To: The Board

Meeting on: 29 September 2016

Agenda item: 11

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 August 2016 and September 2016.

2. The Board is requested to note the information provided within the report.

Part 1: Leadership & Development

Building an Improvement Support Structure

3. As we implement of the Single Oversight Framework we will be considering what improvement support to offer, broker and signpost for providers against their segmentation outcomes. Regional Teams will need to understand what support exists within the organisation. However, we will also need to have a better understanding, and help to leverage, support from outside NHS Improvement, so that excellence and good practice is shared across providers.

4. We have asked all directorates to develop summaries of the improvement support offers they envisage being able to make, together with information on how regional teams can access that support on behalf of providers and how they can help prioritise and target the use of these resources. We will refine the support offers and confirm how they are accessed, ahead of implementation.

5. Understanding the support offers available from within the organisation is the starting point. Over time, support will also come from other sources, e.g. from within the provider sector itself (on a peer to peer basis) or from other organisations. Regional teams will play an increasing role in helping broker or signpost these other sources of support so we can build an overall Improvement Structure for providers.

Well-led Framework

4. NHS Improvement and CQC have agreed to commence a joint project to create as far as possible a single framework and approach that updates both the Well-Led framework, published by Monitor in 2014, and the Well-Led domain of the CQC assessment regime.

5. The project aims to:
   - Increase clarity for providers around the definition and expectations of good leadership, culture and governance by using a shared, evidence based framework and approach that reduces the regulatory burden
   - Make providers' experience of regulation by NHS Improvement CQC more joined up through a greater alignment of NHS Improvement and CQC's ways of working
   - Improve provider performance and patient care through leadership and governance because we are responding to user feedback and the latest evidence on leadership and governance.
   - Improve access to the development support providers want and need.

6. We are aiming to jointly consult with CQC on updates to the definition of Well-Led in December 2016, and launch the new framework in 2017/18.

National Improvement and Leadership Development Strategic Framework

7. NHS Improvement and Health Education England are jointly managing the development of this framework on behalf of the National Leadership Development and Improvement Board, of which the Department of Health (DH) and its Arm's Length Bodies are members.

8. The aim of the work overall is to enable cultures at every level of the NHS where people have the leadership, tools and support they need to improve care, health outcomes, value for money and feel pride and joy in their work.

9. The framework will initiate programmes of work covering:
   a. updating the NHS' leadership development programmes;
   b. reviewing curricula for professions;
   c. managing talent consistently at all levels;
   d. bringing improvement principles into regulation;
   e. mainstreaming improvement skills;
   f. making knowledge and expertise more accessible; and
   g. changing regulatory conversations.

10. The framework is due to be launched in October 2016 as the first part of a wider, adaptive campaign to create the conditions which allow compassionate and inclusive leadership to flourish everywhere in the NHS. It is the start of a great change in the way we work together to meet the challenge of ensuring the health and well-being of all of those in our communities.

Culture and Leadership Programme

11. The Leadership & Quality Improvement Team, working with The King's Fund and the Centre for Creative Leadership, have completed the first phase of the Culture and Leadership Programme that started in October 2015. This means that there are now resources freely available to providers in the NHS, based on Prof Michael West's academic work on collective leadership, that helps them to understand aspects of culture and leadership that can be addressed through leadership strategies. The resources were launched at Expo on 8 September 2016 and have been welcomed as a useful contribution to long-term capability building for the service. Work on phase two of the programme has started including the potential to use the tools across a local system.

Advancing Change and Transformation (ACT) Academy

12. The recruitment drive for the ACT Academy 'transformational change through system leadership' programme has proved successful and applications have been received from senior teams spanning all areas of health and social care. Applications from these systems actively engaged in transformational change across organisational boundaries have now been assessed by members of the ACT Academy faculty and the total numbers of delegates could be as high as 136 (with a maximum of eight participants per team).

13. Quality, Service Improvement and Redesign (QSIR) College participants have now taken their exams and experienced the intensive QSIR Practitioner demonstration workshops which form part of this innovative development programme, which aims to skill them up to deliver the QSIR programme and spread quality improvement skills to cohorts of staff within their own organisation or health system.

