Cheshire and Wirral Partnership
NHS Foundation Trust

QUALITY IMPROVEMENT STRATEGY

Phase 1. 2018 - 2021

July 2018

Contents

01. **Introduction:** Why do we need a Quality Improvement strategy?

Quality Improvement is about systematically improving care by enhancing quality – the safety, outcomes and experiences of people who access our services. It is based on a principle of organisations, staff and people who access our services working together to improve care and outcomes for the population. The purpose of Quality Improvement is to deliver person-centred health care that responds to the needs and preference of people who access our services, with a compelling ambition to deliver the very best outcomes.

We need a Quality Improvement strategy because improvements in the quality of care do not happen by chance. Quality Improvement is a continuous process and a long-term, overarching commitment that requires a change in culture (the way we do things). It will therefore rely on a shift in the way we think, lead and work.

This means every member of staff will need to be empowered to be a leader and to take responsibility for their part in the quality of care and services that we provide.

This Quality Improvement strategy is a high level framework which sets out our ambition to deliver the best outcomes for the population we serve. We recognise that to do this, we need to underpin this strategy by developing systematic, organisation-wide programmes (and wherever possible, whole health care system-wide programmes) to ensure that continuous improvement happens at scale and as part of our every-day way of working. This Quality Improvement strategy should therefore not be read in isolation – we must not see this Quality Improvement strategy as the only way in which we will seek to improve quality. Each of our other supporting strategies[1] also have a strong focus on Quality Improvement.

Our strategy describes how we will deliver and implement our framework for Quality Improvement. For this framework to be effective, it is really important at the outset to accept that not everything will work – Quality Improvement is about trying, succeeding or failing, reflecting and learning from things that are successful and things that are not.

[1]CWP Forward View; Zero Harm quality strategy; People and Organisational Development strategy; Person-centred Framework;
Communications and Marketing strategy; Research and Effectiveness strategy; Information strategy

02. Our Quality Improvement journey: What have we achieved so far?

In 2014, we launched our Zero Harm quality strategy. We were determined to assess and monitor the quality of our services in ways which:

- Promote what good quality healthcare looks like.
- Celebrate success in delivering good outcomes.
- Tackle unwarranted variations in clinical care.
- Improve the effectiveness of care planning.

We have implemented this strategy over 4 years and as part of this we rolled out a wide range of patient safety initiatives to tackle issues such as pressure ulcer care in our community physical health services and the use of prone position restraint in our inpatient mental health services. Figure 1 displays a snapshot of some of the things we are proud of achieving during the course of this strategy.

Figure 1: What we have achieved through our Zero Harm quality strategy


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We are proud to celebrate examples of how the support systems we have put in place have enabled best practice, every year since we launched our Zero Harm quality strategy, at our Best Practice Showcase event and in our Big Book of Best Practice. So far, the Big Book alone has showcased 146 examples of best practice. Our Quality Improvement Reports have showcased a further 129 examples, i.e. we have undertaken 275 Quality Improvement projects over 4 years.

We are proud of our staff and their unwavering commitment to quality and Quality Improvement. But we recognise that we can only deliver the best care if we enable our staff. We need to ensure that they have the capability (i.e. capacity, confidence and competence) to bring about sustainable changes and improvements in care. We also need to provide an environment that nurtures behaviours that strive for improvement. This means we will ensure that leaders at all levels of the organisation constantly enable our staff. We therefore need to join up our Quality Improvement strategy with our People and Organisational Development strategy 2015 – 2020.

Above all we are realistic – generating capacity for continuous and sustained improvements in the quality of care requires a substantial and sustained commitment of time and resources. Improvement requires both local action and central co-ordination, and resources for both of these things. But we are optimistic – we know that high quality care often costs less. As such, this new strategy refocuses and reinvigorates our ambition to deliver the best outcomes nationally for the population we serve.

03. Improving how we define Quality

Institute for Healthcare Improvement guidance has encouraged us to assess and monitor quality using a broader definition than as defined in 2008 by the Department of Health. This will help us to better identify and prioritise areas for improvement. Together with World Health Organization definitions and our Person-centred Framework, we have defined quality as described in our Quality Framework in Figure 2.

Our Quality Framework places an emphasis on co-production, which is about our staff, people who access our services, their families and the populations we serve playing more of an active role in planning, improving and delivering services. When we apply systematic methods of Quality Improvement, we will ensure the principles of co-production are integral. We recognise that by involving people with lived experience in our Quality Improvement strategy, it will maximise the effectiveness and impact of our services.

Figure 2: Our Quality Framework

QUALITY					
				Patient experience	
Safe	Effective	Affordable	Sustainable	Acceptable	Accessible
Achieving Equity and Person-centred Care through **CO-PRODUCTION, CO-DELIVERY, QUALITY IMPROVEMENT & WELL-LED SERVICES**					
Delivering care in a way which increases safety by using effective approaches that mitigate unwarranted risks	Delivering care that follows an evidence base and results in improved health outcomes, based on people's needs	Delivering care in a way which maximises use of resources and minimises waste	Delivering care that can be supported within the limits of financial, social and environmental resources	Delivering care which takes into account the preferences and aspirations of people	Delivering care that is timely, geographically reasonable, and provided in a place where skills and resources are appropriate to meet people's needs

04. Our Ambition

The first step in building our Quality Improvement capability is to develop an ambition that is aligned to our vision, our purpose, and our values.

