

BCHC IMPROVING TOGETHER

Quality Improvement Strategy

2020-2022

“While **all changes** do not lead to **improvement**, **all improvement requires change**.
The ability to develop, test, and implement **changes** is essential for any individual,
group, or organisation that wants to continuously **improve**.”
Institute for Healthcare Improvement

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	Quality Improvement
Summary	<p>The purpose of this strategy is to embed quality improvement methodology across the Trust to support innovation and best practice. It sets out BCHC's intention over the next two years in line with the Fit for 2022 programme. It articulates a clear methodology for any individual, team or service(s) that intends to embark on any quality improvement initiative within the Trust and/or in collaboration with external partners.</p> <p>It provides an overarching direction and coordination of quality improvement within BCHC to support the delivery of the highest quality care and draws from best practice, in order to develop a culture for continual cycles of quality improvement.</p>

Consultation History:

The following Committees, groups or individuals have been consulted in the development of this version of this policy:

Name:	Date:
Learning Disability Divisional Quality and Safety Board (DQSB)	07/05/2020
Children and Families DQSB	07/05/2020
Adult and Specialist Rehabilitation DQSB	15/05/2020
Divisional Medical Directors	18/05/2020
Adult Community Services DQSB	19/05/2020
Council of Governors	20/05/2020
Medical Director and Director of Nursing and Therapies	21/05/2020
Clinical Council	26/05/2020
Quality Improvement Steering Group	28/05/2020
Executive Team Meeting	01/06/2020
Strategy and Partnerships Team	04/06/2020
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1. Executive Summary

This is the Quality Improvement Strategy: BCHC Improving Together for Birmingham Community Healthcare NHS Foundation Trust (BCHC). The primary goal is improved healthcare and service delivery for our patients. It aligns to the *Trust's Vision, Values and Strategy* and the *Fit for 2022 Improvement Programme*.

BCHC is a large specialist provider of community healthcare to the 1.1 million residents of Birmingham and specialist services to the 5.5 million population of the wider West Midlands region. Our 4,500 staff members work to ensure services and functions continue to improve and each member of staff have a duty to meet and exceed our high standards.

Since July 2019 the Trust has been engaging with colleagues from across the organisation and listening carefully to stakeholders to understand the current challenges regarding quality improvement. It was highlighted that there were overlaps between the different quality improvements models and tools used across the organisation and so there was an opportunity to bring together the different training programmes under a single umbrella and clearly articulate the overarching BCHC approach.

Bringing together and drawing on what we are already doing well and what we know works, BCHC Improving Together builds on the existing good practice in the organisation and the benefits of the Listening into Action and Learning from Excellence approaches and the existing expertise within the organisation (e.g. Quality Service Improvement Redesign (QSIR) accredited practitioners, the Patient Safety Ambassadors).

This strategy articulates a coherent improvement methodology, setting clear aims, well defined measures to understand impact of change and trying new ideas in multiple rapid tests of change (Plan Do Study Act cycle). Continuous improvement must be the primary concern for us all, and all initiatives must seek to ensure that any change made is a measurable improvement.

The model is linked to three key questions.

- **'What are you trying to accomplish?'**
- **'How will you know that a change is an improvement?'**
- **'What changes can you make that will result in improvement?'**

and incorporates:

- Access to appropriate tools
- Use of data to measure for improvement
- Mechanisms to enable sharing learning, scaling up, spread and sustainability
- Opportunities to co-design change with patients, staff, carers and our wider communities, where appropriate

As we embed BCHC Improving Together we will build on our good practice to date to use data such as complaints, compliments and patient experience feedback; patient reported outcome measures; feedback from engaging with communities about what they need; advances in BCHC research and innovation; and process mapping to answer our 3 key quality improvement questions. It will sometimes be appropriate to

co-produce quality improvements together with those who use our services. These will lead to quality improvement cycles at team, service, organisational and system-level.

BCHC Improving Together aims to provide an environment where continuous quality improvement can flourish and where quality improvement is considered a golden thread running through all areas of the Trust whether that is our 5 clinical divisions or all our corporate directorates. For instance, quality improvement is equally applicable to working in an environmentally sustainable way; how we address expenditure, income and cost reduction; and how we support the health and wellbeing of colleagues, as it is to patient safety; pathways of care to deliver improved health outcomes; and engaging with our diverse local communities and improving how we meet NHS Equality Delivery Standards.

Ambitions 2020-2022

Ambition 1: Building capacity and capability

For every member of staff to have access to training, resources and support in order to carry out quality improvement initiatives or projects as part of their day to day activity.

Ambition 2: Promoting visible inspirational leadership

For leaders to be highly visible and demonstrable role models championing quality improvements.

