



*We're* University Hospitals Dorset

***Patient First*** Improvement Strategy | 2023 - 2026

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# Foreward



**Siobhan Harrington**  
Chief Executive



**Rob Whiteman**  
Chair

## Welcome to our new Patient First Improvement Strategy.

This document describes how we are developing a culture of continuous improvement to support the delivery of our refreshed strategy and strategic priorities.

We have so much to be proud of at UHD. The strength and spirit of Team UHD and the kindness and professionalism of our staff are at the heart of what we do as we continue to deliver high quality, safe services for our patients, carers and their families.

Equally, the last few years have been hard on everyone. The NHS is experiencing some of the most severe pressures in its 75-year history and UHD is not short of major challenges following a merger, a significant period of organisational change, restructuring and recovery from the pandemic.

Our staff have also told us that despite coming to work to do their best for patients, sometimes things get in the way. Given these complex challenges, a fundamental change to the way we do everyday business at UHD is now required.

We believe that our staff working together in their teams are most engaged in their roles when they have a degree of authority and control over their work and environment, as well as the opportunity to stretch themselves and develop.

We also aspire to a new style of leadership, working alongside our frontline staff to better understand their practical challenges, supporting them to remove barriers and tackle daily frustrations.

**Patient First** will help us all by improving the way we work at UHD. It is not a 'quick fix', it will take time to embed and deliver this commitment across the whole organisation to ensure we rise to the challenges ahead and grow our UHD family.

To Team UHD and our patients, we look forward to working with you on our improvement journey.

*Thank you.*



# Why do we need an improvement strategy?

**Patient First** is a process of continuous improvement that focuses on giving frontline staff the time and freedom to identify opportunities for positive, sustainable change and the skills to make it happen. It is a way of bringing us all together, following the merger and the pandemic, to truly engage with our hard-working and dedicated staff, and focus on the right things for patients.

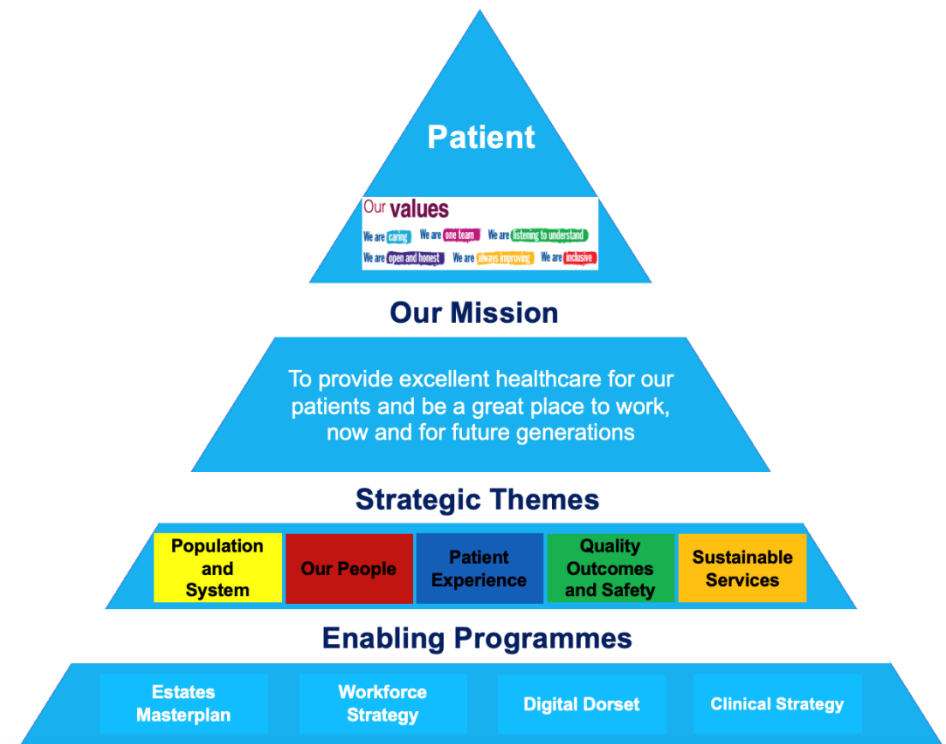
**Patient First** is a systematic approach to improvement led delivery of quality that will help build upon UHD strong foundations and what works well within the organisation. It will refresh our culture of excellence and further developing *the way we do things around here*.

All of this will require a different way of working to unleash the passion and skills of our staff, create a sense of belonging, and promote a more inclusive service and workforce, so that all people will want to stay and positively contribute to the success of our organisation.

## Patient First is the UHD Improvement Method

**Patient First** has a vision to develop a sustainable culture of continuous improvement at UHD. At its heart is an acknowledgement that when staff thrive our patients experience sustained improvements in the quality and experience of their care.

This strategy sets out our approach and proposed arrangements for a **Patient First** continuous improvement system, to be deployed organisation wide over the next three years.



