



Continuous Improvement

Strategy 2021/2023

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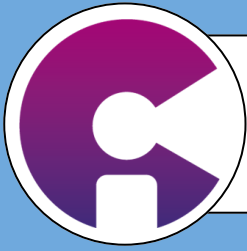
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Foreword

Our second Lancashire Teaching Hospitals NHS Foundation Trust Continuous Improvement (CI) strategy has been developed to articulate how we will take a collaborative and consistent approach to improvement and change across our organisation. The proposed approach is fully aligned to the Continuous Improvement methodology that will be adopted across our Integrated Care Partnership.

During the delivery of this strategy we will place particular focus on developing leadership and the culture for improvement to flourish, maximising opportunities for improvement and celebrating successes together. The aim of this strategy is to ensure we adopt a robust improvement methodology to deliver the organisations strategic aims and objectives.

CI for our organisation and wider system is about embedding a shift in culture and applying a consistent and clinically-led approach to improvement and transformation. We will achieve this by working with colleagues across multiple teams, including Organisational Development and Business Intelligence and with front line staff and teams from across our organisation, to co-design and test improvements to build reliable systems, reduce unnecessary variation and design improved ways of working that will positively impact on both quality of care and patient outcomes.

This CI strategy sets out the principles and approach that can be applied to all aspects of our health and care economy and at all levels, from System (macro) level such as Urgent and Emergency Care Patient Flow and Always Safety First; pathway (meso) level improvement and local (micro) level improvement, which can be applied to individual wards and departments. We will achieve this by working with our front line staff and teams from across our organisation. We will build on the existing work through our system level improvement programmes, including Always Safety First, our pathway level improvements through our Lancashire and South Cumbria Flow Coaching Academy and local ward and department level improvements through our Microsystem Coaching Academy programme.

We recognise that some teams across the organisation are already delivering and implementing improvements and this CI strategy will enable us to seek and support those teams.

Improvement science is discovering how to improve and make sustainable changes in the most effective way, it involves systematically examining the methods and factors that best work to facilitate Quality Improvement. We are dedicated to embedding this strategy throughout our organisation and providing our workforce with the skills they need to practically use CI methods throughout their professional roles to improve the quality of care and outcomes for our patients.



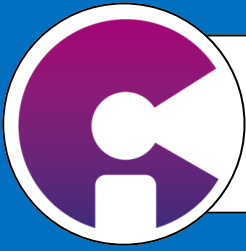
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Introduction

“ Masterful work requires preparation. This anticipatory thinking, rehearsal, attention, reflection, real-world grounding can be done in many different ways, but it must be done well. ”

Paul Batalden, 2014

Continuous Improvement in Central Lancashire; a new mind-set

We are launching our second Continuous Improvement strategy at both an exciting and daunting time for the NHS in England as we experience an unprecedented global pandemic, which is placing a huge demand on the NHS and Social Care systems in the UK. We are launching our second strategy early as we recognise that the impact of the pandemic demands new ways of thinking and working.



In the face of adversity, our teams have collaborated to deliver amazing improvements with outstanding clinical leadership. We have found a way to deliver improvements at an impressive pace and with exemplary collaboration from our staff and clinical teams. We have made significant advances in our improvement maturity since we launched our first strategy, connecting teams across our whole system and engaging in real time learning. We have removed the complex bureaucracy and barriers and created the culture for innovations and improvements to thrive.

Our improvement programme priorities will be set by the Board and senior leadership team, following a review of the key metrics across our system to identify the greatest improvement opportunities. These priorities will align with the organisational objectives and the divisional plans as outlined in our planning framework and Big Plan.

Within this ambitious strategy we outline the next phase of our improvement journey, retaining the best of our first strategy such as working at macro, meso and micro levels (system, pathway and local improvements) and embracing new opportunities. We would also like to recognise the efforts and ongoing improvement work happening organically across the organisation. Our strategy aims to provide additional CI support and capability building for those innovators actively seeking to make improvements locally. In addition we aim to capture our learning and success from our improvement programmes and showcase them as case studies on our CI intranet and Webpage for all to see.





