Quality Improvement Framework 2015–2018

Quality care for everyone, every time
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Drawing together everything we do
The Quality Framework documents of the following NHS Trusts were reviewed as part of the development of this document. These documents were available in the public domain via the Internet:

1. Staffordshire and Stoke on Trent Partnership NHS Trust
2. NHS Forth Valley
3. Salford Royal NHS Foundation Trust

This document is broadly based on that of Staffordshire and Stoke on Trent Partnership NHS Trust, with local amendments where appropriate.
Documentation

Name of document | Quality Improvement Framework 2015–2018
Version | V2.6 Final
Approved by | 
Date approved | 
Author | Alan Sheward, Executive Director of Nursing, Deborah Matthews, Lead for Safety, Experience and Clinical Effectiveness, Mandy Blackler, Lead for Clinical Effectiveness
Contributors | See Stakeholder feedback—page 42
Accountable committee/individual | SEE Committee
Date issued | August 2015
Review date | August 2016

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Drawing together everything we do
The Quality Improvement Framework is about how our people (Staff, Volunteers and Patients) support the Trust achieving “Quality care for everyone, every time”. It recognises the tremendous contribution every member of staff can make to ensure our organisation is one of the safest organisations in the United Kingdom and the world.

We will support performance against the QIF on a regular basis to ensure that by the end of its lifespan, we will have delivered everything we set out to.

The QIF is about our:

✓ Quality Improvement Strategy
✓ People
✓ Quality Improvement Methodology

And ensures that we put patients at the heart of everything we do.

The QIF now replaces the Long Term Quality Plan.

It is at the level of each service user experience that the true quality of care can be measured.
Preface of terminology

LIA – Listening into Action
A fundamental shift in the way we work that sees us re-engaging with employees and unlocking their potential so they can get on and contribute to the success of our organisation, in a way that makes them feel proud.

QI – Quality Improvement
Making changes that will lead to better patient outcomes, better system performance and better professional development.

QA – Quality Assurance
Ensures that we are doing the right things in the right way.

LIA LC – Listening into Action Learning Collaborative
Using small groups working together to accomplish shared goals and maximise potential.

Safety
The state of being safe and protected from, or unlikely to cause danger, risk or injury.

Experience
How our services are received.

Clinical Effectiveness
Doing the right thing in the right way for the right patient at the right time.

Clinical Microsystems
Small, interdependent groups of people who work together regularly to provide care for specific groups of patients.

PDSA – Plan, Do, Study, Act
A cycle that is used to test an idea by temporarily trialling a change and assessing the impact.
Foreword

This framework sets out our commitment and direction to improving the quality of care and service provided by the Isle of Wight NHS Trust.

Our organisation has a diverse portfolio of services, island-wide geographic and demographic coverage, and integration between acute hospital, mental health and learning disability service, community and ambulance that all combine to make it unique. We are also part of My Life a Full Life, which is a joint programme of work between the Trust, Local Authority, Social Care and carers aimed at coordinating healthcare across the Isle of Wight. My Life a Full Life aims to create a culture for people to promote their own health and well-being, and to receive a good quality standard of care and support. This means our strategy for quality is also uniquely tailored to help us achieve our aim of high quality care, by using a collective leadership approach.

Our three Quality Priorities for 2015/16 are chosen to embrace the unique makeup of our Trust. They are more than just aspirations or vague aims; it is crucial that we achieve each of them in full. This document focuses our work to achieve these must-dos. As part of the implementation we will continue to engage with and involve our service users and staff at every stage of implementation over the next three years.

From the outset, we recognise that such a framework relies, not only on structures and processes, but primarily on people. So we are very pleased that our wide consultation has resulted in such a breadth of insightful comments and feedback, enabling the collaborative leadership approach to developing our strategy for improving the quality of care delivery.

We have endeavoured to include all comments received into this framework and the suite of documents that surround it. Many thanks to those who took time out to feed back to us—your thoughts have substantially shaped what this framework will do to improve quality.

Looking back over the past year (following our CQC inspection in June 2014 and receipt of the report in September 2014), we have been impressed by the dedication and enthusiasm that our staff have for improving quality. We look forward to the exciting journey ahead to deliver this strategy.

"Our aim is that all our patients and service users receive the highest quality of care."
The quality of care is central to everything we do. Our staff are key to this, ensuring we provide personalised (evidence based) care maintaining dignity and respect, causing no intentional harm, and contributing to a positive experience.

We want to be the best provider of acute, community, mental health and ambulance services—a Trust where we would expect the best service for our family and friends.

This document demonstrates our absolute commitment to quality. It is important that this framework sets our direction for quality over the next three years, aligning the strategies and work-streams we already have for quality. The framework will be driven by the Patient Safety, Experience and Clinical Effectiveness Committee (SEE) and Trust Executive Committee (TEC), with assurance gained by the Trust Board through the Quality and Clinical Performance Committee (QCPC).

We are engaging widely within the Trust in explaining and implementing this QIF, including involving our service users via the Patient’s Council. We are monitoring quality on a regular basis via monthly reporting which includes service level data to committees that include: Directorate Quality Risk & Patient Safety Committees; Patient Safety, Experience & Clinical Effectiveness (SEE) Committee; Quality & Clinical Performance Committee (QCPC); Trust Executive Committee; Trust Board; the Trust’s Monthly Quality and Board Performance Report.

In our commitment to improving quality we appreciate the contribution that all our staff make towards delivering high quality care, and commend this document as a framework that will empower our staff to provide excellence. This requires a change in approach to the foundation blocks of how we do our core business, by ensuring that we put quality at the forefront of everything we do.

Welcome to the Isle of Wight NHS Trust.

Eve Richardson
Chair

Karen Baker
Chief Executive Officer
Executive summary

Quality can be expressed in terms of safety, effectiveness, and experience, all of which are ultimately focussed on outcomes. The aim of the Quality Improvement Framework (QIF) is that all patients and service users receive the highest quality of care, by ensuring that front line teams are empowered by the organisation to provide this. In line with our values, we are putting quality first. This means that we will apply the best approaches in health care for quality, always being patient and service user focussed and responsive.

The Quality Priorities are also underpinned by five quality themes:
✓ Clinical engagement, staff engagement and culture.
✓ Governance.
✓ End of life.
✓ Recruitment and selection.
✓ Patient caseload/flow.

Our Quality Priorities for 2015/16
The three quality priorities for the organisation are:
✓ A reduction in incidents of patient harm.
✓ Improve the discharge planning process.
✓ Improve end of life care.

