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<p>PAPER BOD 90/2011 (Agenda Item: 6)</p>

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

29 June 2011

Leading Improvement and Innovation – Update for Board

For: Approval

The purpose of this paper is to:

- Describe some of the approaches that will be taken to build a culture of continuous quality improvement in the Trust.
- Outline a revised proposal for programme governance following feedback from May Board.
- Stimulate ongoing debate and discussion and seek feedback that will contribute to the ongoing development of the work programme.

Recommendation

The Board is asked to approve the revised proposal for programme governance.

Author and Title: Sharon Fennell, Associate Director of Operations

Lead Executive Director: David Bradley, Chief Operating Officer

Report to the meeting of the
Oxford Health NHS Foundation Trust
Board of Directors
June 2011
For information / decision

Leading Improvement and Innovation

Update for Board

Sharon Fennell
Associate Director of Operations

On behalf of
David Bradley
Chief Operating Officer

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Purpose of this paper:

This paper follows on from the paper presented in May 2011. The purpose is:

- To describe for Board members some of the approaches that will be taken to build a culture of continuous quality improvement in the Trust.
- To outline a revised proposal for programme governance following feedback from May Board. Board are asked to support this revised proposal.
- To stimulate ongoing debate and discussion and seek feedback that will contribute to the ongoing development of the work programme.

The challenge:

“I want to make clear that quality, innovation, productivity and prevention is not a top-down, national initiative. It is about the NHS working in different ways to ensure that we deliver the highest quality care. Making this a reality requires action at all levels of the system – from front-line clinicians to local providers and commissioners, SHAs, to the Department of Health and others at a national level.” David Nicholson, NHS CEO.

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Our improvement opportunity:

- To build a culture of continuous quality improvement where all staff know and understand our improvement goals, have the permission to ‘act to improve’ and can do this with confidence because they have the skills to do this, the opportunity to connect with others, and the support of managers and leaders across the organisation
- To achieve this we need to define, develop and make real ‘the Oxford Health Way’ – ie what is our approach to LEAN / quality improvement?
- This means having a few simple models, clear improvement goals and sticking with them – relentlessly communicating them, building skills and practising using them
- We can learn from elsewhere. There is a large body of academic literature on achieving organisational change. Many stories of success come from manufacturing and other industries (eg notably Toyota, or more locally, Unipart) but there is also growing evidence from within the NHS of organisations which have adapted LEAN or other quality approaches to support and enable their development initiatives (eg Royal Bolton Hospitals NHS Foundation Trust <http://www.boltonhospitals.nhs.uk/bics/default.html>)
- It also means allowing and enabling people to take risks and learn as much from what doesn’t work first time as from our successes.

Starting with a common purpose...

Our three improvement goals were agreed in May:

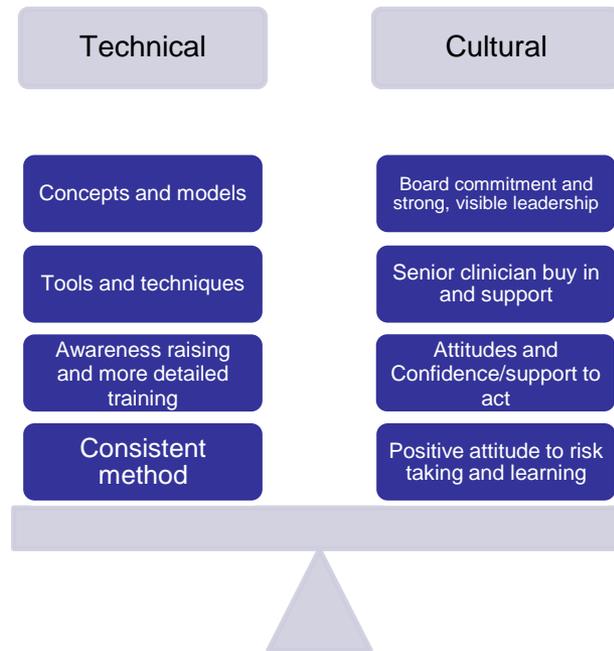
1. Improving productivity, quality and value for money of clinical services by reducing duplication and waste and supporting innovation in order to release time to care and provide a better patient experience.

