



Quality Improvement 2018-2023 Strategy (2022 refresh)

Introduction

At the James Paget University Hospitals NHS Foundation Trust (JPUH), each and every member of our staff has both an individual and a united responsibility to ensure that the quality of care and the safety of our patients is central to everything we do. Sharing good practice and learning from past errors is essential to ensure that we continually enhance the services we provide and deliver safer and more effective care.

Our Quality Improvement (QI) Strategy demonstrates a continued commitment and focus on quality improvement; to support change in order to enhance the delivery of sustainable quality health care and to embed excellence. At our Trust patient care is at the heart of our practice and our patients and their loved ones should feel confident that our Trust delivers safe, effective, caring, well led, and responsive care. We endeavour to deliver care which is accessible and equitable.

We want all our staff and those working in partnership with us to know that they are valued and we want to support them in providing the best care possible for our patients, to ensure that the right care is delivered, in the right place, at the right time, every time.

Integral to the strategy and fundamental, in terms of its progression, will be the development of a fully integrated, dynamic Quality Improvement Team who will assist with the provision of targeted support across the Trust, whilst simultaneously encouraging and supporting staff to embrace a culture of quality improvement.

Measurement will underpin this approach, to ensure that the quality of healthcare being delivered progresses, by measuring the before and after situation; thus requiring staff to look at what they do, how they do it and why they do it.

Professional requirements, national and local drivers and policy will help steer the strategy direction, to ensure that quality remains at the forefront. This strategy will naturally dovetail with our other Trust strategies, maintaining a unified organisational vision; one where we can continue to deliver sustainable quality healthcare whilst concurrently managing the future political challenges the NHS faces.



OUR TRUST

AMBITIONS











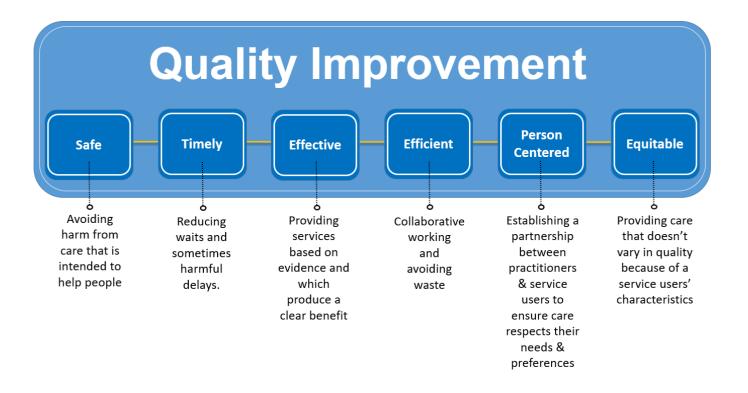
The Golden Thread of Quality Improvement

'Quality' relates to meeting or exceeding a customer and service provider's expectations through effective and efficient services. Whilst QI is vital, it is not sufficient on its own to ensure reliable delivery of high-quality care.

- **Quality Management**' is the totality of functions involved in the determination and achievement of quality, including improvement, safety and transformation. This includes:
- Quality Planning Strategy/ Policy development and establishing systems and processes
- Quality Control Audits to assess if a certain aspect of healthcare is attaining a recognised standard, so that care providers and patients know where their service is doing well, and where there could be further improvements.
- Quality Improvement method for delivering the change and the outcomes required.

As part of the Quality Management approach, Quality Improvement will report in to the Patient Safety and Quality Committee to support the delivery of our quality priorities.

The below diagram illustrates the six dimensions of Quality Improvement:



Aims and Objectives for 2022

The aims of the QI Strategy are fully aligned with and support delivery of the Trust's corporate strategy and the direction of travel set out in the organisation's Clinical Strategy. It also complements the key objectives and work streams to deliver the Trust Workforce and Organisational Development Strategy.