The Executive Director of Nursing and Executive Medical Director will coordinate an annual implementation plan that will be shared with Directorates, which details key priority areas for each coming year.

Implementation of this will be broadly based on structure, process and outcomes; with the overall governance being monitored through by Trust Executive Committee (TEC) and operationally through the Patient Safety, Experience and Clinical Effectiveness Committee (SEE). The Quality and Clinical Performance Committee (QCPC) will receive a progress update quarterly, which will in turn be reported to the Trust Board.

Drawing together everything we do
Our Quality Priorities

The three Quality Priorities in this framework provide the vision and direction for all strategy and processes in relation to quality for the next 12 months, ensuring that we achieve our vision of “quality care for everyone, every time.”
Our quality journey

Drawing together everything we do
Background

The Isle of Wight NHS Trust was established in April 2012 following the separation of Provider and Commissioner functions within the Isle of Wight PCT. The Trust is the only truly integrated provider of acute, community, mental health and ambulance services and serves a population of circa 140,000.

Acute services

Based at the heart of the Island, and handling 22,685 admissions each year, St Mary’s Hospital in Newport is our main centre for delivering acute services for the Island’s population. Services include the Emergency Department, the Beacon Centre (providing walk-in access to GP services), emergency medicine and surgery, planned surgery, intensive care, and comprehensive maternity, NICU and paediatric services with 1,338 births last year. However, the Trust is more than the sum of its parts owing to dynamic community, mental health and ambulance services.

Community services

These offer a broad range of services that deliver care close to or in patient’s homes that strives to provide healthcare at the heart of the community. The services provided are diverse and cover all age ranges and multiple specialities such as Community Nursing, Health Trainers, Speech and Language Therapy, Podiatry, Dietetics, Occupational Therapy and Sexual Health. Inpatient care for rehabilitation and stroke is provided in the hospital and community settings via integrated multidisciplinary teams who are committed to ensure the best outcomes are achieved for all. There is a Falls Prevention Co-ordinator principally working within the community but there has been no dedicated falls prevention lead within the hospital setting.

Mental health and learning disabilities

Our mental health and learning disability services provide patient centred care both in an inpatient and community setting. Care is provided for inpatient services via the wards at Sevenacres, Shackleton at St Mary’s and in the community at Woodlands. Inpatient care includes acute mental health, psychiatric intensive care, dementia, older persons and rehabilitation and has around 50 beds. Outreach teams bridge the gap between hospital and community and care for people in the community either in their homes or in a clinic setting includes services that specialise in rehabilitation, drug and alcohol service (Island Recovery Integrated Services), memory and dementia services. Our portfolio also includes amongst other things psychological therapies, early intervention in psychosis, learning disability, which includes ADHD and ASD care together with community child and adolescent mental health services. Our IAPT/PCMHT team received the Solent Award last year for the most outstanding team.

Dementia garden opened June 2015
Ambulance service

The Island’s ambulance service delivers all emergency and non-emergency ambulance transport including the Jumbulance for the Island’s population. With 21,712 emergency calls and 25,292 emergency vehicles dispatched each year the service operates from a single base across the Island. The service is also responsible for transporting people to mainland hospitals when required.

One of our main objectives over the next five years is greater integration between health and social care, and ‘Beyond Boundaries’ is our ambition to deliver health and social care in a radically different way through clinical redesign, locality working, integration and improved resilience. ‘Beyond Boundaries’ forms the basis of our clinical strategy, and over the next three years we are committed to delivering the widest possible range of safe, high quality care in partnership with patients, carers, the public, our commissioners, the Local Authority and other health providers to drive up the quality of care and services provided.

Quality is the golden thread that runs through each of our five strategic goals:
1. Excellent patient care.
2. Work with others to keep improving our services.
3. A positive experience for patients, services users and staff.
4. Skilled and capable staff.
5. Cost effective, sustainable services.

Corporate services

We are fortunate to have a variety of underpinning corporate services than provide support to enable the clinical services to function effectively; such as finance, information technology, education and training, human resources; all of whom are essential if this is framework is to be implemented successfully.

Integration will bring unique challenges in relation to defining, measuring and improving quality. For this reason an overarching framework for quality is needed to ensure that quality is integral to the organisation.
Our vision

"Quality care for everyone, every time"

This Quality Improvement Framework underpins our absolute commitment to quality and is the primary enabler for driving change across the Isle of Wight NHS Trust. This Quality Improvement Framework should be read alongside other organisational strategies and policies related to quality.

Our goals and priorities

Our Values

Our vision and goals guide us; our values underpin everything we do
What is quality?

Quality matters to all of our patients, staff, service users and carers and can be expressed in terms of safety, experience and effectiveness; and is ultimately focussed on outcomes.

We subscribe to the definition put forth by Lord Darzi as follows:

“High quality care is where service users are in control, have effective access to treatment or care, are safe, and where illnesses are not just treated, but prevented.”

What do we believe improves quality?

Quality is a complex notion that can mean different things to different people, but what we are all agreed upon is that quality matters. We believe that the proposals put forward by the Health Foundation as detailed below clearly outline how quality can be improved:

A sustained focus on continuous improvement in the quality of health services is needed.

◉ Emphasise the importance of internal motivators (for example, professionalism, skills development, organisational development and leadership), alongside external ones (for example, regulation, economic incentives and performance management).

◉ Align quality at every level to make sure that all levels of the system relate to each other in supporting quality.

◉ Redefine the nature of the relationship between people who use services and those who provide them.

◉ Build knowledge, skills and new practices, including learning from other sectors that have improved their performance and reliability in highly complex areas.

By following these parameters, we can achieve better performance, improved patient outcomes and more effective professional development for staff.
In line with our organisational values, we will put quality first. This means that we will apply the best approaches in health and social care for quality, always being patient and service user focussed and responsive, by using initiatives such as My Life a Full Life.

There are a number of tools and strategies that we can utilise to support continuous quality improvement. These include:

- Listening Into Action
- Learning Collaboratives and Quality Improvement Collaboratives
- Clinical Microsystems
- Clinical Senates
- Clinical Audit
- Deep dives
- Short life working groups
- Summits
- Table top reviews
- Root cause analysis
- High reliability culture
- Deference to experts

To assist us in delivering this framework, we need to ensure that we develop a “high reliability culture”. This means that we will have systems in place that make us exceptionally consistent in accomplishing our goals and avoiding potentially catastrophic errors. This will enable us to minimise risk and continuously review and improve quality.