Focus



We have three equally important strategic aims and four ambitions. Our four ambitions describe what we need to focus on, to achieve our strategic aims.

These are underpinned by our five core values which are fundamental to our Continuous Improvement approach; Being Caring and Compassionate; **Taking Personal Responsibility**; **Seeking to Involve**; **Recognising Individuality**; **Building Team Spirit**.

Continuous improvement will be the way we work at Lancashire Teaching Hospitals. Constantly identifying ways to do things better, challenging existing practices, learning from others and driving innovation, we will ensure success and deliver the best care possible for patients. This Continuous Improvement Strategy describes our approach, and sets out the principles and methodologies that we will use to drive progress and performance.

The Big Plan objectives are refreshed every year and the objectives which will benefit from a Continuous Improvement approach will be identified on an annual basis.

LTHTR BIG PLAN HIGH LEVEL OBJECTIVES



Levels of Activity

System

Pathway

Ward & Department



Divisional Improvement Priorities





Delivery

The Continuous Improvement team (CI) is a vital resource and investment by the trust to enable our staff and departments to deliver safe and effective patient care across the organisation. As a small team of improvement experts and facilitators our role is to enable Continuous Improvement to happen organically.

We will achieve this by working with front line staff and teams across the trust to co-develop and realise better and improved ways of working that will positively impact on patient care and outcomes.


The role of CI is to empower everyone to have the opportunity to lead local improvements and provide them with the tools and support to achieve success.

Below is a driver diagram, our road map, which articulates how the Continuous Improvement team will enable CI to flourish across the organisation. We have broken this down into key elements and actions which we believe will positively accelerate LTHTR to become an organisation that has CI embedded in its culture and delivery of care.





Enablers of Continuous Improvement across LTHTR to deliver organisational priorities




 **Building 'Will' to Improve**

 **Programme Design & Delivery**

 **Learning and Skills**

 **Measuring Improvements**

 **Knowledge and Evaluation**

Communication, Digital & Media

- Leadership (Build CI leaders)
- Develop a CI culture (Board to Ward)
- Shared understanding of CI
- Meaningful CI strategy

- Staff and patient engagement
- Self assessment (readiness to improve)
- Delivery models e.g. Big Rooms, BTS
- Facilitation and coaching

- CI Training
- Online resources
- Collaborative learning
- Active involvement in CI

- Understanding Data
- Meaningful data display (Charts)
- Demonstrating improvement over time
- Making data accessible (Dashboard tools)

- Literature scans and reviews
- Capturing and summarising learning
- Collaborations with Universities
- Publications (sharing learning)



Delivery



Building 'Will' to improve

For improvement work to be successful, teams first need to recognise the need for improvement. There are three vital components needed:

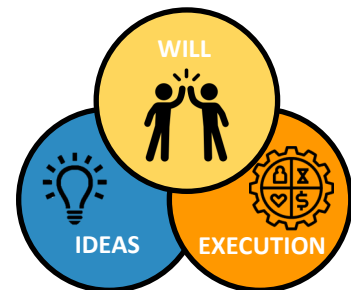
'Will' - the motivation and desire to change or make things better.

'Ideas' - theories that we can test or changes we can make.

'Execution' - resource to invest into testing and implementing changes.

Building the **'Will'** to improve and a mutual commitment to CI is a vital driver to the success of our strategy.

Alongside this, we need staff to believe that they can succeed and be successful in their improvement initiatives. This is important as people need to feel their hard work and contributions are not in vein. To enable this we have identified a number of key drivers that will help us to build will and motivation across the organisation to drive improvement outcomes in patient care.



Adapted from the IHI White Paper



Improvement Leadership - We aim to build an infrastructure of improvement leaders across all levels of the trust who will inspire and lead teams to drive improvement. This will be enabled by creating personal objectives in appraisals for senior leaders and managers to work across divisions and lead improvement initiatives in areas that aren't their own.



CI Strategy - Our CI Strategy will be shared in various mediums including film clips to support in building a shared ambition across the organisation of CI and what we are aiming to achieve.