Our ambition for Quality Improvement is to work in partnership to deliver the best outcomes nationally for the population we serve. This is a demanding ambition, which requires a focused commitment from us as an organisation on all the components of quality. When we complete Phase 1 of this strategy by 2021, we will have a baseline of the outcomes we are achieving that we are able to benchmark nationally. Phase 2 of the strategy will raise the bar of our ambition by setting a realistic, but challenging timeframe for when we will deliver this ambition by.

Our ambition for Quality Improvement has been developed based on an assessment of changes in the external environment in which we operate, our strengths and areas for development, and to support our Trust strategy – the CWP Forward View. The CWP Forward View and Quality Improvement strategy will be closely aligned for the next three years (Phase 1 of the Quality Improvement strategy). The CWP Forward

View will help to set the foundation for the next 20 years (in terms of population need), therefore Phase 2 (and subsequent phases) of the Quality Improvement strategy will support this.

In developing our Quality Improvement strategy and our ambition (Figure 3), we have sought feedback from our Board, Quality Committee, Clinical Engagement and Leadership Forum, Governors, and via focus groups with partners and stakeholders.

Figure 3: Our Quality Improvement Ambition

Ambition	Ambition
Our Quality Improvement challenge	Working in partnership to deliver the best outcomes nationally for the population we serve
Vision	**Vision**
What we want to be We will use Quality Improvement to deliver this vision	Working in partnership to improve health and well-being by providing high quality care
Purpose	**Purpose**
Why we exist	Being person-centred Striving to enable the population we serve to be the best they can be
Values	**Values**
These guide our behaviours and the way in which we work	Care Compassion Competence Communication Courage Commitment

We recognise that we will not achieve our ambition overnight. Building our strategy will take time, so preparatory work will take place during quarters 3 and 4 of 2017/18. Ultimately we want to foster a culture of finding solutions and be even more focussed on learning and improvement – i.e. we want to be a learning organisation committed to improvement.

Improving quality of care is complex and takes time to achieve and to demonstrate progress and impact – organisations which are further ahead on their Quality Improvement journey have shown this. We recognise that three years is the minimum time required to evidence wider scale results of Quality Improvement. The first year of our delivery and implementation plan is therefore realistic and mainly identifies measures of success. We will, however, start to identify improvement targets as we make small scale changes in embedding this strategy – in doing so, this will give us baseline results so that we can identify realistic improvement targets.

We recognise that we are on a journey of discovery and uncertainty, so this strategy also needs to be emergent to be effective. Annual reviews of this strategy's delivery plan will inform the next phase of our Quality Improvement ambition from 2021 and beyond.

05. Creating the right conditions: Actions we will take to become a successful improvement focused organisation

We want to create the conditions for Quality Improvement to flourish, to celebrate success and promote good practice so that people can see the overall approach is working and worthwhile – thereby ensuring sustainability of our approach. We already support a focus on continuous improvement by:

- Holding an annual Best Practice Showcase event and producing an annual Big Book of Best Practice.
- Giving access an intranet-based best practice portal to support frontline teams with Quality Improvement.
- Producing a Quality
- Improvement report and Learning from Experience report, three times a year, to share and learn from best practice and feedback.
- Service improvement support, and fora, to tackle variation and to improve outcomes.
- Developing capability through training, support and advice in relation to service improvement and quality improvement.
- Provision of simulation training to support staff to practise real life scenarios.
- Despite this support system, to become a successful improvement focused organisation, we need to be open to learning from other organisations about what the right conditions are to help us realise this. These conditions are linked to the following themes:
- Leadership.
- Strategy.
- Organisational improvement.
- Leading edge, innovative performance.

Leadership

We will:

- Encourage each and every one of our people to be leaders and ensure that these leaders, at all levels, understand how to improve quality and support change effectively. (page 11)
- Involve our senior medical, clinical and managerial leaders, including our Board, at the outset. (page 14)
- Ensure our leaders will be able to adapt their behaviours, signalling their commitment to delivering our Trust vision, through a new way of working in which improvement is central. (page 14)

Strategy

We will:

- Be clear about our chosen method of Quality Improvement, recognising that the outcomes we achieve are unlikely to be sustained if we make it more difficult to learn about the mechanisms that lead to change and improvement. (page 9)
- Set realistic goals and be clear about them and how we will measure and evidence our progress. (set out in each annual delivery and operational plan – approved by the Quality Committee)

Organisational improvement

We will:

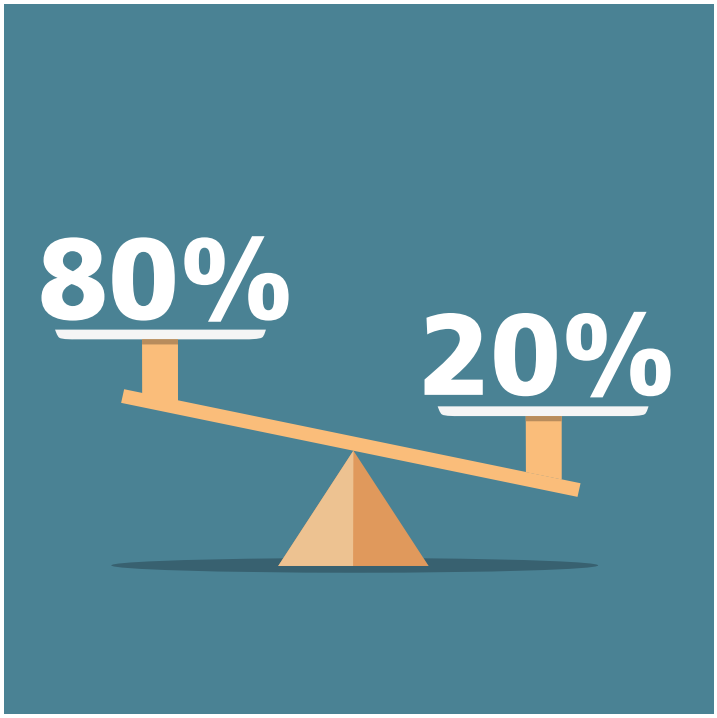
- Take every opportunity to share learning and good practice in relation to Quality Improvement, internally and externally. (page 13)
- Review and build our infrastructure for Quality Improvement to enable us to be dynamic in the way we learn. (page 13)
- Ensure we invest in and provide the training required to our workforce to deliver Quality Improvement. (page 14)

Leading edge, innovative performance

We will:

- Use measurement, Quality Improvement methods, and benchmarking processes to assess how teams or systems compare to others – locally, nationally or internationally. (page 13)
- Tackle unwarranted variation and inefficiency within the Trust and, wherever possible, across the whole health care system, by seeking to transform and standardise clinical standards. (page 15)
- Work with our regulators and commissioners to ensure there is an understanding of our strategy and build a relationship with them that includes support for our Quality Improvement journey to free up capacity to focus on Quality Improvement. (page 15)

It is important that we get the balance right in this strategy. Improvement in healthcare is 20% technical and 80% human. We know we need to build a technical infrastructure for Quality Improvement, but not lose focus on enabling our staff – as this is how we will sustain quality and Quality Improvement. We have therefore placed a strong emphasis throughout this strategy on building capability for Quality Improvement.



06. Measuring Quality and Quality Improvement:

How will we know we are delivering the desired outcomes?

Measuring quality (including safety and cost) against a range of agreed metrics will enable us to know how we are doing, what we do well, and, most importantly, how and where we need to do better. This will help us to be systematic and transparent in reporting our progress.

Quality Assurance

Quality Assurance is about:

"the ongoing monitoring of the quality of care against agreed standards".

Monitoring the quality of care that we provide against internal and external guidelines and standards is vital in assuring everyone that we have effective oversight of the care provided throughout the Trust.

National Institute of Health and Care Excellence (NICE) guidelines and standards

NICE guidelines and standards set out best, evidence-based clinical practice. We believe that we should pursue clinical excellence through our treatments and interventions, systematically drawing on available evidence-bases. Risks to our ability to deliver against NICE standards due to commissioning arrangements will be highlighted to commissioners. Areas of priority include:

- Treatment of schizophrenia and psychosis.
- Treatment of ADHD – all ages.
- Treatment of bipolar affective disorder.
- Diagnosis and treatment of personality disorder.
- Access to treatment for depression.

Regulatory standards – Care Quality Commission, NHS Improvement & Ofsted

We welcome strong regulation and inspection, as a means of assuring the populations we serve and are accountable to, that we are meeting fundamental standards of care. Our regulators also consider the processes we have in place to support learning, continuous improvement and innovation. We believe that delivery of our Quality Improvement strategy will support us to:

- Maintain our Trustwide rating of 'Good' overall and 'Outstanding' for Caring and achieve an 'Outstanding' well-led rating (Care Quality Commission).
- Maintain our position as a 'segment 1' organisation – i.e. we can demonstrate the highest level of performance in relation to quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability (NHS Improvement).
- Achieve overall effectiveness ratings of 'Good' for the services we provide that care for children and young people (Ofsted).
- Meet annual quality goals, and key national quality targets set out by our regulators relating to access and outcomes, by:
    - Tracking performance against key quality targets at all levels of reporting, including an increased focus at team level, to encourage continuous improvement.
    - Setting quantified and measurable annual goals for each of the three domains of quality, as part of our Quality Account.

We recognise that there will be occasions when clinicians need to deliver care that is in exception of Trust policies and internal/ external guidelines so that they can deliver the best possible care. We are supportive of this, otherwise we may stifle positive variation, innovation and person-centred care – in these instances, improvements will be incorporated into Quality Improvement work so that we can learn how care can be strengthened.

07. Quality Improvement:

Quality Improvement goes beyond Quality Assurance. There is no single definition, but it is about:

"systematically improving care by enhancing quality – the safety, outcomes and experiences of people who access our services".