To make this happen we will:

✓ Insist on visible leadership.
✓ Simplify the way we collect data to evidence the effectiveness of the services we deliver.
✓ Defer to expertise—Our staff are our experts!
✓ Hold people to account and reward or address bad behaviours.
✓ Develop our staff with widespread engagement through Listening Into Action, ensure they are adequately trained and share any learning.
✓ Actively promote team working.

Drawing together everything we do
What is a high reliability culture?

1. Leadership visibility
2. Reluctance to simplify measurement
3. Deference to expertise
4. Accountability (reward/address bad behaviours)
5. Deep staff engagement, share the learning
6. Teamwork

Drawing together everything we do
Of the tools available to us, our primary tool of choice in progressing quality improvement outcomes is learning collaboratives. This builds on the work already undertaken with Listening into Action. When you raise something through LIA we want to make sure there is a methodology to make sure the LIA issue is resolved. This may involve participating in a learning collaborative. We will use the following approach to our LIA learning collaboratives:

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<th><strong>Select topic</strong></th>
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<td>A topic is selected that represents an area where there is a gap between knowledge and practice.</td>
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<tr>
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<th><strong>Identify learning objectives</strong></th>
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<td>A group of experts convene to identify and develop the content and learning objectives for the learning collaborative, based on the identified topic.</td>
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<tr>
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<th><strong>Create a change package</strong></th>
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<td>A change package describes the values and primary components of best practice in the chosen topic area. The change package becomes the overarching framework for the learning collaborative, which guides all changes that are tested as part of the process.</td>
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<th><strong>Choose teaching faculty</strong></th>
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<td>Teaching faculty members are chosen to design and conduct learning sessions and to provide consultation between learning sessions.</td>
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<th><strong>Select personnel</strong></th>
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<td>Staff apply to participate in the learning collaborative and are selected.</td>
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<th><strong>Begin pre-work phase</strong></th>
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<td>All selected personnel participate in a pre-work phase to prepare for the learning collaborative and ensure there is sufficient training in place. Teams complete an organisational readiness assessment and review information.</td>
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<td><strong>Hold learning sessions</strong></td>
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<td>The team will come together for learning sessions to monitor and review progress and decide upon next steps.</td>
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<th><strong>Implement action periods</strong></th>
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<td>The periods between learning sessions are known as action periods. During this time, services supported by the faculty will study, test and implement the latest knowledge, skills, techniques and evidence available, then measure the impact of these changes in between learning sessions.</td>
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<th><strong>Plan, Do, Study, Act</strong></th>
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<td>Teams implement PDSA cycles, which are integral to the model of improvement that is a core aspect of a learning collaborative. During PDSA cycles, ideas and techniques are tested quickly. Teams then identify the successes and challenges they experienced whilst implementing their new model, and share them with the collaborative to enhance learning for the entire group.</td>
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<th><strong>Work in teams</strong></th>
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<td>Action periods also involve interaction with other learning collaborative participants, using ongoing group consultation with expert faculty.</td>
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<th><strong>Prepare final report</strong></th>
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<td>A final report is prepared by the learning collaborative organisers, outlining the work of the collaborative and capturing significant learning for a broader community.</td>
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<th><strong>Measure changes</strong></th>
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<td>The overall goal is to make changes that will lead to improvements in care that are measured by clear indicators of improvement over a specific time frame using data supplied by our Performance Information and Decision Support team (PIDS).</td>
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The length of time that each collaborative will run will be dependent on the size and complexity of the project. Some initiatives could be achieved within a matter of days or weeks, however, others may take several months. Large scale projects i.e. anything over three months in length, will be managed through the Programme Governance Office (PGO) approach.
We will use the best practice around Safety, Experience and Effectiveness when dealing with quality and ensure we have good engagement with staff to deliver the following:

**Safety:** We will apply national best practice around investigation and prevention of incidents, using NICE guidance to change and influence best practice in all areas. There will be no preventable harm to patients from the care they receive from us. People will enjoy a clean, safe environment at all times.

**Experience:** We will use the latest validated tools for measuring experience, and real time monitoring, as well as taking note of what our patients, services users and carers actually tell us about their experience. This will be achieved through a mutually beneficial partnership between patients and the people providing their care. We will ensure that we are respectful of individual’s needs and demonstrate empathy and compassion at all times; clearly communicate with patients and their carers and share decision making.

**Effectiveness:** We will focus on outcomes, personalisation and choice in health care, as well as the clinical effectiveness of treatments and interventions, using evidence-based practice and evidence-informed practice. We will promote clinical audit as one of the valuable suite of tools that are available to improve quality and effectiveness. We will ensure that people receive the most appropriate treatments and interventions whilst ensuring that services will be provided in the right place at the right time and by appropriately qualified staff.

**happy staff = happy patients**

Our staff are therefore key to quality improvements.
What quality means to our patients

We consistently seek opinions and feedback from our patients and service users, on issues they have identified as important and wish to see:

✓ A clean, safe environment.
✓ Friendly, welcoming and compassionate staff.
✓ Staff with the knowledge and skill set to deliver their care.
✓ Effective communication between patients, their carers and clinicians.
✓ Continuity of care across the whole care pathway.

What quality means to our staff

We recognise the connection between the values and beliefs of our staff and their desire to deliver the highest quality care to their patients whilst providing an holistic approach to their carers and families. It is widely acknowledged that organisations whose staff are better engaged provide better care and there is compelling evidence that suggests that staff well-being and experience correlate with patient experience and outcomes.

We recognise that staff are our biggest asset, and our aim is to maximise the potential of our staff and encourage innovation and leadership, using their expertise to drive forward high quality care. We will achieve this by continuing to provide the necessary education and training that is essential in delivery high quality services. We will work with key stakeholders to ensure that education and development is robust, accredited where appropriate, and in line with the requirements of our Workforce Strategy. We will embrace the concept of “in your shoes” which is all about listening to our patients and staff to improve the quality of the care we provide. It gives us the chance to hear your experiences and find out what is important to you, what we do well and what we need to improve.

We will ensure that:

✓ All staff recognise their contribution to quality by ensuring they receive open, honest communication and feedback on performance against key performance indicators.
✓ All staff receive training and development that helps improve quality that will enable them to lead on quality improvement projects.
✓ All staff will be appraised annually, with a personal development plan that harnesses their potential for quality improvement.
✓ Staff concerns around quality will be listened to and acted upon through Listening Into Action.
✓ We will learn lessons to improve for the future when things do not go as planned.
✓ We will share information to promote learning.
✓ Themes from Listening Into Action will help to drive the focus for quality improvement projects and learning collaboratives.
✓ Our Quality Champions will campaign for improved quality outcomes and help take forward new initiatives.

