

Quality Improvement Plan

2024-2028

... for a **better** Bolton

Contents

Foreword	03
A message from our Chief Nursing Officer and Medical Director	04
Our strategy, vision and values	06
Definition of Quality Improvement (QI)	08
Our goals for quality	11
■ Prevent ill health and improve wellbeing for our local population	
■ Harm free care – to provide safe, high quality and compassionate care to every person every time	
■ Enhancing patient and carer involvement and experience	
■ Foster a continuous improvement and safety culture through learning, enablement and empowerment	
■ Reduce avoidable mortality	
Our objectives	18
Our quality improvement approach	20
Delivering the QI Plan	23
■ Measuring quality	
■ Governance	
■ Annual review	
■ Working with partners	
Glossary	25

Foreword from our Chief Executive

It gives me great pleasure to introduce our Quality Improvement Plan for the next four years.

The provision of safe and high quality care is at the heart of all we do here in Bolton, and we strive to secure the best outcomes and experience for our patients and staff. However, we recognise we are on a journey of improvement. This plan builds on the improvement work to date, and details how we will continue to support the collective improvement efforts of our staff for the benefit of our patients to progress towards our vision **“to be recognised as an excellent provider of health and care and a great place to work”**.

This plan describes our key goals and sets the direction of travel for quality improvement at Bolton for the next five years. These are to:

- Prevent ill health and improve wellbeing for our local population
- Harm free care – to provide safe, high quality and compassionate care to every person every time
- Enhance patient and carer involvement and experience
- Foster a continuous improvement and safety culture through learning, enablement and empowerment
- Reduce avoidable mortality

I believe that our aims are ambitious but achievable, and I know that we are fully committed to delivering this plan. I look forward to seeing the positive impact this plan will have on our safety, quality and experience metrics, and to knowing that we have a relentless focus on how we continue to improve the care we provide, and ensuring that it is the best it can possibly be.

Fiona Noden

Chief Executive





A message from our Chief Nursing Officer and Medical Director

As executive leads for quality and safety, we are extremely proud to introduce our Quality Improvement Plan.

Quality Improvement science underpins and is a key enabler of our Trust's vision and strategies. However, the most important ingredient of QI is placing all of you (our subject experts) at the very centre of QI; as evidence shows ideas and changes are more successful if they are developed and led by those working in the area.

We have therefore made the commitment to invest and embed a system that focuses on QI as 'the method' to facilitate an environment that empowers, engages and supports our staff to deliver their own improvement ideas and create a culture where improvement is part of our daily work.

This QI plan has been shaped following extensive engagement and collaboration with our staff and locality partners to ensure that it resonates with you all, regardless of role, department or seniority.

We are pleased that good progress has already been made in laying the foundations of QI through the establishment of central QI expertise and infrastructure, QI capability building programme and applying QI science on key priority areas such as pressure ulcer prevention and C.difficile infection reduction.

On a final note, thank you for the contribution you have made in shaping our QI Plan, and for the role you will play in bringing it to life. We are excited about our ability to really make a difference to the community we serve and look forward to continuing to work with you to deliver the best care and services we possibly can, for a better Bolton.

Dr Francis Andrews

Medical Director

Tyrone Roberts

Chief Nursing Officer



Our strategy, vision and values

High quality services for our patients and service users is a key theme of our Trust strategy, with quality improvement being a key enabler. Our Quality Improvement Plan has been designed to outline how and where we will target our QI activities to enable our trust-wide vision, ambitions and values.

Our purpose

We want to deliver better healthcare services for Bolton. Our care will be of the quality we would want for ourselves, our families and our friends.

Our Vision	Our Values What is important to us?	Our Trust Ambitions What we will do	Our QI goals How QI will enable the Trust	Enablers How we will enable the QI plan
To be recognised as an excellent provider of health and care and a great place to work	Vision	Improving care, transforming lives	Prevent ill health and improve wellbeing	Building a shared purpose and vision
	Openness	A Great Place to Work	Provide safe, high quality and compassionate care to every person every time	Building improvement capability
	Integrity	A high performing, productive organisation	Enhance patient and carer involvement and experience	Developing leadership behaviours for improvement
	Compassion	An organisation that's fit for the future	Foster a continuous improvement and safety culture	Investing in culture and people
	Excellence	A stronger partner for Bolton	Reduce avoidable mortality	Embedding a quality management system

As well as enabling the ambitions of the Trust's strategy, this QI plan has key links and should be read in conjunction with:

- Digital Strategy
- Clinical Strategy
- EDI Plan
- People Plan
- National Patient Safety Strategy

The QI Plan will also mutually inform the approach and deliverables of the following:

- Clinical Audit Plan
- Human Factors Plan
- Patient Safety Plan
- Patient Experience Plan

What is quality improvement (QI)?

