

# Webinar: What will it take to bring improvement from the margins

This webinar will begin shortly

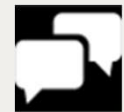
12 October 2023



This is a Zoom webinar so you will be automatically muted throughout.



Your camera will also be off throughout the webinar.



If you have any questions please ask them using the Q&A function.  
You will also be able to upvote other attendees' questions.



Join the conversation on Twitter  
**#NHSImpact**

# Making Improvement Mainstream

*Penny Pereira*

*Q Managing Director, the Health Foundation*

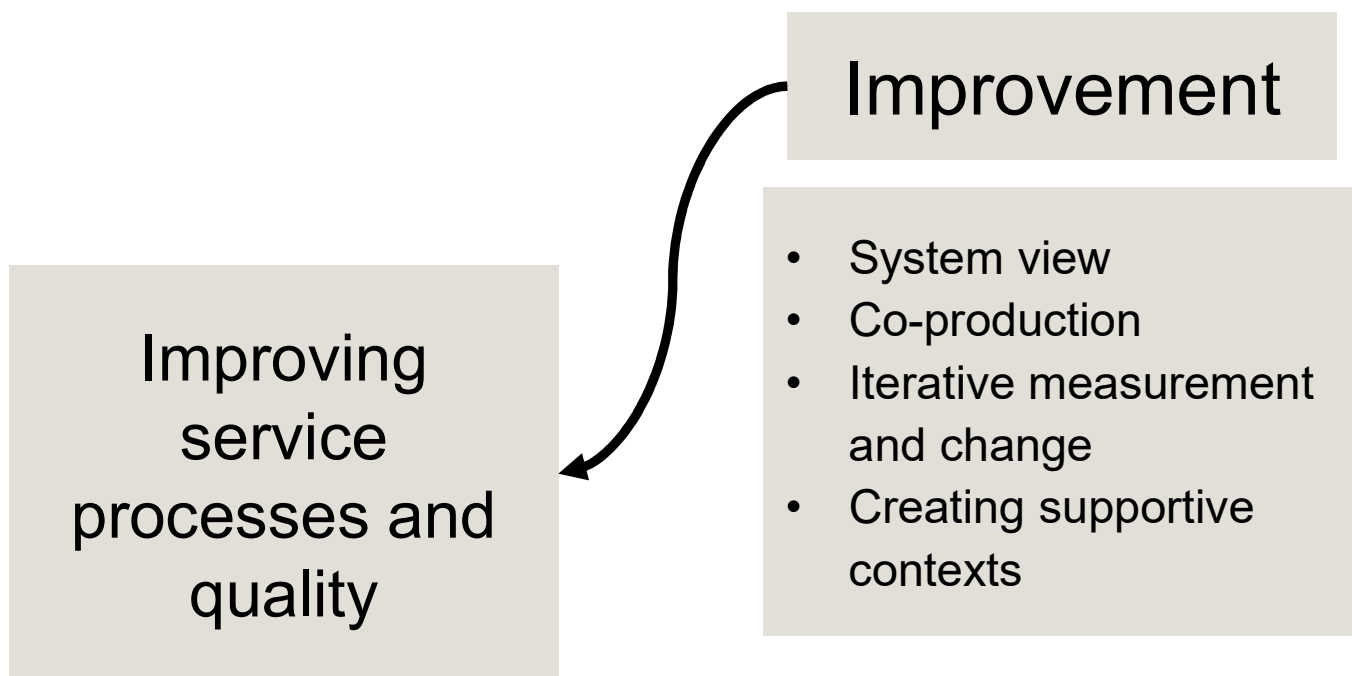


# What do we understand by improvement?

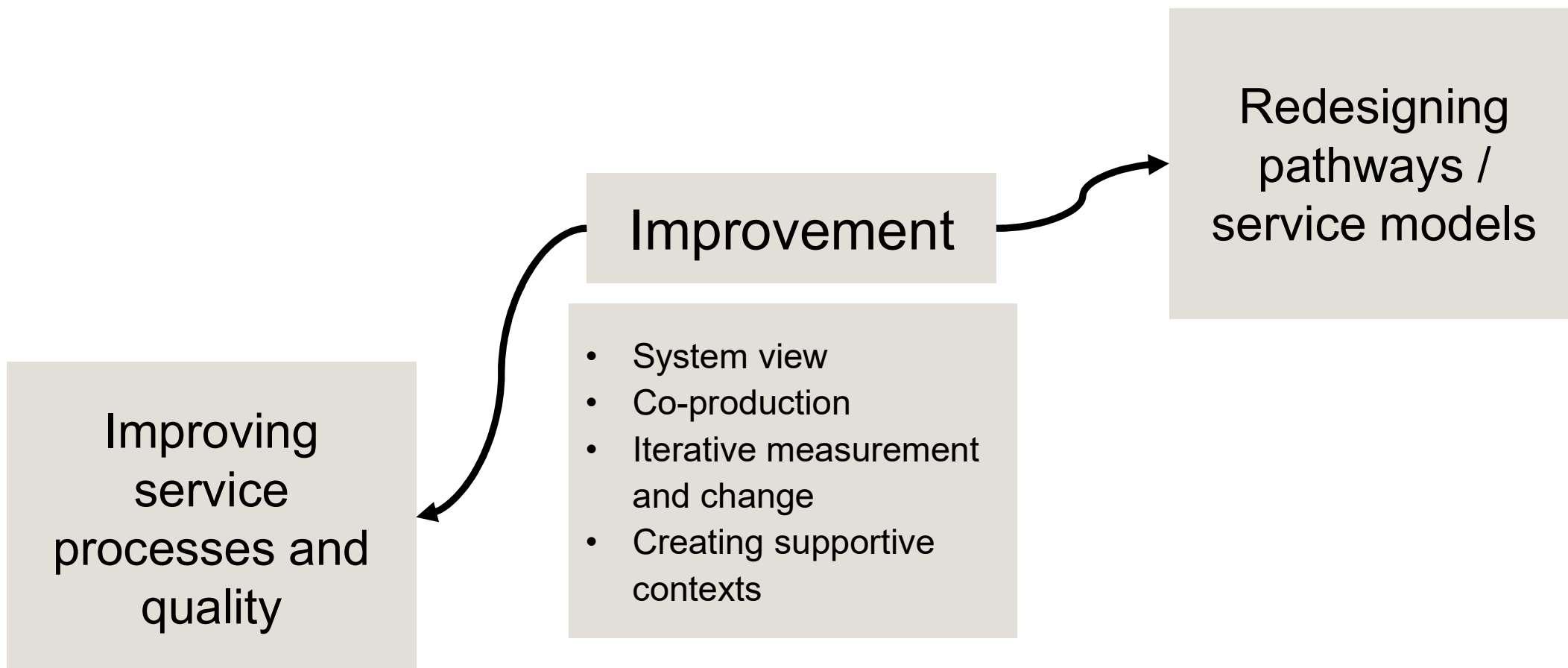
## Improvement

- System view
- Co-production
- Iterative measurement and change
- Creating supportive contexts

