



Quality Strategy 2018-2021



Healthcare at its very best - with a personal touch



Foreword: Medical Director

In 2015, we launched our first Quality Strategy which outlined our commitment to prioritise quality above all else. In this, our second strategy, we build on the progress made so far and bring our plans in line with the National Quality Board's (NQB) Shared Commitment to Quality (1). This new strategy also outlines our aim to create a culture of continuous improvement to increase and sustain the quality of our services for the people of Newcastle and beyond.

Quality Improvement (QI) will become an integral part of everyone's daily work. Learning, improving and innovation have always been the Newcastle way but we know we can do better. We need to move towards a culture which encourages innovation, experimentation and change and empowers staff to give improvement a go; to try it, take a risk, learn from what does and doesn't work. We need to create a culture and environment in which staff are supported and equipped to get through the current challenges they face. Addressing these challenges requires real-world leaders who understand the systems they work in and who are motivated to make things better; nobody is better placed to come up with the solutions than those facing the problems. We recognise that all staff, regardless of role or experience, are capable of influencing change, either by offering suggestions for improvement or participating in initiatives to enhance services. This does mean as an organisation, that we need to commit to release capacity in order to enable front line

staff to give time and attention to the work of quality improvement. We need to take a close look at what we are asking our staff to do, what adds real value and what does not. Our staff are best placed to identify the problems they face and generate potential solutions to trial. Our leadership style needs to be one of enablement not prescription.

Rather than being a short-lived trend, QI should become a consistent part of our culture as we move forward as a Trust, from ward to Board.

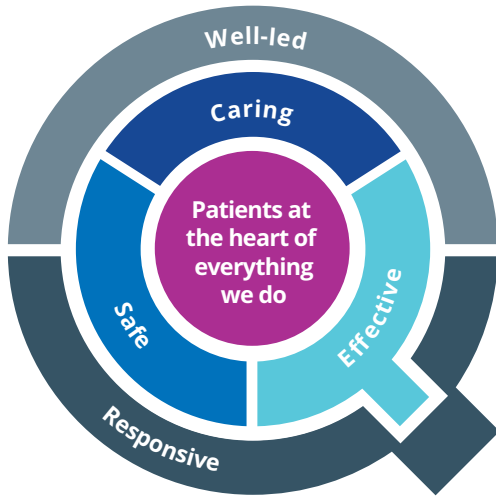
In 2016, the Trust was graded as 'Outstanding' by the Care Quality Commission (CQC). This incredible achievement was a fitting acknowledgement of the hard work and compassion of all of our 14,000 staff. Our ambition is to maintain this grading and this strategy, with its focus on continuous quality improvement, will help us achieve this aim.

Introduction

Delivering safe, effective, patient-centred care is the first strategic goal of the Newcastle upon Tyne Hospitals NHS Foundation Trust (NuTH).

We are committed to providing services which:

- Maintain patient safety at all times and in all respects
- Are clinically effective and lead to the best possible health outcomes for patients
- Provide a positive patient experience
- Are timely, equitable and efficient; responding to the needs of our population
- Are well-led, open and collaborative and are committed to learning and improvement.



The Trust is facing the same challenges as healthcare services nationally and internationally; rising demand from the population which is increasingly elderly, and rising costs of providing services balanced against advances in medical science which heighten expectations during a time of financial and economic uncertainty. In order to sustain our NHS, we have to meet these challenges whilst ensuring we improve the quality of services we provide. The National Quality Board (1) state *“quality without efficiency is unsustainable, but efficiency without quality would be unthinkable”* (p.2). In order to achieve this, we need to focus on continual learning and improvement at all levels.

This strategy sets out how NuTH aims to continue to deliver the high quality care for which it is renowned and continue to put patients at the heart of all we do.

This strategy aligns our efforts as an organisation to the National Quality Board’s Shared Commitment to Quality (1) as part of the Five Year Forward View (p.4).

We are very proud of each and every person who works for the Trust, their dedication and focus on ensuring the very best outcomes for our patients, and whom we know will work tirelessly to continuously improve the quality of care, safety and experience of our patients.