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.

To achieve these, we need to pay attention, in equal measure, to developing people's technical skills and knowledge and addressing the cultural factors that will influence our ability as an organisation to put these to best effect.

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Crucially the programme being developed and delivered must contribute to and align with the developing Trust Strategy, Leadership Development and Organisational Development Programmes. This work is therefore being developed in consultation with leads across the Trust.

Creating a culture of improvement and innovation

Companies have to nurture [creativity and motivation]—and have to do it by building a compassionate yet performance-driven corporate culture. In the knowledge economy the traditional *soft* people side of our business has become the new *hard* side."

— Gay Mitchell

Executive VP, HR, Royal Bank of Canada

"Creativity is having new ideas; innovation is putting them into practice. They are like Morecambe and Wise, Laurel and Hardy, gin and tonic or Posh and Becks. They are much better together. Having great ideas and not implementing them is a waste and there is no innovation without the ideas for change. "

(NHS Institution for Improvement and Innovation)

The things we fear most in organizations—fluctuations, disturbances, imbalances—are the primary sources of creativity."

— Margaret J. Wheatley (writer and organisational development expert, president of the Berkana Institute, a global charitable leadership foundation)

Innovation— any new idea—by definition will not be accepted at first. It takes repeated attempts, endless demonstrations, monotonous rehearsals before innovation can be accepted and internalized by an organization. This requires *courageous patience*."

— Warren Bennis (scholar, organisational consultant and author)

"The achievement of excellence can only occur if the organization promotes a culture of creative dissatisfaction."

— Lawrence Miller (author on management and leadership)

- Grand prizes and competitions create a few winners and lots of losers - reward all legitimate innovations and attempts.
- Recognise and encourage ideas that didn't come to fruition - "The fastest way to succeed is to double your failure rate" (*Thomas Watson, Sr. Founder, IBM*)

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A cultural model for improvement and innovation

- Tips, tools, and techniques
- Innovation sessions
- Skills development
- Train , practice, use

