

To: The Board

For meeting on: 22 March 2018

Agenda item: 10

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 February and March 2018 aligned to the conditions in Developing People, Improving Care (DPIC), which we have committed to being the guiding framework for our improvement and leadership development activities.
2. The Board is requested to note the information provided within the report.

Developing People, Improving Care: one year on

3. This document was published on 9 January 2018.
4. The interactive pdf contains statements of continued commitment from all 13 partner organisations, 39 case studies highlighting actions against the five conditions featuring best practice from acute, mental health, primary care, social care, public health, medical education, ambulance services, and regulators with materials supporting the #improvingtogether campaign in development, enabling targeted communication with audiences across health and social care throughout 2018, including the NHS70 celebrations.

Condition 1: Leaders equipped to develop high quality local health and care systems in partnership

Aspiring Chief Operating Officers

5. Ashridge (Hult Business School) have been appointed as the supplier for the Aspiring Chief Operating Officer Programme with the design work to be completed during March 2018. Recruitment for the first cohort will commence in April 2018.

Board Development Programme

6. A contract for the Board Development Programme has been awarded to the Good Governance Institute with sessions commencing in March 2018.

Transformational Change through System Leadership (TCSL)

7. Of the 176 participants, representing 20 systems, attending the six day programme, 97.6% rated the programme as 'very good' or 'good'.
8. Organisational Readiness for Implementing Change is a psychometric, theory-based measure of organisational change commitment and change efficacy. This measure is used with participants pre and post programme and provides evidence that there is a significant increase in the degree of readiness for change post-programme.
9. Delivery of a third cohort has begun with 72 participants from 11 systems in February 2018.

Emergency Department and Acute Care Advanced Clinical Practitioner FastTrack program

10. Launched in quarter three, the Advanced Clinical Practitioner (ACP) programme, developed in collaboration with Health Education England (HEE), aims to systematically and safely introduce ACP clinical models into acute and emergency care departments.
11. 14 sites were identified for the first cohort using simple metrics looking at four categories: HEE medium / high risk; high locum spend; category 4 level; and segment 1 systems. The identified providers were discussed with regional teams prior to invites going out to participate.
12. Cohort two is now being developed with 14 more sites. Based on lessons learnt from cohort one the buddy site system may be adapted with sites being offered a menu of different support packages, depending on their organisation needs.

Condition 2: Compassionate, inclusive and effective leaders at all levels

Internship for Women Leaders

13. Four leaders have been selected for the Senior Internship (Ed Smith Award). Candidates will now spend six months seconded into industry.

Burdett Ward Leaders Research

14. We have been successful in a joint bid with King's College, London for Burdett funding to study the impact of shadowing on the confidence and effectiveness of ward leaders.

15. The aim of this study is to determine whether a peer shadowing programme is an effective model for the development of newly appointed ward leaders (band 7) as nursing leaders in general medical/surgical acute wards.

Condition 3: Knowledge of improvement methods and how to use them at all levels

NHS Improvement Consultancy

16. Recruitment to the consultancy team is almost complete, with our Director of Lean Transformation and lean consultants having in-depth experience of implementing lean management across multiple industries, including health.
17. The deadline for trusts to apply to join the first cohort of the programme has passed and during March we will be organising visits to shortlisted trusts with the intention of announcing the cohort after Easter.
18. During April - June, training will be offered to staff internally and we will be firming up the detail of the NHS Improvement bespoke offer to trusts.
19. During quarter four we have been gathering intelligence from the experience of trusts which have been working with lean in the UK and beyond, to inform the design of the programme.
20. As per our Implementation Plan we are on-track to start with trusts in July 2018.

Quality, Service Improvement and Redesign Practitioner (QSIR P) programme

21. QSIR Practitioner programmes have been run in February and March 2018 including an internal QSIR Practitioner programme for 43 NHS Improvement staff and a further 131 participants from the health and care system.

Mental Health Safety Improvement Programme

22. The programme is currently in development, prior to full roll-out in April 2018. In partnership with Care Quality Commission (CQC) and mental health trusts to identify the key priority areas for improvement and where additional support may be most beneficial - an approach that providers have asked for.