What quality means to the Trust and partner organisations

This Quality Improvement Framework will be used as the basis to drive the organisation’s vision, direction and strategic objectives. Quality will be at the centre of planning and performance management and there will be quality-related objectives in all business planning.

We will work with our local Clinical Commissioning Group (CCG) and Local Authority (LA) partners to ensure that quality is spread across the whole care pathway. We have been selected as a Vanguard site which offers us an excellent opportunity for greater integrated working and to assure that quality is consistent across care providers. We have been working with our colleagues across partner organisations on the My life a Full Life powered by Vanguard initiative.
My Life a Full Life aims to change and improve people's lives on the Island by encouraging patients, families and carers to keep healthy and well, making sure that when support is needed, it is delivered by a wide range of organisations, in a fully integrated way. My Life a Full Life is about organisations working together in partnership with local people, led by the Isle of Wight Council, Isle of Wight NHS Trust, Isle of Wight Clinical Commissioning Group, the voluntary and independent sector. My Life a Full Life is shaped by involving staff, volunteers, representatives from different organisations and people who use services, along with their carers.

Our objectives in delivering this Quality Improvement Framework are:

1. To drive up quality:
   - Through staff engagement and culture.
   - Through Listening Into Action.
   - Through the utilisation of best practice evidence and standardisation.
   - Through PDSA/Learning Collaborative/LIA.

2. To improve patient safety.

3. To improve the experience and outcomes for patients with the added value of improving productivity and making best use of available resources for the organisation.
The aim of our Quality Improvement Framework (QIF)

The QIF’s aim is that all patients and service users receive the highest quality of care, by ensuring that front line teams are empowered by the organisation to provide this.

This framework aims to provide an overarching direction and coordination on quality for the organisation to enable delivery of the highest quality health and social care. It will make use of best practice around proactive and responsive quality assurance and improvement, developing a culture for quality, and improving year-on-year. We will also commit to taking swift action where care, treatment or services fall below a standard that is acceptable, or when staff raise concerns.

Quality Priorities

Quality improvement is an ongoing cycle and the Trust is continually updating and adapting plans and priorities to reflect particular needs and experiences.

The three Quality Improvement Priorities outlined in this framework, chosen in response to national and local priorities, have been determined by the process of reviewing services and consultation with stakeholders. They provide the vision and direction for specific priorities in relation to quality. Each objective works in harmony with the others to enable the organisation to deliver the highest quality services.

The Quality Improvement Priorities are reviewed annually as part of the development of the Trust’s published Quality Account.

We will implement the changes that are required through:

Service user and staff involvement

We want service users and Quality Champions to help us deliver and monitor the quality of services we lead.

It is at the level of each service user experience that the true quality of care can be measured. Therefore, it is important to gain the service user perspective any time we want to examine or improve quality.

Service user involvement improves satisfaction and is rewarding for professionals. Public involvement influences planning and services, and increases confidence and understanding. In addition, a duty to involve service users is built in to the NHS constitution.

The Friends and Family Test provides us with regular feedback from service users across the organisation, and we will continue to explore other avenues to gain feedback from service users, patient groups and the wider public by actively encouraging participation in questionnaires, attendance at meetings and stakeholder events.

Quality at the front line

We want to empower our front line teams to deliver quality.

Quality is everyone’s business, and the front line is the biggest influence on the level of quality we deliver. By listening to and engaging with staff, we will ensure that improvements in quality are delivered first and foremost by teams. Improvements are often conceived and developed by front line teams. Quality needs to be at the core of all teams—not an add-on. Leadership is a key factor in developing quality teams that lead by example.

Drawing together everything we do
Effective outcomes
We will provide effective services with good outcomes for our service users.

Our organisation aims to have a mindset of continually focussing on the outcome – “the end result” – of any structures and processes, and will begin with the end in mind. To focus on the outcome means to focus on individual needs and preferences. To improve quality of front line teams we must focus on outcomes rather than outputs. This move reflects a whole-systems approach to health and social care, placing the service user at the centre of the service.

Assuring quality
We will know that we provide services that meet essential quality standards, and we want to become an outstanding organisation.

We want to assure ourselves and others that the care we provide always meets essential quality standards of safety, effectiveness, and experience. We will act swiftly to prevent anything from threatening our essential quality standards of care.

Delivering excellence
We will provide the highest quality services that are viewed as outstanding by all.

We recognise the need to continually strive for the highest quality possible, in line with our organisational vision “quality care for everyone, every time”. We will work with staff to create a culture of working ‘for’ the hospital, not ‘at’ the hospital.

Integrating quality
We will provide quality services in a joined up way.

Quality must be the golden thread that stitches the organisation together.

Risk management
We will ensure that we identify risks at the earliest opportunity.

This will enable us to manage and mitigate risks, promoting safety and effectiveness within the organisation that will ultimately result in improved patient experience.
Organisational development

We recognise and acknowledge the need for us to develop as an organisation and to do this we first need to develop our staff. This section details how our people will become the quality improvement that we need to see.

Our development and training team will play a key role in ensuring that our people have the necessary skills and knowledge required to fulfil the needs of the organisation and the population that it serves.

To do this, we will ensure that we develop our staff capabilities in the following areas:

- **Supporting patients and carers** – further enhancing the skills of staff in supporting patients and their families to deal with their illness.
- **Decision making and advocacy** – inspiring confidence in decision making and when advocating for the patient by providing additional training and support if required.
- **Goal setting and outcomes** – ensuring staff are trained in setting realistic achievable goals that provide the best quality outcomes for patients.
- **Care design and delivery** – staff working with patients and their carers to ensure that the care being delivered meets the needs of the individual.
- **Quality Improvement** – always looking for ways to improve the quality of care we offer and deliver quality improvements that will benefit both patients and the wider organisation.
- **Measure and monitor safety** – through effective governance routes and ensure staff are all aware of their roles and responsibilities in relation to measuring and monitoring safety.

To build our workforce capability, we will need to develop quality improvement teams. These will consist of:

- SEE Triumvirate
- Quality Fellowships (15)
- Quality practitioners (10 approx)
- IHI Improvement coaches (10)
- Clinical Leaders Programme (Directorate Structure)
- Nursing Leadership Programme (30)
- IHI Expert Patient Safety Training
- Collaborative Learning Participation (3000)
- Quality champions (100)

We will ensure that our staff have the necessary skills and attributes to work with our patients and carers.