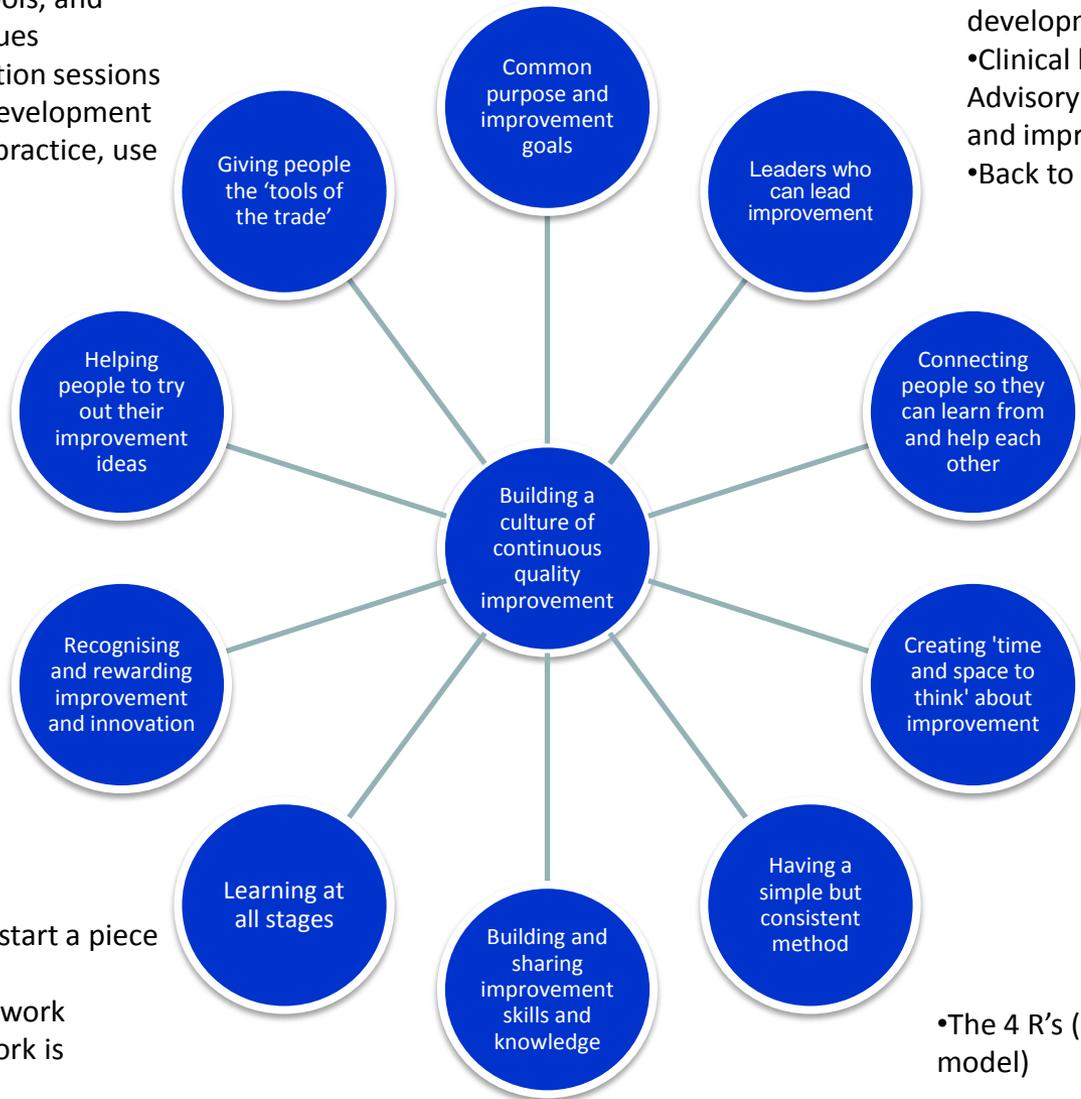
- Trust Strategy
- 3 improvement goals

- Leadership skills and development
- Clinical leaders and Clinical Advisory Board role in innovation and improvement
- Back to the floor exercises

- Encouraging ideas generation and risk taking
- Innovation sessions
- Advice surgeries
- Support and facilitation
- Productives programme

- Reward schemes
- Celebration events
- Success of the month
- Flop of the month

- Learn before you start a piece of work
- Learn during the work
- Learn after the work is completed



- Support networks
- Delivery networks
- Peer assists
- Team working as the norm

- Rapid improvement events (half an hour to three days)
- Advice surgeries
- Networks
- Share and learn events