Opportunities - We want to create opportunities for everyone to be involved in CI projects and contribute ideas and learning that will drive improvements. We believe being involved in Improvement is the best way to build a CI culture, supported through learning and capability building.



Celebrating Success - It is extremely important that we recognise and celebrate all the successes achieved by teams contributing to CI work. The CI team will develop a platform for all CI work to be shared and socialised internally and externally, recognising those who have enabled improvements. Our strategy outlines a number of other key drivers which will provide further support and infrastructure to enable staff across LTHTR to build their CI capability and lead improvement.



Delivery



Programme Design & Delivery

Continuous Improvement programmes will be delivered at three levels (macro, meso & micro) all with robust improvement methodologies appropriate for each level and programme.

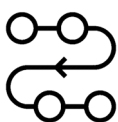


- **Each programme** design will commence with a review of the literature in collaboration with the library services to ensure they are evidence based.
- **The programmes** will be co-designed with frontline teams who are delivering the services with a patient and staff focused outcome at their core.
- **Assessing the context** and readiness for improvement will form part of the design process using tools such as the Model for Understanding Success in Quality (MUSIQ) framework. This will help to inform the CI team to gain maximum success for the programme.
- **Each Continuous Improvement** programme will have an aim, driver diagram, project outline, recognised CI methodology, baseline measures, a measurement and evaluation plan
- **Delivery of the CI programmes** will be tailored to fit the circumstances of the programme utilising a variety of approaches such as: Break Through Series Collaborative to individual support, guidance and coaching maximising the use of technology to help achieve the greatest benefits.



System Level (macro)

Trust wide improvement programmes
Integrated Care System (ICS) Improvement Collaborations



Pathway Level (meso)

Flow Coaching Academy (FCA) programme delivery
Supporting pathway level improvement



Local department and ward Level (micro)

Micro System Coaching Academy (MCA) programme delivery
Supporting local level improvements and standardisation



All programme results will be disseminated and shared making the best use of Trust informatics and media.

Larger scale improvement programmes will be written for publication or submission in peer reviewed journals.



Delivery



Programme Design & Delivery

An integral part of our Continuous Improvement (CI) strategy is to engage with our patients, relatives, carers and service users; listening to and working with them to further enhance the services we provide. Whilst we continue to make progress as an organisation to understand what matters to those who access our services, there is more work to do ensuring we are more responsive to the needs of our service users. CI provides an opportunity to work with our patients to identify and improve the important things that really matter to them.

Whilst LTHTR has a wider Patient Experience Strategy, the CI strategy seeks to complement this and support the delivery of the organisational plan(s). CI can provide the platform for quick, responsive and meaningful innovations undertaken in the areas our patients identify. This means that our frontline staff can address such experiences and apply CI methods which will enable them to act sooner and seek immediate feedback from the things they are testing.

According to the Kings Fund (2017) “Learning and quality improvement are dependent on continual patient input – innovation is most likely where patients’ views and feedback play a strong role”, therefore, we are committed to using CI methodology to work towards improving the services we deliver.

To make this happen, we must seek the expertise of our patients when designing new improvement initiatives to ensure that they are at the heart of the work we undertake. The purpose of this is to:

- Use real stories and experiences
- Identify best practice
- Recognise gaps in our services
- Continuously look for ways to drive forward our services
- Collect feedback on a regular basis, in real-time and apply CI to address this

Patient safety is a priority of LTHTR and therefore, working in partnership with our patients, relatives, carers and service users to understand their views and experiences will only help us to improve as an organisation.



“We are guests in our patients’ lives”
Donald M Berwick





Delivery



Programme Design & Delivery



Assessing the context and readiness for improvement will form part of the design process for all of our improvement programmes. Using tools such as the MUSIQ framework will help to inform the CI team to gain maximise success from every programme.

