. We will work with our care groups, partners and those who use our services to operationalise and prioritise outcomes.

Our overriding ambition for the first year

We do need to consider our overarching ambition of understanding and working with those who use our services as a central resource and impetus for improvement. It is essential that we design around a broad understanding of what it is like to use our services in an era of choice and personalisation of care. Where this approach has been used successfully there has been improvement around all three parameters of outcome, safety and cost.

In the first 6 months we commit to this redesign; in the second 6 months we will work with each of the care groups in order to redesign specific areas such as the experience of care with our community mental health teams and the experience of transfer or discharge from our community hospitals. We plan to then hold a patient experience summit where the lessons from these learning pilots can be shared and the process modified.

Monitoring patient outcomes using the NHS outcomes framework

NHS Outcomes Framework 14/15	Children and Family	Community	Mental Health	Specialist
Preventing people from dying prematurely	Development of suicide strategy for young people Reduction in suicide of young people Reduction in deaths related to substance misuse/self-harm Increase in numbers children surviving cancer (5 years) Development of palliative care strategy for children Improved access to healthcare for children with a learning disability	Increase in numbers of people surviving cancer (5 years) Improved access to healthcare/therapies for people with a learning disability	Reduction in suicide rates Reduction in deaths from substance misuse/self-harm Improved access for people with a learning disability Improving access to physical healthcare for those with mental illness	Improved access to healthcare/therapies for people with a learning disability
Enhancing quality of life for people with long term conditions	Increase in families reporting they feel supported to manage long term conditions at home Introduction of measures evidencing improvement in functional	Increase in families reporting they feel supported to manage long term conditions at home Introduction of measures evidencing improvement in functional	Increase in families reporting they feel supported to manage long term conditions at home Introduction of measures evidencing improvement	Increase in families reporting they feel supported to manage long term conditions at home Introduction of measures evidencing improvement in functional

	ability/employability post treatment Reduction in unplanned hospital admissions for children who have diabetes/epilepsy/ asthma Increase in amount of carers assessments completed	ability/employability post treatment Increase in amount of carers assessments completed	in functional ability/employability post treatment Increase in amount of carers assessments completed Improved quality of life for people with long term mental health conditions Improved employability for people with long term mental health conditions Improved access for people with dementia Improved diagnosis rates of dementia	ability/employability post treatment Increase in amount of carers assessments completed
Helping people to recover from episodes of ill health or following injury	Reduce emergency admissions and readmissions to hospital Prevent emergency admissions from LRTI in children	Reduce emergency admissions and readmissions to hospital Evidence improved recovery rates following stroke Reduced readmission rates of older people following discharge to reablement services Improved access	Reduce emergency admissions and readmissions to hospital Increased use of recovery plans and self-management techniques by services users	Reduce emergency admissions and readmissions to hospital Introduce measures to evidence improvement in total health gain as assessed by patients following psychological therapy Evidence improved recovery rates

		to rehabilitation for older people following discharge		following stroke Improved recovery rates following fractures, evidencing regain of walking/mobility Reduced readmission rates of older people following discharge to reablement services Improved access to rehabilitation for older people following discharge
Ensuring that people have a positive experience of care	Improved patient experience reported through IWGC Improved access to children's out patients services Improved experience of integrated care Introduction of standardised evidence based clinical processes Improve patient involvement in all stages of care planning Equitable access to care	Improved patient experience reported through Meridian Improved response to personal needs by inpatient services Improved quality of life experience of bereaved carers over the last 3 months of patient's life. Improved experience of integrated care Introduction of standardised	Improved patient experience reported through Meridian and Friends and Family Test Improved access to CMHTs Improved experience of integrated care Introduction of standardised evidence based clinical processes Improve patient involvement in all stages of care planning	Improved patient experience reported through Meridian Improved access to dental services Improved experience of integrated care Introduction of standardised evidence based clinical processes Improve patient involvement in all stages of care planning Equitable access to care