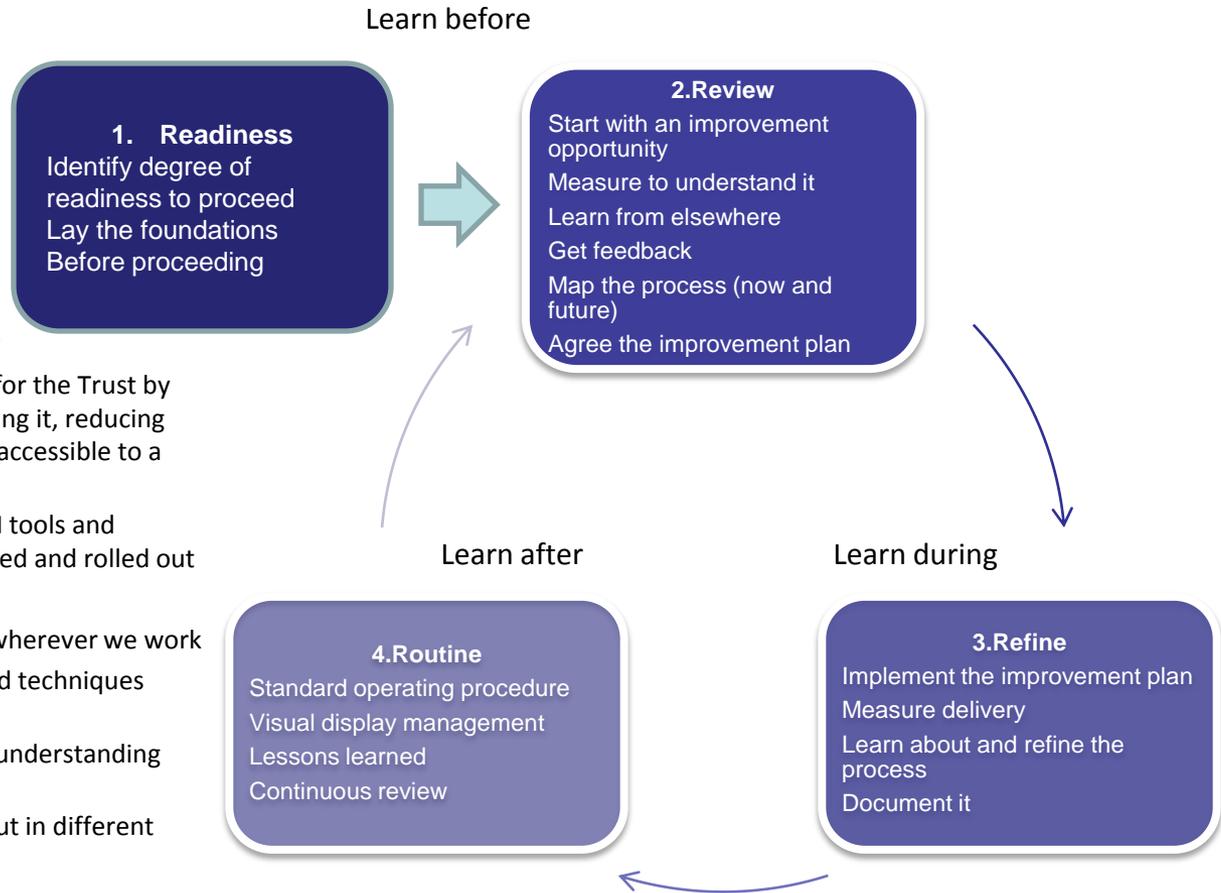
•The 4 R's (our LEAN model)

- Competency framework
- Service improvement skills development programme
- Intranet library of resources and sources

Some of the practical approaches we will take...The Oxford Health Way

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Our LEAN improvement model – the ‘4 R’s’



Where does this come from?

- Builds on existing LEAN model developed for the Trust by external consultants during 2010, simplifying it, reducing jargon and making it more applicable and accessible to a wider group of staff
- Underpinned by a range of standard LEAN tools and techniques for each stage which can be used and rolled out

Why have a single model?

- We can all understand it and can apply it wherever we work
- We can develop skills in using the tools and techniques because they become familiar
- We have a common language, which aids understanding and practice
- It keeps things simple and can be rolled out in different degrees of detail according to need
- It becomes ‘the Oxford Health Way’
- *Note: Royal Bolton Hospitals NHS FT have developed their approach – ‘Bolton Improving Care System’ over a number of years. This is one example of an organisation-wide approach. Ref:*

<http://www.boltonhospitals.nhs.uk/bics/default.html>

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Why build networks?..... We are all about people!

- Our primary purpose of networking is to improve quality and drive performance improvement
- We want to give people across the organisation, whatever their role or area of work, the opportunity to **connect** with each other to **share** ideas for improving the way we work, **learn** from each other, seek **help** or provide assistance in order to **solve** problems and **improve** quality
- This doesn't always need to be face to face, in a meeting, although there are huge benefits to be gained from giving people a bit of 'time out' to work with different people on topics of interest and solve problems
- We want to use all the means of communication available to us to help us build networks of people across the organisation
- This is one way of maximising the use of our most valuable resource – us – and of reducing silos and duplication
- There are two types of networks we can establish:
 - Support networks – people who come together to share ideas, knowledge and learning and seek or provide assistance to each other
 - Delivery networks – people who come together to deliver a particular goal or project

