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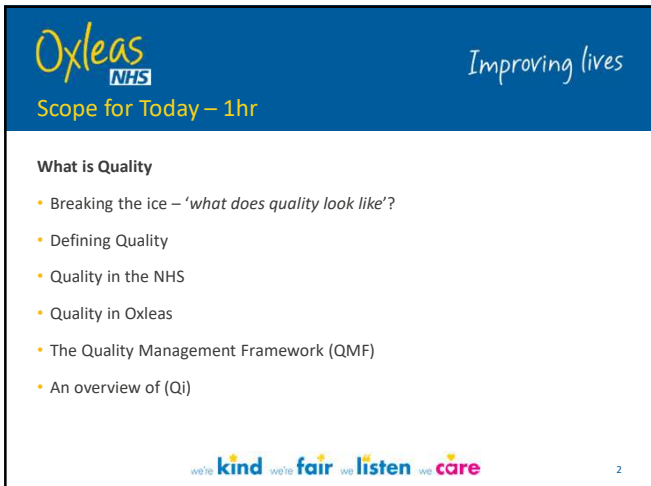
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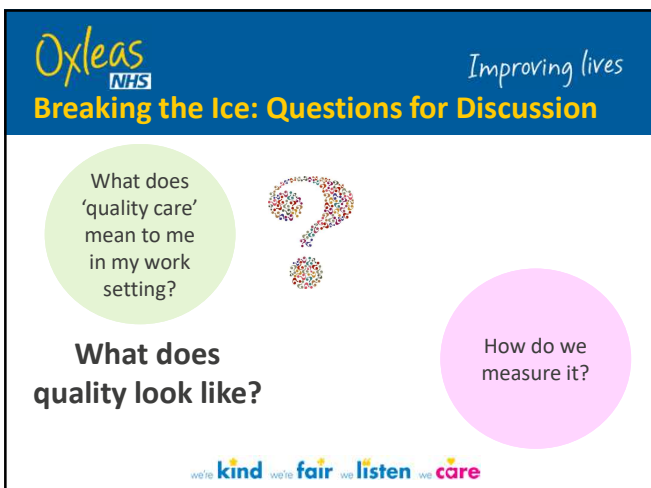
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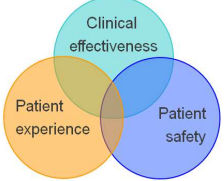
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## How is Quality defined

Quality of clinical care is defined in terms of:

- the **effectiveness** of care;
- the **safety** of that care;
- and how it is **experienced** by the patient.



Lord Darzi's definition from High Quality Care for All 2008

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## Patient Safety

- Ensure the environment is safe and clean
- Reduce avoidable harm
- Reduce rates of healthcare associated infections
- Reduce incidences of pressure ulcers, VTE, falls
- Trust and directorate PSG



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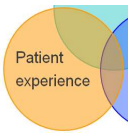
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## Patient Experience

- Quality of caring
- Looking at the compassion & dignity and respect with which patients are treated
- Listening to patients, analysing and understanding patient's satisfaction of their experience
- Trust and directorate PEG

**Nothing about me  
without me.**



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Effectiveness of Care

- Adhering to best practice
- Treatment achieving desired outcome
- The patient feeling that they have benefited from the treatment given
- Clinical Audit, Service Evaluation
- Trust and directorate CEG

Clinical effectiveness

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"The ultimate goal is to manage **quality**, but you cannot manage it until you have a way to measure it, and you cannot measure it until you are able to monitor it."

Florence Nightingale 1859



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ENABLING LEADERSHIP

CO-DESIGN & CO-PRODUCTION

CLEAR VISION & PURPOSE

Q<sup>I</sup> Quality Improvement

Q<sup>P</sup> Quality Planning

Q<sup>A</sup> Quality Assurance

Q<sup>C</sup> Quality Control

Quality Management - Oxleas NHS Foundation Trust

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Quality Management Framework



What is the  
Quality Management  
Framework?



