







Quality Improvement Team Accreditation Silver Level Guidance

1. Providing evidence of a vision for improvement

What is a Vision?

A vision is a vivid mental image of what you want your team to be at some point in the future, based on your goals and aspirations. Having a vision will give your business a clear focus, and can stop you heading in the wrong direction. The best way to formalise and communicate the vision you have for your business is to write a vision statement.

A vision statement captures, in writing, the essence of where you want to take your business, and can inspire you and your staff to reach your goals.

What Do You Include?

Your vision statement might be inspired by certain aspects of your team, such as:

- service quality standards (e.g. to make patients a priority)
- reputation (e.g. among patients, staff, competitors)
- passion (e.g. that you and your colleagues enjoy what you do)
- growth (e.g. you offer new services, innovate and increase activity)
- sustainability (e.g. that you are financially and environmentally sustainable)



Developing a Vision

A good first step in developing a vision statement is to invite your key staff to a team vision workshop. By brainstorming and sharing ideas, you can answer fundamental questions about the direction of your team.

After you've held your vision workshop and come up with some ideas, it's time to write your official vision statement. Make sure your vision statement:

- Links to and supports delivery of the Trust's Visions and Values
- Is clear and written in plain English (i.e. no jargon or 'business speak')
- Is passionate, powerful and memorable







- Is short and says a lot in a few words
- Is realistic (i.e. in terms of your resources, capabilities and growth potential)
- Describes the best outcome (ideal state) for your team, department or service
- Doesn't use numeric measures of success
- Helps build a picture in people's minds

Using Your Vision

A vision statement isn't something you write and then forget. As your team grows, you should constantly revisit your vision statement to measure your progress and success. It can also help you make key decisions, because it represents the heart and soul of your team. Remember that the Trust's Vision is "Excellence Every Time" and consider how yours fits alongside this.

It's a good idea to make your vision statement visible in the workplace to inspire your staff and remind them of their purpose, for example, by:



- Posting it in staff common areas
- Including it in any code of conduct documents
- Using it as a tool in staff performance reviews



It's equally important to promote your vision statement publicly by displaying throughout your department / service areas and in patient information. It should to be as visible and meaningful to those in receipt of services as it is to those delivering them.

Some example Vision Statements can be found here:

https://topnonprofits.com/examples/vision-statements/

2. Providing evidence of an action plan to deliver the vision for improvement and commencement of at least 50%



First and foremost... we're not asking for the team to write a War & Peace length strategy. So don't create unnecessary work for yourselves – there are more valuable ways to use your time.

But, we do ask that you have some sort of framework that evidences how you will use quality improvement approaches to enhance the standard of performance and practice across the team.

The easiest way is to follow the Model for Improvement, illustrated below. If the team can answer the three key questions in relation to a series of proposed improvements, then you will have a strategy.







Begin reviewing/analysing your data

Model for Improvement

1. What are we trying to accomplish? 2. How will we know that a change is an improvement? 3. What changes can we test that will result in an improvement? Teams plan what they will do as a small test of change, asking themselves: What they expect to find What changes do you/the team need to make next? When will you carry out your next PDSA cycle? When are they going to do it? Who will do it? What will it be? Plan Act Where will it be done? Study Do Carry out your plan Complete the reveiw/analysis of your data Remember 1 patient, 1 doctor, 1 day form etc Compare it to what you thought might happen Document problems and unexpected observations Summarise what you learnt from the results

Bear in mind that we would expect the scope and ambition of the strategy / targets to reflect the level of the award being applied for i.e. maintaining practice or preventing deteriorating performance may be challenging enough at Bronze Level, but a Gold application would require demanding stretch targets and a clear plan to sustain this. How you chose to document this is down to you, but templates are available via the Improvement & Transformation intranet pages:

http://nww.hdft.nhs.uk/trust-wide/improvement-and-transformation/tools-and-resources/

In particular, you may find the "Planning" and "Delivery" pages useful. These contain templates for:

- Project Initiation Documents(PID) OR
- A Project Charter (similar to a PID)
- Model For Improvement (also known as PDSA) tools
- Gantt Chart (much more robust than a traditional Action Plan).

A Gantt chart, commonly used in project management, is one of the most popular and useful ways of showing activities (tasks or events) displayed against time. On the left of the chart is a list of the activities and along the top is a suitable time scale. Each activity is represented by a bar; the position and length of the bar reflects the start date, duration and end date of the activity.

This allows you to see at a glance:

- What the various activities are
- When each activity begins and ends
- How long each activity is scheduled to last









- · Who is responsible for individual actions
- Where activities overlap with other activities, and by how much
- The start and end date of the whole project.

All of these will help to provide structure, clarity and direction for your team to deliver their strategy. The Improvement & Transformation team can advise on the application of any such tools.