We recognise that to achieve our Quality Improvement ambition, we need to ensure that continuous improvement happens as part of our every-day way of working. Our current positive performance with regulatory standards not only provides Quality Assurance, but is a sound platform for empowering our staff, at all levels, to bring about further improvements from within and create the momentum by which continuous quality improvement can occur at scale.

Those directly involved in giving and receiving a service are best placed to understand where improvements can be made. As such, it is vital that all staff should have an opportunity to contribute and act on ideas, which will make Quality Improvement feel relevant and meaningful. To sustain quality and build a sustainable Quality Improvement infrastructure, we will ensure that the building blocks for this strategy support staff to bring about change locally. Our teams will be trusted and supported to make changes – they will have the flexibility and authority to work on local priority areas that matter to them and people accessing the services they provide. We will give them the capacity, confidence and competence to improve care.

Our Board and our 'Care Groups' will identify and approve strategic priority areas over the period of this strategy.

08. Our Framework for Quality Improvement

This Quality Improvement strategy is a high level framework and will be underpinned by the following programmes and plans of work that are enabled by our clinical support teams – see Figure 8:

- Healthcare quality improvement programme (which includes national and clinical audits).
- Service improvement and effectiveness work programme.
- Organisational development work programme.
- Essential and bespoke programmes of learning (which includes Human Factors).
- Person-centred framework implementation plan.

We intend to tackle identified Quality Improvement projects by using our principal methodology, identified below in Figure 4. The common thread to success of each project will be strong engagement and collaboration supported by training our staff, senior managers and people with lived experience of our services in these methods.

We will use the principal methodology of Model for Improvement. We will ensure that we apply this consistently and throughout the organisation. Evidence shows that ensuring fidelity in a Quality Improvement method is vital for success. We have chosen the Model for Improvement because it tests change ideas using PDSA (Plan-Do-Study-Act) cycles, which will help us to identify what does and does not work before we redesign. Figures 4 and 5 describes our approach.

Figure 4: Our principal Quality Improvement methodology – Model for Improvement

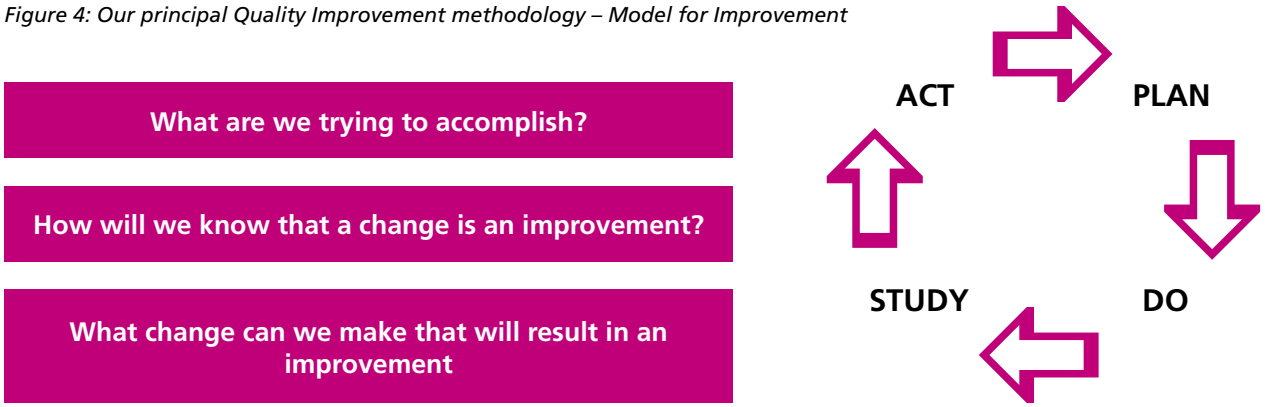
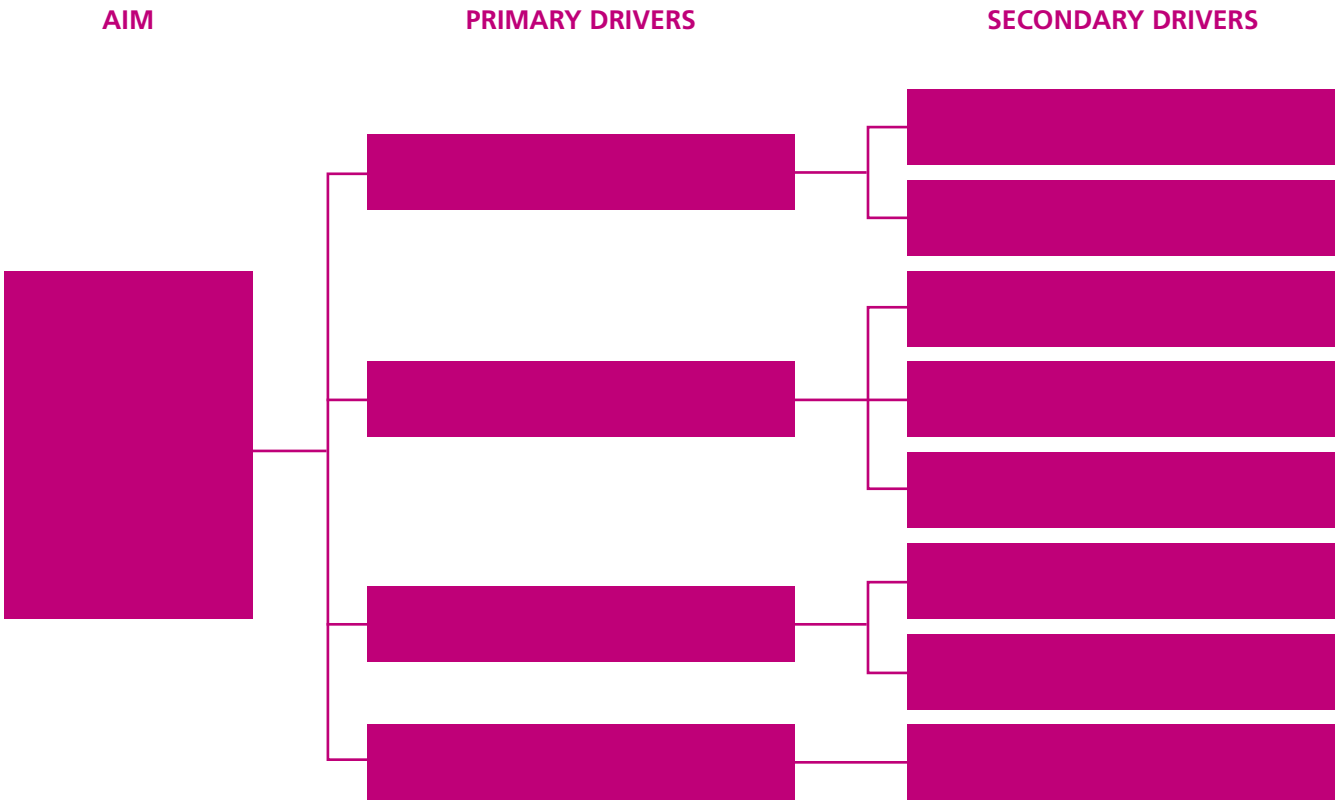