Drawing together everything we do
Resources are required to facilitate the roll-out of the learning collaborative approach, and Quality Improvement Facilitators will be key to embedding this rapid approach to continuous quality improvement.

How we will implement the changes that are required

We will use a responsibility matrix, known as RACI, to help us clarify roles and responsibilities when crossing various departments and areas. This will help us to ensure that every aspect of new projects is covered and there is no duplication.

**RACI Definitions**

- **R** - Who is Responsible
  - The person who is assigned to do the work

- **A** - Who is Accountable
  - The person who makes the final decision and has the ultimate ownership

- **C** - Who is Consulted
  - The person who must be consulted before a decision or action is taken

- **I** - Who is Informed
  - The person who must be informed that a decision or action has been taken

Drawing together everything we do
Strategies and work-streams that support this Quality Framework

Various strategies, frameworks and work programmes will directly support the implementation of the Quality Framework by detailing the processes used to address quality:

- Quality Account
- Quality Improvement Plan
- Clinical Strategy
- Estates Strategy
- Patient Experience Strategy
- Communication Strategy
- Integrated Business Plan
- Risk Management Strategy
- Transformation Programme
- Workforce Design and Development Strategy
- Infection Prevention and Control Policies
- IM & T Strategy
- Nursing, Midwifery and Allied Health Professional Strategy
- Recruitment and Retention Strategy

In Development
- Clinical Effectiveness Strategy
- Patient Safety Strategy

We will also be utilising existing tools and methodologies to support quality surveillance and drive forward improvements, these will include:

- Safety thermometer.
- Care bundles.
- LIA Learning collaboratives.
- PDSA quality improvement methodology.
- A visit programme to other hospitals, conferences, learning opportunities to ensure that we have the vital learning from other organisations.
- Listening Into Action.
- Quality Champions.
The framework within the Trust

This Quality Framework builds upon the excellent work that is already underway to drive forward innovation and improve quality of care for our patients. It builds upon the bold and brave pathway that the organisation has already undertaken in providing more integrated care with our partners. It demonstrates how we will move forward to design and implement twenty-first century models of care that are radically changed for the better. It focuses on more integration, shifting the balance of care out of the acute hospital and into more community settings within a robust community infrastructure using initiatives like My Life a Full Life and Vanguard, which are working across the health and social care system and includes those in private and voluntary sectors.

Quality has many facets and can be viewed in different ways. To understand how this framework will address quality in the Trust we have developed a simple model that describes what we want to achieve:

- **Customer and service user requirements drive quality.**
- **Front line teams are the most important determinant of quality.**
- **The Trust has a series of layers that influence quality: the way these layers work together determines the quality of care.**
- **Each layer supports others, so that front line teams can provide high quality care.**
- **Our model will take a whole-systems approach to quality. Detailed structures will be described in the supporting strategies and work-streams.**

**Patient/Service User:** ultimately defines quality. They are at the heart of everything we do.

**Front line teams:** determinant of quality for our services users.

**Corporate teams:** influence quality and capture and analyse information about quality.

**Strategies, policies, systems:** provide consistency of direction, allowing the front line to provide high quality care.

**Leadership, vision and values:** ties everything together and provides a platform to steer and improve quality, and ensure that quality is the primary driver for organisational change.
To our service users:

We fully acknowledge the need to provide you with the highest quality care, and our Quality Improvement Framework will help us achieve that by:

✓ Helping you to be in control of the care we provide—nothing about me without me
✓ Give you information so that you can make informed decisions about your care
✓ Involve you in efforts to improve how we deliver care
✓ Tell you what we are doing to improve quality

To our front line staff:

We know you want to do the best you can for your patients, and that being able to deliver high quality care results in a better working experience for staff. We will:

✓ Ask you how we can improve quality and involve you in decision making
✓ Support and develop you and your teams; provide and training and development required to improve quality
✓ Be open and honest when things go wrong, listen to you and learn from experience
✓ Celebrate individual and team successes
✓ Promote a culture openness and transparency

We face considerable challenges going forward and may fundamentally change the way we work in a fluctuating economic climate; so we need to make sure we get things right the first time. When we get things wrong or when staff raise concerns we need to make sure that we listen and learn in order to continuously improve.

To our partner agencies and third party providers:

Health and social care is delivered under an umbrella of providers and we are fortunate on the Island to have an excellent working relationship with our local authority colleagues, CCG, nursing and care homes, Earl Mountbatten Hospice, Public Health and the voluntary sector, which we will further enhance by:

✓ Being honest and open with partner agencies about quality
✓ Set clear expectations of quality for third party providers
✓ Strive to meet the quality standards required by Commissioners
✓ Share learning and research to improve whole system care throughout the local health economy
✓ Celebrate successes associated with excellent partnership working

Drawing together everything we do
What the framework means for our staff

We acknowledge the connection between having an open culture within the organisation, quality priorities of our service users and the values, aspirations and skills of our staff. It is widely acknowledged that organisations whose staff are engaged and have job satisfaction deliver better care; and there is compelling evidence that staff well-being and experience correlate with service user experience and outcomes.

The framework ensures:

**Safety**

- Staff are aware of their individual professional responsibilities and corporate responsibility to raise concerns and provide high quality, safe care.
- Staff are supported and empowered to make decisions about care and safety and they are prepared with back up plans for when system failures occur.
- When things do not go as planned, staff focus on learning lessons and improving quality rather than assigning blame.
- Staff feel supported to raise concerns and are listened to and responded to.
- We will seek and learn from other organisations.
- We will work in line with national requirements.

Listening into Action

We recognise the need to support our staff to feel engaged, valued and empowered in delivering quality improvements that are essential in delivering our ambition of providing better quality care. Listening to staff is one of our key drivers (through Listening into Action) and is an important tool in delivering care that is consistent with our values.
Effectiveness

✓ Staff are supported to focus on the effectiveness of their teams and outcomes for their service users.

✓ Staff are recognised for their contribution to improving quality outcomes; both in those that are measured and where staff go the extra mile in delivering excellence.

✓ Staff appraisals and development will harness their potential for front line continuous quality improvement.

✓ Staff make use of research and development to improve the effectiveness of their services, as well as evidence-based practice.

✓ Staff are encouraged to take part in clinical audit to improve quality outcomes.

✓ We will develop a more focussed approach to clinical effectiveness.

✓ Staff will be encouraged to own their own data.

Experience

✓ Staff are aware, willing to change, supported to adjust and respond to the external and internal environment where appropriate.

✓ When things go well there are opportunities to share improvements and information across the organisation so that others can learn how to improve equity, equality and diversity.

