

OCTOBER 2017

ASHFORD & ST PETER'S HOSPITALS NHS FOUNDATION TRUST STAFF 'BE THE CHANGE' FOR QUALITY IMPROVEMENT

ORGANISATIONAL PROFILE

- A foundation trust since December 2010.
- Acute provider serving a population of 410,000 in North West Surrey, parts of Hounslow and beyond.
- Provides a range of clinical services covering surgical, medical, therapeutic treatments and interventions.
- Employs 3800 staff.

SUMMARY – APPROACH TO QUALITY IMPROVEMENT

Reflecting on lessons learned from the Francis report, 2011, and Savile Inquiry, 2014, Ashford and St Peter's NHS Foundation Trust (ASPFT) took the step to look at how it could transform its culture and improve the experience of staff. With the 2011 Staff Survey and Pulse Survey results highlighting lower than average patient and staff satisfaction scores, a need for change was identified.

The trust identified a number challenges facing the organisation including:

- recruitment of staff
- a reduction in funding and rising costs
- an older demographic of patients with more complex needs
- lower than average patient and staff satisfaction scores
- quality of care.

Historically quality improvement had been an activity associated with senior clinicians and managers in healthcare. The trust felt a new approach was needed moving from a top down model to one of distributed or shared leadership involving all grades of staff. It was felt this

would improve the care and experience of patients throughout the trust and its partner organisations.

ASPFT developed a strategy which empowered staff to identify quality improvement opportunities in their areas and to make improvements themselves.

The trust wanted staff to question the norm and develop the capability and capacity for individuals and teams to make improvements, and not be bound by traditional hierarchies. It was keen to shift their culture and improve the feel of the trust, which had been typified by poor engagement scores.

WHAT THE TRUST IS DOING

#rightculture

The trust identified the need to create a culture of 'curiosity and creativity' that was fair, open and supportive. In 2014 the #rightculture programme was launched. The aim of the programme was to support learning, improvement and innovation, helping to develop capacity and capability in the trust to make necessary changes.

To begin, the executive team was keen to understand what staff thought the culture of the organisation should be. Chief executive, Suzanne Rankin launched a Twitter campaign with employees, asking them to identify three words they felt best described what the culture of the trust should be. The results revealed six key words, which became the foundation of the culture change interventions.

- Empowered.
- Caring.
- Transparent.
- Safe.
- Challenging.
- Calm.

Be the Change campaign

At the same time as the trust was developing #rightculture, a group of junior doctors (Fy1s) pitched the idea of an improvement campaign – Be the Change – which was inspired by NHS Change Day, and aimed at getting frontline staff to come up with ideas for improvement.

The vision for the programme was to:

- provide a structure that empowers all staff to come forward with ideas for change and improvement
- to be accessible to all staff who wish to participate
- provide opportunities for change champions to develop in their roles
- celebrate success.

Clinical leader Dr Keefai Yeong, consultant geriatrician, supported the project, coaching his junior colleagues and providing motivation and guidance. He helped to coordinate meetings with the executive team and ensured that the campaign would get support it needed from the organisation.

Change champions

Using the internal organisational network, contacts and multi-disciplinary colleagues, the Be the Change team persuaded over 80 staff to support the initiative and become change champions. The change champions would encourage their teams to think about new initiatives to aid better patient care and staff engagement. Suggestions were invited through a post box system detailing what they would do and how they would do it.

Change champions would then take the time to read through suggestions and understand issues raised, looking specifically at how they could use data to evidence if the improvement would positively impact on patient safety and satisfaction. Champions worked alongside the Be the Change support team to help implement ideas.

Resources were invested to launch the Be the Change campaign including branded t-shirts, posters and social media activity, and a dedicated Twitter account was created to stimulate dialogue and encourage engagement in the project.

Over 280 postcards were submitted by staff and 40 projects were launched in the initial campaign. All projects were implemented by local teams and, following a trust wide vote, the top three projects received recognition and a small financial investment to enable full implementation.

The Be the Change programme has grown and is now a vital part of the quality improvement strategy for the whole organisation. In 2016 the trust supported more than 80 projects. Since then, postcards have been replaced by online portals for submitting ideas for change. In the last two years, the programme has:

- expanded QI teaching to the whole trust
- created a dedicated QI microsite
- set up an online portal for any member of staff to submit an idea for change www.bethechangeasph.com
- launched a 'Be the Change' mobile app to profile case studies, blogs and training tools.

A few examples of projects suggested and implemented through the Be the Change programme include:

- Porter's project – helping to improve navigation through the hospital to make it easier for patients to find different departments. Using patient feedback the team devised a colour coded dot system making areas easier to find. A patient questionnaire is now in place to monitor the ongoing success of the project.