		evidence based clinical processes Improve patient involvement in all stages of care planning Equitable access to care	Equitable access to care	
Treating and caring for people in a safe environment and protecting them from avoidable harm	Improved reporting in patient safety incidents Improved reporting of incidents severe harm and of death Reduction in cases of MRSA Reduction in cases of C Diff – feedback questioned if this is a real issue in the absence of IP care Reduction in medication errors causing serious harm Introduction of clinical audit programme Improved access to management and clinical supervision Introduction of standardised evidence based risk management processes Safeguarding	Improved reporting in patient safety incidents Improved reporting of incidents severe harm and of death Reduction in inpatient deaths attributable to care provided Reduction in deaths from VTE Reduction in cases of MRSA Reduction in cases of C Diff Reduction in proportion of Grade 2,3,4 pressure ulcers Reduction in medication errors causing serious harm Introduction of clinical audit programme Improved access to management	Improved reporting in patient safety incidents Improved reporting of incidents severe harm and of death Reduction in cases of MRSA Reduction in cases of C Diff – feedback questioned if this is the most important thing for mental health – it may be that they were not accounting for old age services Reduction in medication errors causing serious harm Introduction of clinical audit programme Improved access to management	Improved reporting in patient safety incidents Improved reporting of incidents severe harm and of death Reduction in cases of MRSA Reduction in cases of C Diff Reduction in proportion of Grade 2,3,4 pressure ulcers Reduction in medication errors causing serious harm Improved access to equipment Introduction of clinical audit programme Improved access to management and clinical supervision Introduction of standardised

		and clinical supervision Introduction of standardised evidence based risk management processes Safeguarding	and clinical supervision Introduction of standardised evidence based risk management processes Safeguarding	evidence based risk management processes Safeguarding

Monitoring for staff

In addition to monitoring the outcomes for patients we need to monitor the effect these changes have for staff.

We will:

- Use existing resources such as the National NHS Staff Survey
- We continue to use LiA pulse checks
- We will monitor sickness absence and use of agency staff as part of the team based data
- Working with team leaders we will development and pilot measures of team psychological safety, leading for learning measures and measures of relationships across patient pathways. Where successful pilots will be rolled out more widely.

Appendix 1: How we engaged staff in our organisational development plans

We developed an understanding of the current state of our organisation through undertaking a diagnostic using the McKinsey 7S model.

This was based on extensive feedback from a variety of sources [1] and developed by group of over 40 clinical leaders and managers. It provided us with a baseline assessment of the organisation which was reinforced through our conversations with staff during our 'Listening into Action' events.

The information from the 7S diagnostic was used as a foundation on which to design two interactive workshops which enabled a broad range of staff from different professions and roles across the organisation to help us describe their vision for a future organisation and shape the actions we need to undertake to achieve that.

Staff said…'We need an organisation that can…'

- Involve, value and develop staff to meet the healthcare needs of our communities in Cumbria
- Work with everybody to provide joined up person centred care to meet the continually changing healthcare needs of the people in Cumbria
- Share core values and puts these values into everything that we do
- Recognise leadership potential in all staff and works hard to develop this talent
- Learn and continually improve what we do
- Look to the future and create new opportunities
- Attract and then retain the staff we need to provide high quality care and not become complacent

To enable this they said that as a Trust we need to focus on …

- Quality, safety and the best outcomes
- Engaging and supporting our staff to learn and improve
- Collaboration and working in partnership
- Freeing staff up to deliver great care

They felt that our priorities should be…

- To developing good Leadership
- Making clear our strategic direction
- Building a culture of learning and improvement

Our staff have described the future they desire:

- CPFT best place to work in the Country
- Boundaries between health and social care swept away
- Excellent patient experience and care
- Lowest SUI's in the country
- Reputation for success and innovation
- Great partnerships
- First Class facilities – award winning estate
- Great business model – perfect planning
- Governance flag ship
- Excellent, visible leadership
- Consistently 5 star service
- Look forward to coming to work, it's fun
- Respect and value all opinions
- Attract great staff – 'yes we can'
- Freedom to experiment and take risks

Source | Organisational Development Workshops February 2014

Together for Quality

Our Strategy for quality improvement | 2014-2017

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