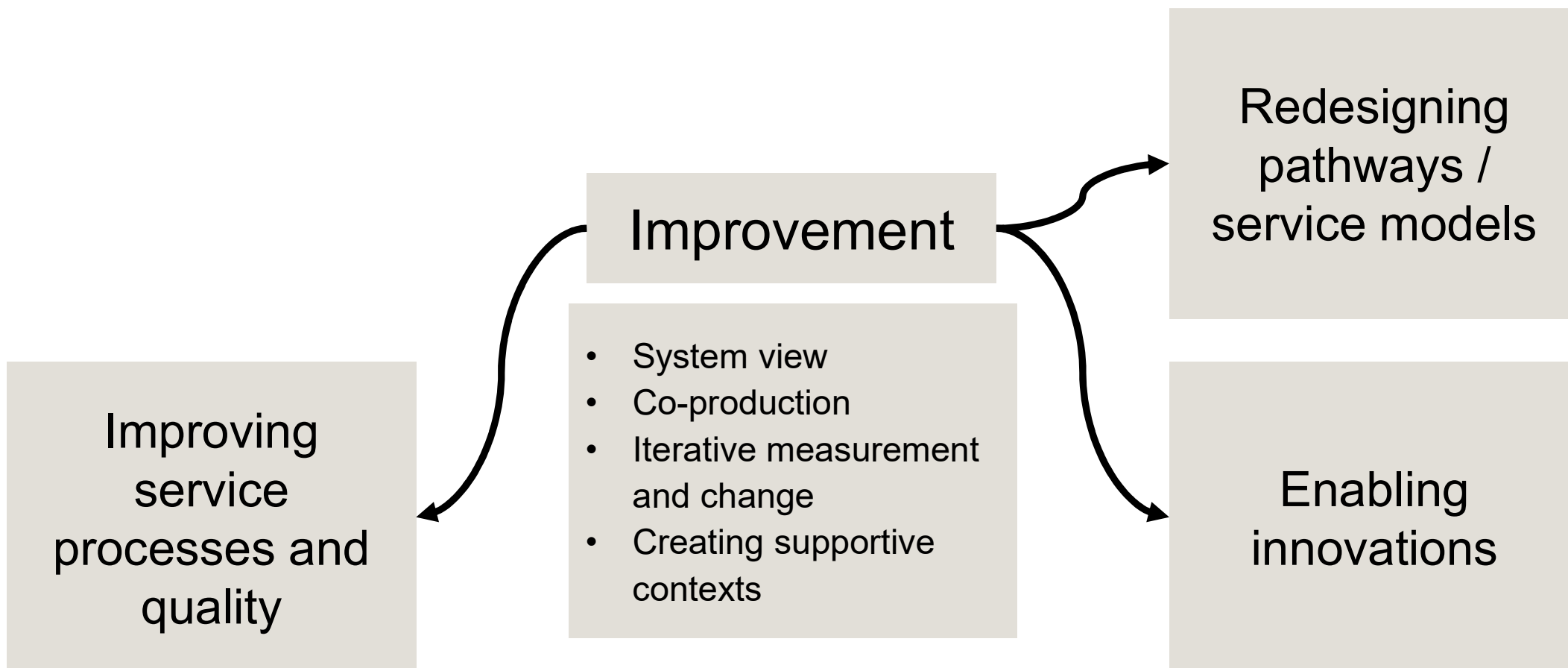
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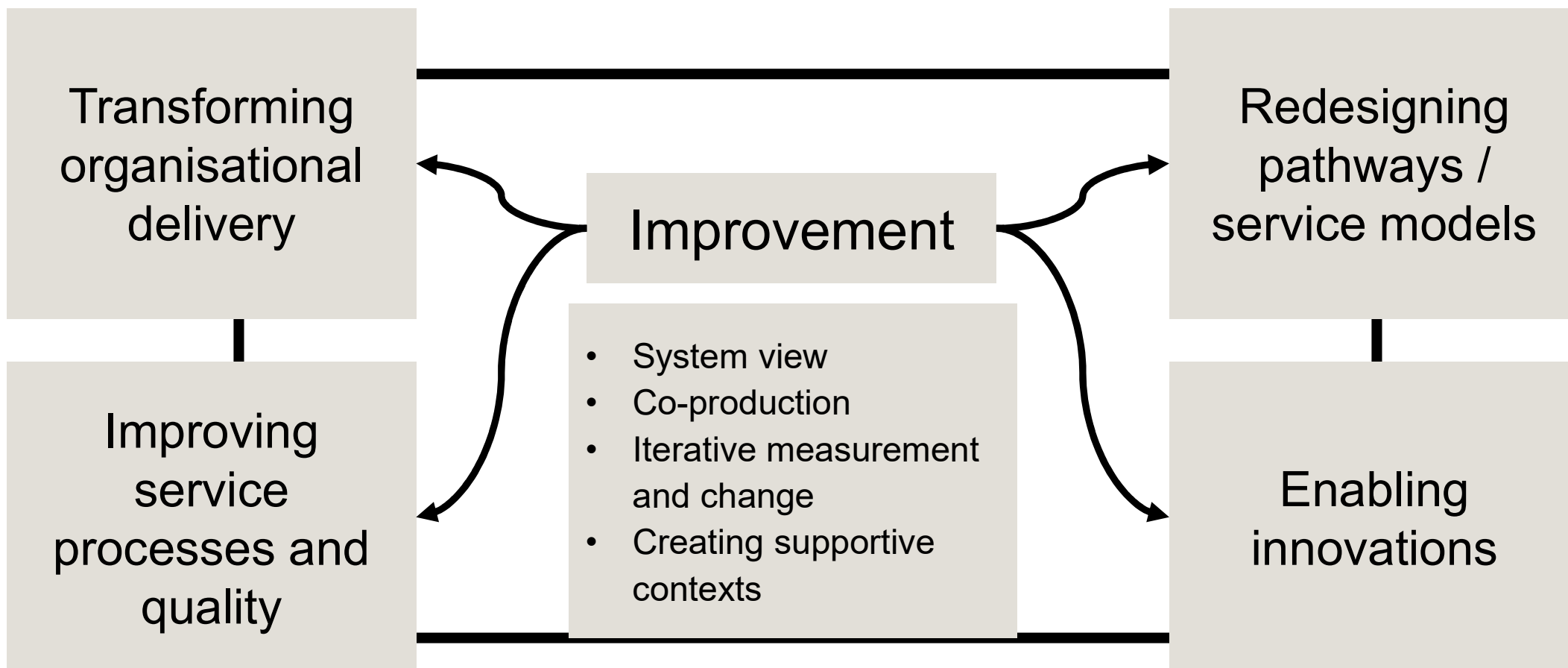
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# Think more broadly about the benefits