Figure 4: Our principal Quality Improvement methodology – Model for Improvement



Our method of describing our change ideas will be by putting them into a driver diagram, which is a visual display of what "drives" the achievement of a project aim. It usually has three levels:

- An aim – a clear goal or vision.
- Primary drivers – high level factors needed to influence in order to achieve the aim.
- Secondary drivers – specific projects and activities that would act upon the primary drivers.

This clear picture of a team's shared view of their project is a useful tool for communicating to a range of stakeholders about its change and improvement work.

We will use improvement methodologies that are about redesign where these are more appropriate, e.g. Lean, Quality Improvement Cycles and Experience based design. Subject matter experts from clinical services and clinical support services will work with our improvement experts to assess and identify the most appropriate approach.

Lean – a set of tools that assist in delivering value through the identification and steady elimination of inefficiency, mistakes and cost2. Techniques such as process mapping and value stream mapping are used to

tackle variation in care and work towards the principle of "getting it right first time" so that we can demonstrate that we are using our assets to the best effect.

Quality Improvement Cycles – predominantly we will use the PDSA (Plan-Do-Study-Act) approach:

Plan: The quality problem or the change we want to test

Do: Carry out the test

Study: Observe and learn from measuring the impact of the test

Act: Determine what should happen next based on the results

Quality Improvement Cycles are a way of testing and implementing changes at the front line of care. If successful, systems will be redesigned from the bottom up using small scale tests of change.

Experience based design – approaches to support people with lived experience of our services to work in partnership with staff to apply systematic methods of Quality Improvement to maximise the effectiveness and impact of our services and pathways. These approaches gather data about the current experience of the service through in-depth interviews, observations and group discussions, and facilitated improvement exercises, which are then analysed to identify areas for improvement.

09. Sustaining Quality and Quality Improvement

Building an organisation-wide commitment to Quality Improvement requires courageous leadership, a sustained focus over time, and promotion of transparency, evaluation and shared learning across the organisation and beyond.

Our high level ambition for Quality Improvement will take time to see large scale impacts. We are realistic that this will take years of sustained effort, including an initial period for us to "learn" how to do Quality

Improvement in practice. We are particularly motivated by the example of Jönköping County Council, Sweden, which is well known for its work on quality improvement and the sustainable benefits of their approach. Teams there are encouraged to work together to think about how they can deliver the best outcomes, using the principle that 95% of their time is spent doing their job, 5% of their time is learning how to do their job better.

To sustain Quality Improvement, it must be part of our culture and our everyday work. There are three key building blocks which will bring a number of benefits (Figure 6).

Figure 6: Building blocks of our Quality Improvement system

	Building block	Benefits
1	Everyone talks a common Quality Improvement language	• There is widespread understanding of our approach to Quality Improvement, which becomes embedded in the way we do things. • Previous barriers to addressing problems are overcome.
2	Empowerment of staff	• Everyone's contribution is respected. • Staff morale improves (demonstrated through an increase in satisfaction and retention rates and lower sickness and absence rates) – their creativity drives improvement.
3	Quality Improvement priorities are person-centred	• Makes life better for people who access our services.