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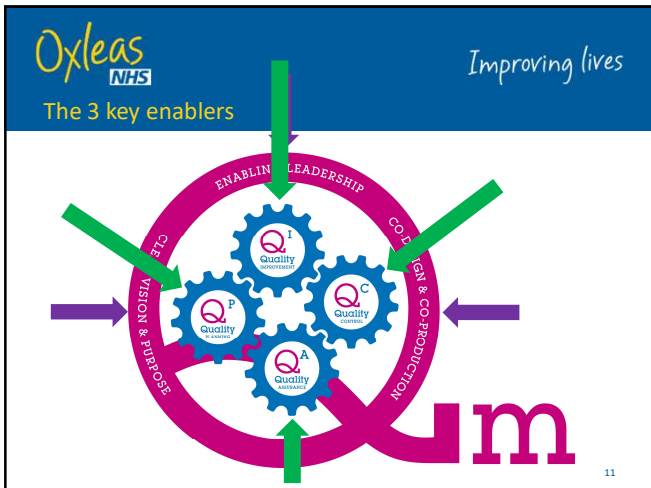
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Improving lives

The 3 key enablers

1

Clear vision and shared purpose

2

Enabling Leadership - Leadership beliefs, attitudes, skills and behaviours that enable improvement

3

Codesign and co-production – listen and act

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The 3 key enablers

1

Clear vision and shared purpose

2

Enabling Leadership - Leadership beliefs, attitudes, skills and behaviours that enable improvement

3

we're kind

we're fair

we listen

we care

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The 3 key enablers

1

Clear vision and purpose – Shared purpose

2

Enabling Leadership - Leadership beliefs, attitudes, skills and behaviours that enable improvement

3

we're kind

we're fair

we listen

we care

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The 3 key enablers



3

Codesign and co-production – listen and act

we're kind

we're fair

we listen

we care

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Improving lives

The 4 fundamental components

**Quality Improvement**

Deliver the improvement

**Quality Planning**

Understand the priorities for improvement and design appropriate interventions

**Quality Assurance**

Independently check the quality

**Quality Control**

Maintain quality and know when it slips away

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Improving lives

Quality planning

**Quality Planning**

Understand the priorities for improvement and design appropriate interventions

- Understand the needs of the population we serve and understand the gaps
- Understand and mitigate the impacts, risks and concerns
- Set clear quality priorities and goals for improvement. Focus on areas that will have the biggest impact and link to the trust strategy/vision/purpose
- Design structures and processes that meet the needs

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Improving lives

Quality control

**Quality Control**

Maintain quality and know when it slips away

- Real time reporting
- Making data count
- Embed mechanisms into teams so they own their data and know how they are doing such as visual management systems e.g. ifox dashboards / boards/ huddles

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Quality assurance

### Quality Assurance

Independently check the quality

- Internal and external processes to check quality
- Ensure we are meeting and exceeding the set standards of care, identifying gaps and re-checking for compliance



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Quality improvement (Qi)

### Quality Improvement

This is where we deliver the improvement

- Ensure staff have the capacity and capability to improve what is in their control and escalate issues that aren't
- Systems and culture to allow PDSA's
- Systems for spreading learning that enables adaptation for local context
- Triage the right methodology to deliver the change e.g. 'Just do it' actions, iterative improvements (Qi) or fundamental transformation



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Successful implementation of the QMF depends on ...