Seven Steps to Improve Quality

This strategy follows the 'Seven Steps' to improving quality as outlined by the NQB (1, p.8) but have been modified to align with the Trust's own goals and expectations. The steps define what we need to do, to continually improve the quality of care we provide to our patients and ensure we have a skilled and motivated workforce for the future.





1. The Trust will continue to set a clear direction and identify quality priorities each year.

2. Bringing clarity to quality by defining what high quality care looks like.

3. Measuring and publishing quality to monitor standards and benchmark performance. We will aim to reduce duplication by measuring what matters.

4. Recognising and sharing quality and best practice to increase the pace of change and avoid duplication.

5. Maintaining and protecting quality to ensure we continue to deliver the best quality care. We will act quickly when this is not the case.

6. Building capacity in front line staff to ensure more staff have an understanding of quality improvement techniques and human factors.

7. Staying ahead by continuing to champion innovation and research.

1. Setting a Clear Direction and Priorities

‘Putting patients first and providing care of the highest standard, focusing on safety and quality’, is the first strategic goal of the Trust.

Quality and Safety are routinely placed on the top of the Trust’s agenda; both literally and figuratively. Each key meeting starts with a quality and safety update ensuring that the message is clear to all – this is our priority and we will ensure there is always time to discuss quality and safety issues. This commitment to quality and safety has also been demonstrated by the appointment of several Clinical Directors for Patient Safety and Quality to advocate, advise and steer the direction of the quality and safety agenda within the organisation. The Clinical Directors for Patient Safety and Quality are highly motivated and clinically credible individuals who, by working closely alongside the Trust’s senior nursing leadership, act as ‘champions’ for the quality and safety agenda, offering strategic leadership on key priority areas and helping to develop a culture for continuous improvement by role modelling within the organisation.

Successfully managing quality relies on commitment, consultation and co-operation with all staff from the ward to the Board. Each year discussions with the Board of Directors, the Council of Governors, patient representatives, staff and public will take place in order to ensure quality priorities are identified to focus efforts for the coming 12 months. We will ensure the quality priorities are appropriate, meaningful and resonate with all. Data and evidence will also play a vital role; each year we will ask where is there scope for improvement and in which areas is the quality gap the greatest?

The feedback from our front line staff and our patients will help set core quality priorities that have an overarching impact across the organisation. Whilst these will change year on year, it is likely that the following will always focus in some guise:

Patient Safety:

- Reducing avoidable harm and deterioration
- Increasing incident reporting and learning from error
- Reducing healthcare acquired infections
- Safe staffing levels.

Clinical Effectiveness:

- Ensuring mortality rates are at least within expected limits
- Participating in national and local audits
- Effective discharge.

Patient experience:

- Acting on what patients tell us and co-creating solutions to challenges they face
- Involving patients in their care and embracing the ‘nothing about me without me’ philosophy



2. Bringing Clarity to Quality

The Trust measure quality using the CQC's 2014 inspection framework which is based on the Francis, Berwick and Keogh reviews (2 - 4) and the outcome of a public consultation. We therefore routinely ask, are services safe, effective, caring, responsive and well-led?

Defining Quality

The quality domains are outlined here, together with the descriptor of what these mean. The domains match those used by the CQC to ensure we are focused on making improvements which are aligned with their regulatory requirements.



The Trust's internal inspection and reporting processes have been aligned to these domains to bring consistency and clarity to the process. Our routine reporting and monitoring also follows these 5 domains to reiterate the message.

The Trust has well defined quality assurance processes for setting the standards for what high-quality care looks like across our services. A key part of this is a well-established committee framework which plays a vital role in providing quality assurance to the Board in a large and complex organisation.



3. Measuring and Publishing Quality

The Trust maintains its commitment to delivering high quality services by monitoring effectiveness and studying outcomes. We will continue to be open and transparent, publishing progress against our quality priorities at public Board meetings and multiple staff forums. We will do this by producing a monthly Integrated Quality Report outlining the Trust's performance against each of the 5 CQC quality domains.