Midlands and East Mental Health Service Improvement Programme

23. A regional service improvement programme for mental health providers has been agreed and will initially run from March 2018 to March 2019.
24. The programme has five core work streams – out of area placements; suicide prevention; workforce; ‘requires improvement to good’ and mental health patient safety; and quality improvement capability.
25. The Programme has been developed in conjunction with providers and NHS England regional colleagues and agreed by the Regional Mental Health

Oversight Group. The content will complement the mental health safety improvement programme.

Maternal and Neonatal Health Safety Collaborative

26. The collaborative has now been running for a year and to date we have worked in 44 trusts, with over 200 maternity and neonatal staff, as improvement leaders, having been trained in QI methodology over nine days of national learning sets. With intensive coaching support, these teams have developed 176 improvement projects and developed plans for measurable improvement.
27. Wave two of the collaborative will begin in April 2018 with maternity and neonatal staff from 43 trusts and wave 3 in April 2019. By 2020 all 134 trusts in England who deliver maternity and neonatal services will have participated.

Mental Health Enhanced Care and Engagement Improvement Collaborative

28. The improvement programme for 19 providers has now completed. A number of providers participating found implementing changes within the 90 day cycle to be difficult, hence we are undertaking follow up support to trusts.
29. A lessons learned review has been undertaken where it was noted that a number of mental health providers do not have the level of service improvement skills and knowledge seen in acute and community trusts. A post collaborative event day is planned for April 2018.

Condition 4: Support systems for learning at local, regional and national levels

Multi-Agency Discharge Events (MADEs)

30. The London region co-ordinated a three-week programme of intensive support to help providers run MADEs and stranded patient reviews to support the safe discharge of some patients, thereby improving flow through the trust.
31. Joint support teams from NHS Improvement, NHS England the Healthy London Partnership (HLP) directly supported the running of 58 MADEs and stranded patient reviews at 15 providers over this period, in addition to supporting 43 other events.
32. A programme evaluation report has been developed which shows that, prior to the programme, London trusts had a higher number of both stranded and super-stranded patients (with a length of stay over 21 days) than the rest of the country. Since starting the programme the numbers in the trusts have declined and were noticeably lower than the rest of the country on 2 February.
33. Key themes and learning has been collated in terms of how these events can be run most effectively by providers and by the wider system, and how ALBs could run a similar programme more effectively in the future.

Employee Health and Wellbeing Improvement Programme

34. Feedback on the NHS England Healthy Workforce Programme framework has been given which is due for publication in April 2018. This will provide the foundation for our support to providers to improve the wellbeing of employees.
35. Three providers and an STP have been identified to test one of Lord Carter's recommendations, focused on improving sickness absence recording and reporting by moving to "personalised sickness absence reporting" rather than using whole time equivalent calculation. These work streams are due to report back in March 2018 and will inform our approach and recommendations.

Condition 5: Enabling, supportive and aligned regulation and oversight

Embedding quality improvement – London region.

36. The London region has committed to developing how it can practice and embed quality improvement in support of its regulatory function. This has started with the recruitment of its first quality improvement lead to begin proving concepts with the NCNEL sub regional team.
37. The two year programme will develop a London regulatory function that can conduct both meaningful analysis of provider performance data in line with the Single Oversight Framework, and act accordingly with appropriate offers of support to improve performance sustainably. This will require the team to understand quality improvement methodology and adopt its practice.

Measurement for Improvement

38. Over 200 delegates attended two interactive conferences in Leeds and London to develop expertise in presenting data to Boards to inform better decision making and appropriate action. Some trusts have since adopted the use of this approach for board reporting. There are now over 700 active participants in the measurement for improvement community of practice, sharing knowledge, information and solving problems.

Improvement Framework for children and young people

39. In the first review of its kind, NHS Improvement looked at the Care Quality Commission (CQC) reports of 75 trusts who had received a 'requires improvement' or 'inadequate' rating for children and young people's services to identify common themes of poor practise or areas for improvement. The framework was then developed to help trusts tackle these issues and was launched in February and three masterclasses held.

Mental Health First Aid

40. In January, we trained 15 more Mental Health First Aiders; the total trained is 30 so far. The courses are in high demand and attract a wide range of people from across the organisation.