Successful implementation of this is dependent on us taking ownership for embedding the QMF into all areas we are accountable for

Knowing when and how to use each of these 4 components, creating an appropriate balance across all 4 and ensuring all 3 key enablers are consistently implemented is the **gold** standard

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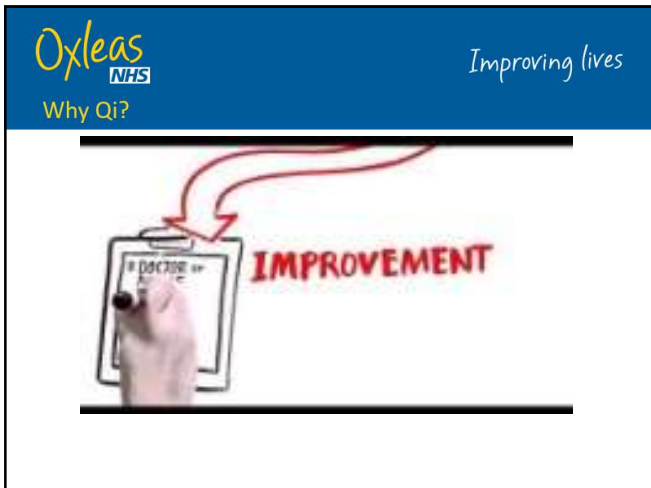
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**Quality Improvement**

- Systematic, bottom up approach to improving services
- Follows a particular framework/methodology
- We use the 'Model for Improvement'
- Not about working harder, it's about working differently

**Model for Improvement**

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?

Act Plan  
Study Do

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**Types of improvement work**

**Clinical Audit**  
Audits measure against standards

- Answers the question 'are we following best practice?'
- Does not require ethics approval
- Follows the audit cycle

**Service Evaluation**  
Aims to judge service effectiveness through systematic assessment of it's objectives, performance, cost etc

- Service evaluations answer questions like - "has this service been a success?" or "how satisfied are patients with the service provided?"

**Research**  
Aims to create new knowledge

- Usually based on a hypothesis
- Usually requires ethics approval
- Generalisable

**Quality Improvement**  
*Model for Improvement*

- QI is a systematic, bottom up approach to improving services
- In Oxleas we use the IHI Model for Improvement:

ALL FORMS OF QUALITY IMPROVEMENT

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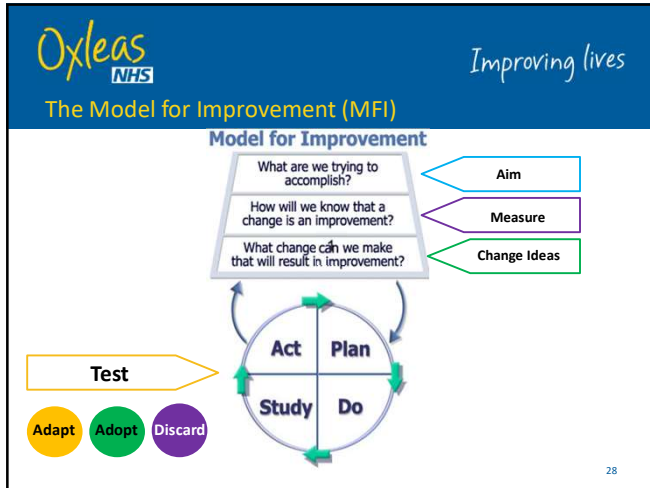
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### Oxleas trust strategy 2024-2027

**Great care**  
We want Oxleas to be known for **kind and compassionate care** that puts patients right at the centre. We want to draw on the best in **research and practice** to **improve our patients' lives**. Wherever possible, we want to equip our patients with the **tools, skills and services** they need to manage **their conditions** in their own communities.

**Timely care**  
The lives of our patients improve when they receive the right care at the right time. When they experience **unnecessary delays in receiving care**, **their health can deteriorate**. We are committed to doing everything we can to prevent this. We plan to take this priority forward through the following programmes: **Zero delays & Inpatient beds programme**

**Best PLACE TO WORK**  
Our ambition is for Oxleas to be the best place to work in the NHS. We know that **we can only deliver really great care to our patients if we are able to retain and attract high quality and engaged staff**. We want everyone, wherever located, to feel the 'Oxleas difference' – a distinct culture that is driven by our unique values

**we're kind we're fair we listen we care**

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### Quality priorities and directorate quality goals

