

South Tees Hospitals

NHS Foundation Trust

Meeting / committee:	Board of Directors	Meeting date:	26 th March 2013
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This paper is for (only 1 column to be marked with an x as appropriate)	Action/Decision	Assurance x	Information x
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Title:	Direction of travel for continuous improvement
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Purpose:	To inform on the direction of travel in relation to continuous improvement and introduce a strategy to strengthen service improvement.
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Key issues / items for consideration in the report:	<p>This paper outlines:</p> <ul style="list-style-type: none"> • The history of service improvement to date • Presents the future strategy and plan for ensuring continuous improvement
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Prepared by:	Susy Cook: Service Improvement/OD lead	Presented by:	Prof Tricia Hart :CEO Susy Cook: Service Improvement Lead
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Recommendation:	The board is asked to note progress and consider the future strategy for continuous improvement
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Implications (please mark an X)	Legal	Financial	Safety & Quality	Strategic x	Risk & Assurance
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The direction of travel for continuous improvement

1.0 Introduction

This paper aims to review and consolidate progress to date on service improvement and sets out a direction of travel for the future of continuous improvement across the organisation.

2.0 Progress and consolidation of learning

2.1 Progress to date

The organisation has a long history of quality improvement that commenced in the 1990's. South Tees was one of the national pilots for Business Process Reengineering (BPR) in the NHS. From 1995 onwards, staffs were trained to map and redesign pathways and processes. This service improvement technique was set within the European Foundation for Quality Management (EFQM). This framework located the approach to process improvement inside a quantitative methodology which sought to improve overall organisation performance. Benchmarking, at both the process and outcome level, became a tool used across the organisation, with CHKS and latterly Doctor Foster's indicators being used, alongside national and international best practice.

As the organisation's approach to quality improvement and productivity matured it became clear that only focusing upon one tool for service improvement (BPR) was not sufficient to build overall organisation capability for continuous improvement. The Trust's current approach focuses upon building local capacity at the divisional level for service improvement and effective change management, with all divisional and corporate directorate teams investing in development and service improvement posts at some level.

The local capacity is supported by a small corporate improvement team, providing expertise in both the soft and hard system work of change management. One practitioner within the team specialises in service improvement methodologies and evaluation of improvement. The central team supports divisional teams to effectively investigate the productivity / quality opportunity and select the most appropriate tool or technique for improvement. Ownership of local projects is maintained at the divisional level. This approach is in line with best recognised practice.

For corporate cross cutting projects an executive lead is established, project management identified and the corporate improvement team provide consultancy support. At present the application of advanced methods of tools and techniques are used to improve the quality and productivity of pathways and processes such methods include: Benchmarking, Process redesign, Rapid Process Improvement, Capacity Demand reviews, Failure Mode Effect Analysis, Lean thinking, and Time to Care.

In line with best available research the Trust has taken an approach to building the capability of managers and leaders to select the most appropriate approach to their

service improvement project. The end of year plan **[available on request]** demonstrates the work carried out last year by the corporate improvement team. This year will see the continuation of service improvement training to develop capacity and capability, in the coming years.

All trained members of staff are entered into the service improvement faculty to build capacity and capability for service improvement. To date the following numbers of staff have been trained and awarded a certificate in service improvement:

Bronze (basic service improvement): 669

Silver (degree level): 9

Gold (master and above): 10

2.2 Consolidation of learning

What is recognised is that as an organisation we have come along way but that in order to meet current demands and provide safe and effective care ***we must refocus our work and ensure our senior leaders are skilled in delivering rapid improvement to support the change that needs to take place.*** We must take our learning, and ensure that we are putting it into action across all levels of the organisation. Plenty of energy and skills are on the frontline but we have lost strategic focus, our senior leaders need to be visible in its delivery.

3.0 Strategy and direction of travel

The CEO commissioned the Corporate Improvement team to review the strategy for service improvement, to pull the current work together and to build on our success to gain further traction to meet the current challenges faced by the NHS, such as:

- Increasing costs
- Francis Inquiry
- Competitive advantage

Reviewing the best available evidence for service improvement in healthcare coupled with examining exemplar sites internationally tells us that:

- Active senior participation in improvement is vital
- There is a requirement for a strategic approach embedding continuous improvement action at all levels.

To that end the proposed strategy for moving continuous improvement forward is visible active leadership through:

- Leadership development
- Organisational development
- Service improvement

(see appendix 1: strategy leaflet)

In addition to the existing development programmes to achieve continuous improvement we propose adopting into our consortium of techniques the use of Rapid Process Improvement Workshops (RPIW). RPIW's have been a successful approach to visible leadership participation in continuous improvement in examples such as VMMC, the Thedacare centre and regional NETS coalition.

We now propose a structured approach to introducing RPIW into Stees starting with Board of Directors and most senior managers. This will be supported through developing RPIW skills in conjunction with the corporate improvement team to become accredited trainers and coaches for the organisation. These skills will then be used to leader RPIW within the organisation. In outline the plan over the next three years would be as follows:

Year	Action	
2013-2014	<ul style="list-style-type: none"> • Senior team visit to Virginia Mason • Cohort 1 modular RPIW training October/November 	<ul style="list-style-type: none"> • Spread of learning • 8 senior leaders trained as RPIW champions • 6 RPIW ran
2014-2015	<ul style="list-style-type: none"> • 6 x RPIW delivery cohort 1 • Cohort 2 modular training RPIW 	<ul style="list-style-type: none"> • 6 senior leaders trained as RPIW champions • 6RPIW ran • South tees leads trained as coaches
2015-2016	<ul style="list-style-type: none"> • 6x RPIW delivery cohort 2 • Cohort 3 modular training 	<ul style="list-style-type: none"> • 6 senior leaders trained as RPIW champions • 6RPIW ran • South Tees leads trained as coaches

See appendix 2 for more detailed plan and proposed scenarios of training and RPIW delivery

4.0 Summary

In summary we need to harness the work to date and develop our senior leaders to ensure they are skilled to deliver service improvement. In conjunction with this we need to continue to develop staff at all levels in service improvement and harness the capacity and capability within the service improvement faculty to support the agreed Rapid Process Improvement work.

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 February 2013

Appendix 1: *Continuous Improvement Leaflet*



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Appendix 2: *Plan 2012-1015 and RPIW scenarios*



Microsoft Office
Excel Worksheet



Microsoft Office
Excel Worksheet

