

Quality Improvement Framework 2021-25



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What is Quality Improvement?

Quality Improvement is the term used to describe a process of using a specific set of tools such as Plan, Do, Study, Act (PDSA) cycle, Driver diagram and SWOT Analysis (Strength, Weaknesses, Opportunities, Threats Analysis) to better understand what is going on, identify problems and opportunities, then plan and test small changes to lead us to improvement. There are different models that are used for Quality Improvement such as Six Sigma, Lean and The Model for Improvement, which is our chosen model for Quality Improvement.

'Quality improvement is about giving the people closest to issues affecting care quality the time, permission, skills and resources they need to solve them. It involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement' (The Health Foundation 2021).

Our Quality Improvement Framework

Our Quality Improvement Framework sets out our commitments and aims to develop and sustain a culture of continuous improvement that drives quality in everything we do and is evident from the experience of our patients. This framework allows us to outline the actions the Trust will take to make this happen and communicates the methodologies we use in the QI work we carry out across our Trust. It is one of many strategies that we have developed to meet our organisational strategic aims.

Where do we want to be?

Our ambitions for Quality

At Liverpool Women's, our vision is to become the recognised leader in healthcare for women, babies, and their families. We believe that to achieve quality in the services we provide, we must focus on achieving excellence in four key areas: Patient Safety, Clinical Effectiveness, Patient Experience, and Staff experience (our quadruple aim). These components formed the foundations for our ambitions for quality (see figure 1), which are outlined in our Clinical Quality Strategy. Our ambitions set the long-term direction for our organisation; creating the momentum and mind-set we need to become outstanding in everything we do.

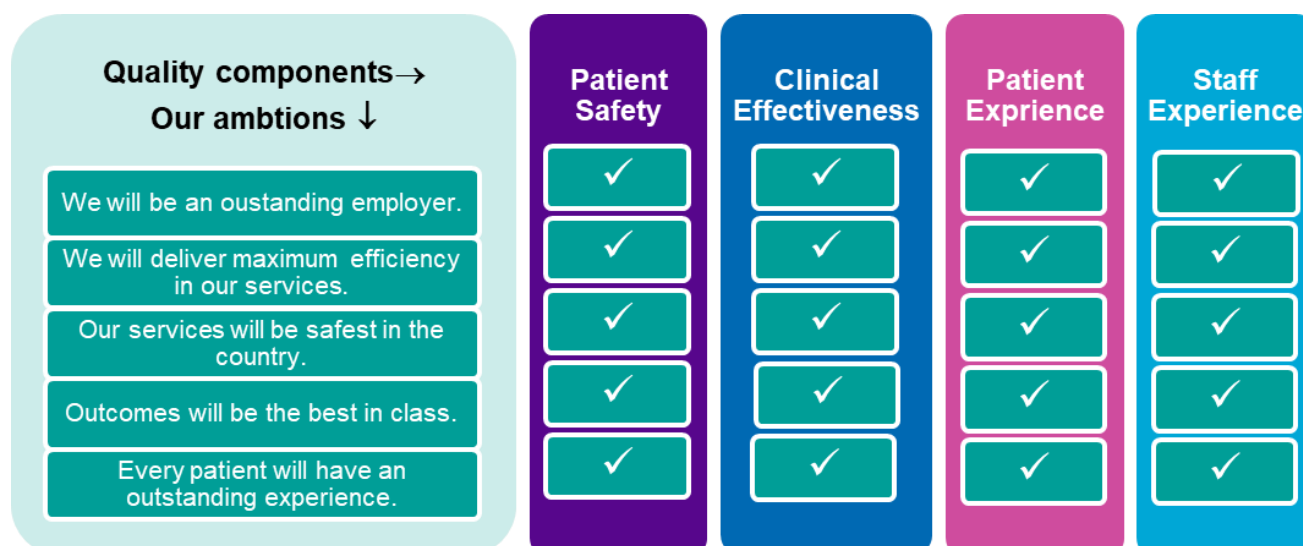


Figure 1 Our Ambitions

How are we going to get there?

