Oxford Health NHS

NHS Foundation Trust

| **PAPER** |
| **BOD 77/2011** |
| (Agenda Item: 7) |

Report to the Meeting of the
Oxford Health NHS Foundation Trust
Board of Directors

Improvement and Innovation – The Next Phase

For: Decision

This paper examines the role of the current Transformation initiative and makes recommendations for improving the effectiveness of this in order to support the Trust QIPP plans.

Recommendation

The Board is asked to agree the recommendations.

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Lead Executive Director: David Bradley, Chief Operating Officer

1. *A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.*

Improvement and Innovation - the next phase in the development of the Trust's 'Transformation Team'

Introduction

Following the integration of Oxford Health NHS FT and Community Health Oxfordshire in April 2011 there has been a review of service configuration and management structures within the Directorate of Operations. One output of this work has been the bringing together of staff from both organisations to create an extended 'support and development' function for the organisation, building on the existing Transformation Team model. The team now has three core functions:

1. Operational support and development for the Operations Directorate
2. Enabling and building a culture of continuous quality improvement and innovation for the Trust and leading improvement programmes
3. Emergency planning and business continuity management for the Trust

The integration process has brought an opportunity to review the impact of the existing Transformation Team, refresh the reconfigured team's work programme and re-connect with the wider organisation. Revised performance management and reporting arrangements across the organisation bring the opportunity to rethink governance/reporting of the team and its work programme and ensure there is a strengthened approach to demonstrating delivery and benefits.

The team's work will include:

1. Leading improvement programmes (pieces of work affecting several areas of the Trust and lasting a year or more)

2. Managing improvement projects (time limited pieces of work usually to be completed in less than a year and focused on delivering specific outcomes in specific areas)

3. Providing advice, support, resources and facilitation in order to build skills, enable people to connect and share knowledge about improvement

Rapid Review

In April 2011, feedback about the Transformation Team's role and impact was sought from Executive and Divisional Directors and a number of Senior Managers in one to one discussions. The overall aim of the review and the following recommendations was to ensure that the reconfigured team adds value to the organisation by supporting or leading delivery of improvement priorities and that the team is supported and held to account by appropriate leadership and governance.

The feedback can be summarised as follows:

What works well	What could be better
▪ Positive senior leadership – commitment of CEO and COO, BoD support, Executive commitment to 'doing things differently'	• Clarity about the purpose of the team and a mandate to focus on real organisational priorities
▪ Momentum for change created through the integration process/programme	• Low levels of understanding of the role and work of the team by others
▪ Having a dedicated resource to support improvement initiatives in the organisation	• Team seen as a 'bolt on' rather than integrated / fully engaged part of the organisation
▪ Enthusiastic and committed team members who want to 'make a difference' in the organisation	• 'Transformation Team' name not generally accepted (seen as punitive)
▪ Team members who know the organisation and have credibility in clinical services	• Demonstration of delivery and impact / reporting
▪ Some effective delivery/impact of	• Communications, staff engagement and support
	• Pace of delivery in some pieces of work
	• Concerns about duplication of effort

programmes of work	• The approach and contribution of external consultants working with the team

The value of having a small centralised team to lead and support the organisation's development activities is recognised (and the model is supported by published evidence on leading change) but there are some areas of working practice to be developed if the return on this investment is to be fully realised within the Trust.

The size of the organisational challenge dictates the need for new ways of working and transformational approaches to service delivery and development. New skills and behaviours are required across the organisation. We want to build a skilled and empowered management and staff group who are enabled and supported to act within the frameworks articulated to them to resolve issues locally and deliver step changes in quality.

Clear and consistent processes of performance management and performance improvement, including service improvement, will be key to providing internal assurance and momentum for delivery of plans.

Recommendations

Board of Directors are asked to approve the following recommendations:

- A change of team name to 'Improvement and Innovation'. The change of name signifies a positive stance and a focus on 'doing things differently' which has been a theme of the integration process and our ongoing plans.
- The team operate on an 'internal consultancy' basis, providing a service to the clinical divisions or corporate directorates to either support or lead programmes of work core to delivering their priorities.
- There is therefore shared ownership and accountability for delivery of improvement work with divisions/directorates. This will in part be achieved by the team working differently, in particular having a stronger customer focus.

- The team work to build capacity, knowledge and service development skills across the organisation to enable and support sustainability and spread of service improvement and innovation, bring programmes and projects into 'mainstream' activity and reduce reliance on (and spend on) external consultants.
- There is a particular focus on increasing staff engagement, building networks of people and supporting staff to lead their own improvement work.
- A 'one team, one purpose' approach to improvement underpins the work of the team – with the central team working as an integrated whole with other managers, clinical leads, improvement leads and staff from across the organisation to support delivery.
- Larger programmes of work (at this stage the Productives Programme and Care Clusters programme) have dedicated Steering Boards which drive the programmes and focus on delivery. These Steering Boards should have Senior Clinical as well as Director / NED membership.
- The team reports on delivery of its plans as part of the integrated performance reporting that will be received monthly / quarterly by the Extended Executive Team (approach currently being developed) and in addition reports six monthly to the Board of Directors.
- The Transformation Board is disbanded given the enhanced role of the Extended Executive Team in performance managing programmes and the establishment of Steering Boards for larger programmes of work.