To sustain quality and to achieve our Quality Improvement ambition, we have identified a driver diagram to describe our change ideas. How we will deliver and implement these change ideas is detailed in each annual delivery and operational plan that is approved by the Quality Committee.

Building an infrastructure

We recognise that we need to develop the necessary infrastructure to enable Quality Improvement to thrive and spread. We have used research undertaken by The King's Fund to support our work. We will:

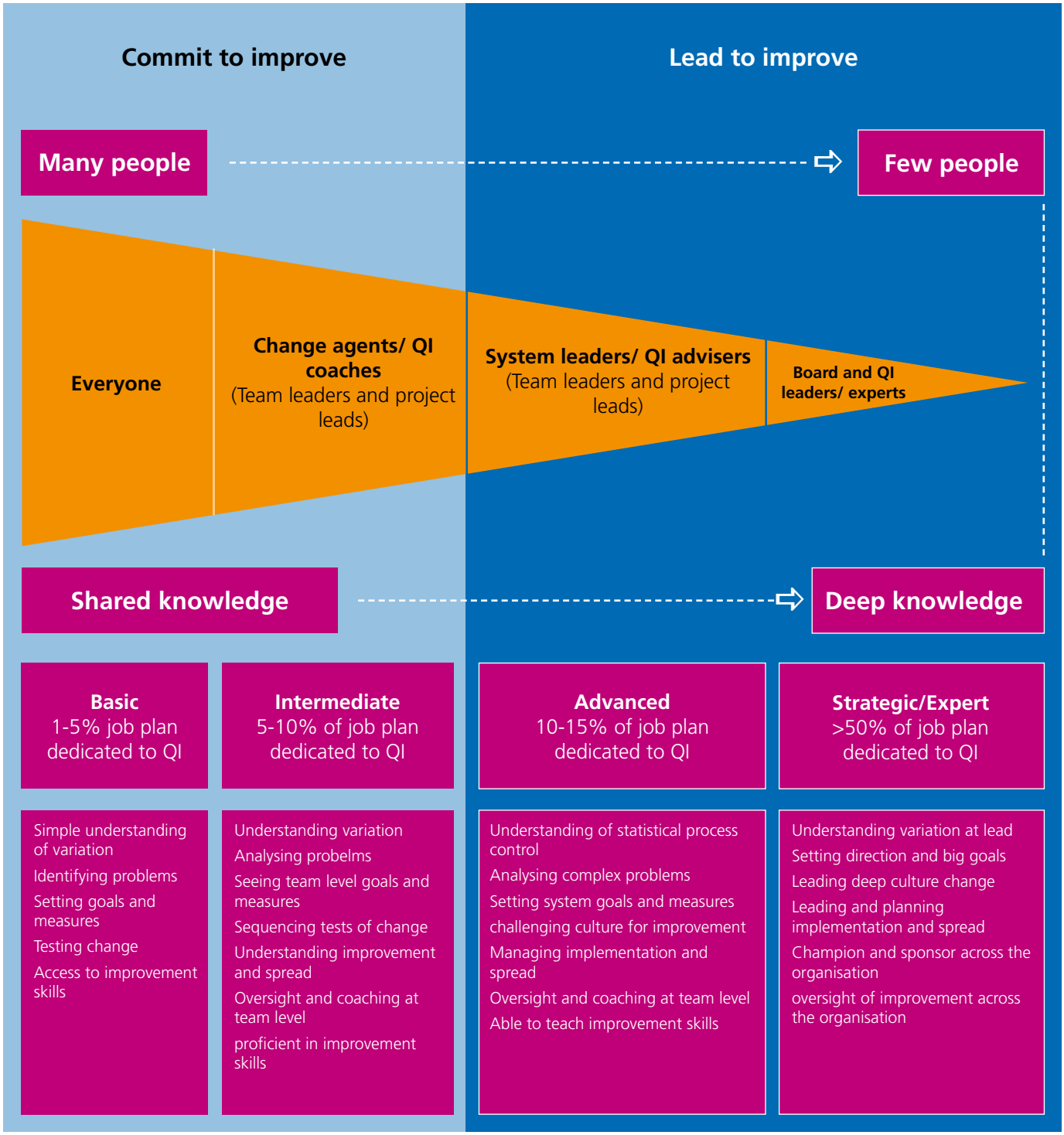
- Identify a central Quality Improvement faculty that brings together the Quality Improvement support offers of each clinical support team – to ensure that staff have a single point of access.
- Provide direct support for projects via this Quality Improvement faculty.
- Co-ordinate support from all teams across our clinical support infrastructure. Our collective assets (through a re-alignment of existing resources and investment in dedicated resources) will manage and promote Quality Improvement (Figure 8) and ensure that learning is shared between Quality Improvement efforts.
- Implement 'QI Life' – a web-based resource to make Quality Improvement as easy as possible for frontline teams (it helps manage projects, including the creation of driver diagrams and recording progress with Quality Improvement Cycles).
- Maximise our contribution to The Health Foundation's 'Q initiative', an NHS UK-wide improvement 'community of practice' that are able to connect and share their improvement ideas, enhance their skills and make tangible improvements in health care.
- Improved use of dashboards to better understand how we are doing. Board reporting (our strategic dashboard) will be robust, appropriate and will be in near-real time, presented as 'statistical process control' run charts, to enable us to understand variation and track achievement of our aims over time, complemented by a RAG (Red-Amber-Green) status to show 'current' performance. Committee, sub committee, service-level and team-level reporting will replicate this at increasing levels of granularity.
- Ensure that we have the right level of skill and knowledge to build an effective Quality Improvement infrastructure. To do this, we will use a 'dosing' model that will help us to identify the right numbers of people with the right level of skill and knowledge (see Figure 9).