# How will we know how we are doing?

## Our strategic targets

By 2026/27 we aim to achieve the following:

<b>PATIENT EXPERIENCE</b>	<ul style="list-style-type: none"><li>• Rated as Outstanding by CQC for Caring</li><li>• Over 80% of our employees see patient care as a top priority for UHD</li><li>• In the top 20% of NHS Acute Hospital Trusts on the overall experience section in all CQC national surveys</li></ul>
<b>QUALITY OUTCOMES AND SAFETY</b>	<ul style="list-style-type: none"><li>• In the top 20% of trusts in country for Hospitalised Standard Mortality Ratios (SMR)</li><li>• Rated as Outstanding by CQC for Safety</li><li>• Decreased severe / moderate harm Patient Safety Incidents (as a ratio of all incidents) by 30%</li><li>• Over 80% of employees believe the Trust promotes a safety culture</li></ul>
<b>SUSTAINABLE SERVICES</b>	<ul style="list-style-type: none"><li>• Return to recurrent financial surplus from 2026/27</li><li>• Rated as Outstanding by the CQC for our Use of Resources</li></ul>
<b>OUR PEOPLE</b>	<ul style="list-style-type: none"><li>• Significantly improved staff experience, engagement and retention</li><li>• NHS Staff Survey results in the top 20% of comparator Trusts</li></ul>
<b>POPULATION AND SYSTEM</b>	<ul style="list-style-type: none"><li>• Meeting the patient national constitutional standards for Planned and Emergency care, supporting inequalities in outcome and access and improving productivity and value</li></ul>

# What are we trying to accomplish?

## Our vision and values

Our values have been developed as a result of engaging with and listening to our staff to understand 'what is important to them'? This appreciative inquiry was carried out over many months with the support of our culture champions - a representative group and cross section of staff across UHD.

Our values underpin our vision and mission. They are the standards shared by all UHD staff. They guide our day to day decisions and the way we behave. They describe what is important to us and 'the way we do things around here'.

What is striking about the values developed by staff is their duality. Each one consistently and equally speaks to the values for staff **and** for patients. This is a very distinct feature.

**We are**  
caring  
one team  
listening to understand  
open and honest  
always improving  
inclusive

**We are**  
#TeamUHD

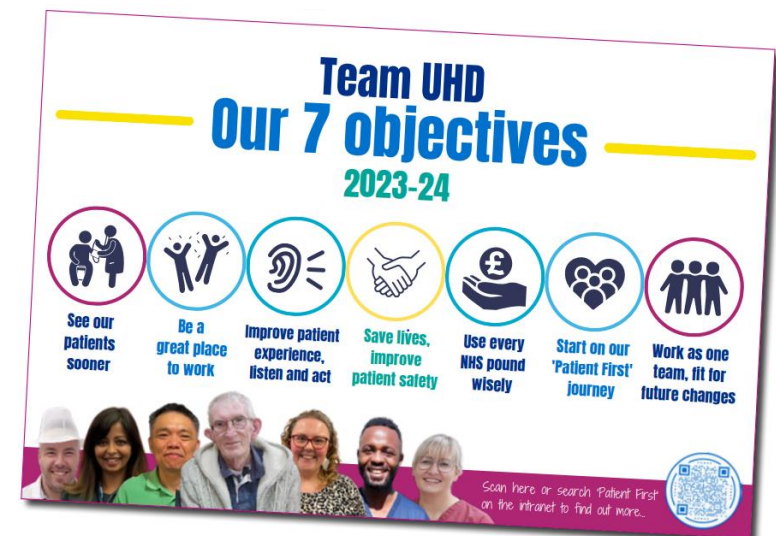
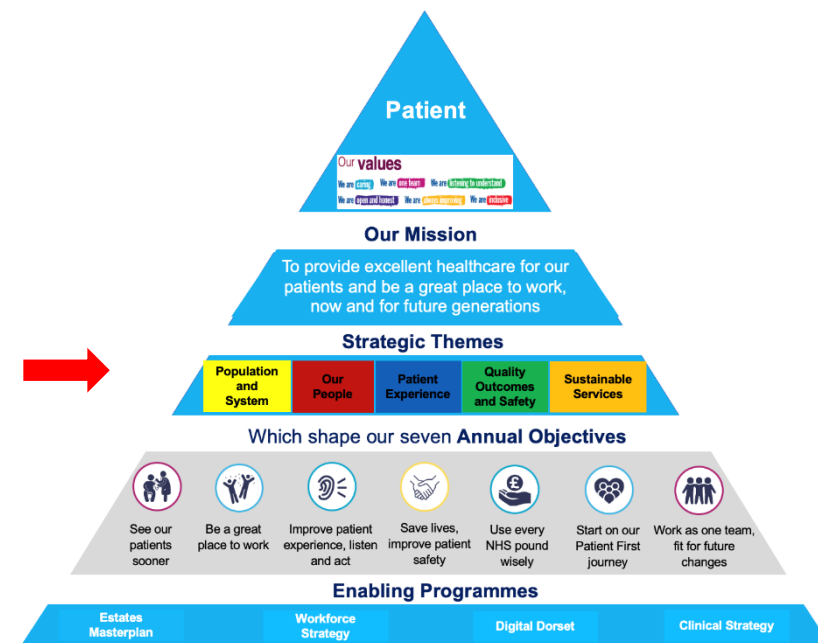
### Our Vision

To positively transform  
our health and care  
services as part of the  
Dorset Integrated Care  
System

# What are we trying to accomplish?

## Our strategic themes

<b>PATIENT EXPERIENCE</b>	All patients at UHD receive quality care, which results in a positive experience for them, their families and carers. Every team is empowered to make continuous improvement by engaging with patients in a meaningful way, using their feedback to make change
<b>QUALITY OUTCOMES AND SAFETY</b>	To be rated the safest Trust in the country and be seen by our staff, as an outstanding organisation for effectiveness (Hospitalised Standardised Mortality Ratios - SMR) and patient safety (Patient Safety Incidents - PSIs)
<b>SUSTAINABLE SERVICES</b>	To maximise value for money enabling further investment in our services to improve the timeliness and quality of care for our patients, and the working lives of our staff
<b>OUR PEOPLE</b>	To be a great place to work attracting, developing and retaining the best talent
<b>POPULATION AND SYSTEM</b>	Consistently delivering timely, appropriate, accessible care as part of a wider integrated care system for our patients



Our strategic themes will support the delivery of our vision and shape our 'breakthrough' annual objectives and enabling programmes