## Staff priorities

job control / satisfaction  
professional development  
workplace culture

## Service user priorities

access and flow  
experience and agency  
safety and outcomes

**Essential contribution to delivering organisation and system goals**

reliable safety and quality  
reduced waste and avoided costs  
effective adoption of tech

## Organisation priorities

collaborative working  
handover and flow  
scaling innovations

## System priorities



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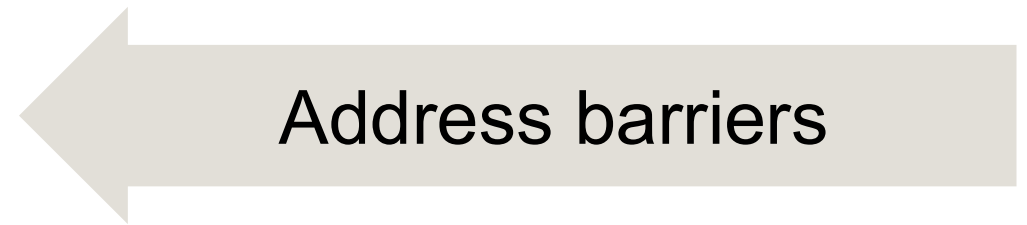
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Moving to mainstream:

What's needed? What's getting in the way?



Uneven perceptions and  
experience of improvement

Lack of shared understanding  
of how change happens

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Boost enablers

Address barriers

Connected improvement  
expertise and ecosystems

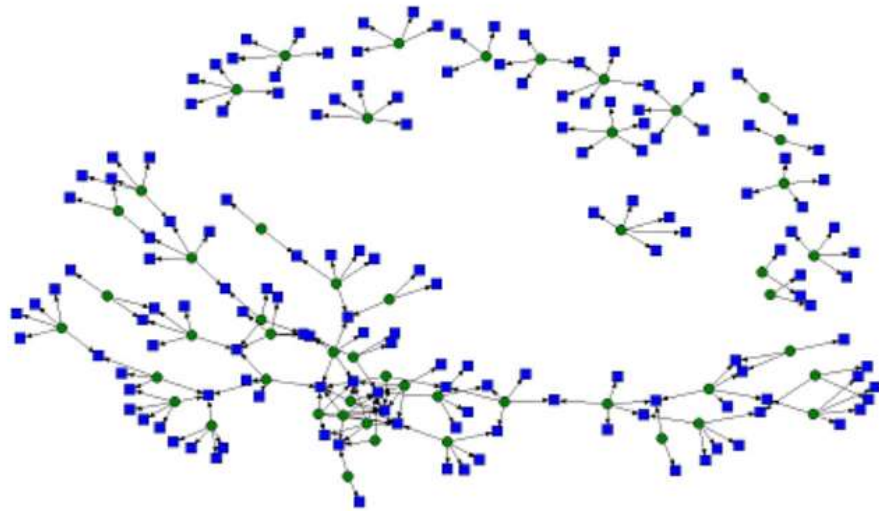
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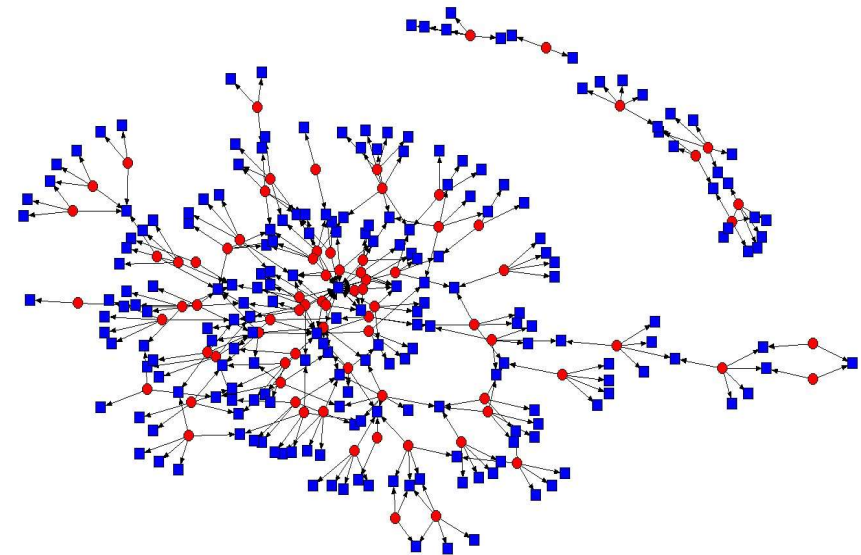
# Moving to mainstream: What's needed? What's getting in the way?