We define quality improvement as the combined and unceasing efforts of everyone – health professionals, patients and other service users, commissioners, researchers and educators to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development (learning).

At Bolton, we have adopted the National Quality Board's definition of quality and this will guide our vision for quality improvement to ensure that we deliver care that is:

Safe

Minimising when things going wrong and maximising things going right; continuously reducing risk, empower and enable people to make safe choices and ensure improvements are made when problems occur.

Effective

Informed high quality training and best practice guidelines; designed to improve the health and wellbeing of a population and address inequalities;

Positive experience

- **Responsive and personalised**
Shaped by what matters to people; empowers informed decisions and person centred care
- **Caring**
Delivered with compassion, dignity and mutual respect

Well-led

Driven by collective and compassionate leadership, with shared vision, values and learning.

Sustainably resourced

Delivering optimum outcomes within financial envelopes reduces impact on public health and the environment.

Quality care is also equitable

Everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities.



Our goals outlined for quality

The plan outlines five high-level interrelated goals, chosen because we believe the focus on one will in turn enable the delivery of others. Each goal will have a portfolio of work streams that will lead to demonstrable improvements in outcomes, safety and experience. Each work stream will involve patients and staff working systematically, sharing best practice and using proven quality improvement methodology to ensure consistent delivery of improved quality and performance.



1. Prevent ill health and improve wellbeing

Prevention is a crucial part of the NHS's approach to improving overall population health and reducing health inequalities: helping people to make healthier lifestyle choices and treating illness at an early stage, so they can live longer, healthier lives. Equally important is wellbeing – a complex combination of a person's physical, mental, emotional and social health factors, which is fundamental to the overall health of an individual.

A Bolton wide approach involving health and social care partners is required to understand the needs of our local population to prevent ill health and improve wellbeing. A summary of how our organisation will work in collaboration is below:

Understanding our local community

More research and outreach is needed to better understand the varied health needs of our local population. This will ensure that our services suit the diverse communities we serve and address areas of health inequalities so that our services are accessible and equitable for all. This includes putting measures in place to meet the specific needs of:

- People with protected characteristics - including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sexual orientation and sex.
- Those who may face health inequalities – which affect,

and are affected by, all aspects of people's lives, including their protected characteristics. Health inequalities are influenced by a wide range of factors including access to education, employment, good housing, equitable access to healthcare, individual circumstances and behaviours including Adverse Childhood Experiences and income levels including socio economic deprivation. Health inequalities are avoidable, unfair and create systematic differences in health between different groups of people.

Only by understanding this can we begin to address inequalities that we believe will lead to improved health for the local population. Our approach to this over the next few years will be to:

Gather and analyse data to understand impact

Examine the information and data that already exists, quantitative and qualitative; to better understand the varied needs of our health service users in Bolton. This includes:

- Working in collaboration with our colleagues in public health.
- Research from national, regional and local sources that include information on relevant equality issues such as health inequalities.
- Analysis of surveys, engagement events, complaints or enquiries.



- Comparisons with population or workforce statistics compared to number of patients/services accessing our services.
- DNA rates, readmissions, waiting times and other relevant business intelligence data.
- Designing our data collection to capture protected characteristics to ensure our population health data is proportionate.
- Designing our data sets to include analysis on postcode, age, sex which may help us to identify why some areas of local population may/may not use our services, which can then lead us to understand the potential impact of the service on equality.

Using the data to highlight what and where we need to improve and Equality Impact Assessment (EIA)

Data based decision making is a founding principal of quality improvement and in this respect we will use our analysed population health data to identify populations and needs. We will map this to the support that exists in the community and design services and target interventions specific to that population. For example, population health data tells us there is a high level of cardiovascular disease in Bolton, so collaborative working across the Bolton health and social care economy to address this would be of huge impact.