- Breast care app – a consultant breast surgeon was surprised how some patients described feeling overwhelmed at the start of their treatment. They found it difficult to process important information about their condition and care. The consultant worked with patients and the clinical team to develop a mobile app. It provides clear information that is easy to access at a time that is right for the individual. The app was developed and downloaded over 100 times in the first month. It was officially launched by Victoria Derbyshire, broadcaster and TV presenter, who has been a breast cancer patient and saw the benefit of the app. It continues to receive excellent feedback from patients and staff.
- Adopt a grandparent scheme – the trust identified that two thirds of NHS beds were occupied by people aged over 65. The lack of social stimulation on the wards was leading to increased lengths of stay and a delay in the patient's recovery. Staff developed an 'adopt a grandparent' volunteer scheme giving non-clinical employees dedicated time to go to the wards on a weekly basis and talk to patients. Three cohorts of staff took part in the initiative with the outcomes showing staggering results to duration of stay in hospital. This also helped to break down barriers between clinical and non-clinical teams. Patients were being discharged quicker showing there was a direct correlation between cognitive stimulation and recovery. Patients and staff continue to provide excellent feedback and the initiative is now classed as 'business as usual' at the trust.

TRAINING AND SKILLS

Alongside Be the Change, the trust developed an approach to increase the level of quality improvement capability through training and skills, making it an integral part of everything they do. This included harnessing internal knowledge and skills to build a broad understanding of improvement methodology. Ensuring data, measurement, problem-solving and plan, do, study, act (PDSA) skills, were adopted across the organisation.

The trust partnered with world renowned organisation Institute of Health Improvement (IHI) to support their leadership training. The training focused specifically on what leaders could do within the organisation to effect positive change using a bottom up approach and the PDSA model.

Training packages for different grades were introduced, they included:

- all staff – ASPH Quality Improvement Academy and IHI school – one day training events for anyone interested in QI.
- change agents and core leaders – ASPH QI Academy, IHI school and patient safety officer training.
- senior leaders and board – ASPH QI Academy, IHI school and leadership workshops.
- experts – improvement coach development.

The trust invested time helping teams to understand and create the conditions (and the leadership behaviours), which need to be in place to allow QI to flourish.

BENEFITS AND KEY OUTCOMES FOR SERVICE USERS

Supporting quality improvement has enabled the trust to empower teams to be creative, innovative and always looking for ways to improve services and the care the trust provides. ASPH has created leaders who support learning and change at scale, and this has enabled it to improve the patient experience, patient safety metrics and the overall feel of the organisation.

The trust's success is reflected within recent staff survey results for 2016, which demonstrate significant progress. 77 out of 88 questions show an improvement on the previous year. There has been double-digit percentage increase in all four questions in the Staff Survey that relate to innovation and improvement over the last five years.

Additionally, the overall national Staff Survey results have moved the trust from below average to the top 25 per cent in England. In 2017 the trust was awarded the Healthcare People Management Association (HPMA) Excellence Award for excellence in employee engagement.

Survey results highlight the following improvements to staff satisfaction:

- *I am able to make improvements happen in my area of work* – 61 per cent against a national average of 56 per cent in 2016.
- *I would recommend this as a place to be treated* – up from 52 in 2011 to 71 per cent in 2016.
- *I would recommend this as a place to work* – up from 44 in 2011 to 64 per cent in 2016.
- *I am able to make suggestions to improve the work of my team / department* – up from 64 in 2011 to 76 per cent in 2016.
- *There are frequent opportunities for me to show initiative in my role* - up from 58 per cent to 75 per cent.
- *I am involved in deciding on changes introduced that effect my work area / team / department* – up from 43 to 56 per cent.

WHAT WERE THE LEARNING POINTS?

The benefits of bottom-up change are significant in any organisation that is striving to deliver high quality care for patients. The trust has learned that supporting all staff to do QI encourages innovation and experimentation, improves the patient experience and makes continuous improvement part of our culture.

By finding ways to share learning, through case studies, blogs, staff articles, presentations at board meetings and other QI celebration events, the trust has highlighted that successful teams can operate without hierarchy.

Chief executive, Suzanne Rankin said “We are embracing QI, not only because it is the right thing to do, but because it will help us achieve the culture of curiosity and creativity where we all feel empowered and confident in looking for improvements for the benefit of our patients.”

Tips for trusts

- ✓ Go where the energy is to launch projects
- ✓ Encourage ‘bottom up’ change within teams by empowering staff
- ✓ Ensure that employees understand they have two roles; their job and improving their job
- ✓ Communicate the message that everyone is an improver
- ✓ Encourage individuals to work with front line staff to deliver change
- ✓ Understand that quality improvement doesn’t happen overnight and is not the job of a few people rather is something we should all be doing it all of the time
- ✓ Encourage staff to think about what they can stop doing in order to create the time to deliver improvement

Further information

For further resources please go to our quality improvement microsite – www.bethechangeasph.com – or download our free mobile app.

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