Remember, however, that documentation from a Rapid Process Improvement workshop (RPIW) will not usually suffice as a strategy, because they tend to be very narrow in focus. If the event addressed most areas of practice across your team, then it may be a sufficiently broad strategy, but isn't often the case.

3. Providing evidence that aspects of your delivery of your vision for improvement are being delivered and what has improved as a result of this

"The best laid plans of mice and men often go astray". And so it is with Quality Improvement!

It's one thing to have a clear plan, but quite another to deliver on that. So in order for teams to gain accreditation at Silver and Gold levels, we require evidence that steps have been taken to deliver the team's strategy.

This could take a number of formats:

- Confirmation through the visual progress on a Gantt chart
- Products that have stemmed from the work (e.g. new protocols, posters, environmental changes);
- Reports or updates to various forums (e.g. Quality Governance Board Meeting or Quality Improvement Teams)
- Peer review feedback or accreditation by external parties
- Statistical data (e.g. a reduction in pressure ulcers, improved staff retention, fewer complaints, timely reporting of serious incidents; cost efficiencies in ordering medication).

We're not going to dictate the format you chose to share information in – essentially, it's whatever works for you. But, we would expect this to demonstrate the *before* and *after* position, that shows us how your quality improvement journey has made a difference.

4. Providing where practical and appropriate, evidence of engaging other stakeholders e.g. patients, families & carers; commissioners; other Trusts







A stakeholder is any individual, group or organisation with an interest in or association with another. Before you can engage them, you need to know who they are.

In healthcare, this simple tool will help you identify all of your team's stakeholders:

Commissioners: those who pay the organisation to do things

Customers: those who acquire and use the organisation's products

Collaborators: those with whom the organisation works to develop and deliver products

Contributors: those from whom the organisation acquires content for products

Channels: those who provide the organisation with a route to a market or customer

Commentators: those whose opinions of the organisation are heard by customers and others

Consumers: those who are served by the organisation's customers, e.g., end users

Champions: those who believe in and will actively promote the project

Competitors: those working in the same area who offer similar or alternative services

The extent to which you could or should engage stakeholders depends upon the level of interest and influence they have in the work of the team. The diagram overleaf might help you think about this in further detail. Essentially, you need to think about whether or not you are informing, consulting or collaborating with them. To differentiate these:

INFORM: Provide balanced and objective information to the stakeholder to assist them in understanding the problem, alternatives, options and / or solutions.

CONSULT: Obtain feedback from stakeholders on practice, proposals and options; as well as analyse alternatives and / or decisions.

INVOLVE: Work directly with stakeholders throughout a process to ensure concerns and aspirations are consistently understood and considered.

COLLABORATE: Partner with a stakeholder in relation to each aspect of the decision making, including the development of alternatives and identification of the preferred solution.







Keep satisfied Inform + Consult	Work together Inform + Consult + Collaborate
Other Providers / Local Contacted Services: eg. Pharmacists, Opticians	Internal: incl. Member Practices, CCG Staff, Cluster Board, Non-exec Associates, Practice Staff
• Third sector: inc Disability Partnership,	Government/regulatory: incl. Overview and Scrutiny Committee
Area Forum, Calderdale Engage and Voluntary and Community Sector • Other agencles: Housing, Police	 Partners: incl. Health & Wellbeing Board, Local Author Commissioners, Calderdale Assembly,
	Neighbouring CCGs • Providers: incl. Acute Trusts, Private/Independent Community Interest Providers, NHS Trusts
	Supplers: Commissioning Support Unit
	Professional bodies
	Patients: Representative Organisations
	eg. LINK/Health Watch
Minimal effort	eg. LINK/Health Watch Show consideration
Minimal effort	
Inform • Education: incl. Appraisers, Schools, Universities	Show consideration
Inform • Education: incl. Appraisers, Schools, Universities and Training Institutions	Show consideration Inform + Consult
Education: incl. Appraisers, Schools, Universities and Training Institutions Professional bodies	Show consideration Inform + Consult Patient and Public: Incl. Tax Payers Media: Local, Regional & National Government/Regulatory: Incl. NHS
Education: incl. Appraisers, Schools, Universities and Training Institutions Professional bodies Third sector: incl. Religious Group, Housing	Show consideration Inform + Consult Patient and Public: Incl. Tax Payers Media: Local, Regional & National Government/Regulatory: Incl. NHS Commissioning Board, CQC, Monitor,
Education: incl. Appraisers, Schools, Universities and Training Institutions Professional bodies	Show consideration Inform + Consult Patient and Public: Incl. Tax Payers Media: Local, Regional & National Government/Regulatory: Incl. NHS

Low ----- Stakeholder Interest ----→ High