Quality Improvement underpins all our work, not just our clinical services. We will work across all our services to:

- Have a clear methodology in our Quality Improvement delivery.
- Train our staff to understand and confidently utilise Quality Improvement
- Embed features into our processes that will prompt staff in using Quality Improvement methodology.
- Create a culture that nurtures continuous improvement.

Our methodology for Quality Improvement delivery

- **Our core drivers**

We will focus on the four components we have identified as our quadruple aim for quality. These will be the drivers of every improvement we make.

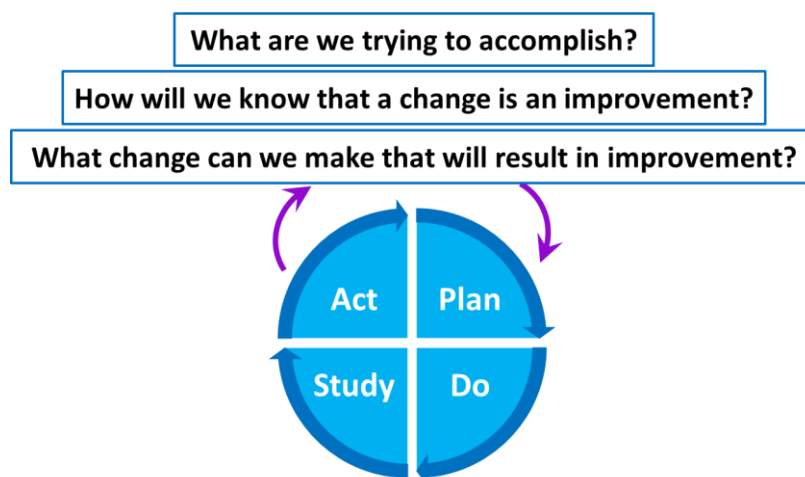
Figure 2. Our Quadruple Aim for Quality.



- **Our chosen Model for Improvement**

We will use the Model for Improvement to underpin the structure of the activities and projects that we carry out when making changes to strive for improvements. The Model for Improvement (fig 3.) was developed by Associates in Process Improvement's (API), it is the Institute for Health Improvement's chosen model for improvement and is widely used across the NHS. The Model for Improvement uses three simple but fundamental questions to test changes on a small scale using the PDSA cycle. It will allow us to use rapid cycles to plan and test changes on a small scale. Then to reflect upon the impact and causes for the outcomes observed. This will allow us to be confident in knowing what changes should be applied more widely and make informed decisions about the next steps.

Figure 3. API Model for Improvement



We will embed the Model for Improvement into our processes in a variety of ways. Including the use of a PDSA document that staff will use to plan and track QI projects (see appendix 1).

- **Our delivery approach**

Co-production and co-design will be an essential. Our staff and patients are best placed to identify, create, and deliver the improvements that need to be made to our services. We will work with staff and patients at the earliest opportunity after an issue has been identified to plan and test ideas for improvements. Using this approach will, ensure that there is greater insight into the issue, increase the success of proposed plans and reduce the number of rapid cycles required to achieve some improvement.

Training our staff

Our staff's knowledge and understanding of QI will be crucial for our success. We plan to deliver a programme of continuous learning to keep staff up to date with QI practices and reinforce their understanding. Our aim is to train our staff to understand and confidently utilise Quality Improvement in everything they do.

- **QI Champions**

We will identify a variety of clinical, corporate, and clerical staff at varying levels, spanning from frontline to senior management and train them to become competent, confident users of QI. These individuals will become our QI Champions, they will work within their divisions to provide peer support to their colleagues and raise the profile of QI. The QI Champions will form a Champions network where they are able to share their experiences and learning with other champions, this learning will then be cascaded across each division to support the sharing of good practice. We plan to train new Champions every year.

