



Quality Improvement Strategy 2023-2025



Our Alliance

Who Are We?

Our dedicated team of around 19,500 colleagues, our NCA Family, delivers healthcare excellence to over one million people across Salford, Oldham, Rochdale, and Bury, as well as providing more specialist services to patients from Greater Manchester and beyond.

Patients and service users receive a range of integrated health and social care services at their home or in the community or can be treated and cared for in one of our four hospitals – Salford Royal Hospital, The Royal Oldham Hospital, Rochdale Infirmary or Fairfield General Hospital in Bury.

Our aim is to deliver consistently high standards of care to them all.

The NCA team works to save lives and improve lives. By joining forces with our partner organisations, we're committed to enhancing the health of our local communities.

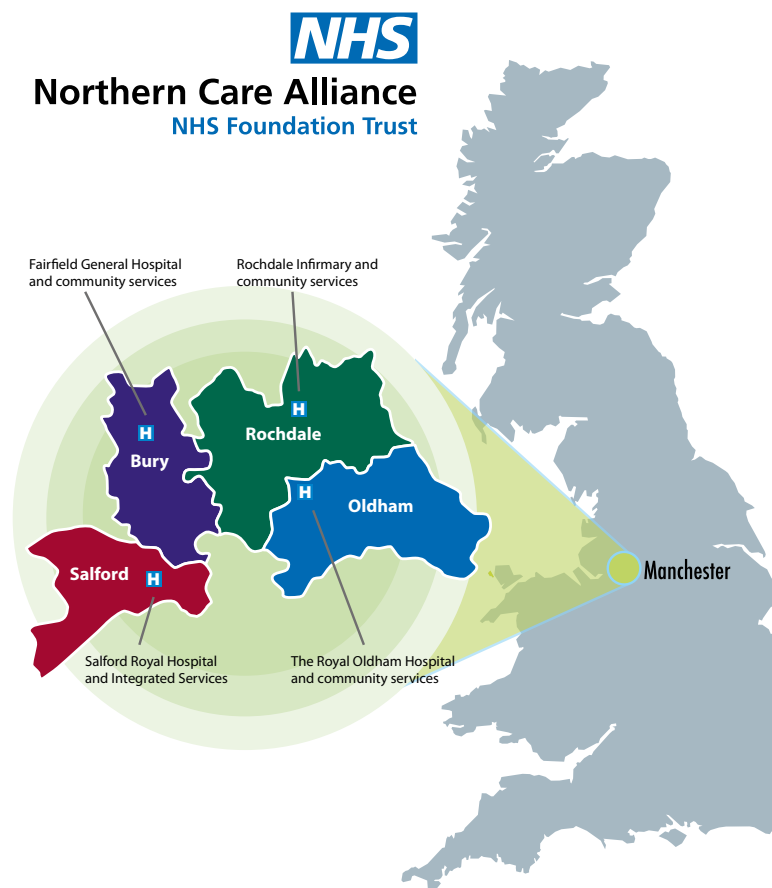
Northern Care Alliance NHS Foundation Trust (NCA) brings together colleagues and services from Salford Royal NHS Foundation Trust (SRFT) and The Pennine Acute Hospitals NHS Trust (PAT). The NCA Foundation Trust was formally established on 1 October 2021 and has been working together as a group since 2016.

Our Care Organisations

All community and hospital services are provided through our four Care Organisations: Salford, Oldham, Rochdale, and Bury supported by our NCA-wide diagnostics and pharmacy services, and corporate functions, including Estates and Facilities.

The four Care Organisations have a Medical Director, Director of Nursing, Managing Director, Finance Director, and Human Resources Director with clear accountability and authority to govern.

Together they manage and are responsible for the day-to-day running of their hospital and community services, and social care in Salford, ensuring the safe delivery of high-quality care at scale.





Why do we
need a quality
improvement
strategy?

Quality Improvement Strategy and Vision10

At the start of 2022 the NCA launched its 10-year strategy, Vision10. Vision10 sets out what the organisation intends to achieve in the next 10 years. Mission, vision and ambitions are described.