Ambition 3: A culture of continuous quality improvement

Staff will feel involved and build on each other's enthusiasm, curiosity and expertise to drive measurable improvements for patients, service users, colleagues or processes.

Ambition 4: Celebrating, learning and sharing

BCHC will be a learning and sharing organisation, focusing on lessons of what works well and also what has not worked so well

Through the implementation of this strategy, the approach to embedding a quality improvement culture will be driven by the accompanying action plan that will be monitored by Quality and Safety Committee via the Quality Improvement Steering Group who will oversee the delivery of the actions.





Whatever our role we are all directly or indirectly working for *Best Care Healthy Communities*. Implementing BCHC Improving Together will ensure we keep our commitment to embed a single overarching approach to all quality improvements across the Trust.

In short, this is about improving how we improve going forwards at every tier and function across the Trust.

2. Background

The 'Fit for 2022 Improvement Programme' is the response Birmingham Community Healthcare NHS Foundation Trust (BCHC) has taken to ensure it can bring its vision Best Care Healthy Communities to life over the coming years. It includes actions to progress the strategic objectives and responds to external reviews and recommendations including the 2018 and 2020 CQC Inspection Reports and the Well-Led Independent Review that was commissioned in August 2018.

As part of the refresh of the Trust's strategy during 2018/19, '**developing and embedding a BCHC improvement methodology: building on our existing Listening into Action approach**' was identified as a priority which linked to our four strategic objectives;

			
Embed a culture where quality improvement is a golden thread throughout the Trust, to support the delivery of high quality healthcare.	Supporting our colleagues to work in a learning and enabling environment where they are free to act on quality improvement ideas, helping them to be the best they can be	Working with our partners to support people to live healthy in their communities.	Using quality Improvement methodologies to make better use of our resources.

Our strategic objectives describe the big things we will need to achieve if we are to deliver our vision, driven by our shared values of being Caring, Open, Responsible, Respectful and Inclusive in everything that we do.



This strategy will support the delivery of the four strategic objectives and has been developed to provide an inclusive, systematic approach to bringing about and sustaining improvement.

BCHC embraces continuous improvement through learning and recognises that improving the outcomes and experience of our services for patients, their families and carers is central to the business of the organisation.

We believe that all BCHC colleagues play a vital role in ensuring that healthcare services continue to improve and each member of staff has a duty to meet and maintain the high standards we set for ourselves.

Staff feedback tells us that being supported to act on quality improvement ideas will also help colleagues to feel that BCHC is a great place to work. Some quality improvements will enable us to make better use of resources. Larger scale quality improvements will promote integrated care in communities.

Our mission is to embed a culture where quality improvement is considered a golden thread running through all areas of the Trust including clinical, administrative, managerial and corporate functions.

Bringing together and drawing on what we are already doing well and what we know works, will enable the right culture for continuous quality improvement to flourish in BCHC. The Trust's approach to quality improvement will be known as **BCHC Improving Together** and it will use an agreed common language and approach to making improvements across the organisation.

The BCHC Improving Together approach will;

- Provide a robust process for continuous quality improvement
- Align to the Trust's vision, values and strategic objectives
- Promote colleague and patient engagement
- Complement leadership development and research and innovation
- Recognise, reward and celebrate both team and individual performance
- Share learning widely.

This strategy has been developed through talking and listening to staff, Governors, patients and users of our services. This wide engagement was in an effort to gain an understanding of what quality improvement is considered to be and how we can work together to make and sustain improvements.

3. Purpose

The purpose of this strategy is to set out our quality improvement intention over the next two years in line with the Fit for 2022 programme. It articulates a clear methodology for any individual, team or service(s) that intends to embark on any quality improvement initiative within the Trust and/or in collaboration with external partners.

It provides an overarching direction and coordination of quality improvement within BCHC to support the delivery of the highest quality care and draws from best practice, in order to develop a culture for improvement.

Through the implementation of this strategy, the approach to embedding a quality improvement culture will be driven by:

- articulating a single improvement model, adaptable to fit any quality improvement initiative
- building QI capacity, capability and confidence of staff
- creating an organisation capable of continuous learning and improvement
- providing a system of support and access to appropriate tools and resources
- engaging and co-designing services with our patients / service users and local communities
- promoting a culture that celebrates and shares learning.