- **Training for all staff at all levels.**

Our ambition is for everyone who works within the Trust to understand QI and to adopt QI methods to make frequent improvements. We will make training available to all staff to increase their understanding and confidence in applying QI to everyday practice and large scale change. The training will include use of QI tools such as Stake Holder Matrix and Cause and Effect diagrams. We will roll out different levels of training annually so that staff with varying levels of QI experience can continue to build upon their knowledge. The training will include:

Introduction to QI information sessions- where staff can learn about what QI is, and its benefits, and attain enough knowledge to begin to use key QI tools. There will be a particular focus on Plan Do Study Act (PDSA) cycle.

QI Methodology Focus sessions- each focus session will be dedicated to specific QI tools and topics, allowing staff to attain deeper understanding of specific QI methodology. Staff will be able to nominate topics they would like to be covered throughout the year.

QI Clinics- these will be unstructured drop-in sessions that will be rolled out across the Trust to provide to a platform for staff to discuss all matters relating to quality improvement. Staff will have the opportunity to ask any QI related question. For example, queries regarding particular projects they are embarking on or considering, questions to clarify their learning, or advice about the best QI tools to use for diagnostic, planning or analysis.

QI tools profile articles- Our QI Lead will work with the communications to write short articles that will describe different QI tools, how they can be used, and their benefits. This will be circulated in staff wide communications and available on the intranet.

Embedding QI

- **PDSA touch points for formal projects.**

Formal QI projects will have touch points built into their delivery plan at the point of the project initiation. As well as ongoing advice and guidance, project leads/ project teams will meet with QI Leads to discuss the information, activity, assumptions, and data at each stage of their project. This will be a structured but creative process, that will provide the project lead/ project team the opportunity to exercise some “free thinking”, challenge their own ideas, assess the robustness of their plans, delve deeper into findings, perform root cause analysis, assess the project team membership, progression of the project and more. The touch points will occur after the draft *Plan* is assembled, after the *Doing* stage, during the *Study* stage and at the end of the *Act* stage, the touchpoint will re-occur as the project moves through the rapid cycles of improvement. The length of the touchpoints will be reflective of the needs of the project. As project lead’s confidence and knowledge develops, the touchpoints will be decreased and only take place before each full PDSA cycle.

The PDSA touch points will support projects to maintain their momentum and relevance whilst supporting the project team.

- **Analysis of data from Audit, Patients Safety, Patient Experience and Performance Monitoring.**

We will continue to analyse data and information gained from patient safety incidents, investigation incidents, medication incidents, serious incidents, complaints and PALs, audits, claims, cases and inquests, performance monitoring and compliments to identify areas for improvement, and areas of excellence. Then use QI methodology to understand the root causes of issues and excellence so that we can make improvements where there are issues and proactively do more of what works well. This process will trigger the onset of formal QI projects where relevant. For example, through performance monitoring if we identify key performance indicators that we are continually struggling to achieve, we will use QI tools such as process maps to better understand what is going on, then use the Fishbone diagram to identify the causes behind the effects we have been experiencing.

Our QI Lead will continue to work closely with key staff including our Risk and Patient Safety Manager, Patient Experience and PALs teams to track trends and identify where there is a need for improvement. Then support with the implementation of QI projects to make changes towards improvement. Utilising QI in this way will support us with the development and revising of operational plans and priorities.

We believe that this is essential for our learning and journey to being the best at what we do.

- **Performance Development Review (PDR), and QI targets.**

To aid their development, all staff will agree with their managers personal QI related targets. The progress of these targets will be monitored and reviewed throughout the year in line with performance monitoring.

Create a culture that nurtures continuous improvement.