This quality improvement (QI) strategy is complementary to Vision10 and is intended to describe how QI will be used to contribute to the ambitions set out in Vision10.



The NCA was formally established on 1 October 2021 but we have been working together as a group since 2016. This quality improvement strategy is the first time we have set out what we wish to achieve in quality improvement as the NCA. We know that an effective quality improvement strategy can deliver several benefits:

- 1. Improvements in the quality of care for our service users.**
- 2. Improvements in the experience of care for our service users.**
- 3. Improving the experience at work for our people.**
- 4. Improving retention rates of our people.**

Having an effective quality improvement strategy is now more important than ever. We know that the last two years have been challenging for our patients and service users and our people. Through this strategy we are committing to applying quality improvement methodology to deliver sustained improvements.

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

Our people told us through the NHS Staff Survey that they do not feel able to make improvements in their area and that they do not think quality is the top priority of the organisation. Through this quality improvement strategy, we will ensure all colleagues believe that they are enabled to make improvements at work.

This quality improvement strategy will contribute to achieving the four visions of Vision10, which are:

- **Being the safest and most effective organisation.**
- **Delivering excellent outcomes and experience.**
- **Improving health and tackle inequalities.**
- **To be the place where people want to work.**

Strategy development

To support the development of the strategy we reviewed a range of published sources of evidence to identify key trends in the health and care quality improvement agenda. The international, national, best practice and research evidence consistently identified the following as key priorities:

- **Patient safety** - with a focus on shared learning and problem solving to establish a culture where both colleagues and patients feel able to raise concerns was identified in both national, international literature and best practice examples. The safety of maternity services was a clear national focus. Aligned with this, quality improvement research suggested that understanding complexity and designing for safety alongside service users is central to all improvement work.
- **Flow** - with improvements in emergency, admitted, and hospital flow highlighted in the published evidence. Related to this there was an increasing focus on harm and mortality associated with delays at and before the front door.
- **Elective recovery** - with a focus both on waiting safely and equity in access and experience while waiting.

The international, national, best practice and research evidence also highlighted key themes in the current thinking on approaches for quality improvement work. These were:

- Increasing emphasis on improving the experiences and value of health and care through co-design and co-production. Those with lived experience of services should be viewed as equal and active partners in delivery with collaboration done in a way that is both meaningful and trusted.
- The development of an integrated, system wide approach to quality improvement focusing on goals shared across a system. The evidence showed that health and care outcomes may be maximised for all communities and populations by working in partnership to define improvement projects across whole pathways to address emerging areas of concern across the whole of health and social care. This joined up approach was also essential to ensure equality in access to care and patient experience.
- A continued emphasis on the need to create an environment where all colleagues and volunteers can offer ideas on how to drive improvement, and where all colleagues have the skills needed to improve quality.
- An emerging focus on colleague wellbeing and improving colleague experiences at work. The evidence demonstrated that focusing on what matters, including psychological safety and provision of opportunities for development, also fosters a culture of trust. This culture of trust, along with the welcoming into the NHS of people from diverse backgrounds, could then facilitate new ways of working to deliver high quality care to the range of communities served by the NHS. Quality improvement research also endorsed a focus on colleague wellbeing to prevent the 'dehumanisation' of healthcare and development of a sense of belonging for colleagues through a culture of listening, learning and respect.



Engaging with
stakeholders

This strategy has been developed by engaging as broadly as possible with our colleagues, our patients and service users, and the senior leaders across the NCA. We have used several approaches to ensure we reached out to patients and service users and our front-line teams, asking what their biggest quality and safety concerns were. This will ensure that this strategy best reflects what is important to our people.

We've triangulated this feedback with a range of data sources including mortality data, incident data, performance data for both urgent and elective care, staff survey data and Friends and Family Test information. In the process of developing this strategy, we have also looked externally to understand what we can learn from other high-performing organisations across the wider NHS and how we can incorporate the predicted benefits of moving toward Integrated Care Systems.