We will also ensure that any quality improvement project will apply the principles of Equality Impact Assessment, to prevent any changes to service delivery or employment practices from placing people with protected characteristics and other marginalised and underserved communities at a disadvantage.

Health promotion and empowering our patients and staff to take control of their own health needs

- Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions, to support communities and individuals to cope with and address health challenges.
- Enabling patients and carers to express personal needs and preferences when making decisions about care and treatment.
- A focus on strengths based assessments for our patients which means focusing on what someone 'can do' as opposed to what they 'cannot do', and understanding what

support may be there for them at home or near to them.

- Supporting and empowering our staff with their own health and wellbeing, both from a physical and mental perspective.

Human genomics research and development

Genomics is the study of the genes in our DNA, their functions and their influence on the growth, development and working of the body. The role of human genomics research and related biotechnologies has the potential to achieve a number of long-term public health goals, such as to reduce health inequalities and the possibility of providing new approaches to the prevention and management of many illnesses. For instance, data tells us Bolton has a high prevalence of cardiovascular disease. We need to use this population health data in

conjunction with genomic research to identify cardiovascular risk factors in patients and put interventions in place to reduce or eliminate these risk factors. For example, smoking prevention, healthy weight and blood pressure checks and education of healthcare professionals about genomics.

Care closer to home via digital technology

- Digital transformation to deliver enhanced healthcare closer or in a patient's home e.g. on-line consultations
- Technology-enabled remote monitoring – e.g. healthcare at home for people with long term conditions, promoting health ownership and access to timely support and treatment based on need, whilst minimising face-to-face appointments and reducing avoidable hospital stays and readmissions.



2. Provide safe, high quality and compassionate care

Patients should be treated in a safe environment and protected from avoidable harm. Patient safety is about maximising the things that go right and minimising the things that go wrong, and is integral to the NHS's definition of quality in healthcare, alongside effectiveness and patient experience.

In Bolton we will have a multi-faceted approach to drive improvements in safety and quality standards, which are summarised below:

Data intelligence – understanding patient safety

Data and information is the cornerstone of improving patient safety and quality.



Developing insight from multiple sources of patient safety information enables us to understand how current systems are working, where improvements are needed and track the impact of those improvement ideas on safety, outcomes and experience.

Improvement collaboratives

Trust and system-wide improvement collaboratives enable effective and sustainable change in these priority areas based on data e.g. pressure ulcers and infection prevention control.

The fundamentals of care

Harm or error is often the consequence of us not getting the fundamentals of care right first time; we will focus on the following areas of fundamental care to understand where improvements can be made:

- Observations
- Documentation
- Communication
- Patient and carer engagement

Focus on improving standards – QI built into the BoSCA accreditation scheme

The Bolton System of Care Accreditation (BoSCA) focusses on raising and sustaining high quality ward and departmental standards across the Trust. Quality improvement will be incorporated into the BoSCA accreditation system, to help teams continually improve standards through the development of tests of change

linked to their BoSCA improvement plan. We will support the development of QI knowledge and skills at a ward/departmental level throughout the organisation.

A 'systems' approach to error and the development of a safety culture

A 'systems' approach to error considers all relevant factors and means our pursuit of safety must focus on strategies that maximise the frequency of things going right. The 'systems' approach underpins the NHS Patient Safety Strategy including the:

- Patient Safety Incident Response Framework (PSIRF), Patient Safety Incident Response Plan and 'Learn

from Patient Safety Events' service

- NHS National Patient Safety Syllabus, training and education framework
- Trust Patient Safety Specialist and Patient Safety Incident Investigation Team
- The system-wide adoption of human factors - to support cultural change and empower our organisation to put patient safety and clinical excellence at its heart

Patient Safety Plan

Development of a comprehensive Patient Safety Plan to direct, track and measure the operational delivery of patient safety improvements – with a link to the National Patient Safety Strategy.



3. Enhancing patient and carer involvement

Patient and carer experience is about sharing valuable insight into how it feels to be on the receiving end of care. Being involved provides opportunities for patients and carers to share their experiences in order to shape and co-produce future services.