# Improvement principles and ambition

To support delivery of our organisational strategy and priorities and ensure we create the right conditions for continuous improvement, we will adopt the following principles:





# Improvement principles and ambition

## Condition

### STRATEGIC INTENT

### Building a shared purpose and vision

A vision and shared purpose for continuous improvement aligned to the core mission and strategic objectives of the organisation

## Secondary Driver

Our improvement approach is constantly reviewed in line with NHS priorities, current operational pressures [including cultural and safety concerns], digital transformation and sustainability impact

Our improvement approach is inclusive and underpinned by our core values

We support and ensure a strong interface with ongoing improvement work required as a result of national programmes, and our regulators in key service areas

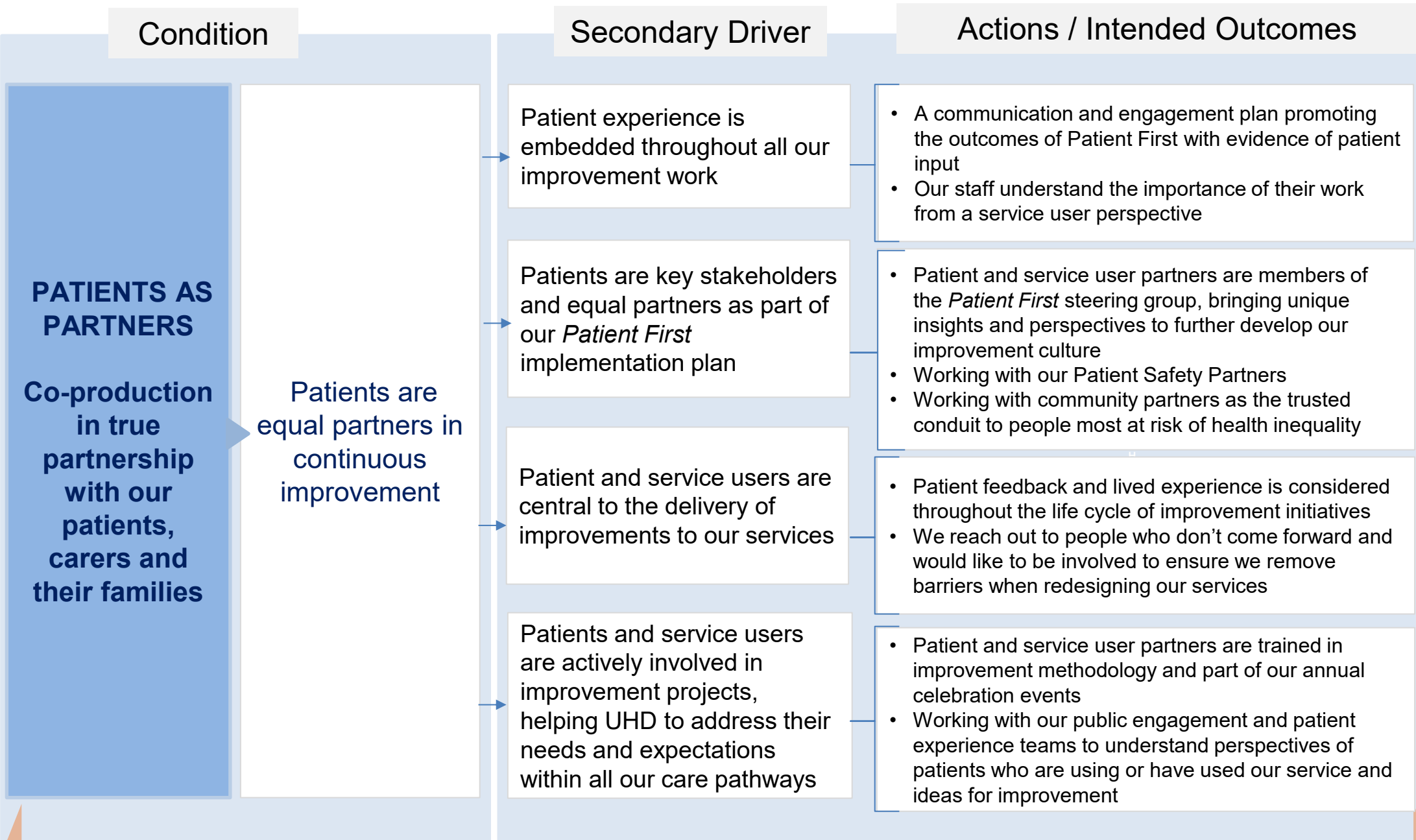
We plan, measure, and track progress of our improvement effort aligned with our strategic priorities and annual planning process

We celebrate and share good practice and actively engage with external experts to stretch our thinking and encourage innovation

## Actions / Intended Outcomes

- Our staff understand the direction and strategy of the organisation with an ongoing focus on quality and improved health outcomes for patients
- Our staff feel engaged with and help guide our improvement activities
- Our senior leadership team understand the successes, challenges, pressures and working context of our frontline staff
- Our staff understand the importance of their work and how their daily activities contribute to the overall quality and experience of our patients
- We consider digital transformation as an integral part of every improvement project
- We use tools from the Centre for Sustainable Healthcare and measure the sustainability impact of our improvement work
- A Patient First implementation plan and timeline plus benefits realisation plan is monitored by an executive programme steering board and in line with the trust governance framework
- Publish and promote a communication and engagement plan to support and embed the improvement strategy
- Develop our intranet, Teams and other channels as well as regular engagement events for staff to help us have conversations, share improvement ideas and successes
- Regular invitation to guest speakers to learn from the field

# Improvement principles and ambition



# Improvement principles and ambition

## Condition

### CULTURE AND RELATIONSHIPS

Continuous improvement is at the heart of everything we do

Our staff feel empowered and equipped to do the very best for our patients and one another