As an organisation of 19,500 colleagues that serves a population of over 900,000 it is key that this strategy is aligned with what matters most to our people and our patients and service users. As part of the engagement phase of the strategy development we have:

- Held consultation meetings with the NCA Lived Experience Affiliate Panel, NCA Governors, faith leaders, patients and service users with specific experience of using our services, and all our Healthwatches to capture the voice of the service user.
- Invited the members of our NCA Foundation Trust to contribute.
- Interviewed over 30 senior leaders to understand how our work can support their priorities.
- Held discussions with director teams from across the NCA.
- Held discussion with NCA executive team.
- Had 282 responses from colleagues telling us what their quality and safety priorities areas were.
- Held a road show at each of our Care Organisations to talk to colleagues about what they would want to see in the strategy.
- Attended community settings to ensure community-based colleagues had the same opportunity to feedback as those working on acute sites.

As part of the consultation, we themed all feedback and totalled the number of times each was mentioned. This was then correlated with the different data sets, as well as information from the literature review, to help us arrive at the following high-priority areas:

- Supporting our people
- Delivering fundamentals in care
- Building QI Capability building

This broad engagement together with initial learning from our Care Quality Commission inspection forms the foundational vision of the Quality Improvement strategy for the coming years and our ambition to improve services for the populations of Salford, Oldham, Rochdale and Bury.



Our
commitments

The Quality Improvement strategy will be conducted with the following commitments to our patients and service users, public and colleagues.

Patient centred: We will strive to deliver the things that matter most to our patients and service users, ensuring that we always have our patients at the centre of our focus, listening to their needs.

Increased patient safety: We will devote ourselves to reducing harm and improving patient safety, by sharing best practice and learning across the NCA. We commit to reducing unnecessary waits, where possible, throughout the journey within our health and care settings.

Digital care: We recognise that there are multiple opportunities to use innovative technology to improve our systems and the care delivered to our communities. We will include horizon scanning and planning for our digital future in our improvement work to ensure we always consider our options for digital development. While being innovative with technology we will be mindful of the digital inequalities that exist in our communities and the potential for unintended consequences from those innovations.

Standardisation: We know that creating clear standards in how care is delivered improves our patients' outcomes. When we bring clinicians together to work on improvement we will ensure that care is standardised so it is of the same high quality regardless of where it is delivered.

Care closer to home: We understand the importance of our patients' time, therefore, we will endeavour to support our community services to develop QI knowledge and skills so they can deliver care closer to home where possible and demonstrate the benefits for patients and service users.

Joined up care: We will develop and support a wide variety of services that will be delivered consistently across the NCA leading to joined up care between services and Care Organisations.

Co-production: We pledge to engage our patients and service users and fully involve them in service improvements as we acknowledge that people with lived experience are often the best placed to create positive changes.

Equity: We acknowledge there are inequalities in patients and service users' outcomes and that in order to address those inequalities we need to tailor our approach to address these injustices.

Working with colleagues: We will listen to colleagues and engage with them to bring their ideas to work giving them the capability to deliver local improvements.

Continuous improvement: We will consistently spread our quality improvement methodology across all services within the NCA. Colleagues will be encouraged to be curious as to how they can improve the services they deliver using our structured QI approaches.

Place: We will continue to deliver improvements with partners in place that seek to reduce population health inequalities and improve pathways to link seamlessly across primary, community, secondary, and social care.

Awareness of other teams and strategies: We will work collaboratively with teams across the NCA to align our work.



What are
we trying to
accomplish?

The aims defined in Vision10 are:

Aim 1: To be the safest and most effective organisation

We will use measures such as hospital-associated infections, mortality rates, and waiting time data to compare ourselves with other similar NHS organisations. We will learn from others, adopting best practice from the UK and beyond.

Aim 2: Provide excellent outcomes and experience

What matters most is the perspective of patients and service users. This strategy can contribute to the financial sustainability of the organisation by ensuring how patients feel is reflected in positive clinical outcomes, consistently high measures of care quality, and positive experiences of receiving NCA services.