Working in partnership with our patients and other service users is crucial to the delivery of this plan. There are a number of ways we intend to encourage peoples' involvement in quality and safety improvements that will result in an improved experience. These are summarised below:

Data intelligence – our patients' "voice"

There is no better assessment of our care than that from our patients. We are developing real-time surveys that will focus on two key questions, which evidence tells us are closely linked to experience outcomes:

- Were you treated with dignity and respect?
- Were you involved in decision-making?

A patient centred approach to healthcare and treatment

When people understand and are involved in their healthcare discussions, this can influence decisions that directly

affect their lives, their self-esteem and self-confidence increases and this in turn improves health and well-being.

- Focus on health promotion
- "What matters most to me" – patient directed treatment plan
- Understanding our local community – understanding the different ways our diverse population engage in their healthcare and how we can better enable this e.g. patient education leaflets in a variety of formats and languages

Establishing a Patient Experience Framework

Develop principles and expectations for the involvement of patients, families, carers and service users in providing safer care.

Patient Safety Partners

Build a network of Patient Safety Partners (PSPs), who we will work in collaboration with to improve organisational safety, safety governance, strategy and policy and service pathway design.

Patient Experience Plan

Development of a comprehensive Patient Experience Plan to direct, track and measure the operational delivery of patient experience improvements.

4. Foster a continuous improvement and safety culture

'Everyone in healthcare really has two jobs when they come to work every day: to do their work and to improve it.' In Bolton, we have made the commitment that quality improvement (QI) will be THE way we will focus on making real and sustainable improvements in the quality of services we provide.

QI presents a real opportunity to rediscover the fun and enjoyment in work, enabling us to connect in multi-professional teams, rediscovering what motivates us and taking ownership of

how we respond to the changing NHS and the subsequent challenges we face in delivering best and safe practice.

In order to do this we need to ensure that our staff feel safe, supported, enabled and empowered to drive real improvements in their area of work. How we will approach this is summarised below:

Data intelligence and measurement for improvement methodology

- Improve our understanding of



quality and safety by drawing insight from multiple sources of intelligence

- Adopt measurement for improvement methodology – e.g. statistical process control
- Development of a Quality Improvement measurement dashboard
- Utilise new and emerging digital technology and the data it provides to focus and improve the quality of care

Staff engagement and empowerment

Staff engagement in QI focuses on promoting a creative work environment, unleashing the potential of our workforce to try out small changes in the way they work, which can make a great difference and consequently, can lead to positive improvements in quality, safety and experience. Our approach is summarised below:

QI skills

Investing in our staff to ensure they have the skills, support and opportunities to improve quality and safety throughout the whole system. We will do this by:

- QI skills development and coaching programmes
- QI built into in-house leadership programmes
- Focus on staff of the future – engaging and nurturing the QI skills of our students and doctors in training

QI delivery

- QI built into the BoSCA accreditation

scheme - development of tests of change linked to BoSCA improvement plan

- Improvement Collaboratives - a multifaceted approach including multiple teams to focus on trust/system-wide issues involving front line subject experts to define their own ideas for change and empowering them to directly influence improvement in their area of work for the benefits of their patients and colleagues.

Learn, share and celebrate

It is important to recognise and celebrate our QI achievements both internal and external to our organisation

- QI showcase events
- Reward improvements – BoSCA accreditations, Chief Nurse award for QI
- Library of QI – case study library of improvement activities, article and abstract publications
- Collaborative QI with our locality partners
- Establishing a network and applying learning from QI exemplar sites

Recruitment and retention

Our workforce is our greatest asset and we will not only invest and nurture our staff to empower and engage in QI.

We will:

- Incorporate QI into our recruitment process – through the trust values and behaviours framework
- Value, recognise and reward – through the appraisal process and other mechanisms highlighted above

5. Reduce avoidable mortality

Mortality has long been used as a measure to assess the quality of care across a system. For many people death under the care of the NHS is an inevitable outcome and they experience excellent care in the months or years leading up to their death. However, some patients experience poor quality provision resulting from multiple contributor and system-wide factors.

In Bolton, we will coordinate a strategic approach to reducing avoidable hospital mortality, a summary of which is below:

Data intelligence – understanding our community and service performance

Outlying conditions where mortality is higher than expected are highlighted, investigated and used to direct change strategies around these priority areas.