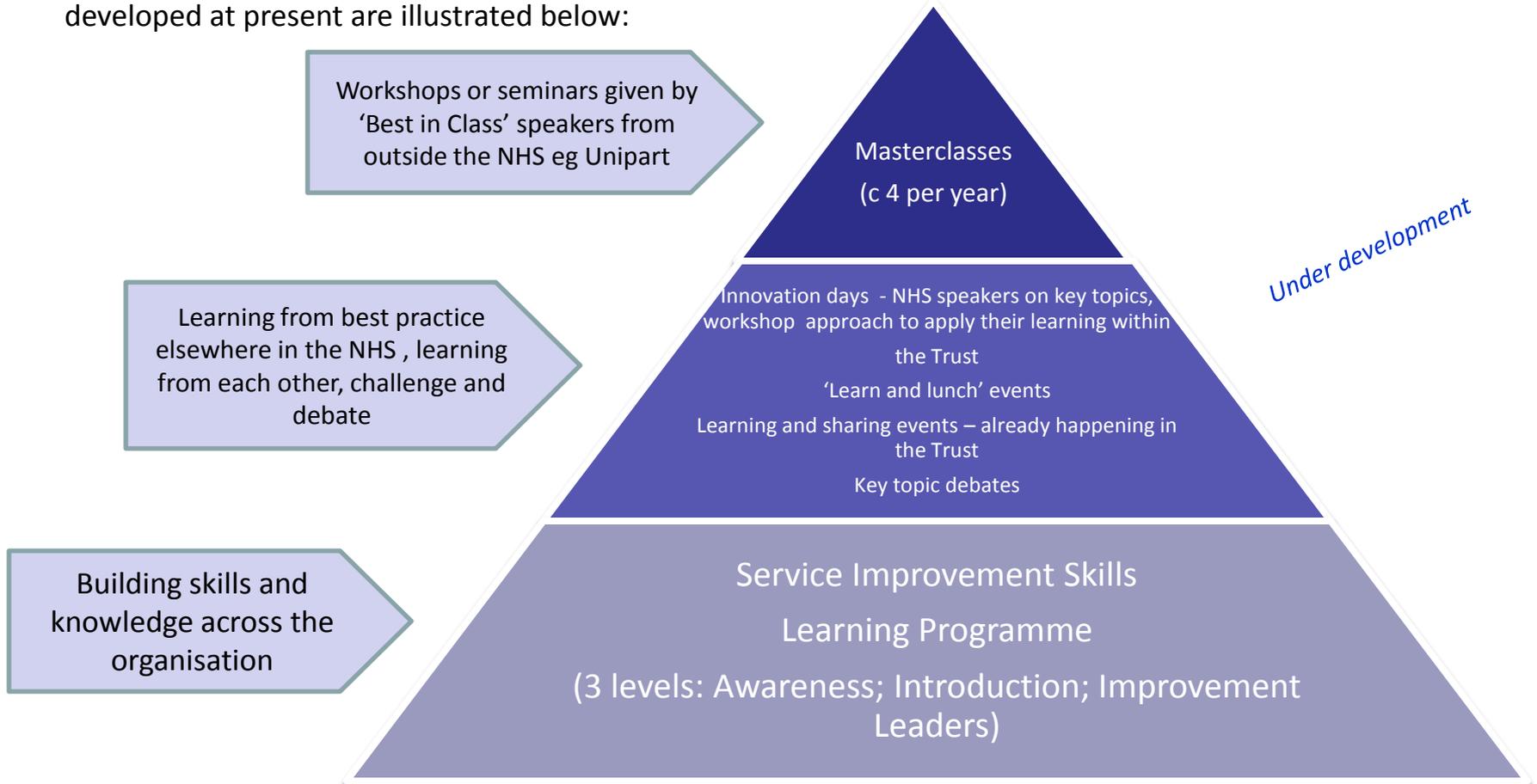


First two networks to go live Summer 2011 – start small and build; networks need to meet a defined need.