Read more:  
<https://warwick.ac.uk/fac/soc/wbs/research/vmi-nhs/reports/>



Social networks in a trust rated inadequate



Social networks in an outstanding trust

Moving to mainstream:

What's needed? What's getting in the way?



Boost enablers

Address barriers

Connected improvement  
expertise and ecosystems

Uneven perceptions and  
experience of improvement

Leadership shared vision  
and resources

Lack of shared understanding  
of how change happens



# Mainstreaming Improvement

## Dr Ailsa Brotherton

Executive Director Improvement, Research and Innovation,  
Honorary Professor, University of Central Lancashire

## Content

- Creating a compelling vision and securing Board ownership to create the conditions for improvement to flourish
- Developing a continuous improvement strategy and building improvement capacity and capability
- Integrating improvement into the organisation's business infrastructure
- Creating the foundations for improvement at system level







## Step 1: Creating a compelling vision

### Understand Current State:

- What are our biggest improvement challenges?
- What are the big dials we need to shift?
- What is our data and intelligence telling us?
- Is this a local or system wide challenge?
- What are the views of our staff and service users?

### Realise what could be possible

- What could 'good or great' look like?
- What difference would this make?
- What wider opportunities could be created

### Build a coalition and vision for change

- Harness the power of enthusiasm
- Bring people together to realise or experience the opportunities to improve
- Clearly articulate where we are now but where we are aspiring to get to.



## Step 2: Securing Board ownership

- Clearly demonstrate the issue and solution
- Share and help them understand the data
- Articulate the Benefits and expected impacts
- Highlight links to organisational and strategic priorities
- Present the case and vision for change
- Demonstrate patient and staff feedback & representation
- Request or identify a member of the board as a project sponsorship

## Step 3: Create the conditions for improvement to flourish

- Assess readiness for change, (MUSIQ Tool) are we ready?
- Choose the most appropriate improvement methodology
- Develop the right team and identify the 'doers'.
- Establish visible leadership at every level and across all roles.
- Robust project support (your delivery vehicle)
- Time is precious so be productive at meetings and keep focused
- Data, data, data (reliable measurement is key)
- DON'T forget the power of communication (Comms)



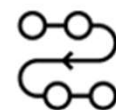


Adapted from the IHI White Paper



### System Level (macro)

Trust wide improvement programmes  
Integrated Care System (ICS) Improvement collaborations



### Pathway Level (meso)

Flow Coaching Academy (FCA) programme delivery  
Supporting pathway level improvement



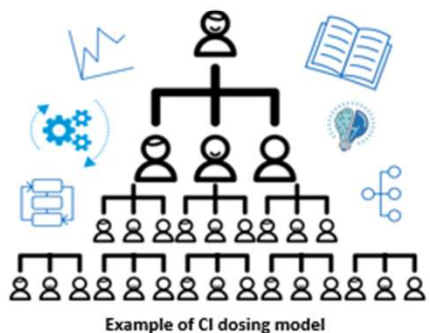
### Local department and ward Level (micro)

Micro System Coaching Academy (MCA) programme delivery  
Supporting local level improvement and standardisation



## Delivery Approach

### CI Building Capability Strategy



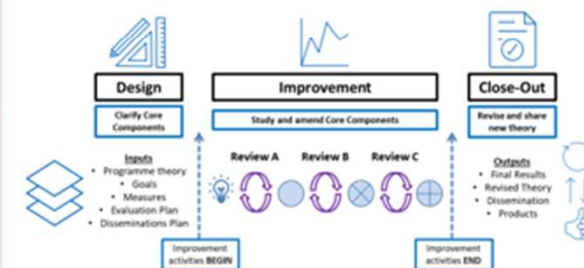
### Driven by Measurement



### Digital Communication



### Evaluation and Publication





Enablers of Continuous Improvement across LTHTR to deliver organisational priorities



Building 'Will' to Improve



Programme Design & Delivery



Learning and Skills



Measuring Improvements



Knowledge and Evaluation

Communication, Digital & Media

- Leadership (Build CI leaders)
- Develop a CI culture (Board to Ward)
- Shared understanding of CI
- Meaningful CI strategy