Aim 3: Improve health and tackle inequalities in all our places

The stark reality is that outcomes are worse in some of our communities which stems from inequalities in society and potentially in the care we deliver. Inequality can be experienced in many ways. Some groups may experience differences in accessing services, receiving care and support, feeling heard and involved, and outcomes such as life expectancy. Our systems may create unanticipated barriers to care – especially if we do not specifically set out to identify these. We will consider potential inequality in everything we do, specifically aiming to act to improve access and outcomes for vulnerable groups to address this gap.

Equality is also relevant to our People, who should be treated fairly in their employment, training and career progression, regardless of their characteristics.

Aim 4: Be the place where people want to work

Only by attracting the best people to work at the NCA can we deliver the best care. We know that reputation and the experience of working at the NCA are key. We will create an environment where we listen to and value colleagues' contribution and support their development.

In addition, whilst not defined as an aim in Vision10 financial sustainability is described as an ambition. This Quality Improvement Strategy plays an important role in contributing to the financial sustainability of the organisation and delivering value for money.

To contribute to the aims of Vision10 we will work on the following drivers:

Empower (Building QI Capability)

We want to foster a culture of continuous improvement through equipping and empowering our people to use systematic QI methods to improve the quality of care and outcomes for our patients and service users.

We will offer quality improvement training programmes, team focused QI coaching and action-orientated learning as part of our project-based work to build a cohort of quality improvement leaders throughout the organisation from the front line to the Board.

This driver is crucial to the overall delivery of the strategy as it empowers the whole organisation to face the challenges we experience now and in the future.

We aim to achieve

- By 2025 we will have 1000 active coaches for quality improvement



EMPOWER

Support (Our People)

Quality improvement opportunities will be identified, led, and delivered across the NCA by our people as part of daily business. It is therefore critical that we focus on creating time and space for our people to both do their work and to improve it.

We will work with colleagues to address practical challenges, remove barriers, and tackle daily frustrations. We will work across the organisation to create the conditions for our people to be healthy, happy, and productive.

This driver will support our people to find joy in work and apply their QI skills in their daily jobs.

Our people will feel confident leading improvement.

We aim to achieve

- By 2025 at least 60% of our colleagues will report feeling able to make improvements happen in their area of work - as measured by the NHS National Survey (current NHS best is 61.5%)
- By 2025 at least 80% of our colleagues will report that care of our patients / service users is the NCA's top priority - as measured by the NHS National Survey (current NHS best is 89%)



SUPPORT

Focus (Saving Lives and Improving Lives)

Driven by the NCAs mission of saving lives and improving lives we want to focus on the critical improvement objectives highlighted during our scoping exercise.

It is widely acknowledged that not all aspects of health and social care perform as well as they should as our systems are not always designed to deliver evidence-based care to every patient, every time.

We will continue to seek out and reduce unwarranted variation and define and standardise care against best practice.

There is mounting evidence of the scale and severity of harm associated with waiting across health and care in the current climate. We know that bottlenecks in our systems, outdated administration and I.T. systems, duplication in processes, poor communication and place-based working, and a mismatch between demand and capacity are contributing to these waits

We will define clear pathways, reducing steps and procedures that don't add value. We will strengthen place-based working and focus work on transitions between services.

Planned with a project-based approach, this driver will expose large groups of colleagues to quality improvement tools and methods.

This driver will focus on achieving improved outcomes for our patients and service users.

We aim to achieve

- By 2025 we will achieve a 10% reduction in avoidable harms (falls and pressure ulcers)
- By 2025 all care organisations to achieve 'better than expected' for HSMR
- By 2025 year on year improvement to stillbirth rates (aim to be developed by maternity programme)



FOCUS

Share (The NCA)

We want to work with colleagues to harness the full potential of the NCA group.

The NCA is one of the largest health and care organisations in the UK, serving a local population of nearly 1 million, through 100s of services and 19,500 staff. This presents huge opportunities for collaboration, connections, and shared learning but also brings challenges for standardisation, communication, and alignment.