Moving forwards, we want to improve the way we present and share data by using more sophisticated data analysis methods including statistical control charts. By improving the ways we display data it will make it easier for staff, from the ward to the Board, to understand where we are making improvements and where we need to increase our efforts. Continual measurement will also help us ensure that any improvements we do see are sustainable in the long term. The CQC's Insight reports will also play an important role in the way we measure the quality of our care. Our aim is to maintain our status as an 'Outstanding' provider and this document will assist us in monitoring our performance and detecting any deterioration that needs to be addressed. 'Insight' is a data dashboard designed to replace the CQC's previous Intelligent Monitoring report

and is produced on a monthly basis. It provides an overview of the various indicators for risk and quality as monitored by the CQC and gives some indication of the level at which the CQC currently rates each provider. Each month a paper is presented to the Board containing the salient sections of the 'Insight' report focusing on any areas of change since the last update was received.

We will also continue to produce an annual Quality Account which will be our way of demonstrating to the public the progress we have made against our quality priorities each year and what we plan to improve in the succeeding year. This document will also demonstrate our commitment to participating in all relevant national audits, the outcomes of which provide another vital means of measuring the quality of our services.



4. Recognising and Sharing Quality

Moving forwards, we will strengthen our approach to recognising and sharing quality by building a network of staff throughout the organisation based on The Health Foundation's Q initiative. 'Q' aims to connect people with improvement expertise across the UK, fostering continuous and sustainable improvement in health and care. We will replicate this model within NuTH and ensure opportunities are available for people to come together as an improvement community to enhance their improvement skills, share ideas, and collaborate to care better. Currently there are 23 NuTH staff who are members of 'Q' and we would like to see the number grow over the coming years by actively promoting Q recruitment across the Trust. The current 'Q' members have come together to form the core of a sustainable improvement collaborative - 'NuTH Quality Improvement (QI)'.

This collaborative is the start of a movement within NuTH to enhance and promote QI across the Trust. Our aims include implementing a training programme and a support network for staff undertaking QI projects.

Once 'NuTH QI' has been implemented, we hope that the collaborative will have inbuilt succession planning; as staff completing improvement work are mentored throughout their project they will then be expected to become 'champions for change' themselves. There will be an understanding that support given to achieve improvement is repaid by sharing learning and skills with future leaders. This will enable the network of expertise to expand throughout the organisation. We know that this is an area in which we need to improve; an unexpected benefit of the current Patient Safety and Quality Peer Review process (see section 5 for further details) has been the cross-fertilisation of ideas between the teams receiving and participating in the inspections. These are staff from the same hospital, often on wards within a close proximity to each other and yet were unaware of the improvement work being undertaken by their neighbours (and there were undoubtedly things that they were doing that the wards they visited were not). We want to increase the sharing of ideas and solutions to shared problems by better utilising staff networks both with the 'Q' members but also Directorate Patient Safety and Quality Leads and Service Improvement Team. Enhancing the network in which Patient Safety and Quality (PS&Q) Leads work will be an essential part of linking clinical teams together through this vital role.



5. Maintaining and Protecting Quality

Since the last Quality Strategy was published, the Trust has developed and embedded a robust quality surveillance programme designed to provide assurance to the Board that high quality care is being delivered across all services and that areas requiring improvement can be quickly identified. The Patient Safety and Quality Review (PS&QR) process was launched in 2015 and is aligned to the CQC inspection approach.