The Quality Improvement Strategy should be read and considered in conjunction with BCHC's other strategies. Quality improvement cycles can be applied to implementation of any of our strategies. (Appendix 3)

4. Definitions

Quality

Our ultimate aim as an organisation is to deliver the best health outcomes and experience for our patients, service users and their families. In 2008, in his publication '[High Quality Care for All](#)' Lord Darzi asserted that care provided by the NHS will not be of a high quality if it is not safe, clinically effective and with positive patient experience. This definition is widely used across the NHS. It is commonly agreed that quality care is not achieved by focusing on one or two aspects of this definition; safe, high quality care encompasses all three aspects with equal importance being placed on each. To provide high-quality care, the Trust needs to work with other organisations and with the patients, service users and communities we serve. We must meet our obligations to:

- Be well-led: we are open and collaborate internally and externally and are committed to learning and improvement.
- Use resources sustainably: we use our resources responsibly and efficiently, providing fair access to all, according to need, and promote an open and fair culture.
- Be equitable for all: we ensure inequalities in health outcomes are a focus for quality improvement, making sure care quality does not vary due to characteristics such as gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.

Quality therefore is central to everything we do and we appreciate the contribution that all of our staff make towards high quality services and the ongoing commitment for excellence.

Quality Improvement

Quality improvement goes beyond traditional management, target setting and policy making and should not be confused with quality assurance, quality control or research though they are all closely related (Appendix 1).

Over the years there have been many definitions of quality and of improvement: but there remains no single definition. However, the key elements are 'a combination of a "change" (improvement) and a "method" (an approach with appropriate tools), while paying attention to the context to achieve better outcomes' (The Health Foundation 2013).

To truly achieve any improvement in quality we want to ensure this goal is part of everyone's daily work by:

- bringing a systematic approach to tackling simple problems, and complex issues in the Trust or system
- focusing on outcomes

- flattening hierarchies
- listening to those involved, whilst bringing staff and service users together to improve and redesign the way that care is provided and services are delivered.

5. The BCHC Improving Together Model

BCHC Improving Together builds on the existing good practice in the organisation and draws on the experience and expertise from our colleagues involved in initiatives such as Patient Safety Ambassadors, Quality Service Improvement Redesign (QSIR), Flow Coaching Academy, Service Transformation, Listening into Action, Human Factors, Appreciative Inquiry and Learning from Excellence.

A key part to the successful implementation of this approach is to have **a consistent and coherent improvement methodology** that can be used in all areas of the organisation.

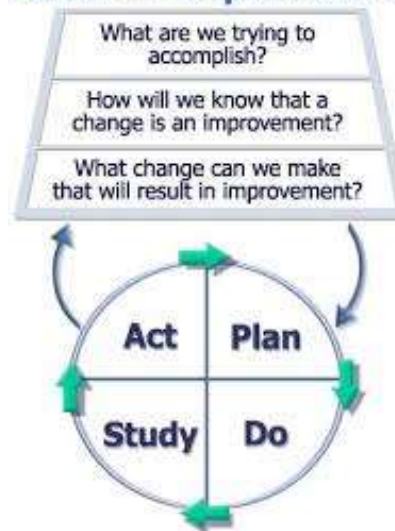
This approach has been developed through a combination of our experiences and understanding of the theory and practice of change. It is believed that if applied with rigour this method will lead to improvements across each of the domains of quality. Our BCHC improvement approach is to:

- a) Use W. Edwards Deming's well-known Model for Improvement. It is a simple, yet powerful tool for accelerating improvement in any situation. This model is not meant to replace change models that the organisation may already be using, but rather to be a consistent component of all quality improvements to accelerate improvement in a controlled systematic way.

The model is linked to three key questions.

- **'What are you trying to accomplish?'**
- **'How will you know that a change is an improvement?'**
- **'What changes can you make that will result in improvement?'**

Model for Improvement



It incorporates setting a clear aim, well defined measures to understand impact and trying new ideas in multiple rapid tests of change (Plan-Do-Study-Act [PDSA] cycles).

This cyclical approach to improvement relies on changes which are implemented and tested in small repeating cycles that involve *planning, doing, studying, acting* (PDSA).

Each cycle starts with theories and ideas and helps them evolve into knowledge that can inform action and, ultimately, produce positive outcomes.

- b) Use a suitable quality improvement **tool**, such as a driver diagram, to underpin the quality improvement.
- c) Change how we use data to **measure for improvement**, looking at data over time that can help us to identify if the changes made are actual improvements.
- d) Use **improvement huddles** to bring people together (this may be virtually) around local challenges
- e) Put an emphasis on **sharing learning, scaling up**, spread and **sustainability**
- f) Co-design change with patients, staff, carers and our wider communities, using process mapping to support this (where appropriate)

6. Ambitions for 2020-2022

Ambition 1: Building capacity and capability

For every member of staff to have access to training, resources and support in order to carry out quality improvement initiatives or projects as part of their day to day activity.