Improvement collaboratives

- Trust/system-wide Improvement collaboratives to enable effective and sustainable change in these priority areas based on data
- Involvement in the national and maternity specific safety improvement programmes, adopting and spreading safety interventions

The fundamentals of care

- Early screening e.g. sepsis
- Clinical observations - early recognition and escalation of the deteriorating patient for timely treatment (NEWS)
- MDT communication and handover regarding patient status and treatment plan

End of life care and bereavement

- Early recognition of patients who have reached the end of life to enable quality informed discussions around treatment and preferred place of death
- Engagement with and support for bereaved families and carers during end of life stage and after death

Learning from deaths

- Effective learning from deaths process with shared thematic learning and actions embedded
- Learning from deaths from our patients with protected characteristics to understand any inequalities and drive improvement in the quality of health and social care delivery e.g. the Learning Disability Mortality Review Programme (LeDeR)

Our QI plan objectives 2024-28

Prevent ill health and improve wellbeing

- *10% annual increase in CURE team inpatient referrals – to assist our patient in reducing tobacco addiction
- *50% increase in staff who have undertaken Genomics training.
- 100% provision of reasonable adjustments for staff members with a health condition/disability within 8 weeks of declaration by 2028

* Percentage may be revised upon baseline data review

Harm free care – to provide safe, high quality and compassionate care

- Top 10% for safety and avoidable harm by 2028
- Continual improvement in internal quality standards as measured by BoSCA:
 - Elimination of white status wards by 2024
 - 10% annual improvement in Bronze to Silver
 - 10% annual improvement in Silver to Gold
 - 5% wards/DNs rated as platinum by 2026
- Launch BoSCA for departments

Enhancing patient and carer involvement and experience

- Voice of our patients and carers: (real time patient feedback)

- 10%* annual improvement in patients who felt they were treated with dignity and respect? - currently gathering baseline data

- 10%* annual improvement in patients who felt they were involved in decision-making? - currently gathering baseline data

* Percentage may be revised upon baseline data review

Foster a continuous improvement and safety culture through learning, enablement and empowerment

- Top 10% of NHS Trusts for staff feeling able to contribute towards improvement of work by 2028 – national staff survey

- QI fundamental knowledge – 10% annual improvement on staff trained

- NHS IMPACT Self-assessment Maturity Matrix – annual review

Reduce avoidable mortality

- Top 10% of best performing NHS trusts for mortality rates by 2028

Our quality improvement approach

At Bolton, we use the Model for Improvement as our framework for quality improvement; but also use other appropriate quality improvement methodologies as required on a project-by-project basis.

The Model for Improvement is a framework for improvement widely used in NHS organisations.

The framework has three fundamental questions

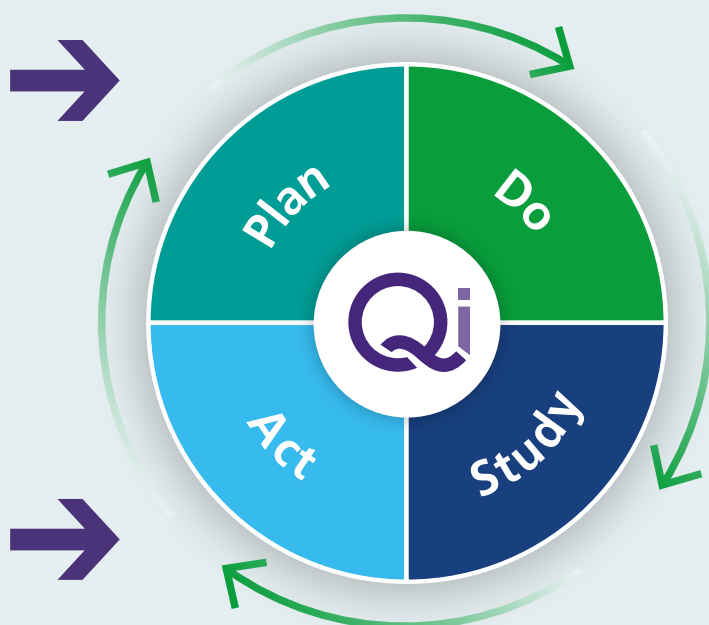
- What are we trying to accomplish – setting an aim for improvement
- How will we know that change is an improvement – measures for improvement
- What change can we make that will result in improvements – ideas for improvement

Ideas for improvement are then tested and refined prior to implementation using PDSA cycles:

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?