- Staff and patient engagement
- Self assessment (readiness to improve)
- Delivery models e.g. Big Rooms, BTS
- Facilitation and coaching

- CI Training
- Online resources
- Collaborative learning
- Active involvement in CI

- Understanding Data
- Meaningful data display (Charts)
- Demonstrating improvement over time
- Making data accessible (Dashboard tools)

- Literature scans and reviews
- Capturing and summarising learning
- Collaborations with Universities
- Publications (sharing learning)

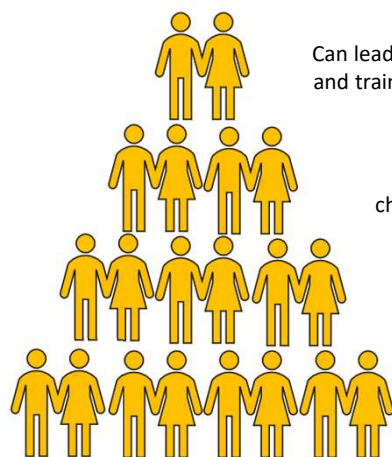
## Our Strategy – Plan on a page



## What are the levels of competency?

We have identified 4 levels to becoming a competent leader of improvement with each progressively adding greater value to the individual's role and area of work. Remember, improvement is everyone's job and your efforts, no matter how small will always contribute towards improving outcomes for patients and service users.

Competency can be measured on a scale of 4 levels ranging from foundation to expert. Each level has its own descriptor reference to identify current levels of knowledge and skills in continuous improvement. This can be used to develop personal development plans, agree learning, and provide opportunities to enhance your skills.



### *"I am a CI leader"*

Can lead an improvement project and deliver this, coaching and training along the way. Has sophisticated CI knowledge

### *"I can teach CI"*

Can teach the fundamental improvement characteristics to other members of the workforce

### *"I can apply CI"*

Can apply the fundamental improvement characteristics to their daily work

### *"I know what CI is"*

All members of staff can identify the fundamental improvement characteristics

## Core Areas

There are three core domains which we are developing staff competency in and build confidence to actively apply these across the organisation.

- Continuous Improvement (CI) Methodology
  - Measurement for Improvement
  - Creativity and Innovation

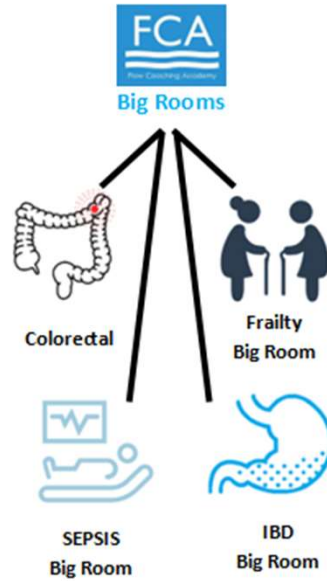




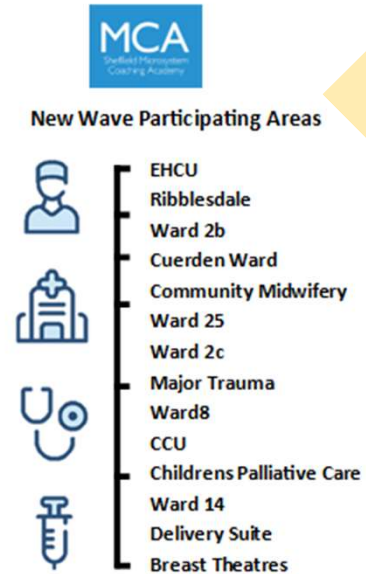
## Organisational (System)