✓ Staff learn lessons when things go wrong, and share that learning with others to prevent recurrence.

There are a number of quality improvements that we either already know about (e.g. the quality priorities listed below), and others that we will need to address as they are identified. Our strategy for how we monitor and manage continuous quality improvement will be formalised within the approaches detailed later in this document. The Quality Priorities for 2015/16 are detailed across the following pages.
Quality Priority One: Reduce Incidence of Patient Harm (Safety)

We want to provide effective services that minimise the risk of harm and give excellent outcomes for service users.

We recognise the need to respond quickly and appropriately when things go wrong and continually improve the safety of the services we provide to people. We acknowledge that healthcare is not a risk free system and weak processes can lead to errors and, tragically, these errors sometimes have serious consequences for our patients, staff and the reputation of the Trust.

We all have a responsibility to continually strive to reduce the occurrence of avoidable harm.

Over the years we have made significant progress in developing a standardised way of recognising, reporting and investigating when things go wrong through Root Cause Analysis (RCA).

Serious incidents in health care are events where the potential for learning is so great, or the consequences to patients are so significant that they warrant attention to ensure these incidents are identified correctly, investigated thoroughly and, most importantly, ‘trigger actions’ that will prevent them from happening again. It’s not about apportioning blame.

The organisation is committed to focussing on reducing incidents of harm as one of the new quality themes for 2015/16, in particular around reducing inpatient falls that result in harm, reducing pressure ulcers, reducing healthcare acquired infections, addressing the nutritional needs of patients and minimising medication errors.

Where we are now

We have already embedded the pressure ulcer prevention competency for registered nurses and will push forward this year with developing the competency of non-registered practitioners. Ward sisters and team leaders throughout the Trust will have the opportunity to contribute through a joint learning collaborative which will look specifically at the reduction of pressure ulcers and nutritional management in all settings.

Pressure ulcers are areas of skin which break down under the effects of pressure, or through dragging or rubbing of the skin. They are often painful and distressing, and in many instances, with the right equipment, advice and care, pressure ulcers are avoidable. The Trust has a continuing commitment to reducing pressure ulcers as a form of avoidable harm to patients in all settings in which NHS care is delivered.

Pressure ulcers are graded according to the European Grading system with grade 1 being the least severe, usually reddened unbroken skin, and grade 4 being the most severe, usually indicating full thickness skin damage down to bone. The Trust’s reporting also distinguishes between those pressure ulcers that developed wholly within NHS care, and those who came into NHS care which then went on to deteriorate. The Nutrition and Tissue Viability Service will continue to monitor pressure ulcer reporting, contribute to the investigation of the most serious grade 3 and 4 pressure ulcers, and audit key standards of documentation and practice.
Where we want to be

An overwhelming marker of the standards of care being delivered in inpatient areas is the number and grade of pressure ulcers. We aim to:

✓ Eradicate grade 4 pressure ulcers.
✓ Reduce the number of grade 3 pressure ulcers in all settings.
✓ See a 30% reduction in grade 2 pressure ulcers in all settings.
✓ See a 20% reduction in grade 1 pressure ulcers in all settings.
✓ Realise a 50% reduction in the deterioration of pressure ulcers grades 2 to 4 in all settings.
✓ Appoint a Falls Prevention Lead for the in-hospital setting.
✓ Ensure that patients who have been identified as needing an in-depth assessment and plan of care (due to previous falls history or clinical presentation) will have documented evidence that this was completed and implemented.
✓ Reduce the number of Heath Care Acquired Infections.

How we will get there

Key action area for collaboratives | Linked to
--- | ---
We will utilise the latest research and evidence based-practice to reduce pressure ulcers. | Experience
We will monitor monthly and address any issues or risks as they arise. | Effectiveness
We will develop communication methods with service users to take their needs into account. | Experience
We will work closely with the multidisciplinary team to minimise the risk of falls. | Safety

Links to Trust Organisational Priorities

✓ Prevent avoidable harm.
✓ Improve mortality rate.
✓ Make every service the best it can be.
✓ Improve what people think of their care.
✓ Design services that deliver best practice within our resources.

Key performance indicators

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data source</th>
<th>Frequency</th>
<th>Collected and reported by</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Grade 4 newly acquired pressure ulcers across all settings.</td>
<td>Datixweb</td>
<td>Monthly</td>
<td>Nutrition &amp; Tissue Viability Nurse Specialist</td>
</tr>
<tr>
<td>50% reduction in newly acquired grade 3 pressure ulcers across all settings.</td>
<td>Datixweb</td>
<td>Monthly</td>
<td>Nutrition &amp; Tissue Viability Nurse Specialist</td>
</tr>
<tr>
<td>50% reduction in the deterioration of pressure ulcers to grades 3 to 4 across all settings.</td>
<td>Datixweb</td>
<td>Monthly</td>
<td>Nutrition &amp; Tissue Viability Nurse Specialist</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data source</th>
<th>Frequency</th>
<th>Collected and reported by</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of patients are assessed to establish the need to be included in one of the three dedicated FallSafe bundles by 31st March 2016.</td>
<td>Clinical areas Datixweb</td>
<td>Monthly</td>
<td>Falls Coordinator</td>
</tr>
<tr>
<td>90% of patients needing to be on one of the three identified FallSafe bundles must have the relevant assessment completed in full by 31st March 2016.</td>
<td>Datixweb</td>
<td>Monthly</td>
<td>Falls Coordinator</td>
</tr>
</tbody>
</table>
Quality Priority Two: Improve the Discharge Planning Process (Effectiveness)

Improvements in quality are delivered first and foremost by the frontline teams, and it is these teams who often conceive and develop quality improvements. Quality should be at the core of all teams, in order to improve outcomes for patients.

It is often these frontline teams that have the biggest impact on people’s experience. Although there have been significant improvements in the discharge planning process, we readily acknowledge that there is still room for improvement which will further enhance the quality of our patient’s experience.

Delays to discharge not only cause issues for the patients that are trying to get home, their families and carers, but also those in the acute stage of their illness that are in need of a hospital bed. This also impacts on our Ambulance service if they are unable to offload when there are no beds in the hospital.

Where we are now

We have made considerable progress in working with our colleagues in Adult Social Care and the wider community to try to expedite the discharge process. An internal hub has been established with additional resources being put in to help alleviate seasonal pressures. We are also aware of the importance of mental health patients for whom the majority of care is given in the community, and appropriate discharge of mental health patients is currently managed through Sevenacres.