## Secondary Driver

We pay attention to the social (relational) side of change that fosters collaboration, engagement, psychological safety and employee well-being

High performing teams learning, problem solving and innovating together

We encourage opportunities for staff to connect, have conversations and work together towards shared organisational and improvement goals

We assess and measure our improvement journey to track cultural change

Staff feel empowered to problem solve and make improvements, no matter how small. They feel safe and secure to learn from mistakes and question poor practice

## Actions / Intended Outcomes

- A comprehensive culture development programme '*building on the best of what we do*' to support the achievement of our vision and overall strategy for high quality, sustainable care
- A robust team coaching offer and *consulting for change* model to support team effectiveness
- Working closely with staff networks to encourage participation of all staff and ensure their voices and lived experience shape our improvement approach and what matters to them
- An integrated culture dashboard available at care group and corporate directorate level to encourage feedback and identify areas for support
- Completion of an annual readiness assessment to ensure our improvement approach remains valid and fit for purpose
- Improvement projects led by frontline staff presented at national and international improvement conferences
- Our improvement approach is amplified via trust induction, appraisal and personal development reviews

# Improvement principles and ambition

## Condition

## Secondary Driver

## Actions / Intended Outcomes

**LEADERSHIP  
BEHAVIOURS**

**Compassionate  
and inclusive  
leadership**

Our leaders  
effectively  
build  
organisation-  
wide  
commitment  
to continuous  
improvement

Our leaders are visible to frontline staff and adopt a coaching style to encourage staff engagement in improvement activities  
Our leaders ensure staff have a regular time to take part in improvement activity

Our leaders consistently role model behaviours that enable improvement  
They exhibit humility and curiosity, challenge their own assumptions, and are committed to shared learning across the organisation and within the wider health and social care system

Distributed clinical leadership to foster inter-professional collaboration. Clinicians visibly engaged and working with multi-disciplinary teams and managers to improve patient quality and safety (clinically led - managerially enabled)

- Senior leadership team attend frequent huddles and ward / department visits to engage and coach staff who are delivering on the front line
- 'Leaders as coaches' and effective coaching conversations at every level within the organisation to support the need for change from problem-solving to problem framing

- A leadership development strategy outlining improvement capability requirements and access to training
- All leaders undertake our Patient First leadership programme to develop their skills and expertise in continuous improvement
- Ongoing coaching, mentoring and personal development support to encourage self-awareness
- Leadership behaviour framework linked to values for effective role modelling and a public declaration of behaviours alongside a statement of commitment to *Freedom to Speak Up*

- An equitable talent management strategy to support the development of a diverse talent pipeline for senior leader roles via sponsorship, reverse mentoring and coaching

- A senior clinical leadership programme to develop skills and expertise in continuous improvement



# Improvement principles and ambition

## Condition

### IMPROVEMENT TOOLKIT

**Building improvement capability and capacity**

All staff at every level within the organisation have access to training to help them make improvements within their daily work

## Secondary Driver

A robust methodology to build improvement skills at all levels, facilitate improvement work and to share learning

Structured training and tools to help our staff solve problems and make improvements with a focus on measurement, supporting our teams to be data and evidence driven

High quality data and measurement used to inform our improvement priorities are presented, interpreted and communicated in a user-friendly and timely way

Our improvement methodology adapts and evolves to ensure it remains fit for purpose with the natural maturity of the trust

## Actions / Intended Outcomes

- A detailed route map outlining a schedule for team training and coaching in improvement skills across the organisation
- A clear method of recording small improvement projects locally, and a system where staff can choose to record successes corporately
- Sharing feedback from staff and patients working at the point of care
- Review outcomes to determine the impact of our improvement efforts and to support learning
- Scientifically robust measurement tools including Statistical Process Control (SPC) Charts are embedded at care group, directorate and team level
- Data analysts a key part of our improvement programme and members of our Patient First Steering Group
- A Patient First Improvement Hub accessible for all staff to promote inclusion for learning
- Networks for building improvement skills, sharing learning, peer review and mentoring throughout the organisation
- A central improvement team to support improvement work with explicit focus on transferring expertise in improvement methods, tools and skills to frontline staff

# Improvement principles and ambition

## Condition

### MANAGEMENT SYSTEM

A coherent improvement system

A coordinated and consistent approach to planning and managing continuous improvement across the organisation

## Secondary Driver

A management system using Lean and other improvement methods for assurance, improvement and planning to meet our organisational vision, objectives and regulatory requirements

Leader standard work to help us sustain the improvements we make – streamlining and aligning our processes to ensure staff are not overloaded – reducing waste and unwanted variation

A management system used to organise all work, allowing the organisation to standardise and respond to local, system and national priorities more easily

Facilitated learning and knowledge transfer - connection, interaction, and collaboration for improvement and real time data