While capacity provides the potential for improvement, it is the active application and use of improvement approaches and practices that determine whether improved results will be realised. Building improvement capability is an ongoing strategic and tactical commitment to the future; it is not a one-off event. This ambition will be achieved by:

- ensuring all colleagues will have a basic understanding of improvement
- making accessible the tools and support required to realise quality improvement benefits, including appropriate tools for co-operation and project management
- providing accredited quality improvement training such as Quality Service Improvement and Redesign (QSIR)
- ensuring colleagues are proficient and able to offer support as Quality Improvement Practitioners, Buddies, or Improvement Coaches.

Colleagues will be assisted to participate in this approach to quality improvement through implementation of a model to build improvement capability that addresses what all BCHC colleagues will need, what many will need, and what a smaller group will need in terms of quality improvement degrees of competence and levels of training. Experience and expertise will be shared around quality improvement education, training and coaching with system partners to deliver and improve patient care.

As part of the implementation of BCHC Improving Together, all colleagues both clinical and non-clinical will have the opportunity to acquire quality improvement knowledge and skills, with access to different levels of training. The support will be matched to the level of need required.

All colleagues across the Trust will have their own degree of improvement competence. Importantly, these are not necessarily linked to seniority within BCHC.

- All staff at BCHC, including clinical, administrative, managerial and corporate colleagues, will have a basic **awareness** of quality improvement.
- Those in formal leadership roles across the Trust will support individuals who are taking part in and leading quality improvements, removing barriers to progress and **enabling** the improvements.
- Everyone in the Trust will have the opportunity to **participate** in quality improvements.
- Many colleagues will assume responsibility for **leading** quality improvement for a team, service or a specific project; these quality improvement leaders can flourish across all tiers in a structural hierarchy.
- A smaller group of colleagues, also from a cross-section of roles, will be quality improvement **experts**, offering advice, support, training and coaching.

A range of quality improvement education and training options are available and include training delivered by internal Quality, Service Improvement and Redesign¹ accredited practitioners.

We will use our quality improvement education and training to equip all staff across the organisation with the appropriate knowledge, confidence and skills to deliver improvements that will help us to deliver Best Care: Healthy Communities and our strategic objectives.

Different levels of quality improvement (QI) training will be available:

- **QI awareness** as part of local induction and team-level meetings

¹ <https://improvement.nhs.uk/resources/qsir-programme/>
Quality Improvement Strategy v1 July 2020

- **QI Leadership** ½ day introduction to QI principles as part of the Leadership Offer and also training in how to lead team-level improvement huddles
- **QI Champions** 1-day Quality Service Improvement and Redesign (QSIR) Fundamentals training
- **QI Practitioners** who share their expertise by acting as QI buddies, giving advice and support to others across the Trust. These include colleagues who have undertaken Patient Safety Ambassadors training and 5-day QSIR Practitioner training
- **QI Coaches** sub-set of QI Practitioners, with additional training in coaching skills
- **QI Fellow** possibly part of a Birmingham and Solihull QI Faculty

Success in achieving Ambition 1 will look like:

- ✓ BCHC Improving Together branding and initial communications launched by July 2020
- ✓ Basic online QI training available as part of COVID-19 Restoration of services by July 2020
- ✓ BCHC Improving Together tools and resources available virtually by October 2020 (Appendix 2)
- ✓ A 12-month calendar of quality improvement training dates has been agreed and widely publicised by September 2020
- ✓ All BCHC colleagues have a basic understanding of quality improvement by March 2021

Ambition 2: Promoting visible inspirational leadership

For leaders to be highly visible and demonstrable role models championing quality improvements.

Visible, inspirational leadership is required to develop a culture of quality with a vision leaders passionately believe in and can inspire others to understand and support. An important element to this approach is that hierarchies will be flattened (in terms of how they operate for QI, not in terms of structural change) to benefit from the unique value each person brings to the team. This ambition will be supported by the delivery of the BCHC Leadership Programme and will be achieved by:

- senior leaders and line managers unblocking the way and allowing colleagues to make changes that will result in improvement.
- focusing on high quality leadership development at all levels
- empowering staff to deliver/ support the delivery of high quality care and continuously improve services
- ensuring all staff feel able to 'speak out for quality' and feel confident their ideas will be listened to and acted upon
- supporting a culture of continuous improvement and learning.

Success in achieving Ambition 2 will look like:

- ✓ Quality improvement incorporated into the BCHC Leadership Offer by September 2020
- ✓ Mechanism in place for colleagues to share BCHC Improving Together improvement ideas to gain peer support by January 2021
- ✓ All colleagues who want to lead quality improvements are supported to do so through enabling approaches, such as talent management and/ or widening participation by April 2021
- ✓ There is evidence that staff feel able to make suggestions to improve the work of their team/ department e.g. triangulated with national Staff Survey results, from February 2022 and on-going.