Improvement goals

It is recommended that the team focus their energies on supporting three improvement goals:

1. Improving productivity, quality and value for money of clinical services by reducing duplication and waste and supporting innovation in order to release time to care and provide a better patient experience.

2. Supporting corporate services to respond to the challenge of efficiency and quality improvement by focusing on processes so they become more efficient, effective and able to support caring, safe and excellent clinical service delivery.

3. Building energy, momentum and sharing skills and knowledge for service improvement and innovation across the organisation.

Board of Directors are asked to approve these improvement goals.

All activity of the team will have clear outputs/delivery targets linked to these three improvement goals. There will be a strong emphasis on demonstrating delivery and organisational benefits.

The team's overall approach will continue to be:
- build on what already works well
- challenge what doesn't work well – always ask 'what could be better?'
- Learn and share examples of innovative practice from both healthcare and other sectors nationally and internationally.
- enable staff to work smarter, not harder, and put their good ideas into practice
- remove waste in order to increase time to care
- seek out, encourage and share innovation
- learn before, during and after
- measure and demonstrate improvement
- build capacity
- communicate effectively
- maximise engagement
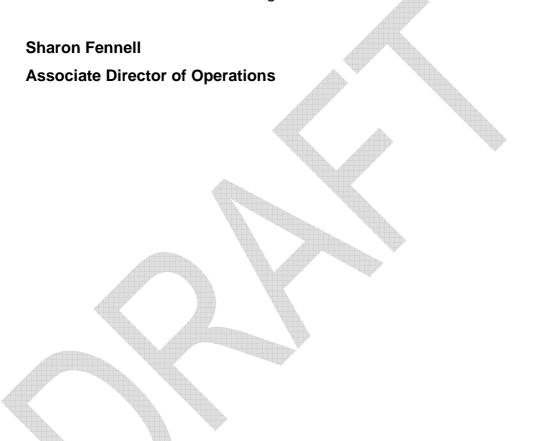- maximise spread and sustainability and move programmes into mainstream

Interdependencies

Key links for this work are:
- Trust strategy development
- Integration process – transformation phase and delivery of benefits
- Trust OD programme
- Leadership development programmes
- Operational delivery

Current steps and actions (April-June 2011)

- The team's workplan is currently being reviewed and negotiated and a summary at time of writing is attached for information as **Appendix 1**
- The team will review and improve communications/engagement with the wider organisation – first steps being to develop an intranet presence and regular e-newsletter and establish 'link roles' with each division/directorate
- The team will review and improve monthly/quarterly reporting on delivery of the work programme
- The team will establish Steering Boards for Productives and Care Clusters

Sharon Fennell
Associate Director of Operations

Appendix 1 Workplan (as at May 2011) in development

Workplan	Client	Improving productivity and quality of clinical services by reducing duplication and waste and supporting innovation in order to release time to care and provide a better patient experience.	Streamlining corporate services or processes so they become more efficient, effective and able to support caring, safe and excellent clinical service delivery.	Building energy, momentum and skills for service improvement and innovation across the organisation.	Timescale for delivery	Comments
PROGRAMMES						
Productive Ward	DB	X		X	April 2013	Thereafter moves to mainstream practice with some support
Productive Community Services	DB	X		X	April 2013	Thereafter moves to mainstream practice with some support
Care Clusters	DB	X	X		April 2012	Date for go-live in shadow form
Emergency preparedness and business continuity management	DB	X	X	X	Ongoing	Work programme in place and being implemented

PROJECTS							
Review/redesign of shifts system (Forensic)	NK	X			X	tbc	New request, scoping stage
Support management restructuring in Oxon community services	HR	X				tbc	New request, scoping stage
Reducing DTOC in Oxon community services	HR	X	X	X		tbc	New request, scoping stage
Implement e-rostering system	DB	X	X			tbc	Potential request, scoping
Review of workforce, skill mix in Oxon/Bucks mental health services	EM	X				tbc	New request, scoping stage
Development of integrated older peoples' services	DB	X				tbc	New request, scoping stage
Purchase to pay procurement review	GK		X			June 2011	Almost completed
Section 75 review	DB	X				June 2011	Work commenced
Review of on call arrangements	DB		X			June 2011	Work commenced
Review of HR processes to improve productivity/efficiency	GA		X			tbc	New request, scoping stage
SUPPORT AND DEVELOPMENT TO STAFF							
Develop intranet/newsletter	DB				X	June 2011	Work started

Establish networks and advice surgeries	DB			X	June 2011	Scoping stage
Build improvement skills	DB			X	Ongoing	Discussions underway