The Model for Understanding Success in Quality (MUSIQ)

There are many factors which can impact on the success of an improvement programme such as, **the team, the microsystem in which they function, QI support, capacity, leadership, internal and external environmental and organisational factors.**

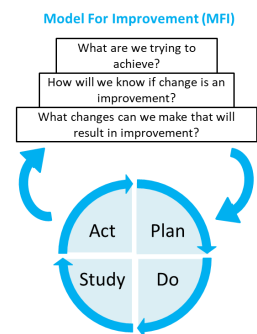
The MUSIQ tool is a way for teams and individuals to assess these factors through a series of questions which generate a score to identify where additional support may be needed to make quality improvement efforts more effective. The CI team will use the MUSIQ tool to ensure that anyone starting an improvement journey has the best chance of success by having the correct supporting factors in place from the start.

Once we have accessed a teams readiness to carry out an improvement programme we will support them to work through key questions in **'The Model For Improvement'** ensuring the improvement programme has each of the following CI methods and tools:

Aim: Improvement requires setting aims. The aim should be specific, measurable and time bound. Agreeing on an aim is crucial; so is allocating the people and resources necessary to accomplish the aim.

Driver Diagram: A driver diagram is a visual display of a team's theory of what "drives," or contributes to the achievement of a project aim.

Baseline Measures, Measurement Plan: Measurement is a critical part of testing and implementing changes; it provides a feedback loop to the work and changes being made. Tracking measures and data over time in an SPC or Run Chart is a simple and effective way to determine whether the changes made are leading to improvement, and allows us to evaluate the impact of our work.



Our CI Tools are available on the Trust intranet site:

<https://intranet.lthtr.nhs.uk/improvement-tools-and-techniques>



Delivery



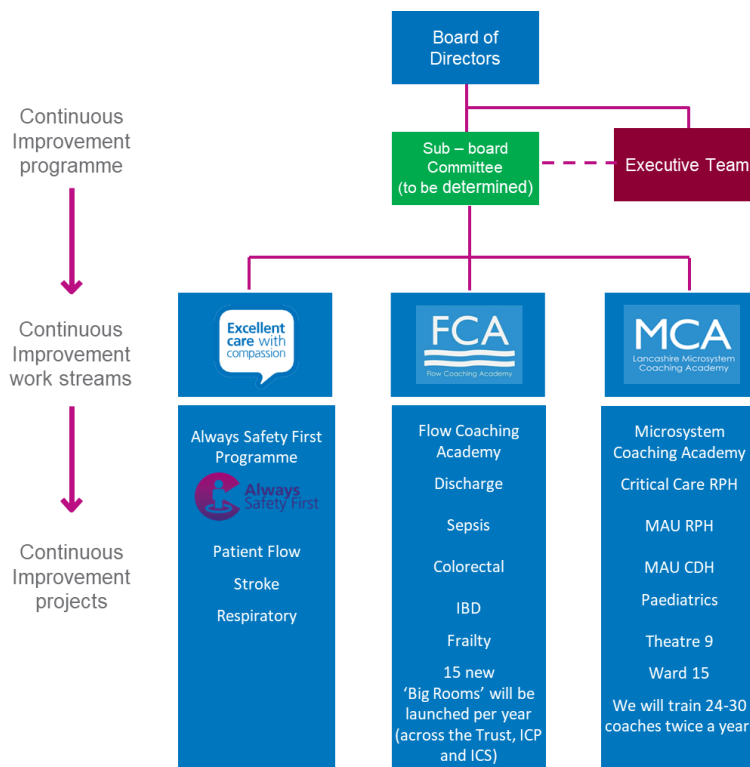
Programme Design & Delivery

Governance

Given the strategic importance of the Continuous Improvement Programme and the fact that it spans across quality, workforce, education and finance, the Board will oversee our large scale improvement programmes. The Continuous Improvement Programme will be visible throughout the organisation through safety and improvement huddles and the STAR (Safety Triangulation Accreditation Review) ward and department accreditation scheme.

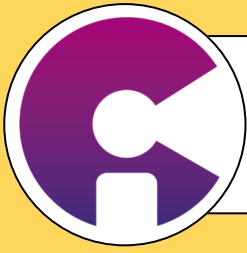


Wards and departments will each have an improvement board and regular improvement huddles. Senior leaders will be connected to the improvement work through the delivery of the objectives outlined in the Big Plan which will see divisions and specialities tracking the delivery of their objectives. The Accountability Framework will ensure that teams are held to account with appropriate levels of freedom and autonomy within the agreed framework.