Ambition 3: A culture of continuous quality improvement

Staff will feel involved and build on each other's enthusiasm, curiosity and expertise to drive measurable improvements for patients, service users and colleagues.

At BCHC, we recognise that as well as listening to our patients, it is also important that we listen to our colleagues and involve them when we try to identify where improvements could and should be made. This ambition will be achieved by:

- engaging and empowering teams to make improvements in their areas of work, sharing and acting on their improvement ideas through regular improvement huddles
- QI participants being involved in quality improvement projects
- QI experts having the opportunity to be involved in system change
- QI experts acting as coaches to support people who want to make improvements

Success in achieving Ambition 3 will look like:

- ✓ A BCHC Improving Together Faculty of Quality Improvement Practitioners, identifying individuals who are able to provide support for colleagues wanting to make improvements, will be published by September 2020
- ✓ First cohort of Quality Service Improvement and Redesign Practitioner training participants undertaking improvement projects by October 2020
- ✓ Means to evaluate and report on the impact of the BCHC Improving Together approach established by March 2021
- ✓ Improvement huddles rolling out according to an agreed prioritisation plan by March 2021
- ✓ Team-level performance data, including patient and service user feedback, will be available to support teams to 1) identify areas for improvement 2) to ensure that changes have resulted in improvements and 3) that improvements have been sustained by December 2021

Ambition 4: Celebrating, learning and sharing

BCHC will be a learning and sharing organisation, focusing on lessons of what works well and also what has not worked so well

This ambition will be achieved by:

- reviewing best practice and evidence of quality improvements throughout the organisation, including between divisions, and sharing the lessons learnt
- celebrating and showing appreciation through regular feedback to individuals and teams to recognise the difference they make.
- drawing on staff and service users' knowledge and experience to continually improve and achieve excellence
- celebrating QI successes, formally and informally at team, service and divisional level, as well as Trust-wide

Success in achieving Ambition 4 will look like:

- ✓ BCHC Improving Together Trust-wide learning sessions held regularly by March 2021
- ✓ A BCHC Improving Together online learning repository will be developed to collate all quality improvement projects/ case studies to share learning across the organisation by March 2021
- ✓ Annual plan to visibly celebrate quality improvement successes, including links to VIP awards, Learning from Excellence and internal/ external Communications implemented by March 2021

7. Duties & Responsibilities

a. Director of Strategy and Partnerships

Executive lead for BCHC Improving Together Quality Improvement Strategy.

b. Associate Director, Strategy and Partnerships Directorate

On behalf of the Executive Director, to drive the implementation of the BCHC Improving Together Quality Improvement Strategy.

c. Quality Improvement Lead

Dedicated responsibility to utilise their specialist skills in quality improvement to design and work with others to implement and embed the BCHC Improving Together approach.

d. Quality Improvement Steering Group

The Quality Improvement Steering Group is chaired by the Director of Strategy and Partnerships and oversees the delivery of the relevant actions in the Fit for 2022 Improvement Plan.

The Group will support the development of a Trust culture of improvement by establishing, championing and embedding the approach for quality improvement within BCHC and will oversee and support the implementation of this strategy.

The Group will complement, though not replace formal governance of quality and safety improvements and will report to the Fit for 2022 Programme Executive; Clinical Council and Quality and Safety Committee as appropriate.

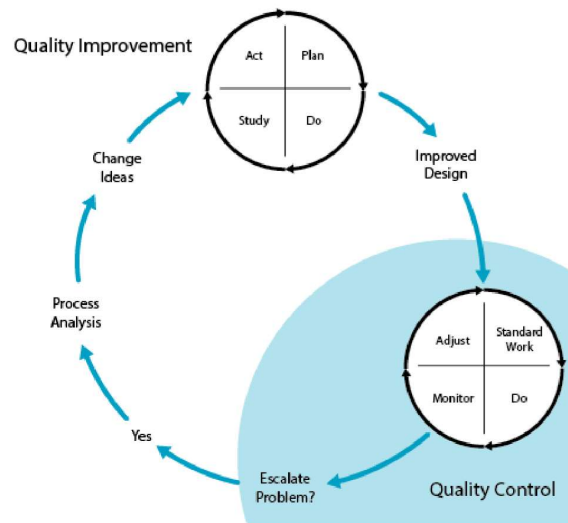
e. Quality and Safety Committee

The Quality and Safety Committee will review how efficiently the BCHC Improving Together approach is working in order to gain assurance, with a focus on the changes that have made an improvement at team, service, organisational and system-level.