We will work with colleagues to develop effective methods to support shared learning across the NCA and facilitate connections between leaders and frontline teams.

We will work in a synergistic way with Corporate and Change teams, and across our Care Organisations, to keep on aligning, simplifying, and improving our work and the care we provide to our patients and service users.

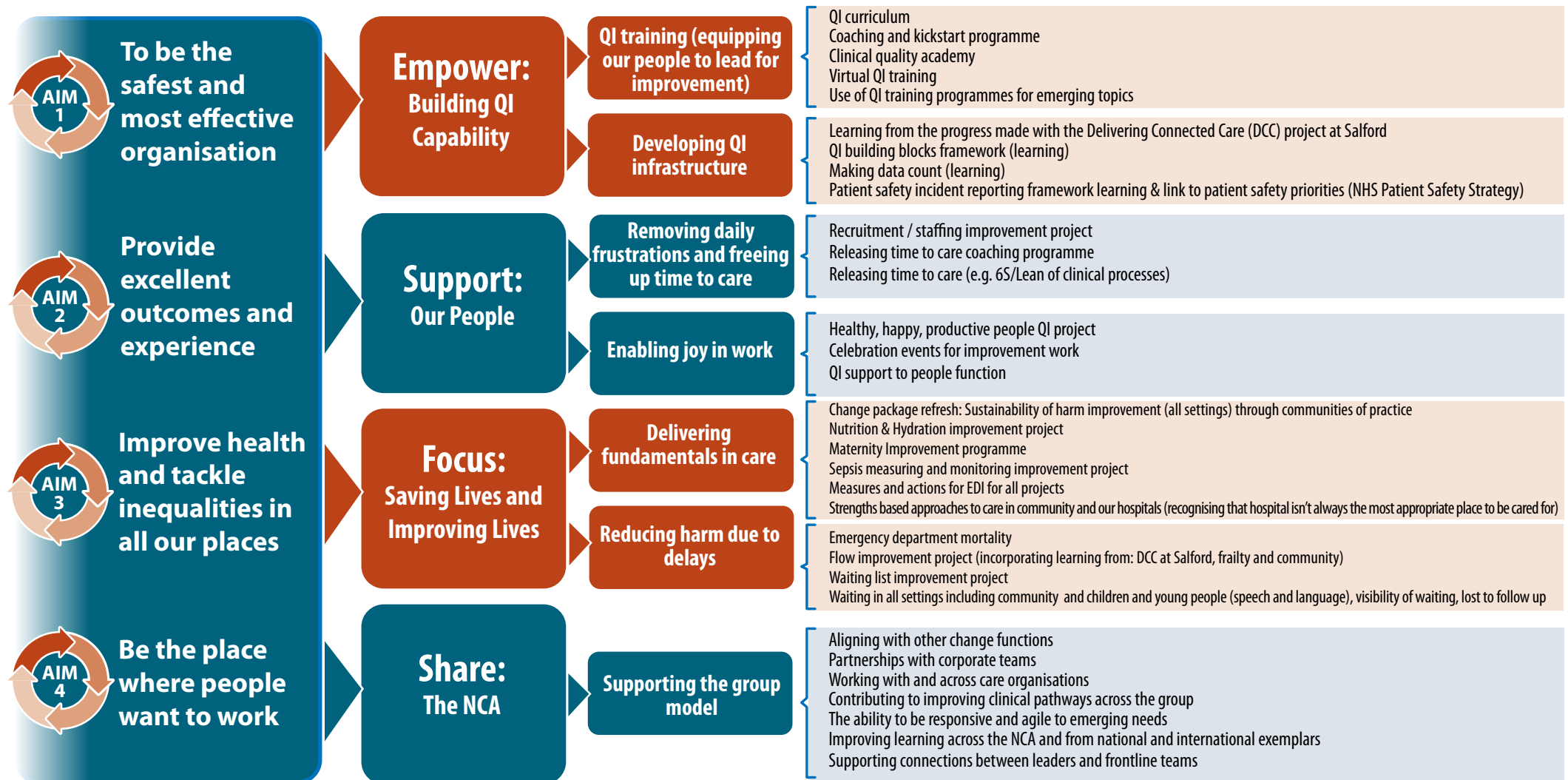
