

To: The Board

For meeting on: 28 July 2016

Agenda item: 7

Report by: Adam Sewell-Jones, Executive Director of Improvement

Report on: Improvement report

Introduction

1. This paper provides a summary of improvement highlights across the organisation in June and July.
2. The Board is requested to note the information provided within the report.

Faculty of Improvement

3. The Faculty of Improvement have now finalised their workplan for 2016/17. The Faculty's high level objectives for the year have been agreed and are to:
 - Build capability for improvement
 - Support training and education in improvement methodologies and techniques
 - Support the deployment of research to enable the application and spread of learning
 - Translate ideas into the delivery of local improvement.
4. To deliver these objectives, the Faculty have agreed the following immediate priorities, to be delivered by September 2016:
 - Hold a conference to gather feedback on the Faculty approach, to share improvement knowledge and to launch a 'year of improvement' (see update on this event below)
 - Identify how best to support delivery of the National Leadership Development and Improvement Strategy
 - Begin work in identified priority workstreams, working with partners and across the service to unlock improvements

5. Priority workstreams to be led by the Faculty will include the development of a Patients and Carers Partners Network which will work with local improvement teams and to provide coaching to local patient and carer leaders, and to enable a digital outpatient programme in order to use digital technology to improve patient experience and efficiency of care delivery.

Inspiring improvement & launch of the year of improvement

6. On 14 July, we held a one-day event to launch the Faculty of Improvement and to kickstart a year of intensive improvement support for NHS trusts and foundation trusts. The event focussed on how to make the urgent improvements we need in the NHS in order to continue to deliver continuously improving, high quality care to patients. Delegates heard insights from Faculty members and NHS Improvement's team, as well as success stories and learning from a wide range of providers and their partners from across the country. Feedback from the day has been positive, receiving a score of 4 out of 5 from attendees and a high level of positive social media activity.

Quality improvement for NHS Improvement staff

7. High performing, well-informed staff are integral to the successful delivery of NHS Improvement's business plan and improvement agenda. The Improvement Directorate will work closely with the Organisational Development team to ensure that staff have access to the innovative and creative thinking being developed to support talent, culture and quality and service improvement in the sector. First steps on this collaboration include: i) providing an overview of improvement methodologies to all staff using NHS Improvement's online learning platform (LEAP), ii) completing a segmentation exercise to determine which directorates and individuals would benefit from more targeted improvement training and iii) establishing which elements of NHS Improvement's talent and culture work are applicable to the growth and development of NHS Improvement as a learning organisation.

Workforce efficiency and improvement

8. The focus of the central workforce efficiency and improvement team has been well received by NHS trusts and foundation trusts (currently 20 organisations active across 4 regions) and show improvements in reducing nursing agency costs and improved processes and governance in this area. Further areas of delivery include:
 - Medical Locum Best Practice guidance – Draft guidance on reducing reliance on medical locums based on best practice has been developed and is in consultation with senior members of the management team
 - Regional workforce models – Engaging several clusters or groups of trusts to support regional workforce planning and procurement; developing guidance for implementation of regional models, aligned to

STP footprints; and facilitating provider-led webinar on regional working to promote collaboration and associated benefits.

- Further engagement through HR Director networks to share progress and other improvement activity (e.g. National Improvement and Leadership Development Strategic Framework and NHS Improvement developments and priorities)

National Improvement and Leadership Development Strategic Framework (NILDSF)

9. To develop the strategic framework the project team have worked closely with the Arm's Length Body (ALB) working group, as well as Professor Michael West from the Kings Fund and Pedro Delgado from the Institute for Healthcare Improvement. The team have also engaged with a wide range of stakeholders including leading experts and thought leaders (e.g. Chris Ham, Don Berwick), networks (e.g. Q fellows, UK Improvement Alliance), trust representatives, commissioners and primary care and the wider leadership development and improvement community, including our Faculty of Improvement. The message repeated throughout this engagement is that the ALBs must role model the behaviours and work practices set out in the strategy if it is to succeed. They must also review the regulatory burden on, and their relationship with, the service to enable the right environment for leadership development and improvement to flourish.
10. The next NILDSF Board meeting takes place on 20th July. At this meeting the team will set out the proposed actions in the strategic framework the national bodies may commit to. As an example: NHS Improvement and Health Education England will seek to embed training for improvement in professional curricula, working with the Academy of Royal Colleges. The SROs (Adam Sewell-Jones and Nicki Latham, Chief Operating Officer at Health Education England) are meeting with ALB board members to discuss the proposed actions and whether the organisations agree we should take these forward. The team are also running further stakeholder engagement to test the content with staff and patients. The strategic framework will be presented as a draft at the next Board meeting and then to the Board for sign off in October.

Board development

11. At the first of the Board's development sessions, the focus was on how NHS Improvement can create an environment to support the whole system being a learning organisation, sharing their own improvements across the system, innovating more and spreading that innovation.
12. The Board and executive directors heard from Professor Michael West, Dr David Halpern and Michael Hallsworth before considering our current

approaches to supporting improvement in the areas of emergency care, special measures and financial management.

13. The Executive Committee have considered the feedback from the session and will consider how to apply the themes from the discussion to our approach moving forward, including how behavioural insights can more inform our operating model.
14. A verbal update will be provided to the Board with further details on the proposed approach.

Public Sector Equality Duty:

NHS Improvement has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. The Act protects against discrimination on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation. We have thought about how the issues dealt with in this paper might affect protected groups.

We believe the paper will not have any adverse impact upon these groups and that NHS Improvement has fulfilled its duty under the Act.

Exempt information:

None of this report is exempt from publication under the Freedom of Information Act 2000.