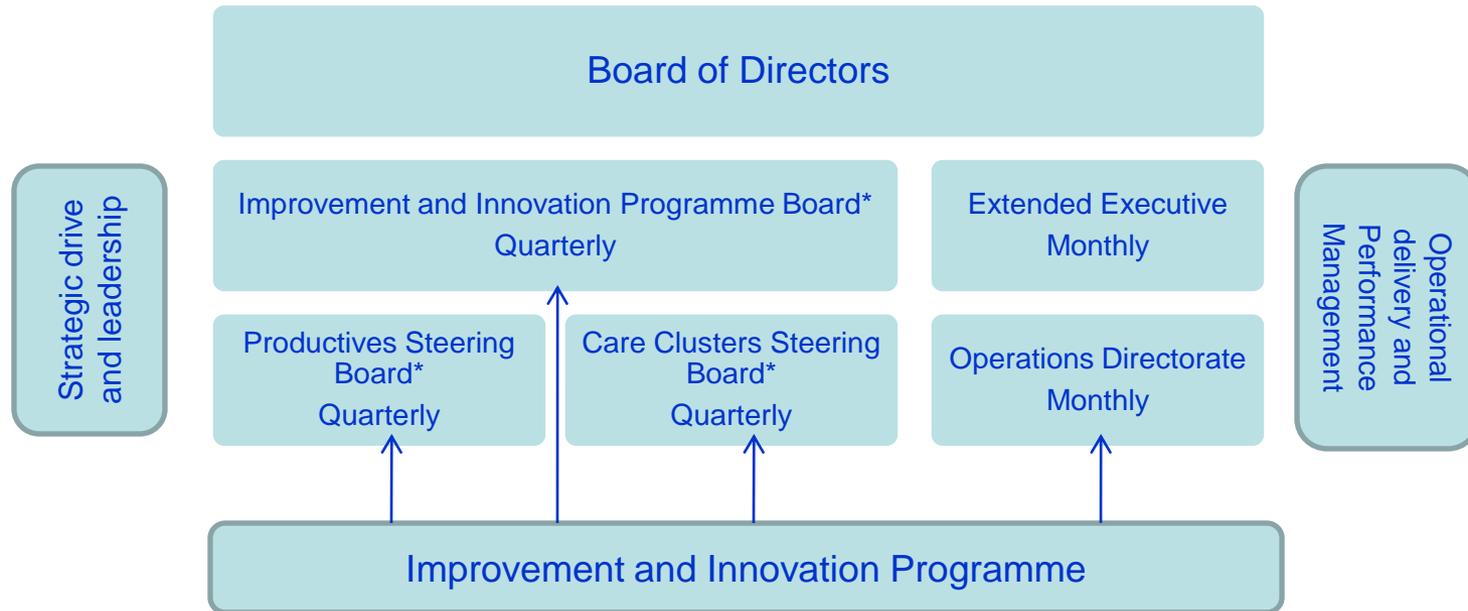
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Developing Service Improvement Skills

A number of coordinated but consistent approaches will be introduced with the aim of building appetite, interest, skills, knowledge and confidence in service improvement and embedding the *Oxford Health Way* across the organisation. This model is under development, some of the suggested approaches being developed at present are illustrated below:



Governing the Improvement and Innovation programme



Following feedback from the May Board and further discussion it is proposed that a quarterly Improvement and Innovation Programme Board is established in addition to existing groups in order to maintain strong Board level leadership and strategic drive for the programme. The groups highlighted with * indicate groups that will have NED involvement. Individual Steering Boards for programmes of work (Productives/Care Clusters) ensure active drive and focus on delivery for long term, complex programmes. Performance management and reporting on delivery of all schemes covered in the programme continues monthly via Operations Directorate performance meeting and Extended Executive meeting. **Board are asked to support this proposal.**

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Improvement and Innovation Programme Board

Purpose

To provide strategic leadership and drive for the programme as a whole.

To ensure that the programme delivers against core organisational priorities and improvement requirements.

To ensure that the programme aligns with, supports and contributes to delivery of the Trust's Strategy and Organisational Development plans.

To provide a forum for challenge, debate, development and enhancement of the programme.

To provide a forum for escalation of issues.