We aim to achieve

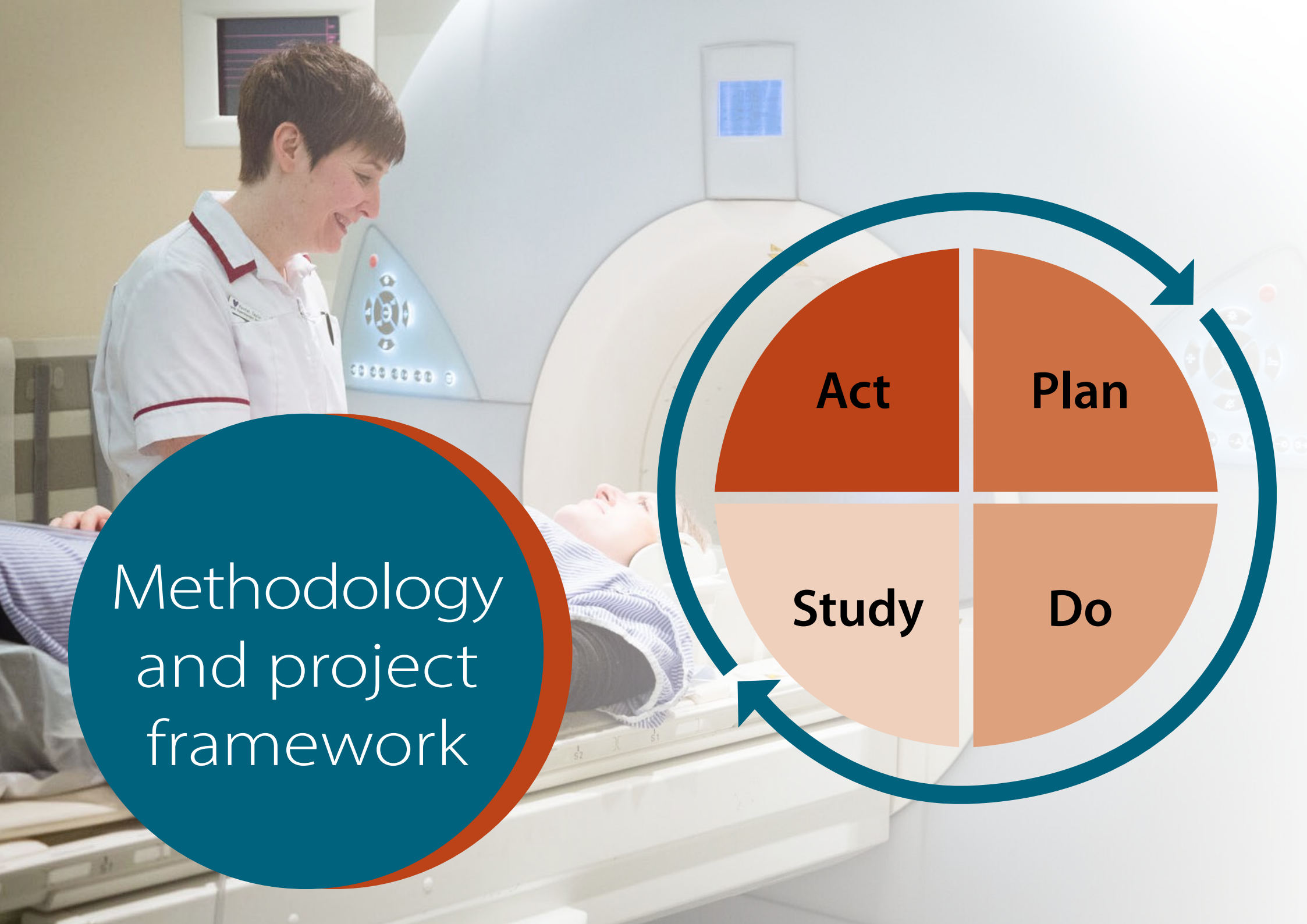
- By 2025 there will be year on year improvement in colleagues reporting that they feel learning and best practice is effectively shared across the NCA (survey to be developed)
- By 2025 at least 65% of our colleagues will report that teams within the organisation work well together to achieve objectives - as measured by the NHS National Survey (current NHS best is 70%)