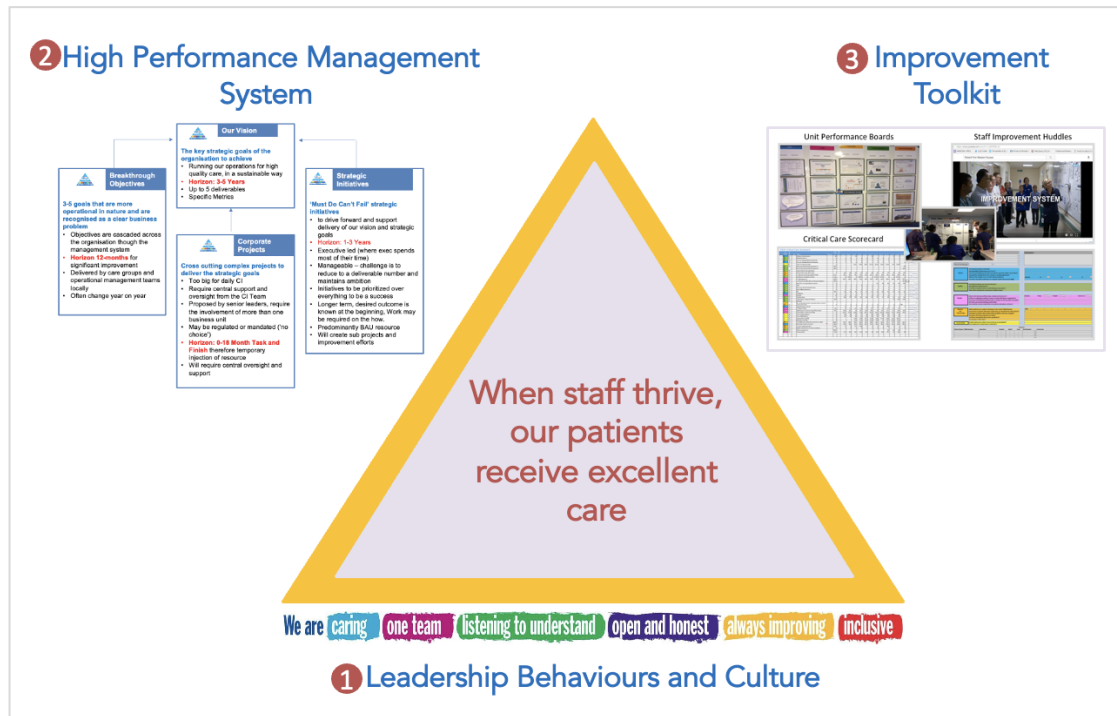
## Actions / Intended Outcomes

- The board own and use this approach to manage the everyday running of the organisation
- The infrastructure supports the execution and coordination of improvement activity
- Visible changes to our internal performance management and reporting infrastructure
- Systems in place to identify and monitor early warning signs and risks to improving quality with a clear process of how to respond to these
- Prescribed standard tasks and responsibilities for managers at all levels within the organisation
- Systems and processes to track performance and help apply standard work to close gaps
- Evidence of all staff in clinical, operational and managerial roles - frontline employees and those working in vital support roles and functions - adopting standard routines, practices and behaviours
- Evidence of spreading and mobilising knowledge throughout the organisation, the wider health and social care system and our BU partnership
- Evidence of a learning organisation and health system promoting curiosity, reflection and systems thinking
- Networks of teams sharing learning across boundaries within and outside of the organisation including Dorset Integrated Care System

# Methodology and programme framework

## Our approach is designed around an integrated continuous improvement (CI) system called Patient First

Patient First is shaped by our principles and ambition for improvement and comprise of **three main components** as demonstrated in the graphic.



All components are equal however developing our leadership behaviours is our Foundation Stone

### Leadership Behaviours and Culture

A strong foundation of 'leaders as coaches'. Our values are a product of compassionate and respectful behaviours.

### High Performance Management System

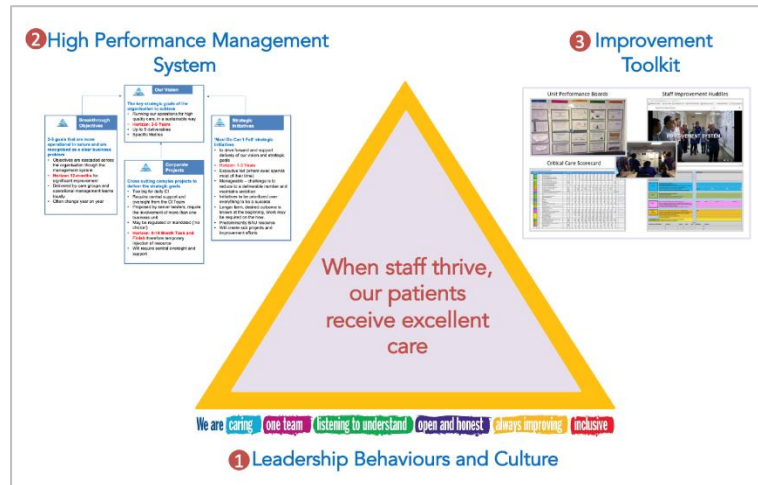
A set of improvement priorities cascaded through the organisation – a performance management system from our frontline staff to the Board genuinely built into everyday standard work and routines.

### Improvement Toolkit

Structured training and tools to help our staff solve problems and make improvements – supporting our teams to be data and evidence driven.

# Methodology and programme framework

**Four pillars** will support the phased implementation and delivery of *Patient First* with senior leadership oversight.



## Pillar 1: Strategy Deployment

Identifying a number of strategic priorities and cascading these throughout the organisation. A lean improvement and performance management system Frontline to Board – aligned to our 'True North'

## Pillar 2: Patient First Improvement System

Developing management level capabilities and standard systems for managing improvement across the organisation – within all our wards and departments

## Pillar 3: Continuous Improvement Projects

Identifying specific high impact improvement initiatives based on selected processes or projects

## Pillar 4: Capability and Capacity Building

Developing leadership capability and staff engagement across the organisation underpinned by Lean