Figure 8: Clinical support infrastructure for Quality Improvement

Building capability

We recognise that for Quality Improvement to be our standard way of working across the organisation, we need to prepare the whole workforce to take on Quality Improvement alongside their routine work. Studies tell us that we will get the best results if we apply a consistent and explicit methodology for Quality Improvement across the organisation and if we ensure buy-in of key leadership and managerial roles. Figure 9 describes what skills we need to ensure consistent commitment and leadership for Quality Improvement.

Figure 9: Building a skill set for Quality Improvement commitment and leadership



We will:

- Agree and ensure fidelity in our Quality Improvement method. Evidence shows that what matters most is the use of an explicit improvement methodology that is applied, consistent and repeated throughout the organisation.
- Ensure that the Board is trained in Quality Improvement to enable them to be an effective sponsor of others undertaking improvement activities.
- Ensure all staff have been trained in order to embed Quality Improvement into daily working.
- Give people the capacity (time) to carry out Quality Improvement work.
- Target key service-level leadership and managerial roles as part of the Quality Improvement training programme.
- Ensure that people with lived experience of our services have the opportunity to access Quality Improvement training programmes.
- Evaluate the Quality Improvement training offer regularly and adjust the programme where necessary and to meet changing needs.

If we deliver this training, it will ensure capability – that people have the capacity, confidence and competence to deliver change through Quality Improvement support being made available to all, including through:

- Introduction to Quality Improvement at induction – including how to understand measurement for improvement (run charts).
- Advice and training in improvement methods and tools.
- Access for frontline staff to improvement coaching – to help develop their insights, skills and capabilities.

Partnering for Quality Improvement

We recognise the value of having an external partner with relevant experience and expertise to help guide us in applying our Quality Improvement methodology robustly and consistently, and to objectively help us identify measurable goals for our delivery and implementation plan for 2019/20 and 2020/21. We will:

- Develop a specification of what guidance and support we require of an external partner, seek expressions of interest, and appoint the successful partner to this role.
- Scope support available from national and regional bodies and build relationships with them to ensure that their offer is aligned to the deliverables of this strategy, e.g. NHS Improvement, Care Quality Commission, commissioners, Academic Health Science Networks, Health Education England, Royal Colleges.
- Scope peer support and buddying arrangements with other organisations and NHS trusts.

Quality Improvement projects

Priority Quality Improvement projects will be approved by the Board and our Care Groups on an annual basis, with progress monitored via the strategic and operational dashboards described on page 13. Over the period of this strategy, we will put specific focus on conditions and pathways that are:

- Delivered with wide variation that cannot be explained by differences in people's health needs/ preferences, or those of significant risk that requires mitigation.
- Of strategic importance to us and across the whole health care system, again in order to seek out and reduce variation. In 2018/19, focus will be on the conditions and pathways associated with the CWP Forward View and strategic Forward View frameworks.
- Important for the delivery of consistent, high quality care, 7 days a week.

10. Governance, Delivery and Prioritisation

The Quality Committee will oversee delivery of this strategy and will report and be accountable to the Board of Directors. As the strategy will be operational from 1st April 2018, the committee will discuss and approve a timeline for the initiation and continuation of the high level priorities associated with the strategic Forward View frameworks that are applicable to CWP as part of its business cycle.

Implementation of this Quality Improvement strategy will usually take place at a local level, taking into account local context and services, and the needs of the population. CWP's Care Groups will therefore be asked to identify priority conditions and pathways in which they aim to bring about change. To help clinical teams with this, data and intelligence will be used to identify problems and to measure progress – this includes providing teams with disaggregated data on processes and outcomes of care, as well as analysis and feedback about key indicators of quality.

Each project will deliver a project level driver diagram, with the Quality Committee overseeing improvement trajectories and receiving exception reports.