**Patient Experience**  
Improving experience of care by increasing family and carer involvement and experience

**Clinical Effectiveness**  
Improving the outcome of care through effective care planning

**Patient Safety**  
Preventing harm through the identification and effective management of the deteriorating patient

	Acute & Crisis	CMHT	ALD	CYP	Forensic	Prison	ACS
Patient Experience	Improving patient feedback	X			X		X
	Reducing complaints	X					X
	Increase family & carer involvement & experience	X	X	X		X	
Clinical Effectiveness	Physical health in mental health	X	X				
	Outcome measures	X		X			
	Care planning		X		X	X	X
Patient Safety	Reducing violence and aggression	X			X		X
	Deteriorating patient			X		X	X
	Risk assessments					X	X
	Shared learning	X			X		
	Suicide prevention					X	
	Safeguarding – Think family		X				

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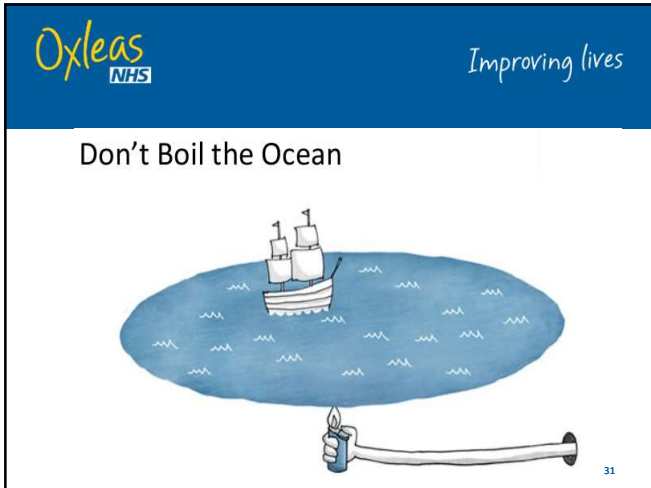
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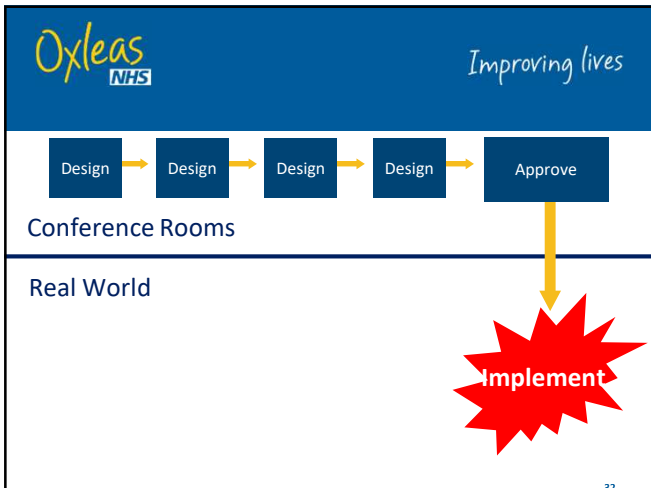
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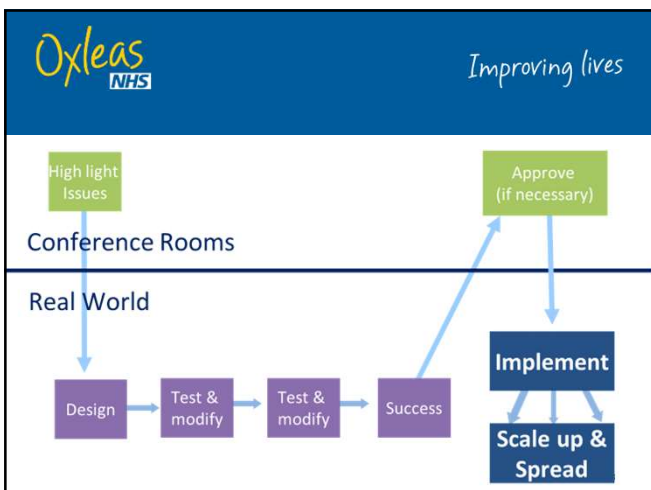
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We use data to understand the system!