Membership

Martin Howells (Chair)

Lynn Williams

David Bradley

Graeme Armitage

Stephen Cass

Clive Meux

Sharon Fennell

Divisional Director tbc

Clinical operational lead tbc

Staff representative tbc

Patient representative tbc

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Appendix:

Current work programme as at 21/6/11

Note: under development

Improvement & Innovation

Programme Critical Milestones

-  = Milestone at risk of slippage
-  = Milestone that has / will slip
-  = Programme Milestone
-  = Completed Project/Programme Milestone
-  = Critical Dependency

Improvement Goal 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

Projects	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sept 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	FY 12/13	FY 13/14					
Productive Ward / MH Ward Links to benefit SB65	CH Admissions/discharges launched	Establish steering board			CH Handovers launched 22 nd MH ward launched Highfield launched			Start handover to mainstreaming in community hospitals Celebration event		Formal programme completed	13 BITNVQ students to complete programme by Dec 2011	Mar 13							
Productive Community Services Links to benefit SB 66	Launch MSK/podiatry/C&SH/DN teams Banbury/Wantage/Didcot				All CMHTs now live			Launch Offender health/CCN / MIUS, Witney DN teams / Children therapies		Formal programme completed		Mar 13							
Care Clustering	Establish steering board			100% clinicians trained by end June 60% patients clustered by end June		90% pts clustered by end August		Care package pilot starts		100% pts clustered by end Dec		Roll out care packages							
Redesign of shift system (Forensic)	New request, being scoped																		
Review of inpatient clinical workforce (Adult/Older Adult MH)	Scope agreed and signed off		Tabletop review			Staff engagement		Ward visits		Present findings		Develop establishments		Implementation plan signed off		Implementation		End stage report	
Urgent Care Service improvements	New request, being scoped																		
LIPS programme support	New request, being scoped																		
E-Rostering project support	New request, being scoped																		
Reducing DTOC (Community)	New request, being scoped																		

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Improvement & Innovation

Programme Critical Milestones

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Improvement Goal 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
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Projects	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sept 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	FY 12/13	FY 13/14
Development of integrated older peoples' services								Agree workplan		 → 	Deliver workplan (detail to be added)			
Section 75 review (Oxon)				 Board agreement	 Review meeting (JMG)			Develop new agreement			Final agreement in place			
Section 75 review (Bucks)										Agree timetable and process (detailed plan to follow thereafter)				
Supporting GP engagement / networking with clinical services	New request, being scoped													
Supporting development of LTC model of care	New request, being scoped													
Supporting medicines management initiatives <i>Links to benefit SB26</i>	New request, being scoped													
Project support to Action on Health Visiting programme	New request, being scoped													

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Improvement & Innovation

Programme Critical Milestones

-  = Milestone at risk of slippage
-  = Milestone that has / will slip
-  = Programme Milestone
-  = Completed Project/Programme Milestone
-  = Critical Dependency

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

Projects	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sept 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	FY 12/13	FY 13/14
Purchase to pay procurement review														
Review of finance reporting processes	Agree scope													
Review of HR casework processes			Agree scope											
Delivery of emergency planning and business continuity workplan	MEP and BCMP approved Execs approval for work programme													
Review of on call arrangements	Approval to proceed/scope agreed by Execs													

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Improvement & Innovation

Programme Critical Milestones

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-  = Completed Project/Programme Milestone
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Improvement Goal 3: Building energy, momentum and sharing skills and knowledge for service improvement and innovation across the organisation.

Projects	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sept 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	FY 12/13	FY 13/14	
Improve communications and engagement with the programme		Produce comms plan 		 Launch new intranet site		 Launch e-newsletter									
	Board support for programme 		Re-brand team / programme 	 Board update											
Build improvement skills and knowledge						Develop competency framework						Review Yr 1 service improvement skills programme 		Yr 3 service improvement skills 	
	Develop service improvement skills programme					 Launch service improvement skills programme						Yr 2 service improvement skills programme 		Yr 3 service improvement skills 	
	Plan masterclasses programme					 masterclass		 masterclass		 masterclass		 masterclass			
							 Innovation day		 Innovation day		 Innovation day		 Innovation day		
Build networks	Develop model and briefing pack 		 Launch improvement network			 Launch Productives network									
	Test and seek feedback 							Launch other networks as required 							
Develop the 4R model				Draft 1 		Draft 2 		Final 							

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