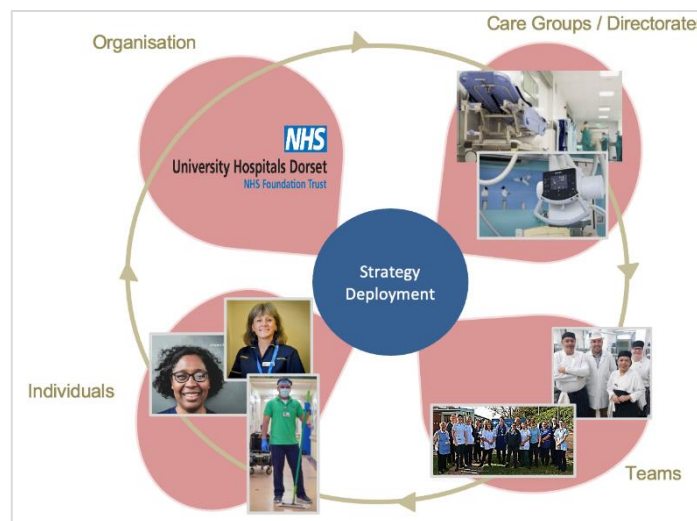
# Pillar 1: Strategy Deployment

**Patient First Strategy Deployment** focuses on identifying a number of strategic priorities and cascading these throughout the organisation. It is the adoption of a lean improvement and performance management system from frontline staff to Board – aligned to our strategy or ‘True North’.

The Strategy Deployment and Review pillar will:

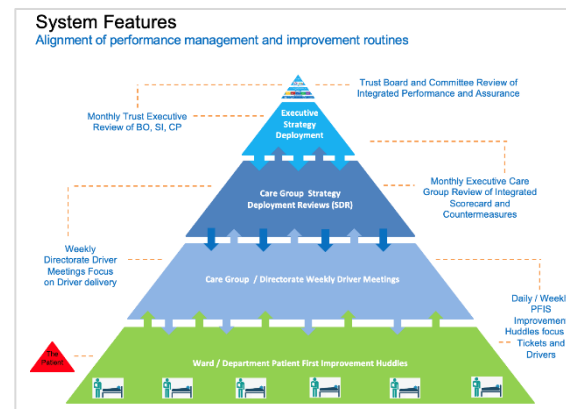
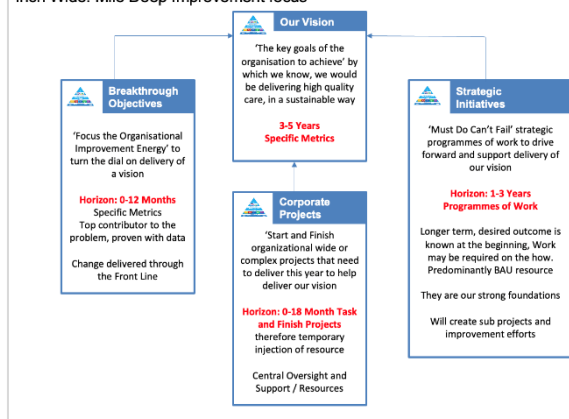
- Cascade the strategic priorities of the organisation from the top level down through our Care Groups, Directorates, Departments and to Individuals
- Ensure alignment throughout the organisation - everyone's goals support the overall vision, and we are all pulling in the same direction
- Focusing and aligning managers' efforts on the real problems that require resolution
- Ensure metrics are relevant to the goals of the organisation using visual management and scorecards
- Encourage team working and ownership of performance within teams and individual areas.

**It is our golden thread**



## Strategy Deployment Framework

Inch Wide: Mile Deep Improvement focus



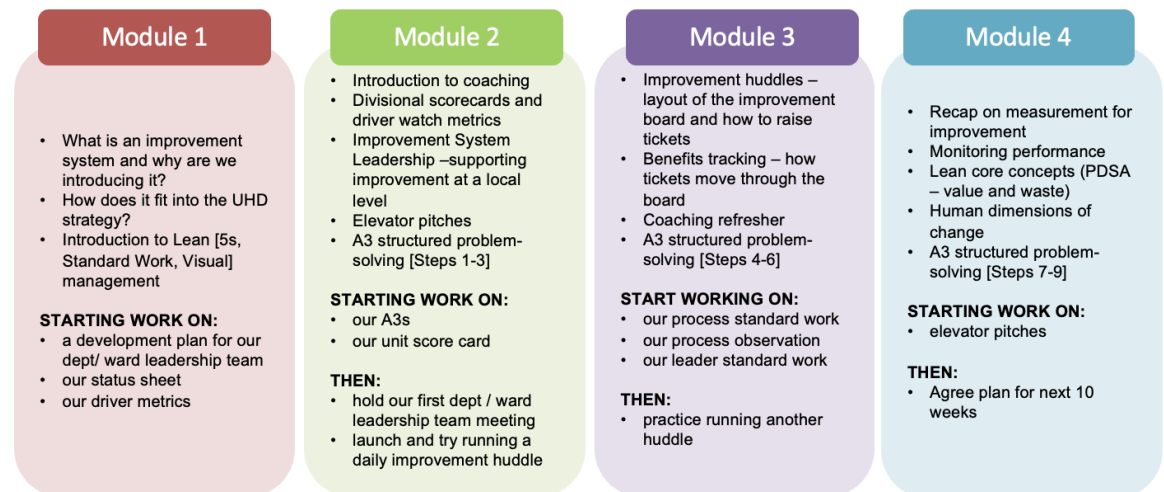
## Pillar 2: Improvement System

**Patient First Improvement System** focuses on developing management level capabilities and standard systems for managing improvement across the organisation – within all our wards and departments.