Delivering the QI plan

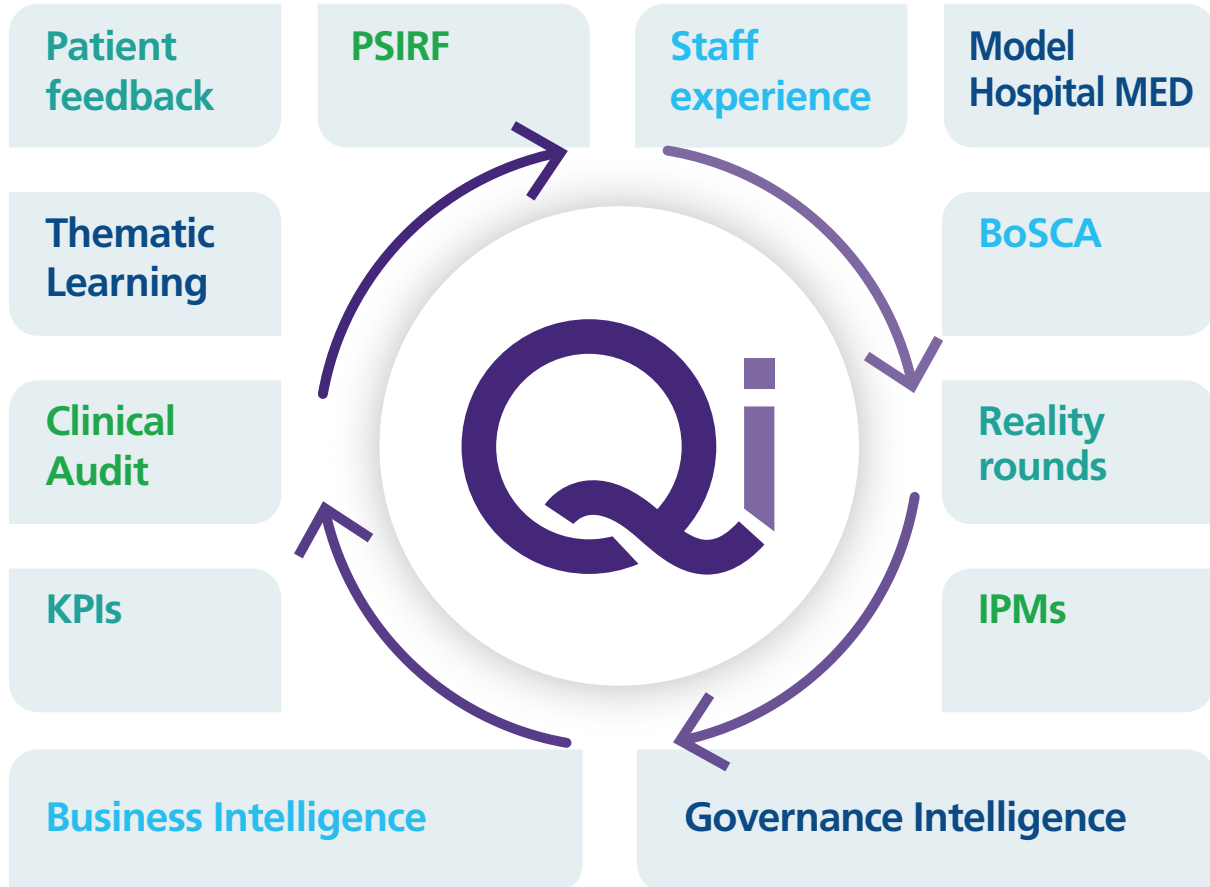
Quality improvement collaboratives

Developed by the Institute for Healthcare Improvement, an Improvement Collaborative is a learning system that brings together teams to learn from each other and from recognised experts in a specific area for improvement. Over that period, change is tested and refined and if successful, a change package is created to be rolled out to the wider organisation. We use this model to focus improvement on areas that have organisational and system-wide significance.