- **Our people's wellbeing and development.**

Our people's wellbeing is highly important to us, and we know that staff wellbeing has a direct impact on our clinical effectiveness, patient safety and patient experience. That is why we work with staff to create and drive a culture of continuous improvement. We do this through the implementation of our Putting People First Strategy 2019-2024, which outlines four key themes, Health and Wellbeing, Engagement and Involvement, Influence, and impact in our communities & Compassionate Leadership- Investing in our people and our Leaders which how we will continue to support staff development and create a positive work environment. We assess our progress by carrying out staff surveys, assessing productivity, analysing staff health outcomes and attendance and more. Each year our QI Lead will work with our People and Talents team and use QI methodology to support us to better understand how the actions and activities we undertake impact on our four key themes. This will help us to plan future actions we take in achieving the goals we have set ourselves in our Putting People First strategy.

- **Supporting autonomy and innovation**

We aim to train and support staff so that they feel empowered to test change where they identify opportunities for improvement. We feel strongly that supporting their ambitions for improvement will contribute to creating a culture of continuous improvement. Are QI Lead and Managers will

work closely with staff to embed understanding of QI and increase their confidence in using QI methodology.

- **Sharing learning**

Learning and sharing hubs: The Quality Improvement Lead will establish new and specific learning and sharing hubs dedicated to quality improvements. These will facilitate learning within departmental teams, and with colleagues across other departments and divisions.

Learning from other organisations locally, nationally, and beyond: Our Quality Improvement Lead will be working with the Assistant Medical Director to establish external links to various scientific networks and quality improvement teams outside of our organisation. This will include engaging with experts from other industries (outside of health) and using their learning to support our ambition to be an outstanding place of excellence for both women and babies health.

Fuelling staff motivation through success stories: Our QI Lead will work with teams across the trust and the Patient Experience Matron to gather QI success stories to present as case studies. The case studies will show how QI was used to make improvements, how the improvements directly impacted patient experience, staff experience and wider Trust goals. We believe that sharing the real world outcomes of QI activity will be rewarding for staff and contribute to sustaining their motivation.

- **Celebrating staff achievements**

We plan to celebrate our staff efforts by having an annual celebration of QI projects. Throughout the year, members of staff will be able to nominate and vote for colleagues who have made improvements using QI methodology. Our division senior leadership teams will then put forward a selection of the nominated candidates to our Quality committee who will then select winners for different categories.

Examples of QI Celebration Awards categories.

- Best improvement supporting daily delivery.
- Improvement of the year.
- Most impactful improvement for patient experience.
- Non- clinical and Clinical improver of the year.
- Liverpool Women's QI Star.

How we will track our progress.

How will we know that we are making progress?

- **Have a clear methodology in our Quality Improvement delivery.**
 - We will track whether there has been an increase in the evidence provided by staff for the improvements made.
 - We will track how many of our formal QI projects are initiated successfully first time around.

- Annually we will ask a variety of staff to rate the clarity of the process and advise us where things are unclear on how we can work together to build a clear process.
- **Train our staff to understand and confidently utilise Quality Improvement**
 - Every quarter we will assess data on the number of staff that attend QI training.
 - We will ask staff to rate their own confidence and understanding before and after training and engagement events.
 - Will carry out an annual questionnaire to identify staff trends in staff confidence and understanding compared to the previous years.
- **Embed features into our processes that will prompt staff in using Quality Improvement methodology.**
 - In our annual survey we will ask staff which processes, if any, they consider to be effective in prompting the use of QI.
 - We will also track the number of QI activity by looking at QI projects and evidence of daily improvement that are evidenced via case studies and PDSA cycles.
- **Create a culture that nurtures continuous improvement.**
 - We will track staff engagement with QI training.
 - We will ask staff as we have before “what does an environment that nurtures continuous improvement feel like” and “what do we need as an organisation to create an environment that nurtures continuous improvement”. We will compare staff responses to both questions with each other and to responses from previous years.
 - We will work with our colleagues in our People and Talent department to understand the results from annual surveys issued to staff as part of the Trusts People First strategy. We will use this information to support our understanding of staff experience of the culture and environment they work in.

We will use the data and information from the activity outlined above to identify the impact of the QI Framework, then work with our teams to use QI methodology to make further improvements.