8. References/Evidence/Glossary

Quality Assurance versus Quality Improvement		
	Quality Assurance	Quality Improvement
Legitimacy	<ul style="list-style-type: none"> • Mandated • Professional authority 	<ul style="list-style-type: none"> • Collective responsibility • Customer satisfaction • Employee empowerment
Motivation	<ul style="list-style-type: none"> • Accreditation • Regulator as consumer 	<ul style="list-style-type: none"> • Continuously improving processes to meet and exceed standards • Way of thinking • Excellence driven
Means	<ul style="list-style-type: none"> • Inspection and repair 	<ul style="list-style-type: none"> • Prevention, monitor over time
Attitude	<ul style="list-style-type: none"> • Required, justifying • Externally imposed 	<ul style="list-style-type: none"> • Chosen, proactive • Internally driven
Focus	<ul style="list-style-type: none"> • Outliers or poor performers 	<ul style="list-style-type: none"> • Processes, systems, majority
Players	<ul style="list-style-type: none"> • Selected departments 	<ul style="list-style-type: none"> • Organisation-wide, benchmarking
Disciplines	<ul style="list-style-type: none"> • Within profession 	<ul style="list-style-type: none"> • Multidisciplinary approach
Leadership and uses	<ul style="list-style-type: none"> • Remove 'poor performers' • Clinical outcomes 	<ul style="list-style-type: none"> • Seek to understand common and special causes
Responsibility	<ul style="list-style-type: none"> • Few 	<ul style="list-style-type: none"> • All

Appendix 1 - The Relationship between Quality Improvement and Quality Control and definition of Quality Assurance



Quality Control (QC): in this sense, quality control is all about ensuring that care delivery remains stable (“in control”) over time — performance remains within the expected range e.g. number of discharges by 10am, zero extravasation injuries, staff sickness below 3.2%. QC is usually performed by those closest to the process. When gaps are detected between expected and observed performance, frontline staff undertake problem-solving methods to identify the source of the problem and devise a remedy. This could be via an improvement huddle. If the current process is not capable of meeting patient needs / expected standards and the needed changes are beyond the scope of the frontline unit, a QI initiative is planned to redesign the process.

Quality Improvement (QI): In health care, quality improvement (QI) is the framework used to systematically improve the ways care is delivered to patients. Processes have characteristics that can be measured, analysed, improved, and controlled. Following successful improvement, QC is then used to monitor the redesigned process to ensure it performs at a new level (with new upper and lower control limits), with new work specifications, improved results, and reduced variation.

Quality Assurance is one facet of the larger discipline of quality management. Managing the quality of the services we provide for our patients involves many detailed steps of planning, fulfilling and monitoring activities. The quality assurance function is concerned with confirming that the organisation’s quality requirements will be met.

Appendix 2 - Quality improvement tools by type of task

Here you can find links to the quality improvement tools that will help you deliver your project aligned to the type of task you may be currently focused upon e.g. supporting people through change or identifying problems. Press Control and click on each link to find out more.

Leading Improvement

Use these tools, models and frameworks to help you, as a leader of improvement, to create a shared vision and to manage the challenges of developing a supportive culture and engaging others in improvement.

- [Aligning improvement with strategic goals](#)
- [Clinical engagement](#)
- [Influence Model](#)
- [Leading improvement: an overview](#)
- [Leading improvement framework](#)
- [Sustainability Model](#)

Project Management

Project management and its associated tools and techniques should be uppermost in your thoughts from the initiation to the completion of a project. Regardless of your project management approach (e.g. our six stage approach or PRINCE2), it can be enhanced with the use of these tools.

- [Action planning](#)
- [Benefits realisation](#)
- [Identifying frustrating problems](#)
- [Responsibility charting](#)

Identifying Problems

Use these tools to understand and gain insight into the causes of your problem before making changes based on assumptions. Using these sorts of tools ensures your approach is factual or evidence based.

- [Cause and effect \(fishbone diagram\)](#)
- [Pareto analysis](#)
- [Root cause analysis using five whys](#)

Stakeholders and Involvement

These tools can help you understand who the key stakeholders of your service improvement initiative are and how to engage these groups. By involving them and understanding and acting on their perspectives you will help to ensure that the changes are sustainable and will produce the best outcomes. Further information will be

available from September 2020 together with the new BCHC Engagement Strategy for Patients, Service Users and Communities 2020 – 2023.