Measuring and tracking quality

We will use the mechanisms below to highlight areas for improvement, measure and track quality standards across the organisation.

It is important to understand performance at all levels of the organisation and therefore we have committed to a shift in using statistical process control (SPC) methodology. A SPC chart is used to study how a process changes over time, from which conclusions about an area of focus or an improvement intervention can be made based on statistics.



Governance

The Clinical Governance and Quality Committee will oversee the delivery of the Quality Improvement Plan and will report to Quality Assurance Committee.

A number of key priorities have been highlighted as a deliverable of the Quality Improvement Plan and they will all employ a robust quality improvement project framework comprising of a project initiation document, clear aims, measurement strategy and internal governance mechanisms to drive improvement forward.

Quality improvement annual review

Although this QI Plan is to run until 2028, we will review our objectives and outcomes annually and set our priorities for the forthcoming year based on the most current patient safety and experience data. In fact, good progress has already been made in laying the foundations of QI:

Vision

Development and launch of the Trust's Quality Improvement Plan.

Infrastructure

Establishment of central QI coaching and facilitation expertise, QI framework and model of application.

Standards

QI project management structure, central library of QI activities, QI measurement dashboard.

Delivery

The fundamentals of care:

- o A focus on harm free care: Pressure Ulcer Collaborative, C-diff Collaborative.

- o Divisional specific QI – QI projects with improvement advisor support – linked to divisional QI improvement priorities.
- o Ward/departmental level QI in action – via the BoSCA accreditation system.

Capability building

The fundamentals of QI – launch of internal QI Skills Academy “QI Fundamentals”.

Engagement

Communication and engagement plan for staff internal and external to the organisation, shared learning facilities, QI showcase events.



Working with our partners

We also recognise that in order to achieve our aims outlined in this Quality Improvement Plan, collaborative working with our system partners is essential, these include:

Our system partners

- Bolton integrated system as part of NHS GM Integrated Care Partnership
- Bolton Council

With support from the following:

- University of Bolton
- Bolton Community and Voluntary Services
- Greater Manchester Integrated Health Board
- Greater Manchester Mental Health Service
- North West Ambulance Service
- AQuA
- Health Innovation Manchester
- NHS England and NHS Improvement
- NHS North-West Genomic Medicine Service Alliance (NW-GMSA)

If you would like to know more about the Quality Improvement Plan or how you can get involved, please contact Qualityimprovement@boltonft.nhs.uk.

Glossary

BoSCA	Bolton System of Credit Accreditation - an accreditation process to evidence good patient care; engaging staff and empowering leaders to improve standards and quality. Aligned to CQC Fundamental Standards and Key Lines of Enquiry to make sure we are safe, effective, caring, responsive and well led.
Genomics	The study of the genes in our DNA, their functions and their influence on the growth, development and working of the body.
Harm	Unintended physical/mental injury resulting from or contributed to by health care.
Human Factors	Human factors refer to environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety.
Improvement Collaborative	An organised, multifaceted approach including multiple teams coming together to learn, apply and share improvement methods, ideas and data for a given healthcare topic.
Integrated Performance Management (IPMs)	Executive Team-Led meetings using a framework to hold the Divisions to account for their delivery of key quality, performance and financial objectives as described in the Trust's operational plan.
Key Performance Indicators (KPIs)	A method of measuring the quality of care we provide and highlighting areas for continuous improvement, the process involves a number of audits to assess the quality of care provided.
Mortality	Refers to the state of being mortal (destined to die). In healthcare, a term also used for death rate, or the number of deaths in a certain group of people in a certain period.
Patient safety partners (PSPs)	Patients/service users who works alongside NHS organisations in a variety of ways to make care safer.
Safety culture	An organisational culture that places a high importance on safety beliefs, values and attitudes—shared by staff within the workplace. It can be characterised as 'the way we do things around here'.
Statistical Process Control (SPC)	A method for monitoring, controlling and improving a process through statistical analysis.





Vision | Openness | Integrity | Compassion | Excellence



Bolton
NHS Foundation Trust

Bolton NHS Foundation Trust
Royal Bolton Hospital
Minerva Road,
Farnworth
Bolton, BL4 0JR

t| 01204 390390 w| boltonft.nhs.uk