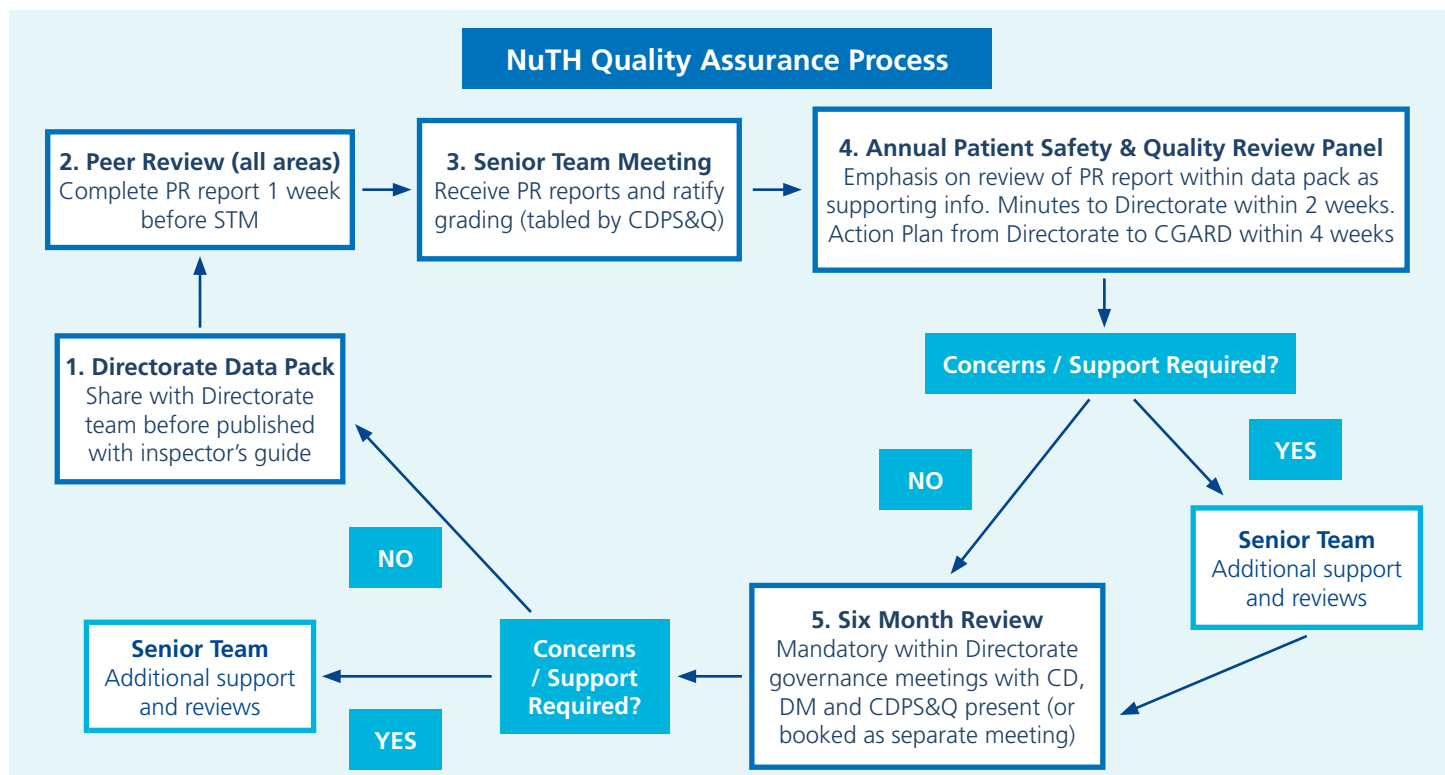
The PS&QR process involves an in-depth annual inspection including:

- Staff interviews – a range of professional groups and staff of varying seniority
- Patient and family/carer opinion
- Direct observations of clinical practice
- Documentation of care
- An inspection of the physical environment.

This process is supported by a data pack. The data pack is based on the 5 CQC inspection domains and contains a variety of indicators pertinent to each Directorate. In preparation for the review visit, Key Lines of Enquiry (KLOE) are developed, based on analysis of the data pack. The outcomes of the peer review and data pack are discussed at an annual PS&QR panel chaired by the Medical Director and supported by senior clinical leadership from across the Trust.

The objectives of the PS&QR process are as follows:

- To ensure each Directorate attends a PS&QR panel every 12 months as a minimum. This will be supported by a 6 month follow-up meeting
- For each Directorate to participate in a peer review inspection prior to each PS&QR panel
- To provide a framework for monitoring Quality Indicators at a Directorate level
- To provide a structure to help identify areas of care requiring improvement and the support and expertise to address the more difficult issues that may be impacting on quality and patient safety.