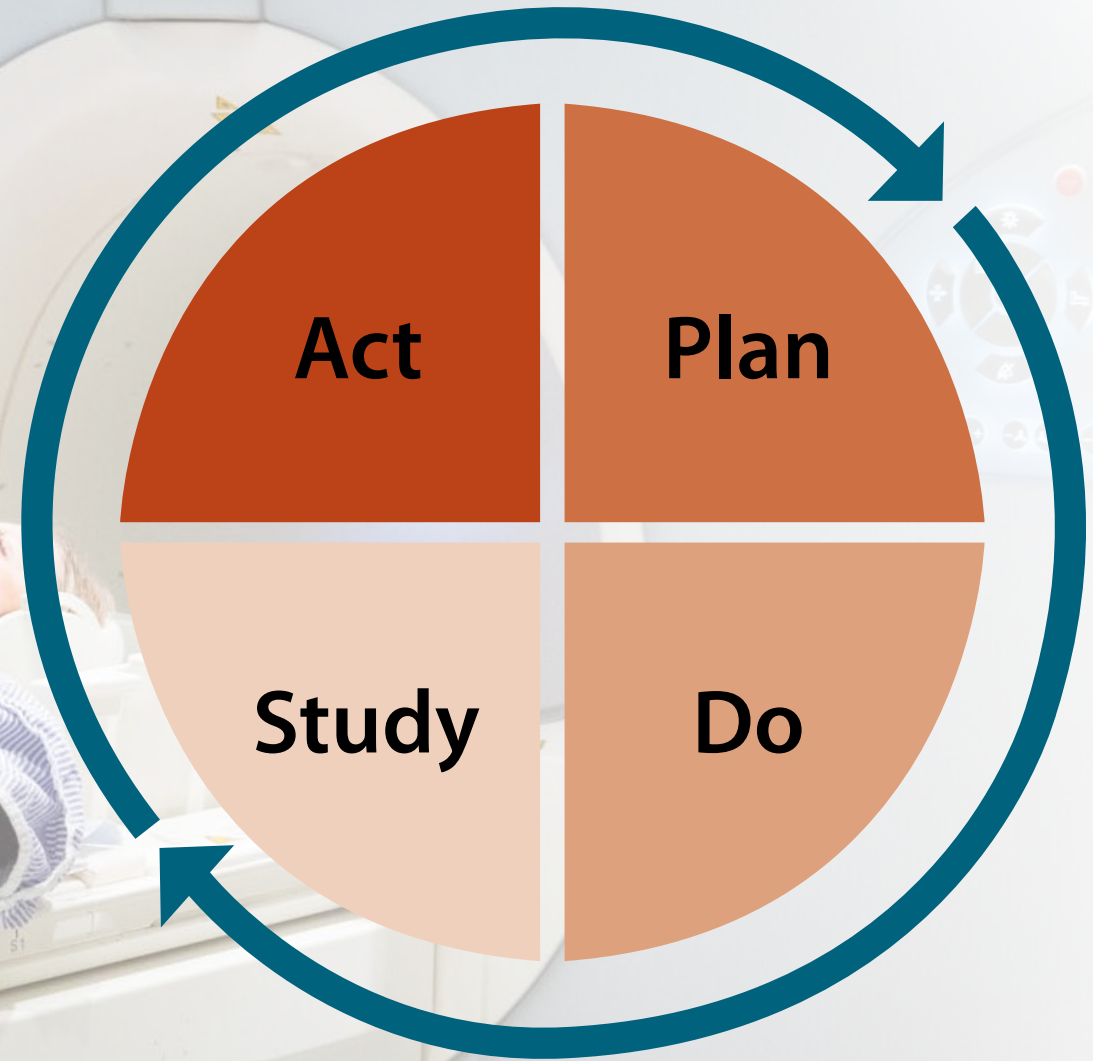
SHARE

Framework for improvement – driver diagram





Methodology
and project
framework



There are many different approaches to quality improvement, which approach is used depends on the type of problem to be solved and the scale of the problem. The NCA quality improvement team is experienced in many approaches to quality improvement, and the team continually seek to learn and incorporate new approaches. We will always endeavour to identify the right approach for the type of problem, working with our people to get the best outcomes. Front line colleagues deliver the change with support and coaching tailored to their situation from the QI team.

The Model for Improvement

The Model for Improvement is a simple, yet powerful, tool for accelerating improvement. This model is not meant to replace other change models being used, but rather to accelerate improvement by being used inside a wider change model. Our ambition is that all colleagues have knowledge of this fundamental unit of improvement and feel empowered to carry out small tests of change.

The Model for Improvement tests change on a small scale to find out what works. The model consists of three questions:

- What are we trying to accomplish? (Teams will have clear aims.)
- How will we know that a change is an improvement? (Teams will have clear measures.)
- What changes can we make that will result in improvement? (Ideas to try out that come both from the literature and from the vast experience of frontline team members.)

The next stage of the model for improvement is the PDSA cycle. PDSA stands for Plan, Do, Study, Act. This is when our frontline colleagues try out new ideas in their own clinical areas, and rapidly study the results and refine their ideas. This is how we can give colleagues the permission to improve in their area.

The Breakthrough Series Collaborative Model

The Breakthrough Series Collaborative (BTS) Model, developed by the Institute of Healthcare Improvement, is a proven intervention which brings together frontline teams and recognised experts to explore a challenge, test changes, and share learning - delivering a focused set of objectives. It consists of “learning sessions” where QI methods are taught and teams share ideas and results, with action periods to test and spread changes. There is emphasis on learning from each other, the testing of small changes and the collection of data. A BTS cycle typically takes 9 – 15 months to complete; in our experience more than one cycle may be required for a project to achieve its aims.