Over time, each area will have a continuous improvement ambassador and staff will be supported by the Continuous Improvement Team. Staff demonstrating exemplary attitudes to patient care, service delivery and continuous improvement and 'going the extra mile' for patients will be recognised through the Our People Awards.

Diagram (left) outlines the governance structure for the Continuous Improvement Programme.



Delivery



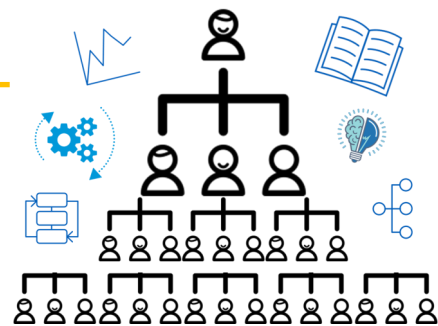
Learning and Skills

Central to the success of embedding Continuous Improvement throughout the organisation is a training programme which provides our workforce with the necessary skills that they need in order to undertake improvement opportunities throughout their day to day tasks.



We are dedicated to offering our workforce a range of Continuous Improvement training opportunities, which will be available and tailored to their requirements. The organisation training programme will be delivered through several varied mechanisms including classroom style and virtual workshops and will be accessible to all members of our workforce.

We want all members of our workforce to be able to practically use Continuous Improvement throughout their professional roles, upskilling them to have a good understanding of improvement science methods. Therefore, all our Continuous Improvement training products will include applied learning, so that staff develop confidence in using the methodology. We will be purposeful in our approach to scaling up the numbers of staff who undertake training and the levels of the knowledge they receive over the next three years. We shall do this through a dosing formula method which will allow us to understand the levels of Continuous Improvement knowledge and skills throughout our workforce.



Example of CI dosing model

Whilst we are a dedicated Continuous Improvement team with specialist knowledge of improvement science, we understand the importance of investing in training and education so that our organisation establishes a culture of Continuous Improvement which becomes core to the way we function.



Delivery



Learning and Skills

Developing a high performing workforce requires ongoing dedication to the enhancement of staff skills and training. As a Trust we have an ambition to develop a Continuous Improvement skill set across our workforce and develop a range of expertise within the improvement science discipline.



The CI team have a responsibility for enabling the workforce to undertake improvement activities and to skill them up with the right knowledge and tools to carry out improvement work within their daily roles. We have developed a Continuous Improvement Building Capability strategy, which highlights our approach to embedding CI knowledge across the entire organisation. Central to this success is our relationship with the Organisational Development team. We will work closely together to strengthen our educational programmes to enhancing CI expertise throughout our workforce; **from medical leaders, to nurses, to administrative & clerical roles to our domestic teams**. The Trust firmly believes that improvement is everybody's role, therefore our commitment is to provide accessible training to everyone through a variety of mediums and methods.

Using our dosing formula we will ensure that every member of staff has a foundation knowledge in improvement science methodology, and is able to apply these methods to continually improve the quality of care and experience we provide to our patients and service users.

Our in-house training programmes will create a critical mass of change agents who will have the ability to apply their CI knowledge within their roles and departments.

Through our recognised and robust Flow Coach Academy and Microsystem Coaching Academy, we will develop improvement coaches, who can teach others how to utilise improvement science methods, enabling continuous improvement to go beyond our dedicated team. Finally, we will have access to a small number of improvement experts, who have trained intensively for a period of time, obtaining knowledge through world renowned improvement leaders and organisations such as the Institute for Healthcare Improvement (IHI).



We have confidence in our approach, working with system partners to create new networks, we will endeavour to create a culture of learning and innovation through this method.