6. Building Capacity

Building capacity in our front line staff is vital if the aims outlined in this strategy are to come to fruition. Whilst we want to create a movement, success will be limited if we are empowering and enabling staff to take control of these improvement projects without the skills to bring their plans to fruition. In order to achieve our aims, we therefore need to invest in the education and training of our workforce.

We will build capacity in the following three key areas:

- Enhancing QI capabilities
- Human Factors
- Patient and Public Involvement in QI.



Enhancing QI Capabilities:

There is a recognised need to expand QI capability and expertise within the Trust in terms of QI tools and skills, and developing leaders for change. The current QI challenge is to increase the pace of change and provide staff with the skills to achieve successful quality improvements, at ward and department level and to facilitate the sharing and 'up-scaling' of these initiatives. Building in-house capacity entails adopting a modern, scientifically-grounded method for quality improvement, investing in the education and training of all leaders and staff in this method and acquiring skills to support its use 'from the ward to the Board'.

Whilst we know that teams and departments, across the Trust work hard to improve the quality of care they deliver they do not always have the skills and confidence to start a project. We also know that many projects are started but do not always achieve their full potential in terms of local and Trust-wide change.

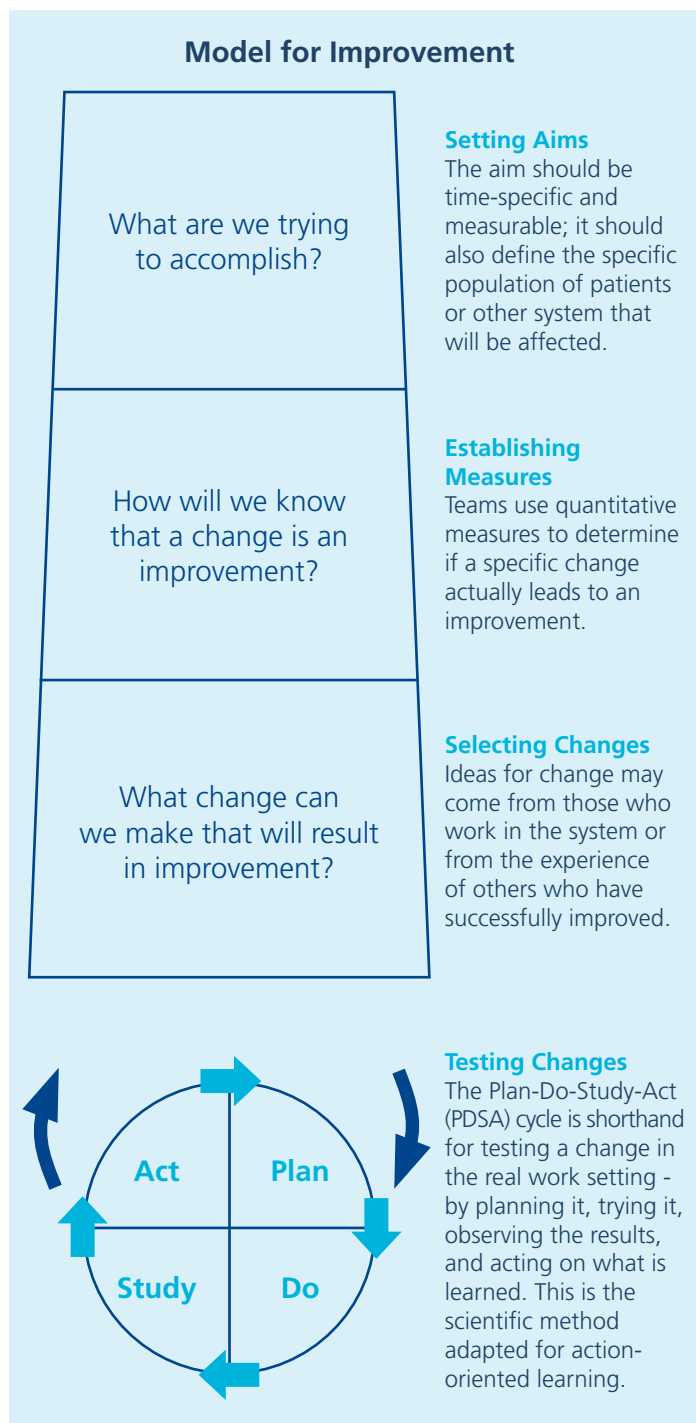
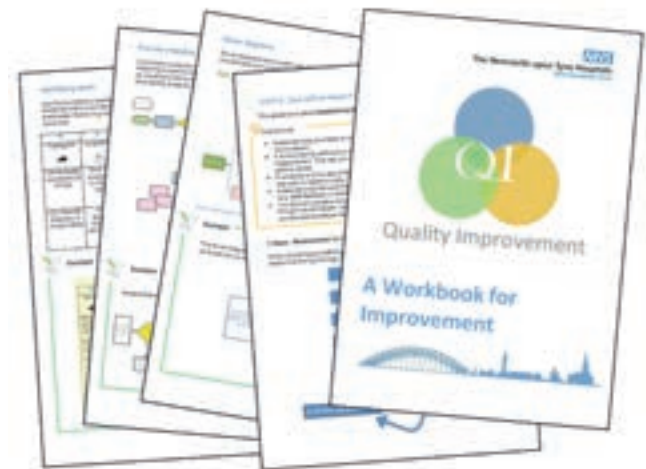
As a Trust, we will educate staff on the Model for Improvement (5). The Model for Improvement, developed by Associates in Process Improvement, is a simple, yet powerful tool for accelerating improvement. This model has been used very successfully by hundreds of health care organisations, in many countries, to improve many different health care processes and outcomes.