Faculty of Improvement

14. The 'year of intensive improvement' support is under-way and the first focus for the year is on building patient voice and experience into improvement work and sharing good practice in this area. A small group of experienced patient leaders have been commissioned by the Faculty to support the development of NHS Improvement's approach to patient engagement and co-production. The group's proposed model includes the development of a 'Patient and Carer Partners Network' to support, coach and mentor a wider group of patient leaders to influence local service improvement work.

Part 2: Operational Improvement

Digital Outpatients

15. The Digital Outpatients programme aims to help NHS providers to accelerate work to digitise outpatients services, supporting the sharing of best practice and unblocking barriers to uptake. The next phase of this work is to hold regional digital innovation sessions with interested trusts, including training on Agile methodologies, and facilitated by expert designers, who will 'walk through' chosen outpatient journeys to identify potential for digital alternatives. We will then select one project from each region to take forward and rapidly develop a solution with external technology partners.

Operational productivity

16. Over the summer, the Operational Productivity Directorate have had three compartments – Estates and Facilities, Hospital Pharmacy and Medicines and Nursing and Midwifery dashboard - go live on the Model Hospital portal, which the 136 acute non-specialists trusts can access. The portal now has more than 1,400 users, predominantly from acute trusts, and supports them to identify what good looks like and where their performance sits in comparison to other trusts. We have hosted a series of webinars for heads of nursing, ward managers, E&F managers and chief pharmacists to understand the metrics in their compartments and how they can use the data to start improvements on the ground.

17. We are currently supporting all trusts and the 44 Sustainability and Transformation Plan (STP) footprints to consolidate their back office functions and pathology services. We have set up two separate engagement support teams, made up of pathology and back office experts, who have started to analyse the two-page submissions STP footprint produced at the end of July to gauge the level of support required by each. Initial conversations with all STP leads have been scheduled over the next two weeks and templates to collect data on back office and on pathology services will be shared with all trusts week week-commencing 5 September 2016. The data, expected to be returned by the end of September, will be analysed and used by the engagement support teams to help STP footprints finalise their business cases for consolidation and will be used as the first cut of metrics for the Model Hospital portal.

Safer staffing

18. In July, the Nursing Directorate successfully published the updated National Quality Board (NQB) improvement resource 'Supporting NHS providers to deliver the right staff, with the right skills, in the right place and time'.

19. At the National Quality Board meeting in July, a revised governance structure for this national work programme was agreed, including a steering group of senior ALB leads, who will provide oversight, clear decision making, and consistent messaging on safe staffing to the system, as the setting-specific resources are progressed in the coming months. The first meeting of the steering group is due to take place in October to assure the scope and content of the acute inpatient safe staffing improvement resource, ahead of wider engagement with the sector on this draft publication

20. We anticipate engaging on a further three draft improvement resources by December. The objective of the programme is to create an identifiable suite of setting- specific improvement resources for NHS providers, which are based on the safe staffing expectations set out in the recently published NQB safe sustainable and productive staffing improvement resource.

Infection, Prevention & Control

21. In April this year the Nursing Directorate launched an infection, prevention and control rapid improvement programme for 20 providers. The aim of the programme is to improve patient care and experience and reduce the prevalence of hospital acquired infections. This programme also adopts the Institute for Healthcare Improvement methodology to enable trusts to test small scale, measurable changes in a small area (e.g. 2 wards).

22. In this collaborative we have encouraged trusts to select the area for their improvement work, and each trust has selected a project that is pertinent and relevant to the needs of the trust. The programme is now in its final stage, with the final event on 8th September. Due to the focus of the programme the financial impact of the improvement work is difficult to measure – however there have been many quality improvements seen in terms of the process for receiving and diagnosing patients and responding/treating them accordingly.

23. Initial data also shows an improvement in hand hygiene compliance, cleaning scores and there have not been any CDI or MRSA outbreaks on the selected wards during the course of the programme.

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.