- [Clinical engagement](#)
- [Communications matrix](#)
- [Patient stories](#)
- [Stakeholder analysis](#)
- [Stakeholder involvement: an overview](#)

Mapping the Process

Process mapping enables you to create a visual picture of how the pathway currently works, capturing the reality of the process, exposing areas of duplication, waste, unhelpful variation and unnecessary steps. These tools help to build good working relationships within a team and across functional and organisational boundaries - with everyone focused on making improvements that will have the biggest impact for patients and staff.

- [Mapping the last 10 patients](#)
- [Patient stories](#)
- [Process mapping - a conventional model](#)
- [Process templates](#)
- [Spaghetti diagram](#)

Measurement for Improvement

These tools and techniques help organisations, teams and individuals understand the importance of measurement for improvement and will help you to use data to identify areas for improvement and to know when the change you have made is an improvement. They are particularly useful in ensuring you make consistent decisions when working with teams as those decisions will be based on fact, rather than assumptions.

- [Balanced scorecard](#)
- [Plan, Do, Study, Act \(PDSA\) cycles and the model for improvement](#)
- [Statistical Process Control \(SPC\)](#)
- [Variation - how to manage it](#)

Demand and Capacity Management

The tools and techniques will enable you to better understand and manage demand and capacity in whatever healthcare environment you operate, and so improve flow and decrease waiting times.

- [Clinical engagement](#)
- [Demand and capacity - a comprehensive guide](#)
- [Demand and capacity - an overview](#)
- [Discharge planning](#)

- [DNAs - reducing 'Did Not Attends'](#)
- [Enhanced recovery](#)
- [Flow - reduce unnecessary waits](#)
- [Glenday sieve - runners, repeaters, strangers](#)
- [Lean - Ohno's eight wastes](#)
- [Length of stay - reducing length of stay](#)
- [Patient information](#)
- [SBAR communication tool- Situation - Background - Assessment - Recommendation](#)

Thinking Creatively

These tools are tried and tested ways of coming up with new solutions and perspectives to an issue, problem or improvement opportunity.

- [Brainstorming](#)
- [Fresh eyes](#)
- [Six Thinking Hats®](#)
- [That's impossible!](#)

Supporting People through Change

The following approaches and tools are designed to help you understand some aspects of change (e.g. the emotional and creative tensions within people) and help you manage successful transition and service improvement efforts.

- [Commitment, enrolment and compliance](#)
- [Discomfort zone](#)
- [How to understand differences between individuals](#)
- [Managing conflict](#)
- [Resistance - enabling collaboration by working with it](#)
- [Responsibility charting](#)

Ref: <https://improvement.nhs.uk/resources/quality-service-improvement-and-redesign-qsir-tools-type-task/> [accessed 20/06/2020]

Appendix 3 - Links to current BCHC strategies

The Quality Improvement Strategy should be read and considered in conjunction with BCHC's other strategies. Quality improvement cycles can be applied to implementation of any of our strategies.

Title	Description
Clinical Audit and Effectiveness Strategy	The aim of this strategy is to develop a robust framework for clinical effectiveness and audit activities which supports the delivery of the Trust's wider strategy for clinical quality and achievement of the Trust's core business objectives.
Clinical Quality and Safety Governance Framework 2019-2022	This governance framework describes the way in which Birmingham Community Healthcare Trust will make the vision of safe high quality care a reality for patients and carers. The framework will provide strategic direction for all staff involved with providing and supporting the delivery of care by describing how clinical quality will advance and be governed over the following three years, signposting to other strategies and documents.
Digital Strategy 2019 to 2022	A new Digital Strategy to underpin the Trust's digital transformation and encompassing all elements of the Trust's Information Technology (IT) landscape and capabilities, both now and in the future, including network infrastructure HSCN, Patient Wi-Fi, Windows 10, EPR, Total Mobile, Digital Skills and Telecoms.
Engagement Strategy	<p>This document describes how the Trust will actively engage with, involve, and consult with our patients, their families and carers, members, the public and other key stakeholders to evaluate existing services and when redesigning services. The document is a guide and tool to ensure that the patient voice is central to what we do as an organisation.</p> <p>The new Engagement Strategy for Patients, Service Users and Communities 2020 - 2023 will be available from September 2020.</p>
Equality, Diversity and Human Rights Strategy 2016 - 2018	This strategy sets out the Equality, Diversity and Human Rights (EDHR) aims of BCHC and how these align to the overall strategic aims of the Trust. It also outlines High Level actions and specific approaches designed to bring about the achievement of those aims.
Estates & Facilities Strategy	The Estates & Facilities Strategy sets out how the provision of the estate will react to the needs of the clinical divisions and the emerging local and STP strategic vision whilst reflecting the Trusts own Strategic Objectives, Visions & Values to deliver Best Care, Healthy Communities.
Fit for 2022 Workforce	It is recognised that one of the most significant challenges to the delivery of the Trusts vision and strategic objectives is ensuring the supply of the right number of staff with the right skills in the right place at the right time. This