Delivery



Measuring Improvements

Measurement is vital in all improvement work as it acts as a feedback loop to understand the impact of the improvement efforts being carried out. It provides us with evidence and answers the question: *'Are our changes leading to improvement?'*

Despite this, measurement and data does not always engage everyone and is often overlooked or forgotten about in the rush to make changes and develop better ways of working. The Continuous Improvement team aims to ensure that all CI programmes delivered have the ability to measure and track change in outcomes over time through a range of statistical tools and methods. However for this to be effective we need to follow the key principles of measurement for improvement, but also use measurement in a way that is engaging and influential for staff at all levels across the organisation.



Measurement for improvement has a very specific approach, it's characteristic are geared toward understanding change overtime in processes and outcomes rather than judgement or accountability i.e. meeting a target. This is especially useful for quality improvement work as we are working to test changes and make small gains over a period of time using data as our feedback loop. It follows a strict methodology suited to Improvement Science. However this is a very different approach to most measurement techniques more commonly used across healthcare and the NHS and it can often feel uncomfortable or counter intuitive for teams new to improvement.

Measurement for improvement is primarily focussed on understanding change over time and the variation within our processes. These are not the only questions that measurement for improvement techniques seek to answer, but they are the most fundamental questions for any quality improvement work. Through bespoke training session and coaching the CI team will build capability across the organisation supporting the correct use and interpretation of measurement for improvement from board to ward.

“ If you can not measure it, you can not improve it ”

Lord Kelvin



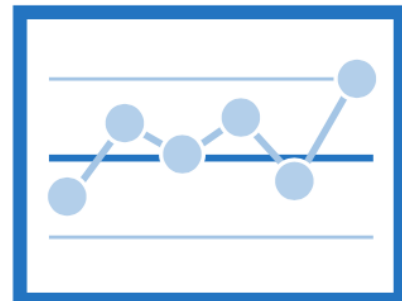
Delivery



Measuring Improvements

As an organisation we have an opportunity to be more mature with the way we collect and use our data. When collecting data for improvement it does not need to be an exhaustive data set. We are looking for data that is 'just enough' to understand change over time, the impact of our work and if we are sustaining our results. We need to ensure that all our time and resource isn't taken up by collection of huge data sets that don't add value or aren't being used. The CI team will work closely with key stakeholders across the organisation to develop a number of dashboards and online measurement suites that are fit for purpose and will allow teams to use their data to drive their improvement. Equally, the CI team will develop their own dashboard and measures to track their progress and outcomes towards the successful delivery of this strategy.

Visualisation of data to understand our improvement approach is very important. It allows us to see patterns and learn from our data in a way that looking at raw figures simply doesn't allow. We use Statistical Process Control Charts or a Run Charts to visualise our data. These tools allow us to understand the difference between '*Common Cause Variation*' and '*Special Cause Variation*', which are important questions to explore in our improvement work and give us the ability to statistically determine improvements or changes in our outcomes.



Data can also be a powerful tool to engage people with improvement. Good data visualisation techniques can support to connect people and teams to understand the opportunities, evidence and outcomes of a project, which can help to drive engagement. It also allows us to triangulate quantitative and qualitative data in way that best supports learning and understanding of our continuous improvement work.

We will work with the Business Intelligence (BI) team to ensure that all data used to inform and drive our CI work aligns with these principles, and is accessible, engaging and fit for purpose, providing the necessary learning required for our projects or programmes.

The CI team's approach will ensure that staff have the skills and understanding to:



- **Access the data**
- **Understand and interpret data and charts**
- **Apply the learning from the data to the context of their individual area.**