A project has been established to work in key areas that will impact upon the discharge planning process. This has been piloted and is now being rolled out across the organisation. It is focused on:

✓ Reducing length of stay.
✓ Increasing the number of pre-noon discharges.
✓ Implementing planned dates of discharge for all patients.
✓ The use of visual management tools to track progress.

Our Ambulance service already has one of the best ‘leave at home’ rates in the country, and we are nationally recognised as having the best NHS 111 service, which re-directs people to the most appropriate setting to avoid having to come into hospital.

Where we want to be

We want all of our staff to have a culture of high quality care for all, and develop their own quality improvement agendas.

To improve the discharge planning process this will include:

✓ Having increased numbers of people with long term conditions managing their own care or having fewer interventions.
✓ Modelling ambulatory care to keep patients as day cases where possible.
✓ Admission avoidance.
✓ Greater access to nursing home and residential home beds through further roll-out of trusted assessments.
✓ Further scrutiny of patients with a prolonged length of stay and earlier intervention to assist with discharge planning.
✓ We are working towards providing a 72 hour assessment unit within Sevenacres to enable people to return to the community as quickly and safely as possible. Closer working relationships with the third sector will also help promote this with other community support services coming on stream to enable people to return home and receive community based support.
✓ We will assess the impact of national pilots where the physical and psychological aspects of care are joined, and explore the potential to improve the involvement of a psychological approach to help with people’s ability to accept and manage their long term conditions.

✓ We will improve partnership working with our colleagues in Social Services to minimise delays to discharge.

How we will get there

<table>
<thead>
<tr>
<th>Key action area</th>
<th>Linked to</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will scrutinise our bed usage to ensure we have housed people in the most appropriate setting for their needs, re-aligning wards if necessary</td>
<td>Experience</td>
</tr>
<tr>
<td>We will continue to roll out the patient flow project.</td>
<td>Effectiveness</td>
</tr>
<tr>
<td>We will educate our patients with long term conditions to manage their illness with fewer interventions and keep them in their own homes.</td>
<td>Experience</td>
</tr>
<tr>
<td>We will open a day case area on the newly refurbished Medical Assessment Unit where ambulatory care patients can be managed.</td>
<td>Effectiveness</td>
</tr>
<tr>
<td>We will plan for discharge earlier in the patient’s stay. This will help reduce length of stay and minimise the risk of hospital acquired infections.</td>
<td>Safety</td>
</tr>
</tbody>
</table>

Links to trust Organisational Priorities

✓ Create and maintain partnerships with other organisations so that we can deliver excellent care.
✓ Make every service the best it can be.
✓ Improve what people think of their care.

Key Performance Indicators

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data source</th>
<th>Frequency</th>
<th>Collected and reported by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction in average length of stay.</td>
<td>PIDS data</td>
<td>Weekly</td>
<td>Programme Manager</td>
</tr>
<tr>
<td>Increase in pre-noon discharges.</td>
<td>PIDS data</td>
<td>Weekly</td>
<td>Programme Manager</td>
</tr>
<tr>
<td>Implementation of visual management tools.</td>
<td>Ward audit</td>
<td>Weekly</td>
<td>Programme Lead/Manager</td>
</tr>
<tr>
<td>Implementation of planned date of discharge for all patients.</td>
<td>Ward audit</td>
<td>Weekly</td>
<td>Programme Lead/Manager</td>
</tr>
</tbody>
</table>
Quality Priority Three: Improve End of Life Care

In 2008, the Department of Health released the End of Life Care Strategy: Promoting High Quality Health Care for all Adults at End of Life, which identified the need to improve the quality of care received by people nearing the end of their lives.

Early recognition of people who are in the last year of life is vital so that the person’s choice of treatment and place of treatment is known and is incorporated into the care provided. In establishing the person’s wishes, appropriate care can be anticipated and in some circumstances, avoid unnecessary admission to hospital.

The AMBER Care Bundle (ACB) is a tool that was devised by Guys and St Thomas’ Hospital Trust in London, to prompt difficult conversations about escalation of care and preferred place of death for people whose recovery is uncertain. This tool is being used here to support the recognition of patients whose recovery is uncertain. The implementation and uptake of this tool has been somewhat limited, and work is underway to improve this and audit uptake and usage of the tool.

Lack of recognition of people who are nearing end of life remains an issue for the Trust.

Where we are now

Holistic assessment is the key to individualised, personal care and this is being developed with the newly developed End of Life Care Plan. The development of the care plan booklet was guided by the recent publication ‘One Chance to Get it Right’ (NHS 2014) and includes all aspects of end of life care that are considered to be best practice, and will be audited. The patient and their family are central to the development of an individualised End of Life Care Plan and this has been recognised within the document.

The End of Life Care Plan is currently being piloted in three clinical areas. The care plan has been shared with the Wessex End of Life and Palliative Care Network and NHSIQ so that there is good critical feedback of the care plan. The identification of end of life patients has been incorporated into the handover form when patients are moved, to reduce the number of moves.

The End of Life Implementation Team is working closely with the Isle of Wight End of Life Strategy Group to ensure co-ordination of care across all environments. The Ambulance Hub holds all Anticipatory Care Plans developed by the GPs.

The Implementation Team have developed clinical governance structures by developing the following:

1. Writing an End of Life Policy.
4. An audit process has been started to look at all areas around end of life care.
5. A questionnaire to routinely gather feedback from bereaved relatives.

End of Life Champions have been identified in each clinical area across the acute wards, mental health wards and in the community.

The Quality Implementation Plan (produced following our latest CQC visit), identified that end of life care education needs to be mandatory, therefore an application has been made to the Mandatory Training Committee to ensure all relevant staff receive the necessary training and education to support delivery of end of life care.
Where we want to be

Caring for the dying is one of the last things we can do for our patients, and we need to make this experience as trouble free as it can be for our patients and their carers. We need to improve our recognition of the possibility that a person may die within the next few days or hours; communicate clearly and act quickly in accordance with the person’s needs and wishes, and ensure these are regularly reviewed and decisions revised accordingly.

Caring for people who are close to death demands compassion, kindness, high quality communication to the person and their family, as well as a skilled application of knowledge. We must ensure that staff are competent in how to recognise a person that is on the end of life journey so that decisions are made and there is care managed appropriately.

We will:

✓ Reduce the number of non-clinically justified bed moves for end of life patients.
✓ Increase the number of staff completing the end of life e-learning package.
✓ Ensure that Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders are completed in their entirety and in a timely manner, to include clear documentation on how the decision was reached.
✓ Develop and roll out the use of a Priorities of Care pathway for EOLC patients.
✓ Ensure that we talk to people about end of life issues and identify any patient that may be appropriate for the AMBER care bundle within 24 hours of admission.
✓ Develop an island-wide end of life care strategy.