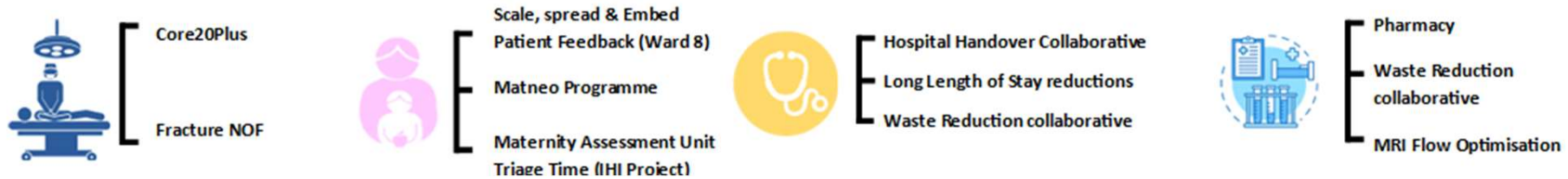
## Pathway



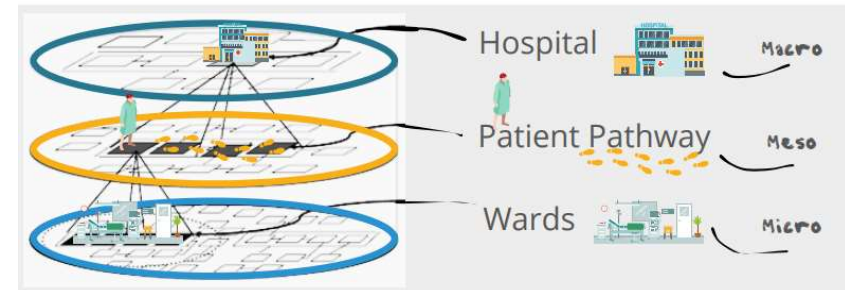
## Local



## Divisional

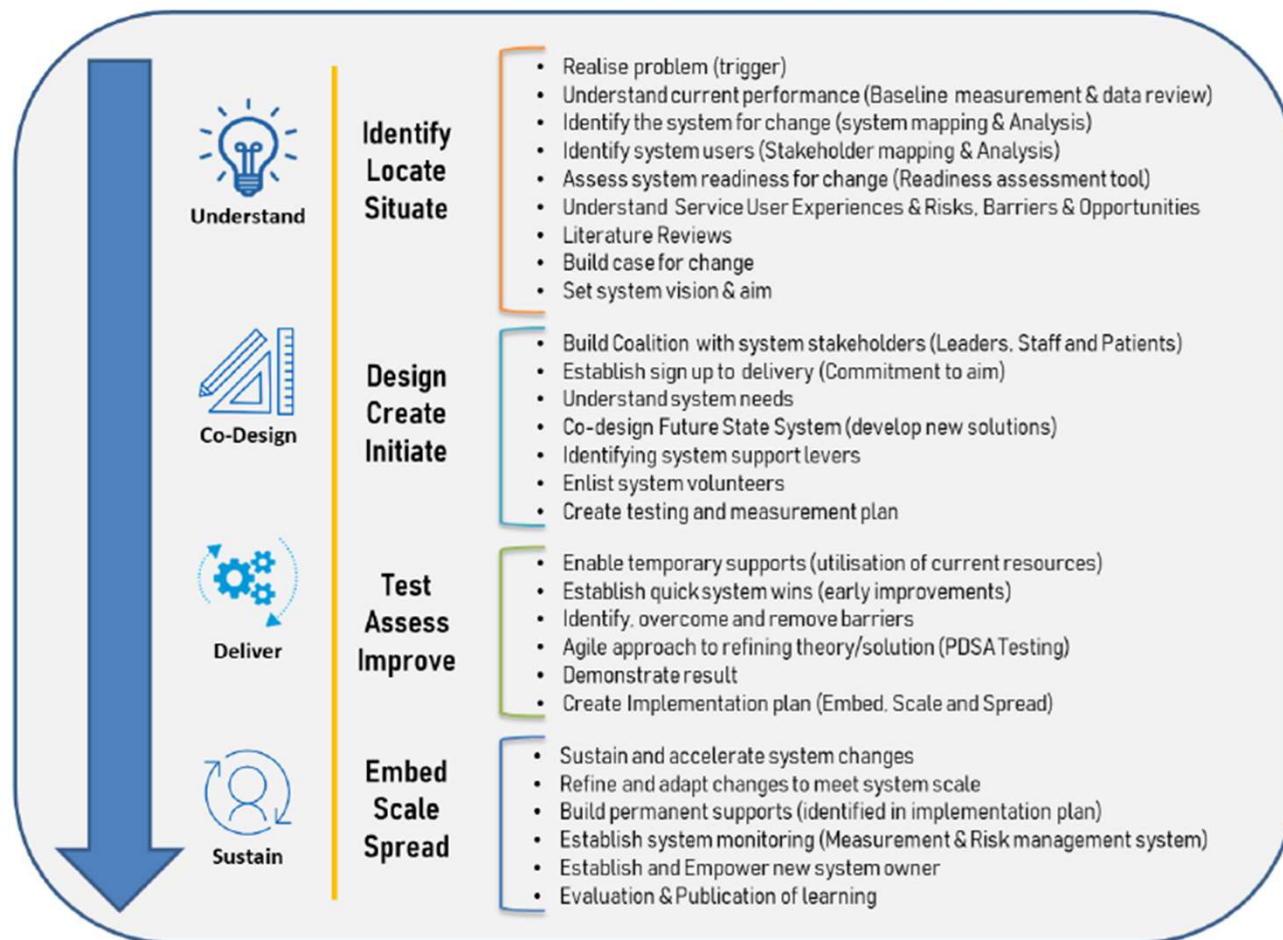


## Examples CI Programmes Across Our Organisation





# Model Overview



*“We are able to make links across organisational boundaries that we never thought possible”*