**Common Cause**

- Typical, background noise, it just happens. Predictable
- Day to day fluctuations in the data that you would expect to see

**Special Cause**

- Unusual event, assignable to a specific cause
- Example: Increase in Caesarean births due to a high number of twins being born

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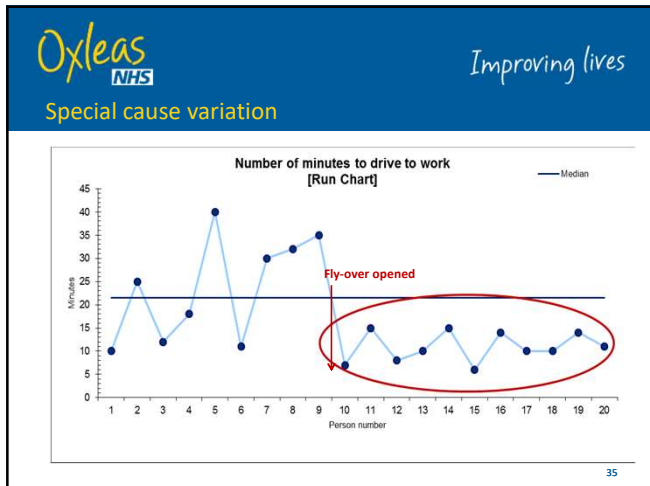
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Human factors

- People are fundamental components of the systems in which they work
- Human factors will affect system outcomes
- Example - Rearranging a kitchen without consulting with those that use that kitchen

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**Qi in a nutshell**

1. Bottom-up approach
2. Not about try harder or do better, it's about be different!
3. Gives everyone a voice
4. The Model for Improvement's 3 key questions:  
Aim, measure, change ideas – follow it up with a test (PDSA)!
5. Take projects in small manageable chunks



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**Training**

**Quality improvement advisors**

Quality Improvement Advisor support



Lucy Barr-Hamilton: CMHT  
 Zoe O'Mahoney – James: CYP & ALD  
 Nitish Lakhman: Adult community physical Health  
 Rebecca Newton: Acute & Crisis  
 Olivia Ellis: Forensic and offender health care  
 Poonam Gupta: Senior QIA – Corporate projects

General Qi queries: [oxl-tr.oxleasqi@nhs.net](mailto:oxl-tr.oxleasqi@nhs.net)

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**Training**

Qi Video – Introduces the concept of Qi, available on the Ox

Qi fundamentals workshop- 1 day workshop, attend with other members of your project team and work through the first key steps of a project, learn about the tools you can utilise along the way.



QSIR – Quality Service Improvement and Redesign.  
 5 day workshop, aimed at those who are looking into service improvement and redesign



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Qi on the Ox and the trust website

### Qi case studies: Spotlight on success



An important part of quality improvement and innovation is sharing success stories - inspiring staff to learn from others and to scale up ideas to make improvements in services.


- Expenditure over £25,000
- Care Quality Commission (CQC)
- Equality and Human Rights
- Quality Management
  - Quality Improvement (QI)
  - About QI
  - QI resources
  - Completed projects
  - Meet our QI team
- Other
- Outset Private Healthcare
- Research at Oxleas
- Safe staffing
- Same sex accommodation
- London Care Record
- South London Mental Health and Community Partnership (SLMCP)
- Annual Members Meeting 2020
- Annual Members Meeting 2021

### Improving care with Qi

Our approach finds solutions to problems that cause frustrations or impact on efficiency

Our aim is to build a culture of continuous improvement and enable staff to be actively involved

"We believe that sustainable change is always made with the involvement of staff and service users."



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## What is the one thing you will take away from today?

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Any questions?

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