Trust Ambition 1 – Deliver outstanding care for our patients

- Provide safe, effective and patient centred care in the right place at the right time.
- Continuously strive to improve the care we provide by learning from best practice, research, making use of patient feedback and learning from incidents.
- Prioritising improvements, setting goals and measuring progress while focusing on key indicators of harm.
- Use data effectively to drive continuous quality improvement through a consistent improvement methodology

Quality Improvement Aim	Activity	Measures by the end of 22/23
Enhance our clinical effectiveness and efficiency by assessing and responding to internal and external recommendations for improvement	 Use quality improvement tools (including clinical audit and service evaluation) to review and improve treatment pathways. 	75% of completed QI projects on the Trust's centralised system have a project score reflecting at least a modest improvement impact.
Focus on delivering high-quality patient care by aligning improvement activity to clinical outcomes and patient experience.	 Develop opportunities for patient / stakeholder involvement in service improvement/redesign 	20% of QI projects have patient and public involvement.

Trust Ambition 2 – Work with, and support, our people to deliver the best for our patients

- Be a well-led organisation, maintaining an open, engaging high performing culture that supports and empowers staff.
- •Train, educate and support staff to reach their full potential.
- Recognise the importance of a healthy work life balance and strive to help staff achieve this.
- Provide opportunities for staff to contribute to service improvements in developing a culture of continuous service improvement within the Trust and supporting joined up care.

Quality Improvement Aim	Activity	Measures by the end of 22/23
To develop a fully integrated, dynamic Quality Improvement Team to support development of QI capacity and capability including training, education and coaching.	 Develop a toolkit of improvement skills and offer professionally development to staff via training in QI fundamentals. 	 100 Staff trained in Quality Improvement Fundamentals or similar programmes 2 Publications in relevant journals
All staff to have access to expert guidance, to support them in the design and delivery of QI projects and further developments	 Staff to be empowered to deliver their project through implementation of measurable and achievable outcomes that benefit the patient Identify and record QI projects and change ideas on a centralised system to monitor, gauge progression, measure success and then share learning Identified QI projects receive support from a QI Coach Ensure all staff voices are heard through open access to QI Café events 	 40 QI projects are supported or coached by QI adviser(s) Develop a physical and digital space that supports staff and project teams – with visual displays of improvement projects and resources Monthly QI Café events are set up and held

Trust Ambition 3 - Make the best use of our physical and financial resources

- Deliver strong financial management, ensuring we meet our financial plan.
- Demonstrate sound asset management principles in respect of our sites and buildings.
- Develop and utilise our information management and technology systems to underpin and enable all our strategic ambitions

Quality Improvement Aim	Activity	Measures by the end of 22/23:
Secure cross-divisional and cross-organisational engagement for quality programme activities and interventions	Share benefits of successful QI projects and support implementation of Trust wide change	 Engagement with Transformation and Finance via the Cost Improvement Programme (CIP) and Transformation Gateways process.
Establish a Sustainable (Green) training program and embed a Sustainability aspect into Quality Improvement projects.	 Partner up with The Centre for Sustainable Healthcare to establish a robust training package which can be delivered alongside existing QI training Map equivalent CO₂ emissions during project planning and utilise to underpin best use of resources 	25% of QI projects factor in a sustainable health care aspect

Trust Ambition 4 – Be a leader of collaboration and partnership working locally and across the system

- Explore and lead the development of efficient and effective models of care with our partners.
- Work with our Acute partners to jointly redesign pathways to align capacity with demand.
- Take an active role in developing new models of care with our health and social care partners to ensure our services are as effective and efficient as possible

Quality Improvement Aim	Activity	Measures by the end of 22/23:
Support the implementation of Quality Improvement in the Integrated Care System (ICS), as part of the wider Quality Management Approach in Norfolk and Waveney.	Representation on the project group for Quality Improvement in the ICS and share learning between all system providers on QI project ideas.	Implementation of a QI dashboard with agreed cross-organisational metrics in place by end of 22/23.
Ensuring a consistent approach to Quality Improvement is encouraged across the ICS	Shared resource across the ICS for delivery of QI training	10 places per month offered to JPUH staff as part of ICS QI training programme
Strengthen the relationship between Research and Service development teams	Utilise diverse skill set across multiple departments to co- produced and deliver a Research and Evaluation scholarship programme	 Adoption and spread of two proven national innovations within JPUH 4 NMAHPs (Nurses, Midwives and Allied Health Professionals) from JPUH and four external NMAHPs to have completed the NMAHP Scholarship Course

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