Learning from the progress made with the Delivering Connected Care Project (DCC) at Salford

We are testing out an approach to improving care known as an operational management system (OMS). The aim of this is to build a system that is linked to continuous improvement cycles. It is a co-ordinated approach that moves away from focusing on specific improvement approaches for parts of an issue but instead focuses on complete approach that focuses on bringing together managerial elements of the hospital (care delivery, flow, and operations). The routines and actions of the OMS promote learning and improvement through the entire organisation, whilst the structure of the system ensures that these improvements are aligned towards achieving strategic objectives.

QI Coaching

The QI Coaching approach involves supporting teams to understand their system, and to lead and manage their improvement work by focusing on the needs of their patients and service users and strengthening their links within the organisation. Teams are supported in identifying and addressing areas for improvement through the use of a framework for data collection and a set of specific tools and techniques. The focus of the QI Coaching approach is to ensure that the smallest replicable unit (for example a district nurse team or ward) within an organisation is performing optimally.

Lean Tools

Lean is a set of tools that assist in the identification and steady elimination of waste (defined as activity which does not lead to the desired outcome for the patient or service user). As waste is eliminated quality improves while efficiency and cost are improved. The aim of Lean is to improve efficiency whilst reducing costs. All of the stakeholders within a process or patient pathway are brought together and the current process is mapped out. The group then work together to redesign the process into a “future state”. The process is tested and refined until it can be implemented

Strategy Governance and Delivery

The NCA Executive Quality Committee will oversee the delivery of this strategy. Each project, as it is begun, will deliver a detailed project initiation document that includes clear aims, measures, and a project level driver diagram to this committee for approval and monitoring.

To find out more about this Strategy and how you can get involve please contact:

Email: quality.improvement@nca.nhs.uk

Website: <https://www.northerncarealliance.nhs.uk/myhub/corporate-services/quality-improvement>

Twitter: @QualityNCA