Delivery

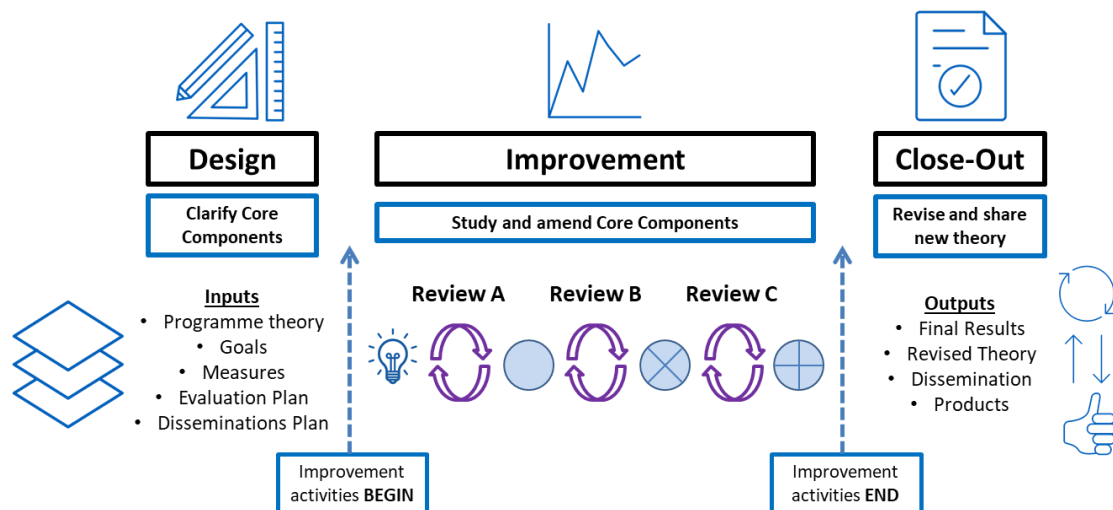


Knowledge and Evaluation

It is essential that we learn from what we do. This is particularly important in Continuous Improvement where we are testing new processes and ways of working in complex environments.

We will embed evaluation into all of our core delivery, ensuring that we capture the knowledge and learning from everything we do. Improvement does not happen in a vacuum and we want to understand the 'vital ingredients' that may have made a particular project a success. This will help us to scale up and transfer our efforts across the Trust successfully, where relevant to do so.

We will gather this learning 'as we go', rather than wait until the end of a project. This means we will be able to feed the learning back into our projects in 'real time', aiding their ongoing development and helping us to avoid wasting time on things that aren't working. This 'Rapid Cycle Evaluation' approach is demonstrated in the diagram below.



Adapted from the IHI rapid cycle evaluation model

We want to share our learning widely, with both staff and patients at the Trust as well as with our colleagues across the local health and care system, and beyond. We will seek to create publication from our work so that we can spread our improvement learning across the NHS and healthcare systems, celebrating the contributions and efforts of colleagues across the Trust who are supporting our improvement work.



Delivery



Knowledge and Evaluation

By evaluating our programmes of work, and understanding the context within which things have worked, we will be better placed to successfully scale up and spread our improvements to other areas of the Trust.

We want to share our learning widely, with both staff and patients at the Trust as well as with our colleagues across the local health and care system, and beyond.

Published evidence helps us to learn from other's experience which is of particular importance for Continuous Improvement (CI) where we are constantly testing new ideas and methods. It is widely recognised that there is a gap in information published on the methods and experience of CI implementation – *e.g. 'how we planned and adapted what we did to achieve a reduction in X'*. A core strength of our evaluation approach is that we are focusing not only on capturing the outcomes, but the context which will provide a unique and often neglected perspective.



We will link in closely with our academic colleagues within partner universities to provide advice and guidance on our strategy and publication targeting, and will use the Standards for Quality Improvement Reporting Excellence (SQUIRE) guidelines, which provide a framework for reporting new knowledge about how to improve healthcare. Our partnership with Library Services will ensure that the evidence is embedded throughout our projects, programmes and processes



By sharing our work in publications we can contribute to the successful spread of improvement interventions and prevent wasted efforts on reproducing interventions which haven't worked. It is also an opportunity for us to celebrate and recognise the contributions and efforts of colleagues across the Trust who are supporting our improvement work.



Communications, Digital & Innovation



Connecting, Spreading and Innovating

Communicating and connecting others with the improvement work happening throughout the Trust is a vital ingredient to support the spread of innovation and learning. As part of our CI strategy we will focus on developing our communication method with support from the Trust's central communications team. We will aim to create and utilise multiple platforms and mediums to share the work of CI and allow everyone the opportunity to interact and connect with improvement work.