Delivery Plan

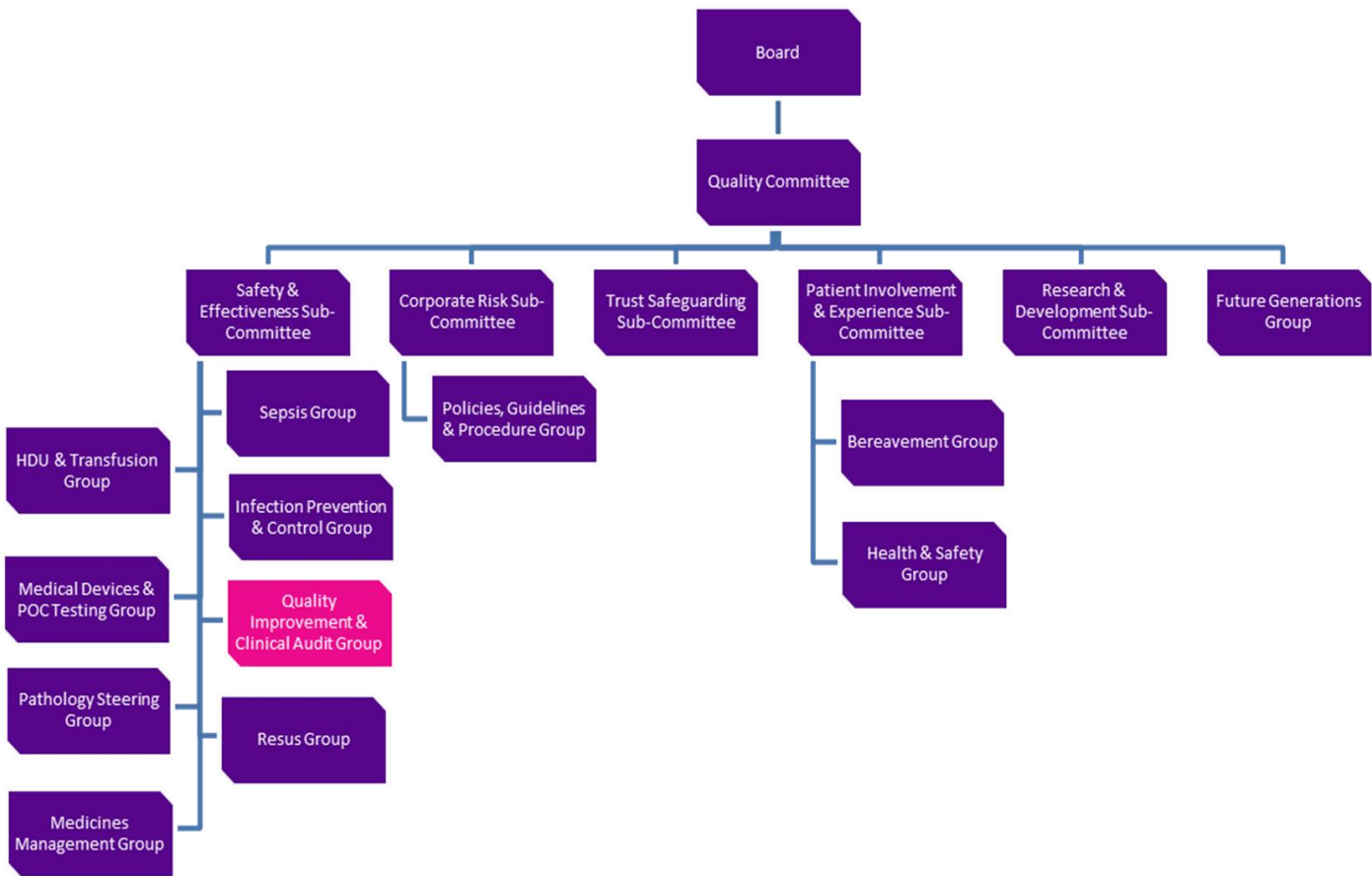
This provides the operational details of how and when we will deliver the activity outlined in this framework up to the year 2024-2025.