The model has two parts:

- Three fundamental questions to define aims, measures and interventions
- The Plan-Do-Study-Act (PDSA) cycle (6) to test changes in real work settings. The PDSA cycle guides the test of a change to determine if the change is an improvement.

The model will be promoted across the Trust by a variety of teams and departments including Service Improvement, the Clinical Governance and Risk Department and the Education and Training teams.

A 'Tools for Change Workbook' will be made available to all staff which will provide a step-by-step guide to goal setting, project planning, evaluation and sustainability.



This work will be supported by the 'Q' network and other Trust staff skilled in QI. This will enable staff wanting to undertake improvement work to make contact with a team or individual who has skills and knowledge in QI. Expertise can be shared along with case studies and methodologies which will reduce 'waste' by allowing teams to jump ahead with tried and tested change methods rather than work through stages or pilots already dismissed as ineffective by other project teams.

Staff who then become 'champions for change' will grow to be the next wave of mentors, spreading and sharing their learning to further enhance capability throughout the Trust. The ultimate target will be to have a QI mentor in every department.

Human Factors:

Human Factors is considered to be one of the core concepts underlying QI. The science behind the fundamental principles concerning the design of work systems, that match the needs of the people who work in them, is essential to understand if teams want to change them. The inclusion of Human Factors considerations in the design of structure and process has the potential to improve outcomes for patients and families and to improve the comfort and usability of systems for staff. New technologies and continual change must be informed and designed through the application of Human Factors methods and principles to realise the full potential of QI.

Human Factors training enhances clinical performance through an understanding of the effects of teamwork, tasks, equipment, workspace, culture and organisation on human behaviour and abilities and application of that knowledge in clinical settings.

We will introduce a Human Factors programme, delivered by experts within the Trust. The programme will have three key components:

- Awareness sessions open to all staff to increase understanding of Human Factors across the Trust
- In depth session designed and developed with Directorates to improve the incident investigation process
- Training for the Board on the importance of Human Factors in service delivery and safety.

Patient and Public Involvement:

Don Berwick (3) states that “Patients and their carers should be present, powerful and involved at all levels of healthcare” (p.17).