Key Performance Indicators

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data source</th>
<th>Frequency</th>
<th>Collected and reported by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve end of life care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Month on month increase with a target of 65% by 31st March 2016 for the use of the Priorities of Care Patient Pathway in cases where a patient death was expected.</td>
<td>Clinical coding</td>
<td>Monthly</td>
<td>End of Life Care Lead Nurse</td>
</tr>
<tr>
<td>80% of clinical staff have completed End of Life Care training by 31st March 2016.</td>
<td>Pro4 training</td>
<td>Monthly</td>
<td>End of Life Care Lead Nurse</td>
</tr>
<tr>
<td>A quarterly improvement in the relative survey results for the questions relating to communication.</td>
<td>Survey results</td>
<td>Quarterly</td>
<td>Patient Experience Lead</td>
</tr>
</tbody>
</table>
Implementation

Overall approach to implementation

Our Executive Director for Nursing will coordinate the annual implementation plan with key priorities for each year. The plan will contain actions shared across other directorates. The implementation of this framework will:

✓ Build on the previous year’s work plan, providing overall direction for this year’s work.
✓ Use a phased approach for subsequent years, ensuring progress against each of the themes whilst maintaining in-year flexibility for responding to quality issues.

Each December the annual work plan for the next financial year will be produced and progress against the framework for quality goals will be reviewed.

Supporting strategies for implementation

As noted on page 27, there are numerous strategies and plans that underpin and support implementation of this framework.

Key strategies that will be reviewed and/or developed by the SEE team are:

✓ Safety Strategy.
✓ Effectiveness Strategy.
✓ Experience Strategy.
✓ Quality Assurance Programme.

The supporting strategies above will provide detail on policies, systems and processes that will be developed or refined to achieve the three quality themes of this framework.

Planning over a five year period

We acknowledge the importance of planning actions to implement this framework, and a flexible approach is needed over a five year period.

• Actions documented now may not be viable to commence, particularly in the latter years of implementation as circumstances change.
• Additional actions could better achieve the desired outcomes and may arise from analysis and review of progress.
• Ongoing consultation with service users, carers and the public may result in beneficial changes to implementation.

Drawing together everything we do
Phases of implementation

The implementation of the Quality Improvement Framework will take place in three broad phases:

- **Structure**: Align strategies, policies, and the capabilities and culture of support teams to fulfill the framework’s quality themes.
- **Process**: Ensure clear roles and accountabilities in relation to quality governance are in place, with a clear process for escalating and resolving issues.
- **Outcome**: Embed routine measurement of outcomes, with appropriate quality information being analysed and challenged.

Services will be expected to self assess against the Quality Governance and Assurance Framework self assessment tool and will feed back the results to the SEE team.
Monitoring: How we will measure progress

We will ensure that we have an effective communication strategy with plans in place for dissemination of the finalised version of the QIF.

It is essential that the strategies mentioned within this document include robust mechanisms for monitoring and managing quality of care.

Clear measurable Key Performance Indicators have been identified against each quality improvement initiative. These will be monitored through the local quality and performance meetings/boards within the local business units.

The Board will receive quarterly updates with regards to progress against the KPIs for these quality improvement priorities.
Communications and engagement

This framework will enable us to achieve safer, more effective, patient-centred services. We aim to avoid any episodes of care falling below the highest quality standards, and preserving dignity and respect will be the cornerstone of how we treat our patients, families and staff.

We will continually seek and act upon feedback and develop from lessons learned. Our communication plan will enable us to share progress.

How we will communicate

The draft QIF has been circulated widely for feedback. Upon completion of this feedback, the finalised version will be signed off at Trust Board. It will be available through our website, the intranet, and will be circulated through Directorate management meetings for onward cascading.
Stakeholder feedback

Contributions from the following personnel have been included in the revised version of the QIF:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Baker</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>Alan Sheward</td>
<td>Executive Director of Nursing</td>
</tr>
<tr>
<td>Pippa Hart</td>
<td>Trust Development Authority</td>
</tr>
<tr>
<td>Mark Price</td>
<td>Company Secretary</td>
</tr>
<tr>
<td>Dr Alexis Bowers</td>
<td>Consultant Psychiatrist</td>
</tr>
<tr>
<td>Debbie Hanson</td>
<td>District Nurse Team Leader</td>
</tr>
<tr>
<td>Shelley Weir</td>
<td>Interim Service Lead for Improving Access to Psychological Therapies/Primary Care Mental Health Team</td>
</tr>
<tr>
<td>Linda Keighley</td>
<td>Project &amp; Service Development Manager</td>
</tr>
<tr>
<td>Lesley Mew</td>
<td>Clinical Team Leader</td>
</tr>
<tr>
<td>Martin Robinson</td>
<td>Associate Director</td>
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<tr>
<td>Theresa Gallard</td>
<td>Safety, Experience and Effectiveness Manager</td>
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<tr>
<td>Dr Nina Moorman</td>
<td>Non-Executive Director</td>
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<tr>
<td>Dr Andrew Woolley</td>
<td>Consultant Respiratory Physician</td>
</tr>
<tr>
<td>Tony Adams</td>
<td>Service Lead for Memory Service, Learning Disabilities, Child and Adolescent Mental Health Service and Island Drug and Alcohol Service</td>
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<tr>
<td>Denis Ford</td>
<td>Patient Council</td>
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<tr>
<td>Caroline Robertson</td>
<td>Falls Prevention Coordinator</td>
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<tr>
<td>Jacqui Skeel</td>
<td>Assistant Director for Organisational Development</td>
</tr>
<tr>
<td>Leisa Gardiner</td>
<td>Listening into Action Lead</td>
</tr>
<tr>
<td>Steve Parker</td>
<td>Consultant General Breast and Paediatric Surgeon</td>
</tr>
</tbody>
</table>
It is my pleasure to bring this **Quality Improvement Framework** to the Trust. The components of this framework follow many engagement events and the opportunity for our staff, patients and service users to comment. It embraces the contemporary approach to quality improvement placing our staff and patients and the forefront of how we manage our organisation. It supports patients being at the centre of all we do in the Trust and supports our staff to bring about change through clear supporting mechanisms. I look forward to working with you on the implementation of this framework and for recognising the many opportunities we have to improve the patients safety, experience and clinical effectiveness.

**Alan Sheward**  
Executive Director of Nursing
Drawing together everything we do