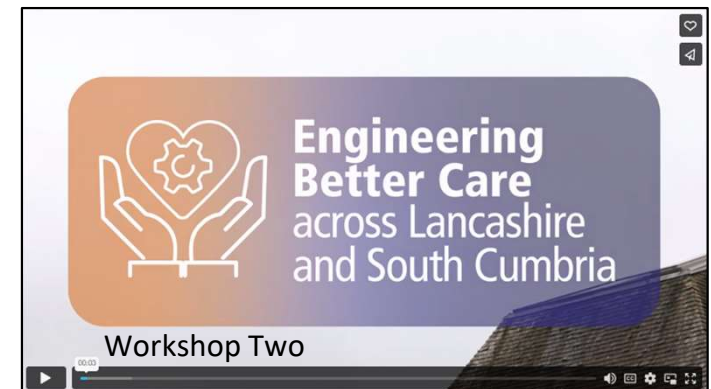
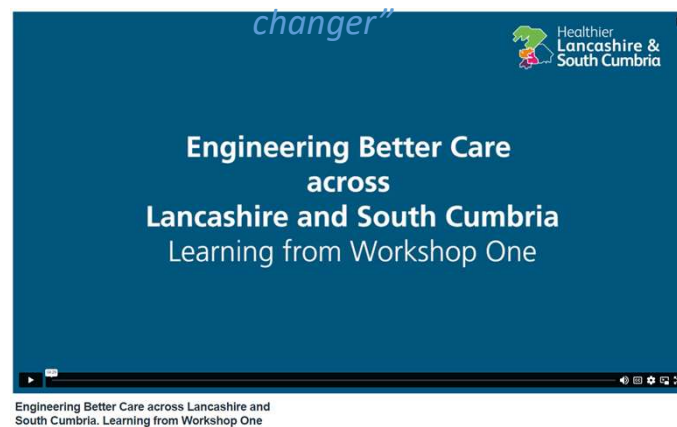
*“EBC is helping us to empower patient and service users to have a say in the systems we design”*



*“It’s helping us to improve our systems for the community”*

*“Identifying all of our stakeholder partners right at the start is a game changer”*

*“Mitigating the risks in service delivery any evolving the way we work together”*



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**Our Journey so far....**





# Care Homes (Frailty)

## FETCH

Frailty Enhanced Test of change with Care Homes



Our pilot will be run over one 3-hour session per week (Thursday 9am-12pm) and will be supported by the following multidisciplinary team, represented from both Acute and Community services:

- Consultant Geriatrician
- 2 x Advanced Nurse Practitioner
- Pharmacist
- Occupational Therapist
- Community Paramedic (NWAS)



We are currently embarking on a three-month (pilot) test of change within care homes in Central Lancashire. The test of change aims to provide comprehensive geriatric assessments (CGA) for existing residents, looking specifically at frailty indicators and subsequent interventions to reduce potential ED attendance in line with current data.

The pilot will be consultant led and supported by a multidisciplinary team. This will provide a patient centered and holistic plan of care. It is a proactive clinically led service and will be in addition to the 2-hour Urgent Care Response service (2H UCR).

# Using EBC model locally (Central Place)

# Thrombectomy Pathway

As a system we are using the EBC approach to understand, co-design and implement an ideal state pathway for Thrombectomy across L&SC. We are working together to understand variation in practices across our organisations and systems and develop a refined and standardised pathway to increase referrals and access for stroke patients. By reducing variation in the four areas below we aim to increase utilisation of current service capacity for Thrombectomy and improve outcome for our patients.



# Complex Investigation Process of Deaths

We are using EBC to redesign and improve the coordination and timeliness of investigations following a death. Reducing the complexity of current processes will lead to better quality and improved experience for bereaved families and our staff within Lancashire Teaching Hospitals

**The process begins** with when concerns are raised about the care of a dying or deceased patient.

**The process ends** when all questions and concerns have been answered to the best of our ability/all processes have been completed/no longer classed as complex death investigation





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<https://www.health.org.uk/form/webinar-updates>

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Thank you