The Trust has a long term commitment to listening and learning from the experiences of patients and carers and well established forums and committees to lead this work (Public, Carer and Public Involvement Committee, a Community Advisory Panel, and an active Equality, Diversity and Human Rights Group).

Patient involvement is crucial to the delivery of appropriate, meaningful and safe healthcare and is essential at every stage of the care cycle: at the front line, the interface between patient and clinician and at the organisational level.

The aim of this strategy is not for patients and carers to be the passive recipients of increased engagement, but rather to achieve a pervasive culture that welcomes authentic patient partnership – in their own care and in the processes of designing and delivering care. This should include participation in decision-making, goal-setting, care design, quality improvement, and the measuring and monitoring of patient safety. Patients should, when they wish, advise leaders and managers by offering their expert advice on how things are going, on ways to improve, and on how systems work best to meet the needs of patients.

Moving forwards, we want to make it easier for staff to involve patients in QI projects as key stakeholders. This will involve advice on how to get started and key factors to consider when undertaking this work. We will develop a volunteer profile, linked to QI, to make it easier for patients and members of the community we serve to get involved in QI and work with the Trust on projects.

We want to encourage patients to work with us to form mutually beneficial partnerships which facilitate delivery of outstanding healthcare.



7. Staying Ahead

NuTH has a rich history of research and innovation. We will continue to champion and spread innovation by making better use of our collective insight to inform research, adapting how we work so we can respond to and support innovative new models of care. A new research and innovation (R&I) hub was launched across the Trust in April 2015. This is a “one-stop-shop” for R&I across the Trust and Newcastle University. The hub signposts staff to relevant experts and they are provided with the best possible support to channel their ideas to ensure they are developed to their maximum potential.

At NuTH, we have the infrastructure to stay ahead; we host the Clinical Research Network North East and North Cumbria (CRN NENC) and other National Institute for Health Research (NIHR) platforms. In addition, the Trust works closely with local universities, co-funding a Joint Research Office (JRO) in partnership with Newcastle University and co-ordinating a joint research strategy through the Newcastle Academic Health Partnership and Joint Research Executive. Through this infrastructure, the Trust continues to lead the way in sponsoring and delivering clinical research. We are the most research active organisation in the NHS and regularly top the Guardian Clinical Research League Table.

Over the next three years, we will maintain or improve the number of research trials available for patients to participate in and improve the number of patients participating in clinical research trials. We will also maintain and improve performance in initiating clinical trials and studies.

The Trust also leads the way in developing a national CRN Research Patient Satisfaction Survey. We will collect regular feedback from patients who have experienced care as part of a research study through patient satisfaction surveys, friends and family initiatives and regular public engagement events. The Health Education England (HEE) Research & Innovation (R&I) strategy identifies the importance of a workforce that embraces R&I as being central to improving the quality of care and patient experience.

Historically, practice-based research has more commonly been developed by medical practitioners, with non-medical professionals predominantly supporting research delivery. We aim to redress this balance and in 2015 we launched our first Nursing & Midwifery and Allied Health Professional (NMAHP) Research Strategy. This strategy sets out a five-year vision with the overarching aims of:

- Increasing research awareness amongst NMAHPs
- Increasing the use of research in practice by NMAHPs
- Increase the number of NMAHPs participating in research
- And increase the volume of research studies undertaken and led by NMAHPs.

The link between research active organisations and those that deliver the highest quality care is clear and so maintaining our longstanding commitment to research will be essential if we are to continually improve the quality of the services we deliver.



Conclusion

We are confident that by implementing this strategy, and continuing to put *patients at the heart of everything we do*, we will continue to ensure that our services are safe, effective, caring, responsive and well-led. By working hard to foster a culture of continuous improvement, by empowering staff and patients to make the changes they want to see, we will continue to deliver the best possible care to the people of Newcastle and beyond. We will monitor the implementation of this strategy closely and look forward to working together to make the Newcastle upon Tyne Hospitals NHS Foundation Trust even better.





References

- (1) National Quality Board. *Shared Commitment to Quality*. NHS England. 2016.
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Three Year Plan



This information can be requested in large print