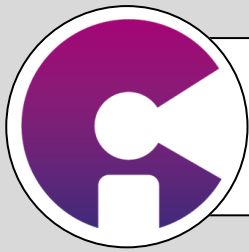
CI Website / Social Media / Publications & Blogs / Films & Posters / Visual Display



Digital by default is a notion that many organisations, including the NHS, are aspiring to be. As we progress in becoming paperless and utilising more digital systems its important that we exploit these opportunities and look for ways to use technology and digital solutions to accelerate our improvement efforts and ambitions. The CI team will work closely with BI and IT to look for opportunities and synergies within our improvement work to promote digital innovation and connectivity.

Innovation can be defined as the creation or development of a new product, process or service and implementing it successfully. As we become an organisation with a truly embedded CI culture we want to promote the development of new ideas and creativity amongst work force. The CI team will actively encourage teams and staff to challenge the 'status quo' and look for opportunities to develop new and innovative ways of working, drawing on the latest evidence and research.





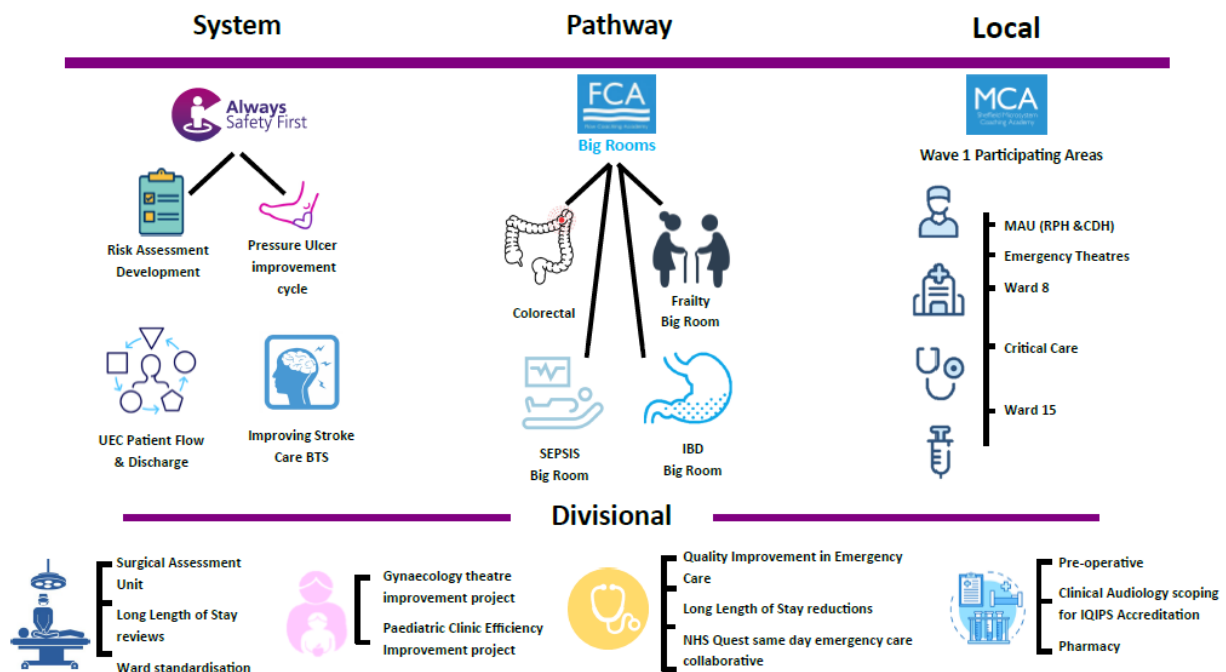
Programmes



Overview of Programmes and Projects

CI has started to flourish across the trust with a number of programmes and projects already established. A unique part the trusts CI work is our approach to delivering 'System', 'Pathway' and 'Local level' improvements. This multi layered approach breaks down organisations improvement priorities and allows focused programmes and projects to be delivered, tackling change at the **right** level and utilising the **right** improvement approaches.

The image below highlights our multi system approach and our three core programme delivery mechanisms and some of the early projects within them:





Continuous Improvement

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