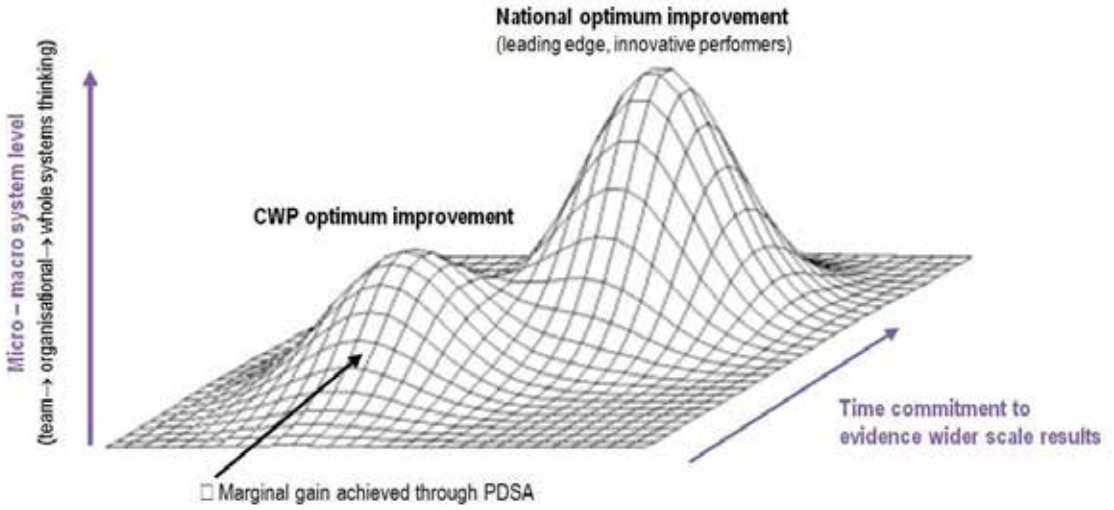
11. Whole systems working: Developing our Quality Improvement strategy to be fit for the future

We have been realistic about the years of sustained effort we need to commit to in building capability for Quality Improvement within CWP in order to achieve improvements in outcomes for the populations we serve.

Whilst it is vital to learn and improve within our organisation, we are at risk of only achieving slowly accrued marginal gains. Our ambition, however, is to work in partnership, which includes the whole health care system, to deliver the best outcomes, not just within CWP but nationally (ultimately internationally).

Quality Improvement is likely to be more effective if it is addressed at a whole systems level and approached as a long-term, sustained change effort, where we work in collaboration and pool resources across local systems of care. Figure 10, which is based on a recognised mathematical algorithm, demonstrates why we need to do this, i.e. we need to think differently and aspire to working at the macro (whole system) level, to achieve the best outcomes.

Figure 10: How to achieve optimum quality performance through improvement



In our approach to identifying high level priority areas, we will always explore improving population health and prioritising prevention by collaborating with and strengthening partnerships between NHS organisations, local government, housing, wider public services, and the private, voluntary and community sectors. Working as a whole system is vital at a time of constrained budgets. We will therefore take every opportunity to overcome this challenge by enabling systems to deliver the transformation that is needed by focusing on improving and sustaining high standards of care.

Our priority areas for systems working for the period of this, our first Quality Improvement strategy, will be

those described in:

- The NHS Five Year Forward View
- The Five Year Forward View for Mental Health
- The General Practice Forward View
- The Cheshire and Merseyside Five Year Forward View
- The CWP Forward View – focussing on how we can improve place-based care

We understand that our priorities for the future are likely to be influenced by developments in areas like genetic data analysis and public health intelligence. Greater understanding of health conditions will inevitably lead to a change in which we identify priorities for Quality Improvement – our future delivery and implementation plans will reflect this.

12. Glossary of terms used throughout this strategy

Accountable	Accountability is about people taking responsibility for their actions. Organisational accountability in the NHS includes statutory responsibilities.
Care Group	Our clinician-led operational structure, responsible for developing new models of care.
Genetic data analysis	The study of a person's hereditary information (their DNA, chromosomes and genes) to look at differences that may increase their risk of developing certain health problems or the impact of their response to treatment.
Human Factors	Those factors that can influence people and their behaviour in a work context; they are the environmental, organisational and job factors, and individual characteristics which influence this behaviour.
Innovation	An idea, service or product, new to the NHS or applied in a way that is new to the NHS, which significantly improves the quality of health and care wherever it is applied.
Outcomes	The effectiveness of treatment provided to people who access our services.
Person-centred Framework	Our framework to encourage and facilitate connection with people as unique individuals with their own strengths, abilities, needs and goals.
Process mapping/ value stream mapping	A tool that uses a flow diagram to show every step of a process in order to identify ways to improve.
Public health intelligence	Health and social care data and evidence that can be used to improve the health of populations.
Quality Account	Our annual report about the quality of our services.

Regulator	In the NHS, Government funded organisations that hold NHS providers to account for the quality of care they deliver and how they are run.
Service improvement	A way of looking at how making changes to the way services currently work can help improve care by making services better.
Specification	A comprehensive description of objectives for a development project.
Stakeholders	In relation to CWP, all people who have an interest in the services we provide.
Statistical Process Control (SPC)	A time series analysis, used to identify variation beyond predictable limits.
System	The different organisations that collectively make up and support the common set of health and social care principles and values.
Variation	Differences in healthcare quality, safety, equity, outcomes, the money spent and the types of service used.
Zero Harm	Our strategy to reduce unwarranted avoidable harm and embed a culture of patient safety.

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