The Improvement System pillar will:

- Deliver training in 4 x ½ day face to face modules for **teams** (specialty / ward / department level)
- Following the taught sessions, our teams will be supported by visits to offer further coaching in their working environment
- This will take place at a time that is convenient for the specialty / ward / department e.g., to coincide with huddles
- We aim to make this programme the 'UHD way' and ensure signposting to other relevant development and training

**All improvement effort, no matter how small, will be captured and celebrated to encourage a social movement for #continuousimprovement**



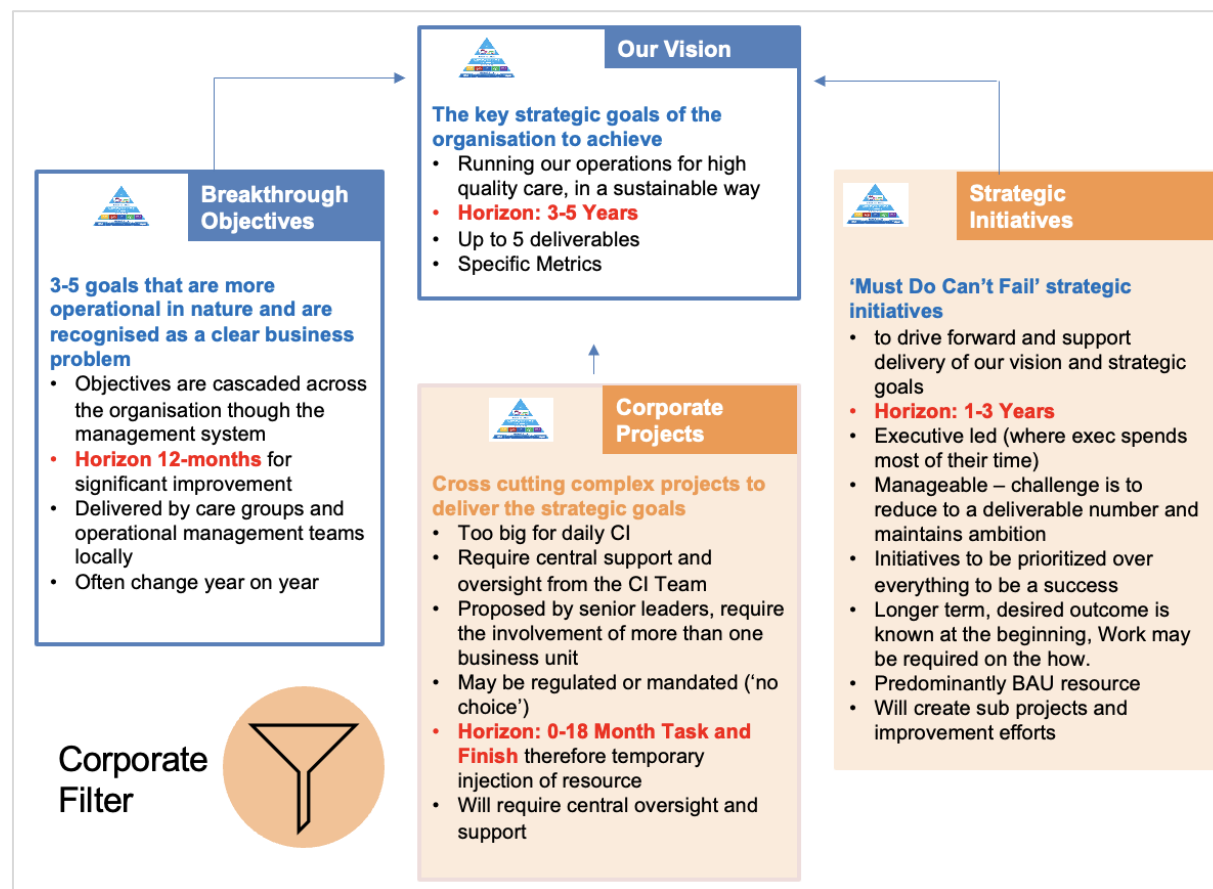
## Pillar 3: Continuous Improvement Projects

**Patient First Continuous Improvement Projects** focuses on identifying specific corporate projects and improvement initiatives to support our refreshed strategy (True North), strategic initiatives and breakthrough objectives.

The Continuous Improvement Project pillar will:

- use a *prioritisation filter* method and *x-matrix* to systematically identify projects for delivery at key levels within the organisation:
- Mission Critical [Corporate]
- Care Group
- Corporate Services
- risk assess for 'wait and de-select' projects currently active within the organisation
- be applied to 'business as usual' in due course

**We will 'de-clutter' workloads, wasted and / or un-coordinated effort**



## Pillar 4: Building Capability and Capacity

**Patient First Capability and Capacity Building** focuses on developing leadership capability and engagement across the organisation underpinned by Lean and supporting our culture programme for staff engagement.

The Building Capability and Capacity pillar will:

- Train our senior leadership team in A3 problem solving
- Provide Patient First for Leaders training delivered in 2 x ½ day classroom sessions [Modules 1 – 4] and 4 x ½ day practical sessions [Modules 5– 8]
- Focus on the cascade from executives to trust leaders and provides the senior leadership team with the tools to succeed
- The organising principle is *'knowing, running and improving your service + developing your leadership style and behaviours'*
- Oversee our UHD culture programme and recruitment of culture champions to ensure ongoing conversations and dialogue with staff

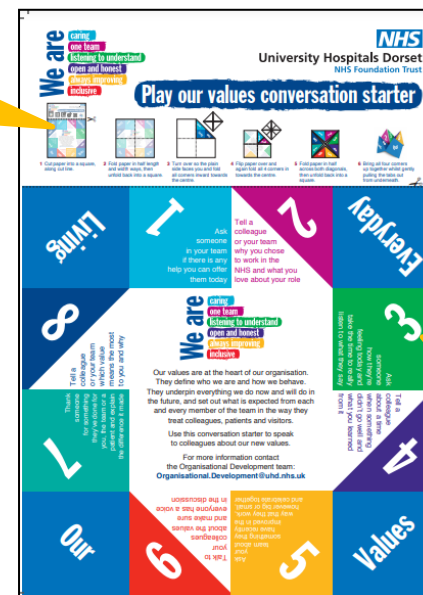
**An inclusive approach and signposting for ongoing personal and leadership development**

Module 1 Strategy Development	Module 2 Data for Improvement	Module 3 Strategy Deployment	Module 4 Coaching for Leadership
<p>Strategy genesis, delivery, and socialisation. Why does an organization develop strategy?</p> <p>What's our strategy?</p> <p>How do we disseminate this in a large organisation?</p> <p>Exploring our <i>True North</i> Strategic Themes, Initiatives, Breakthrough Objectives and Corporate Projects</p>	<p>Data for improvement</p> <p>Understanding Statistical process Control (SPC)</p> <p>Pareto</p> <p>Run Charts</p> <p>Effective use of RAG ratings</p>	<p>What is strategy deployment and how does it align with the improvement system?</p> <p>What is the unique contribution of my care group / specialty/ corporate directorate to achieving these improvements?</p> <p>Care Group / Corporate directorate 'catchball'</p> <p>Introducing scorecards and countermeasure summaries</p>	<p>Introduction to Leader Standard Work and personal A3s</p> <p>Developing a coaching style as a leader</p> <p>How to GEMBA</p> <p>Exploring leadership impact on organisational culture [how do leaders help teams solve their own problems, not solve them for them?]</p>

Leadership Behaviours

A3 methodology

Our Patient First intranet site is up and running!

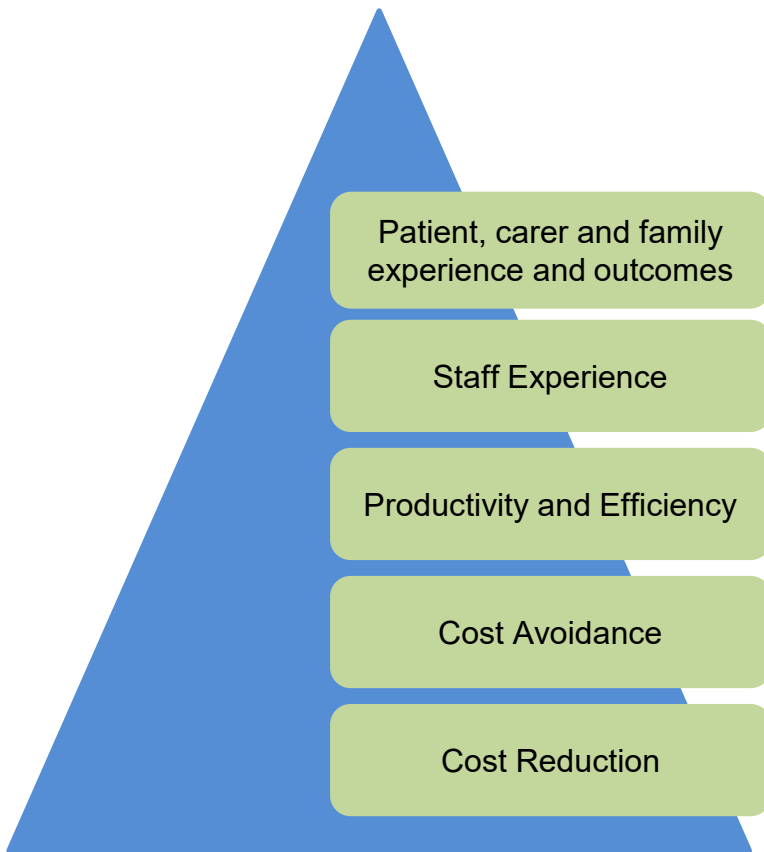


*'Let's have a Conversation!'* sessions to promote inclusion and how all staff can get involved



# Strategy governance and delivery

A Patient First Steering Group will oversee the delivery of this strategy, reporting to our Trust Management Board and Board of Directors. Progress against the mobilisation plan and mitigation of risks will be recorded on a monthly basis in the Board Assurance Framework (BAF). A full benefits realisation plan will be completed, and delivery of outcomes monitored by the Patient First Steering Group. We will track for evidence of new ways of working and the required changes in leadership behaviour.



**A systematic approach to improvement led delivery of quality** is recognised by CQC as a key enabler to a well led organisation. A summary of benefits linked to the Key Lines of Enquiry:

KLOE	Model Headline Response
1. Is there the leadership capacity and capability to deliver high quality sustainable care?	Leaders trained in improvement methodology and developing compassionate and inclusive leadership behaviours. Leaders as coaches and highly visible.
2. Is there a clear vision and credible strategy to deliver high quality, sustainable care to people and robust plans to deliver?	Refreshed Patient First strategy and 'board to frontline' deployment of improvement priorities linked to performance review. Improvement Management System in place.
3. Is there a culture of high-quality sustainable care?	Inspiring shared purpose via a culture of continuous improvement. SMART 'breakthrough' annual objectives.
4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?	Strategic Deployment Review process provides Ward to Board clear line of sight through daily performance huddles and visual management.
5. Are there clear and effective processes for managing risks, issues and performance?	Patient First Improvement Programme enabling a clear and effective process for raising and managing risks, issues and performance.
6. Is appropriate and accurate information being effectively processes, challenged and acted upon?	Use of standard work approaches defines triggers for review and describes actions for improvement as part of the routine monthly performance and improvement cycle.
7. Are the people who use services, the public, staff and external partners engaged and involved to support high-quality, sustainable services?	Patient First Improvement programme is inclusive and actively engaging all levels of staff in problem solving for improvement as part of their daily routines. Patients as partners trained and involved in improvement work.
8. Are there robust systems and processes for learning, continuous improvement and innovation?	All frontline staff trained in standard improvement tools and given the time to problem solve and make positive changes for patients.

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The information in this report is correct to the best of our knowledge as of July 2023

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