Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS FT

Quality Improvement Strategy

2021 to 2024

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1. Introduction

Derbyshire Healthcare NHS FT provides mental health, learning disabilities and substance misuse (drug and alcohol) services, as well as a wide range of children's services across Derby city and Derbyshire County. It employs more than 2,400 staff operating from a number of community bases across the whole of the county, serving a combined population of over one million people.

Our previous 2018 strategy looked to introduce evidence-based quality improvement methodology as standard, and build co-production into its core, recognising the value that those directly involved in giving and receiving service, are best placed to improve it. That strategy started to create the conditions for continuous quality improvement which this new strategy looks to build on.

This new strategy provides a framework setting out our ambition to deliver the best outcomes for our workforce and the population we serve. It will be underpinned with systematic, organisation-wide programmes to ensure that continuous improvement happens at scale and as part of our every-day way of working.

2. Our Ambition

Our ambition is to create the right conditions for staff and teams, and people who use our services, to feel empowered to develop and improve the services that they provide, in partnership with system partners and others who will be affected by any changes.

To achieve this the trust leadership Team and Trust Board will commit to the principles of continuous quality improvement. We aim to:

- Develop a culture where people in any role or EQUAL partners in the trust feel that their ideas are welcome, considered, and can make a difference.
- Have systems in place that hold and oversee quality improvement priorities and initiatives at a local level, to be overseen through appropriate mechanisms, proportionate to complexity and risk and that provides the best conditions for success, innovation and improvement.
- Support local clinical leads and operational managers to progress with quality improvement initiatives, with access to quality improvement methodologies and additional support if required via the trust transformation function, Nursing & Quality Team and Research and Development.
- Invest in our people whilst developing and enhancing trust capability through training, coaching and mentoring, supervision and peer development.
- Promote continuous quality improvement through the development of a quality improvement network and by sharing and showcasing developments through planned events, social media and other means.
- Continue to nurture a culture of learning and understanding that initiatives will inevitably might not go as planned. The Trust culture will support the exploration of improvement and recognise that Quality improvement is about trying, succeeding or failing, and reflecting and learning from things that are successful and not.
- Nurture a shared commitment to a model of continuous quality improvement at all levels. Learning and exploration are seen as important to the Trusts strategic objectives, and growth through learning is nurtured.

3. How we Define Quality

We believe quality improvement is about improving the safety, care and experience of patients, improving the ways in which we work as well as making it a great place to work, and about making the best use of our resources to build a sustainable future.

Our approach to quality improvement lives the values of the trust and serves as an enabler for the trust's strategic aim to make a positive difference to the people of Derbyshire.

Living the values means we put people who use our services at the centre of everything we do; we respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment; we are open and transparent in all we do; and we work closely with our partners to achieve the best possible outcomes for people.

4. Creating the Right Conditions for an Improvement Focused Trust

We are all aware of the challenges facing the NHS at the current time. True improvement work that brings with it enhancements to the quality of what we do, to our staff wellbeing, and to how we spend the money and use the resources available to us, can only be developed in partnership with those across every level in the organisation.

Across the Trust, we have people who are employed by us, people who use our services, and people in our communities who support our work, who all bring a wealth of expertise and experience. We want to tap into this expertise and experience and make the most of the opportunity to find new and improved ways of approaching our work, and how we can best make a positive difference.

Leadership is key in creating the right conditions for continuous quality improvement. Leadership will:

- Be clear about the importance of quality improvement as a learning process and as an application of its methodology in our everyday work.
- Encourage autonomy and ownership of the quality improvement process where the quality improvement opportunity exists.
- Set realistic goals and be clear about how they are measured and evaluated, maintaining adherence to quality improvement principles and the trust's quality aims.
- Recognise good quality sustainable improvement is underpinned by diversity of thought and that this comes from an inclusive, diverse workforce and engagement with our partners that brings a richness in expertise, experience and understanding to the quality improvement work.
- Facilitate the sharing and learning from practice both internally and externally and use this learning to develop our people and their capability to innovate and explore opportunities.
- Review and build infrastructure for quality improvement to continue to flourish; that this recognises the importance of equality of opportunity and development within a diverse workforce.
- Seek investment and training in quality improvement for the further development of the workforce in line with the pandemic recovery and then annual commitments.
- Ensure Board leadership through action that supports quality improvement, signalling commitment to the ambition.
- Embed improvement initiatives in the use of new agreed improvement methodology, that are logged within and utilise our new quality improvement platform and resources and achieve improved care and outcomes.

5. Measuring the Quality Improvement Process

The NHS is founded on a common set of principles and values that bind together the community and people it serves – patients and public – and the staff who work for it. In its constitution (updated January 2021) it states 'It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works to the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.'

The Health Foundation (April 2021) consider improving quality to be about 'making health care safe, effective, patient-centred, timely, efficient and equitable' and also that it is about 'giving people closest to problems affecting care quality the time, permission, skills and resources they need to solve them'.

Measuring quality against a range of agreed metrics enable us to know how we are doing, what we are doing well, and how and where we need to do better. We welcome strong regulation and inspection from NHSEI and CQC to ensure we are meeting fundamental standards of care and equity of outcomes for all. Our regulators consider the processes we have in place to support learning, continuous improvement and innovation. We believe delivery of this quality improvement strategy will:

- Strengthen performance and management in relation to our CQC rating.
- Support the achievement of our annual quality goals.
- Help track performance against key quality targets at all levels of reporting.
- Support actions to reduce inequalities and improve outcomes and experiences for people working for us and for those who use our services. Particularly this will positively impact standards relating to WRES and protected groups.
- Set quantified and measurable goals in relation to the trust strategic aims of providing great care, being a great place to work and making best use of money.
- Support the achievement of financial sustainability through more efficient, effective processes and reduced waste.

Across the entire programme of quality improvement being coordinated and supported through the trust's quality improvement process, there will be hundreds of projects and each will have an identified owner and sponsor as per the system design to provide primary oversight. Many projects can be progressed at a local level, but some will be of sufficient scale, risk or value to necessitate a secondary or higher-level oversight and sign off. Those that do will be identified on a linked transformation programme platform managed by the transformation function as part of programme management responsibilities and defined with a lead executive sponsor and a quality improvement sponsor and subjected to greater levels system oversight relating to Equality and Quality Impact Assessment, risk mitigation and management and financial control.

5.1 Cost improvement

It is the case that our quality improvement process fundamentally seeks to improve care and outcomes for our patients as well as improve the way in which our activity is done, to make work and the workplace better; it is explicit in that. It is also the case that in doing these things we may become more efficient and use our resources better. Where quality improvement brings about reduced expenditure as part of its outputs, it may be considered in financial plans to assist with the financial sustainability of the trust.

Historically the development and monitoring of trust cost improvement plans have been the remit of Business Improvement and Transformation, through the transformation function. This one function driving the often-perceived dual agenda of continuous quality improvement and cost improvement has led to confusion and challenges in previous strategic cycles. This strategic cycle sets out a change in that quality initiatives which identify financial improvement, will recognise it as an important contributor to trust financial sustainability and measure, monitor and evaluate it as with other measures in an evaluation process; making dashboards and reports available as required.

Improvement plans will have defined primary and secondary outcomes and often these outcomes are interconnected and not distinguishable. Any improvement plans without a quality objective as a secondary aim will not be managed within the trust quality improvement systems and process.

6. Our Quality Improvement Framework

6.1 The principles of our quality improvement model

Our quality improvement principles are based on patients being at the centre of all decisions made within the Trust; that they are kept safe, are protected from avoidable harm, that they feel well cared for and that they are treated with compassion, dignity and respect in a clear, safe and well led environment. These principles are embedded in our improvement model in order that they inform our work:

- Developing a shared purpose and working together. Quality Improvement initiatives should begin by bringing together the people, building the multi-disciplinary team and engaging with stakeholders to think about the problem or opportunity and the aims and outcomes to be achieved.

- Understanding the problem or opportunity well involves further investigation using different methods and tools such as reviewing literature, collecting baseline data, understanding the local context, processes and culture. In undertaking effective diagnosis with evidence based questioning techniques, cause and effect analysis and process mapping we can clearly state, communicate and maintain focus on what are we trying to accomplish.

- In being clear in what we are trying to accomplish, we know what we want to see as a result of any changes, we in turn know what we can measure and what metrics and values matter in relation to baseline data and predicted trajectories. Formulating a measurement and evaluation plan that identifies what is to be measured, when and how enables us to know cause and effect; whether the changes we are making are leading to the improvements we want.

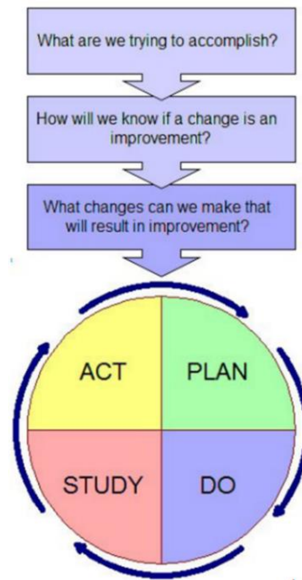
- Exploring the problem or opportunity in detail and considering what improvement will look like in terms of associated measures, leads to consideration of what changes can be made to bring about the improvement. This can be a creative process of design and test, with ideas coming from numerous obvious and less obvious sources (recognising the power of diversity of thought, objectivity and not knowing what can't be done) and utilising evidenced based tools such as driver diagrams.

- Implementing an idea may be clear or it may involve testing cycles. In any case there will be a plan of implementation followed by evaluation. The evaluation may identify a need for adaptation to the plan and further cycles of evaluation before a plan is adopted, or it might conclude to abandon the activity if criteria is not being sufficiently met; failing is a known and accepted aspect of innovating, and abandoning an idea is an important and required step in a quality improvement process.

- Learning from successes (and failures) is important and a key principle of our quality improvement framework. For successful initiatives it enables greater realisation of benefit across the trust and wider system through scale up and spread and builds upon the platform from which continuous quality improvement becomes firmly embedded in our culture.

6.2 The Model for Improvement is a framework for accelerating improvement

We undertake quality improvement work using our principal methodology of PDSA (Plan, Do, Study, Act) aligned to NHS Improvement recommended approach. Central to this approach is robust diagnosis, good planning and effective measurement and evaluation.



The model is based on three fundamental questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

Any effort to improve something should provide the answers to these questions.

Where appropriate, more advanced approaches can be adopted, and these are supported by identified trust expertise in quality improvement. The use of more advanced approaches might be where there is greater need for service redesign for example and methods considering lean principles, process and value stream mapping can be applied. In any quality improvement situation, an appropriate technique and combination of tools will complement to form an effective approach.

Supporting the trust quality improvement framework is **LifeQI** healthcare improvement software, which is an established and recognised (in the NHS and wider-health sector) web-based platform to run, organise and manage, and analyse and track quality improvement work. It contains templates for commonly used QI tools such as PDSA and driver diagrams as well as an extensive suite of measurement and evaluation tools. It also supports reporting functions related to project progress, QEIA and risk management.

6.3 Further development of the quality improvement framework

In this strategic cycle, we will explore greater working with recognised providers of evidence-based quality improvement systems and methodologies, seeking to further build and strengthen our expertise and capacity. Of particular focus will be the acquisition of a quality improvement management system and the commissioning of multi-layer organisational training.

In addition, we will work together with JUCD (Joined Up Care Derbyshire) and system partners in the further development and operation of the system quality improvement approach. There will be opportunities to adopt common processes and explore the use of single systems as well as join up training and align ongoing development work.

6.4 Roles and responsibilities

Everyone has a role in quality improvement. There are some positions with particular areas of focus and responsibility however, which have significant influence in maintaining an effective trust-wide process. These are typically (but not limited to) the roles of the CEO, Executive Leadership Team, Director for Business Improvement and Transformation, Quality Committee, Director for Nursing & Quality, Medical

Director, Medical Education, Research & Development, Service users and associated groups, Team Managers and Leaders and Transformation and Programme Delivery.

The **Chief Executive Officer** will ensure employee adherence to legislation, guidance and policy through appropriate management chains.

The **Executive Leadership Team** have the responsibility for ensuring that the services they are responsible for are delivered in line with the quality requirements and strategy of the organisation. In particular, they will set expectations and create the conditions for continuous quality improvement to grow.

The **Director for Business Improvement and Transformation** has responsibility for ensuring there is an effective quality improvement strategy agreed and in place, and that appropriate structures, systems and processes established for its delivery. This person is the SRO for Quality improvement

The **Quality and Safeguarding Committee**, as a formal sub-committee of the Board of Directors, has been established to oversee quality and safety and shape quality improvement strategy, within the Trust, and to provide assurance to the Board that appropriate and effective governance mechanisms are in place for all aspects of quality including patient experience, health outcomes and compliance with national, regional and local requirements.

The **Director of Nursing and Quality** is the joint director for Clinical practice and oversight of Quality. This person is the lead director for Quality and Safeguarding. This portfolio considers quality planning, and quality assurance and compliance. Innovation and improvement are a key element of the work and as such nursing and quality aims interface and influence continuous quality improvement and share common methodologies and tools for their respective aims.

The **Medical Director** is the joint director for Clinical practice and oversight of Quality. The Medical Director is the lead director for Patient Safety, Research and Audit.

The Medical Director oversees the **Medical Education** department including Tutors and Clinical and Educational Supervisors, have a responsibility to promote the skills, behaviours and knowledge of improving service delivery and quality as a core part of professionalism for all Doctors as laid out by the GMC and the Royal College of Psychiatrists. We will facilitate Training and Appraisal of all Doctors who have Formal Trainer roles. And we aim to develop strong QI links with all individuals and professional groups so to help Trainee Doctors to develop key QI skills of:

- Systems thinking understanding the dynamic relationships and interactions within a system
- Stakeholder involvement
- Diagnosis and discovery around a potential service improvement issue
- Leadership and team working in service improvement
- Knowledge of key elements of project management for service improvement
- Rapid cycle testing and learning
- Measurement over time (quantitative and qualitative)
- Scale up, spread and sustainability, including handover of role in a project.

Our Trust recognises that the above are key and that completing a meaningful QI project with outcomes is challenging in training posts, but sometimes participating in or even leading part of a project and learning from doing so is adequately supported depending upon level of Trainee seniority and their curriculum needs. The Educational department will ensure that Trainee Doctors QI projects will be triangulated with the relevant Clinical Directorates.

The Medical Director oversees **Research and Development** has responsibility for quality improvements through the conduct of Research, Evaluations and Clinical Audit with the aim of encouraging evidence-based practice. The Library and Knowledge Services also enables improvement for positive impact on health care quality. The team will build on existing knowledge and skills of systematic approaches to enquiry, methodology, measurement, data and analysis and implementation. It will support and facilitate clinical leads, teams and services to start by defining the quality question first, then to pick the right methods to understand the issue before moving on to identifying and testing possible solutions using the

model for improvement. It will continue to support Clinical Audits as a quality improvement tool to measure and improve practice, shifting more to the use of Quality Improvement methods to achieve better outcomes and impact from Clinical Audit.

Service users and associated groups such as the EQUAL Patient and Carer forum have a role in quality improvement through meaningful engagement and reporting on service experience, and the effective participation in the co-design, co-production and development of services.

Team managers and leaders are responsible for providing a quality improvement focused leadership as well as implementing quality improvement priorities, establishing local areas for improvement, and supporting the work of their teams in quality improvement initiatives.

The Director for Business Improvement and Transformation oversees the **Transformation Team** which has responsibility for managing the quality improvement system, which is both the quality improvement methodology and approach, as well as the platform for information capture, storage and sharing. The Transformation Team also oversees training in quality improvement methodology in this strategic cycle, progressing the planned procurement of organisation wide multi-layer training as well as the design and delivery of tailored in-house training and coaching offerings in line with the trust principle PDSA based methodology.

The Transformation Team works with the **Communications Team** across multiple channels to ensure that trust colleagues, partners and stakeholders are informed on quality improvement activity and plans, and that effective ongoing dialogue and engagement is maintained.

7. Sustaining Quality Improvement and Building Capacity

Building organisation-wide commitment to quality improvement requires committed leadership, resources and a sustained focus over time. It needs to be part of the culture of the trust, how we think and what we do on an everyday basis.

The building blocks for this are:

- Common quality improvement language - There is widespread understanding of our approach which becomes embedded in the way we do things.
- Staff empowerment – We live the values of the organisation and everyone’s contribution is valued. We will work hard to ensure that previously under-represented groups in quality improvement work have an equal role.
- Co-production - In developing a team approach to quality improvement, service users, carers and the public should be included as equal partners in our approach to improving care.
- An organisation-wide quality improvement programme – involving ‘the use of a systematic method to involve those closest to the quality issue in discovering solutions to a complex problem’ which is different from improving quality through routine assurance and control processes.
- Addressing inequalities – which involves proactively identifying biases within existing systems and processes that lead to the differential experiences and outcomes for particular groups and communities.
- Quality improvement priorities linked to strategic aims – Everything we do is to make a positive difference to our communities and is evaluated relative to improving care, being a great place to work and making the best use of our resources.

7.1 Building capacity

We recognise for quality improvement to exist in our culture and ways of every-day working in the long-term, we need to further build capacity, maintain critical mass, and enhance our future workforce. Activities to further this include:

- Agreement and fidelity to our Quality Improvement method. There is strong evidence that shows uniformity and the use of an explicit improvement methodology, that is consistently applied and repeated throughout the organisation is integral to effective quality improvement approaches.

- Visible leadership of Board and the Executive Leadership Team and the display and modelling of Quality Improvement behaviours to enable them to be an effective sponsor of others undertaking improvement activities.

- Setting annual targets and ensuring staff have training in quality improvement methodology through a multi-layer training offer to embed Quality Improvement into daily working.

- Establishing a 'time bank' and giving people the capacity (time) to carry out Quality Improvement work. This considers incorporating QI activity into job plans in order that trained staff have genuine opportunities to progress ideas within their own teams or others. This protected time also assists with staff professional development, bringing variety and interest into particular roles, and building critical mass in organisational quality improvement skills.

- Target key service-level leadership and managerial roles as part of the Quality Improvement training programme. This considers where there are current challenges or quick wins to support and embed the quality improvement approach, as defined in the implementation plan.

- Ensure that people with lived experience of our services are offered and access Quality Improvement training programmes.

- Evaluate the quality improvement training offer regularly and adjust the programme where necessary and to meet changing needs. Training will ensure capability and confidence to deliver change through quality improvement being available to all. This includes through induction, advice and training, and coaching.

7.2 Sustaining capability to innovate and improve

Sustaining capability in the long-term is a challenge for any quality improvement strategy. Past experiences have shown us that training staff in quality improvement technique, in itself (or any training for that matter) is not enough to embed the learning in culture and everyday practice. There are numerous examples of staff being trained in new techniques across many subject areas to then return to the workplace and not put that training to use beyond the short-term if at all. This can be because the training happens outside of a wider plan which would otherwise integrate it into a different way of working, or it can be because a particular structure hinders uptake, and the skill and capacity is not in the area where it could bring benefit.

Reasons can be many but to influence behaviour and embed capability in the long-term, it must be considered in conjunction with the related components of opportunity and motivation. Capability determines a person's capacity to adopt the method, whilst opportunity relates to external factors impacting on an individual that make it possible for them to do. Motivation considers the thought processes of the individual and the value they place in the outcome. The interaction of these components is what Michie (2011) identifies as a significant element of behavioural change and the associated COM-B model forms a recognised element of the NHS and Health Education England workforce development toolkit.

Crucial to sustaining capability is **enabling the opportunities for staff to utilise their skills in quality improvement methodology**. In this strategic cycle we will look to practical and innovative ways in which this can be done. We will explore:

- Building continuous quality improvement into job descriptions and job plans.
- Ring-fencing time in people's capacity which can be dedicated to quality improvement initiatives, particularly where non-clinical functions can provide quality improvement support to clinical services.
- Developing a quality improvement directory identifying individuals' skills, experience, areas of interest and agreed available capacity which can be openly accessed to acquire quality improvement input to an idea or project, either from their own area or other areas according to requirements and preferences.
- The further development of a quality improvement community across multiple forms of media e.g. webpage, intranet, social media, and physical presence at events, where information and stories are shared and where learning and peer support happens.

In creating opportunities and space for capability to be applied, it moves to address the component of motivation. When people are equipped with skills and are able to utilise those skills to achieve an aim, they are motivated to try where they see value in the outcome. When the outcome is a combination of improving care, improving work and the workplace, adding to the long-term sustainability of the trust and feeling valued and invested in, motivation follows.

7.3 Developing an award for innovation and quality improvement

Recognition and reward are key outcomes in embedding quality improvement. Reviewing the quality visits model to enable a direct encouragement, positive enquiry into improvement has been a key pillar of Quality visits up until 2020. This model will be revisited in this strategic cycle as requested by the Trust Chair.

7.4 Ongoing training in Quality Improvement

In progressing our plans for a sustainable approach to quality improvement we have come to appreciate the demand on individuals' and teams' time and recognise the value external partners and providers of systems and training can bring to complement trust resources. The utilisation of external capacity and expertise is something in this strategic cycle we will look to undertake in our aim of developing sustainable critical mass.

In Spring 2021 the trust Transformation Team developed and rolled out quality improvement training as part of the DHCFT/DCHS combined organisational development offer within the **Aspiring to Be** leadership programme and the Quality Improvement **Masterclass Series**. Both of these programmes run twice per year with up to twenty delegates. It also introduced QI principles to the **trust induction** in order that everyone joining the trust receives a short introduction to our methods and approach and can be linked for further information and development as required.

In Autumn 2021 we arranged the first cohort of practitioner training in **Quality Improvement and Service Redesign (QSIR)** by the Chesterfield Royal Hospital QSIR Faculty to take place in January and February 2022 for up to thirty staff shared evenly from across DHCFT and DCHS. QSIR is a recognised multi-level quality improvement approach and is the approach of choice by the Derbyshire system for quality improvement and transformation work from 2022.

Currently there is no direct financial cost for QSIR training as it is provided by system faculties with associates to the NHSE QSIR College. Essentially, organisations develop practitioners of which some, with a higher level of training, go on to become associates to the QSIR College who then commit to train others in their organisations and systems. Whilst the training is provided free of charge, there are considerations relating to the demand on capacity to provide training and in turn the pace at which this type of training can be rolled out.

In this strategic cycle DHCFT will develop QSIR practitioners and further, seek to develop associates to the QSIR College. This will enable the ongoing provision of a recognised quality improvement training offer to trust staff and system partners and the consideration of DHCFT becoming a recognised QSIR faculty.

In addition to QSIR and to complement it, the trust in late 2021 will explore the **procurement and purchase of training from an external provider**. This will be to meet specific trust needs relating to quality improvement strategic planning, and to develop multi-level quality improvement capability in the trust at a faster pace than the current local system QSIR faculties (Chesterfield Royal Hospital and University Hospitals Derby and Burton) are able to commit to.

The provider selection process will progress in November 2021 with the aim of acquiring multi-level training from fundamental level, through practitioner, to more advanced and expert. Examples of fundamental training indicate between 500 and 1000 staff can be trained in year 1 through on-line or 1-day training offers, to 250 to 300 staff at practitioner and more advanced levels. The financial cost for this training is in the range of £50,000 to £100,000 subject to scale, pace and ongoing support.

This approach will deliver capability and capacity in at least two recognised and complementary quality improvement methodologies. The growth in QSIR albeit at a slower pace will allow for a longer-term

sustainable and affordable quality improvement training solution whilst the potential procurement of training from an external provider will provide a short to mid-term solution.

8. Governance

Improvement comes from change and change often comes with risks; that an idea might not work. A degree of risk taking therefore is necessary for an effective quality improvement process. That stated however, there are mechanisms built into good quality improvement processes to protect against or mitigate risk. These are mechanisms such as quality and equality impact assessments and risk assessments embedded into the process as standard and documented within LifeQI and the Programme Management Information System.

It is important for a governance process to ensure that quality improvement processes are identifying, understanding and protecting as much as reasonable against risks brought about through the change process. To that end all ideas which are progressed using the trust quality improvement methodology and documented within the trust quality system and / or transformation programme will be evaluated proportionate to scale and complexity.

In this strategic cycle there is anticipated growth in documented projects as a result of the aims of this strategy and the associated activities described within it, further enabled by the ongoing rollout of quality improvement training and opportunities and the utilisation of the LifeQI system which has two hundred licences from 2021 and capacity to increase as required.

With the potential for several hundred projects of varying size and complexity the transformation function will oversee the entire programme. It will ensure projects are supported in quality improvement methodology and progressed in accordance with good LifeQI system practices to maintain an effective fit for purpose process.

Quality improvement initiatives and projects of significant size and complexity, or those with particular value to financial sustainability will be identified as projects with transformation programme status and be subjected to a higher level of impact assessment clearance by the Medical Director and Director of Nursing and Quality and a level of reporting at a Transformation Programme Board.

Reports on trust quality improvement activity and the transformation programme are provided to the trust Quality and Safeguarding Committee for Board assurance.

9. Quality Improvement as Part of a Wider System

We recognise the improvements and changes we make can affect others in our system and wider, but also that those others are on their own quality improvement journeys too and the things they do may affect us. It is beneficial therefore to work closely with our partners to understand their contexts and plans (and share ours) and as much as possible find common ground and opportunities for shared work and learning.

Our approach to quality improvement will consider and support the aims of (but is not limited to):

- NHS regulatory framework and CQC for services which are safe, effective, caring, responsive and well led.
- NHS Long-Term Plan
- NHS Green Plan
- Derbyshire ICS (Joined Up Care Derbyshire)

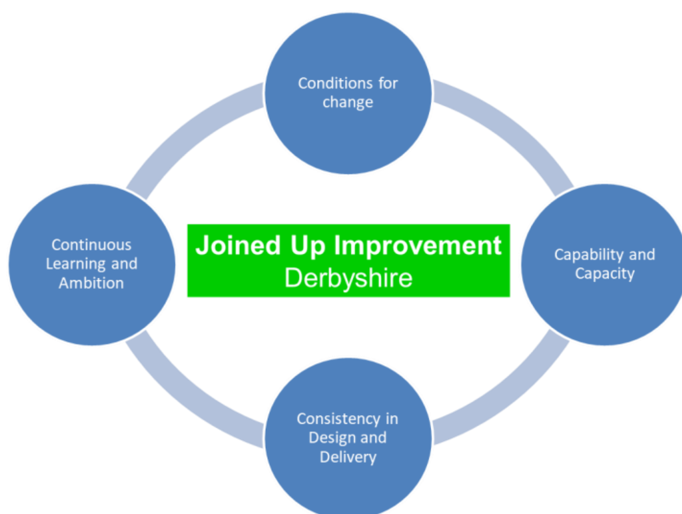
The trust is committed to working with system partners for the benefit of the system. The joined up aims and activities relating to training as outlined in section 7 will lead to the further growth of QSIR practitioners and associates and provide options to grow and expand QSIR faculties in Derbyshire linked to the QSIR College. The QSIR training scheduled for January and February 2022 is the first cohort which introduces delegates from DHCFT and DCHS and will provide up to a further thirty practitioners across JUCD and

there will be further cohorts planned in 2022 and 2023 with the faculties of Chesterfield Royal Hospital and University Hospital Derby and Burton.

We recognise the benefits of common approaches to other aspects of quality improvement and related aspects such as project management, programme management and information systems, and local and system cost improvement plans. In November 2021 JUCD system providers are coming together to begin development on **Joined Up Improvement Derbyshire**. This is an ambition overseen by the JUCD Director of Transformation and PMO which brings together partners to collaboratively develop and deliver change ideas. The purpose is to inspire ambition, foster innovation and build the network, capability and confidence to achieve improvement success. There is a need to bring up to date the form and function of the system PMO and the aim will be to deliver a new PMO that is:

- Strategically focussed and intelligence driven programme.
- Improvement ambitions and interventions owned by all partner organisations.
- Clinically and professionally led.
- Supportive and enabling Programme Management Office.
- Change facilitation and support aligned to priorities.
- JUCD improvement 'team' approach.
- Sharing and celebrating success.
- Strong engagement from all partners and our population.

The way in which this is achieved in Joined Up Improvement Derbyshire is through the development and management of factors relating to change conditions, capability and capacity, consistency in design and delivery and continuous learning and ambition.



JUCD Improvement Approach (October 2021)

Through the consultative and enabling programme management office there will be the offer of tools and resources to deliver successful and sustainable improvement outcomes for our population and our people. When established a monthly forum will provide opportunities for anyone in Joined Up Care Derbyshire to share improvement ideas, celebrate improvement success, and discover more about the improvement work ongoing across the system

In many respects the DHCFT approach mirrors this and is conveyed in each of the sections of this strategy relating to factors of ambition (sec 2), conditions for QI (sec 4), measurement (sec 5) and agreed consistent framework (sec 6), capacity (sec 7) and governance (sec 8). The delivery of the strategy will be progressed through a programme of work targeting pillars of improvement with costed implementation plans for each pillar.

10. The Future

The next strategy will be building on what this strategy has achieved. It should not be the case though that this strategy is put to one side until that day. It is written in such a way as to invite evaluation and challenge and exist in the way it describes as good continuous quality improvement methodology. The expectation should be set for future iterations within the cycle, shaped by learning and experience of what has worked well and what has not.

We will continue the drive to be an organisation that has continuous learning and improvement fully embedded at all levels and disciplines. That every employee has an important role and responsibility in improving the care we provide, and that we encourage everyone to come up with ideas, test out those ideas and implement their successes.

Our employees and patients are our experts by experience who we want to empower to identify, create and deliver the improvements that need to be made to our services. We nurture a culture of learning, openness and transparency, and support employees with the training and development to continuously improve quality and provide outstanding sustainable care delivery for the people of Derbyshire.

Next steps

1. Progression of a quality strategy implementation plan with specific outcomes against pillars of improvement.
2. The specific outcomes will focus on further development of the conditions for our quality improvement focused trust, QI infrastructure, the QI framework and systems, training the workforce (with targets), building QI capacity and sustainability and increasing the number of QI initiatives in the system.
3. Costings of the plan relative to each pillar calculated and managed.

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Contributions from *Quality Improvement Group*

November 2021