<u>Strategy</u>	objective is set within the context of high levels of vacancies, turnover and staff absence across the health and social care workforce. This document outlines our commitment to develop a high level workforce plan for 2022 identifying workforce...
<u>Infection Prevention Control and Decontamination Strategy</u>	The aim of this strategy is to ensure that the trust demonstrates its commitment to patient safety and compliance with the revised Health and Social Care Act 2008 (December 2010) during 2014/2015. This strategy will help to ensure that effective infection prevention and control is embedded into everyday practice of employees both in commissioned and provided services. It will ensure that effective measures for prevention and control of infection are integrated in trust...
<u>Learning & Development and Clinical Education Strategy 2011-2020</u>	The purpose of this document is to describe the strategic direction that will be taken by Birmingham Community Healthcare NHS Trust in relation to the provision of learning and development and clinical education and professional development services between 2011 and 2020.
<u>Library Strategy</u>	The visions for the Library building on current services are: To become a key hub in the organisation for information and learning. Develop a model for Knowledge Management (KM) and sharing in the Trust to better support evidence-based clinical effectiveness and decision making. Refocus the library team skills base and learning requirements to deliver the vision set out in the national NHS library framework, Knowledge for Healthcare and the Quality
<u>Medicines optimisation strategy</u>	This strategy aims to improve the effective and efficient use of medicines for patient benefit.
<u>Membership Strategy</u>	This strategy will continue to fulfil our obligations in respect of the membership as part of our Foundation Trust governance model.
<u>Palliative and End of Life Care Strategy</u>	Birmingham Community Health Care NHS Foundation Trust's (BCHC), End of Life Care Strategy outlines Trust response to the, End of Life Strategy (Department of Health,2008), in establishing a structure to deliver care that meets the end of life wishes of all our patients when and where they need it. Although palliative care is often associated with older adults and long term conditions this strategy seeks to encompass palliative needs for the communities served by the Trust.
<u>Research Strategy</u>	The aim of the Research Strategy is to - Equip BCHC to become a significant research organisation; Change the culture of research and embed into daily activities for all trust members; Position BCHC on par with quality healthcare research locally and nationally.
<u>Risk Management</u>	The Risk Management Strategy sets out the Trust's approach to the identification, assessment, treatment and tolerance of risk throughout the organisation.

<u>Strategy</u>	
<u>Safeguarding Adults Strategy</u>	The aim of this strategy is to propose a model for the early identification of risk and vulnerability, the implementation of interventions to reduce or ameliorate (improve) risk and the prevention of abuse.
<u>Safeguarding Adults Training Strategy 2019 to 2022</u>	This Training Strategy reflects the commitment of Birmingham Community Healthcare NHS Foundation Trust to ensure that all staff are clear about the competences required to meet their Safeguarding Adults responsibilities within their role and workplace. The Training Strategy will ensure that staff is able to apply consistent Safeguarding Adults principles and practices, the Mental Capacity Act, Deprivation of Liberty Safeguards and Prevent when indicated.
<u>Safeguarding Children Strategy 2018-2021</u>	This strategy sets out the key arrangements for safeguarding and promoting the welfare of children and young people by the staff of the Birmingham Community Healthcare NHS Foundation Trust. This strategy applies to staff employed on substantive, bank and agency contracts within the provider Trust and is in keeping with the Trust's values of Commitment, Accessibility, Responsiveness, Quality and Ethical ethos in all services.
<u>Safeguarding Children Training Strategy</u>	This Training Strategy reflects the commitment of the Birmingham Community Health NHS Foundation Trust (BCHCFT) to enable every member of staff employed (clinical and non-clinical) by the Trust including Independent Contractors, to have the competencies to recognise child maltreatment and to take effective action as appropriate to their role. Ensure staff are able to identify their Safeguarding Training Needs Analysis, as per Safeguarding Children Intercollegiate Document (2019).
<u>Sustainable Development Strategy 2011-2015</u>	* The Sustainable Development strategy is currently under review. If you want a copy of the previous strategy or an update on progress in reviewing the strategy please contact the author / strategy lead. *
<u>Volunteer Strategy</u>	This is a five year strategy to promote, support and develop volunteering within Birmingham Community Healthcare NHS Foundation Trust (BCHC). This strategy is about maximising the potential of volunteering within BCHC and making sure that we are utilising the vast array of talent in the local communities and doing all we can to bring this into the Trust.