Quality Improvement Lead - 4-year plan training and supporting LWH colleagues

Activity planned	Year 1	Year 2	Year 3	Year 4
Year 1				
Provide expert quality improvement support, advice, and guidance to all staff.	✓	✓	✓	✓
Roll out of Introduction to QI Information sessions (with emphasis on PDSA).	✓	✓	✓	✓
Roll out of QI Methodology focus sessions.	✓	✓	✓	✓
Promote and encourage wider participation in quality improvement by increasing staff access to QI information, advice, and guidance via QI Clinics, quarterly "QI Tools Profile" articles, sharing of case studies etc.	✓	✓	✓	✓
Establish Quality Improvement monitoring and reporting on QSUS, allowing 24/7 access to log quality improvement project proposals.	✓	✓		
Identification and training of QI Champions for the annual training programme.		✓	✓	✓
Roll out PDSA touchpoints process to support projects.	✓	✓	✓	✓
Year 2				
Agree and finalise a plan with the Trusts Executive team to roll out Joy in Work by Q2 end.		✓		
Develop plans for Quality Celebration awards 22/23, to celebrate QI improvement projects and successes from the previous year.		✓		
Review whole of quality processes, training, outcomes and develop plan for the next year.		✓		
Year 3				
Review whole of quality processes, training, outcomes and develop plan for the next year.			✓	
Develop plans for Quality Celebration awards 23/24, to celebrate QI improvement projects and successes from the previous year.			✓	
Year 4				
Review whole of quality processes, training, outcomes and develop plan for the next year.				✓
Develop plans for Quality Celebration awards 24/25, to celebrate QI improvement projects and successes from the previous year.				✓

Governance, Assurance and Reporting

Progress on the Quality Improvement 4-year plan will report on a regular basis to the Quality Improvement & Clinical Audit Group. Quarterly updates will be provided to the Safety & Effectiveness Sub-Committee with issues and exceptions escalated to the Quality Committee.



Appendix

Appendix 1: Plan Do Study Act Tool.

Test/Project Topic:	Cycle #:	Date:	
AIM			
Describe what you would like to change? Or what would you like to achieve?			
Project Lead/s (name, role, service/team)			
Time frame: When would you like to see the change occur or how long will you be testing for?			
PLAN			
Define the objective questions, and predictions. Plan to answer the questions (Who? What? Where? When?). What data collection is required?			
What questions do you want to answer?		What are your predictions?	
What do you need to do to implement and test this change, and who will do what?			
What tasks/ actions are required and how will they be carried out?	Where will it happen? (Unit, area, charts, database)	When will it happen? (Time, dates – be specific)	Who will do it? (Name or role)
What data will you need to collect before, during and after testing your change? (You can only collect data that is gathered, check if the data you need already gets collected, or if it is possible to collect it!)			
What data do you need and what will it tell you?	How and where will you collect the data from? (Checklist, audit)	When? (Time, dates – be specific)	Who will collect the data? (Name or role)

DO**Implement and test your change.**

What did you observe during the test? Were there any unexpected observations?

STUDY**Analyse your data and describe the results.**

How do the results compare with your predictions? What did you learn from this cycle?

ACT**Based on what you learned from the test, make a plan for your next step.**

What is your plan for the next cycle? What will you do more of? What will you adapt? What will you do less of or abandon?

Are you ready to implement?

- ☐ Yes (I am confident that there is measured improvement, changes have been tested under different conditions and questions answered)
☐ No (I have more questions, need to make adjustments and test again, OR risks outweigh benefits – new idea(s) required).

Team/Dept.:

Authorised by (lead clinician, line manager):

Quality Improvement Lead informed (for monitoring purposes): Yes ☐ No ☐

Date Completed:

Date for next cycle planned:

