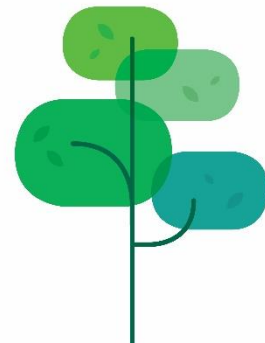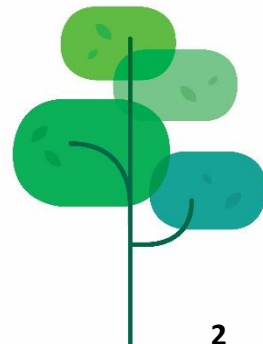Sherwood Forest Hospitals NHS Foundation Trust
The First Six Months of the Improvement Faculty
Council of Governors Meeting 14th November 2023

Progress of the Improvement Faculty

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- The Improvement Faculty was launched on 4th May 2023. It is just over 6 months old.

- It is a centrally located, single point of contact for all colleagues and teams seeking help and advice on any aspect of improvement, change management and transformation. Our overarching aims are to:
  a. Improve the quality of patient care and the experience of those who use our services;
  b. Improve clinical outcomes;
  c. Improve the working lives of our colleagues; and
  d. Help us to make best use of our resources.

- We offer help, advice, training and, where required, coordinated support. We will provide an evidence-based improvement offer that will help the Trust to embrace the cultural aspects of improvement, address the immediate priorities and help us plan for longer-term challenges. Our aim is to create a centre of excellence.

- Our work will be underpinned by the following guiding principles:

  Principle 1 - Everything we do will be grounded in evidence, both in terms of what we're hoping to achieve but also the way in which we will achieve it. Our priority will be to improve the quality of patient care and improve patient safety (including application of the Patient Safety Incident Response Framework).

  Principle 2 - We will offer a responsive service that provides the right level of support alongside the right level of expertise.

  Principle 3 - The faculty will help to embed the principle of quality improvement being the driver for change. Get the quality right and financial improvement will follow.

  Principle 4 - The Faculty will evolve in line with organisational needs. We will actively encourage feedback, Comments and suggestions from all areas of the Trust and we will continuously seek examples of best practice.

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Pillar 1 - Improving Capability, Engagement and Culture – Building 'The Sherwood Way'	Pillar 2 - Evaluating New Ideas and Providing Solutions
1. We will develop and deliver a structured training programme, accessible by all colleagues across the Trust which will include: • QSIR Fundamentals and QSIR Practitioner • QI Module - Clinical Leadership Development • QI Module - Team Leader Development • Joint QI/Project Management Training • Human Factor training • Clinical Audit training • Creativity in Improvement Sessions	1. We will provide and host an 'open-access' Improvement Hub, where colleagues from across the Trust can seek advice, share ideas and discuss any aspect of Improvement activity.
2. We will coordinate Alumni activity, including the development of local QI networks, the provision of refresher sessions, online sources of support and coaching/support sessions.	2. We will coordinate a fortnightly multi-professional forum whose role it will be to assess, evaluate and determine the viability of improvement ideas and propositions. This will be undertaken utilising data, intelligence and decision support tools.
3. We will introduce the QI Coach role; aimed at further embedding improvement activity and culture across the Trust. This role will help establish a systematic approach to tackling complex problems by focusing on outcomes and by encouraging everyone to contribute to the way in which we improve and redesign the way that care is provided.	3. Depending on the outcome of the evaluation; a package of support will be offered ranging from a fully 'coordinated' offer through to online sources of help and support.
4. We will develop and continuously review online sources of help and support; including self-help documentation.	4. We will offer expert advice (and support) in relation to a wide range of improvement tools including (but not limited to): • Problem identification • Stakeholder management • Process mapping • Measurement for improvement • Demand and capacity management • Creative thinking • Supporting people through change
5. We will continue to ensure that Improvement Activity at all levels is communicated across the Trust and that successes are celebrated and that lessons are learnt from less successful projects.	5. We will provide benchmarking information, comparative data and costing information as required.

4

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Pillar 3 - Programme and Project Delivery

1. We will where required provide programme, project, service improvement and change management expertise and support. We will also offer advice where 'coordinated' support is not needed.

2. We will coordinate the involvement of all 'partner services' including (but not limited to) Digital, OD, Research and Innovation, Library and Knowledge Services and Patient Safety and Governance.

3. For 'coordinated' support we will develop a milestone plan, coordinate structured progress reviews and initiate corrective action (where required). We will also monitor and help manage risks, issues and dependencies.

4. We will help to develop a benefits realisation plan which will improve the delivery of intended benefits and also ensure that resources are allocated correctly and most effectively.

5. We will develop a 'responsibility charting' tool, to ensure everyone involved in delivery is clear about their roles and responsibilities.

Pillar 4 - Programme Monitoring, Evaluation and Assurance

1. We will provide expert advice and assistance with regards:
- The development of a balanced scorecard
- Modelling and simulation
- Performance management (tools and techniques)
- The delivery of PDSA cycles and the model for improvement
- Statistical Process Control (SPC)
- Identifying and managing variation

2. We will provide expert advice and where required 'hands on' support in relation to assessing the quality impact of projects and programmes.
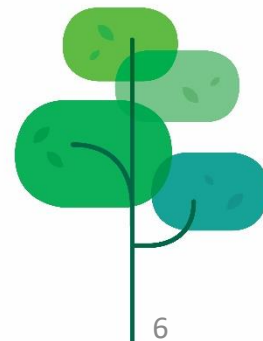
3. For those programmes that require 'coordinated' support, we will assist with the production of 'Flash Reports' and ensure that they are presented to the appropriate committee.

4. We will provide expert assistance in the monitoring of and evaluation of benefits realisation. For programmes that require 'coordinated' support we will undertake a full programme closure evaluation.
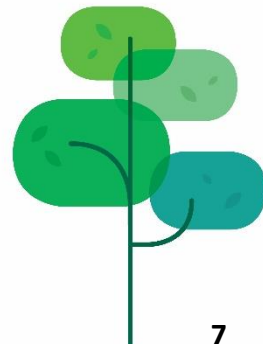
5. We will ensure that patients are involved in every aspect of the Faculties work, including the evaluation of benefits.

6. We will ensure that we share learning and celebrate success.

1. As well as the Improvement Faculty 'Core Teams', we have also brought together a multitude of other partner services (for whom Improvement was part of their role) **through the establishment of a multi-professional 'Improvement Advisory Group'**.
2. We currently **support 11 major Transformational Programmes** (which includes 3 capital programmes), **deliver 7 different training programmes** (including contributing to the system wide QSIR practitioner programme), **support every division** in the delivery of financial improvement and since the Faculty was launched **have responded to an additional 60+ requests for support**.
3. We have **launched a 'Live' newsletter**, which includes an 'In Conversation With' section. So far, we've had a session with David Ainsworth (Director of Strategy and Partnerships), Jen Leah (Deputy CFO), the Library and Knowledge Services Team and Alison Steel (Head of Research and Innovation).
4. We have **launched an Improvement Ambassador Award**. There have been three winners so far:
   a. Sue Jackson and Abbey Holland (Nursing Colleagues on SAU) for a project they undertook aimed at reducing paracetamol prescribing; and
   b. Hannah Anthony (Specialist Physio at MCH) for her contribution to the MCH Neurological Outpatients Therapy Goal Attainment Scale Audit.
5. We have **established a regular Knowledge Sharing session**, where members of the team and partners are encouraged to share a specific area which will be of interest to the wider team. So far, we've had sessions on research and innovation, patient safety, the Six Thinking Hats Model and how to get the most out of Data, benchmarking and analytics.
6. We have **commenced a series of 'road shows'** ensuring that we have a regular presence on every site.
7. We are about to launch our **Continuous Quality Improvement Strategy** (see slide 6), which will clearly articulate our aspirations of being an organisation that is underpinned by a process of continuous quality improvement which is embedded at every level of the organisation.
1. The next step on our 'evolutionary journey' is to **establish several clinical leadership roles within the Faculty** (medical, nursing and AHPs). This will undoubtedly help with engagement, the cultural aspects of our work plan and expanding the already wide skill set available to the wider organisation.

Outcomes of NHS Impact Self-Assessment Exercise

Outcomes of Self-Assessment Tool

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| Question	Score	Definition
1. Board and executives setting the shared purpose and vision.	Starting	We are starting to develop a shared vision aligned to our improvement methodology, although only known by a few and not lived by our Board. Our organisational goals are not yet aligned with the vision and purpose in a single, strategic plan.
2. Improvement work aligned to organisational priorities.	Starting	Our organisational purpose, vision, values and strategic priorities are in development, but not yet widely communicated to staff. Organisational goals are yet to be defined in a way that enables them to be cascaded to all our teams.
3. Co-design and collaborate - celebrate and share successes.	Starting	We are at the early stages of working out what quality or continuous improvement means in our context and how we will apply it systematically. So far engagement has been largely focused on senior leadership.
4. Lived experience driving this work (patients, staff, communities.	Starting	There is an aspiration or stated commitment to engage people using services, unpaid carers, staff and the community in further design of our shared purpose and vision, but it is not yet fully worked through or systematic.
5. Pay attention to the culture of improvement.	Starting	There is an aspiration or stated commitment at Board level to establish an improvement culture, but it is yet to be worked through even at Board and Executive level.
6. What matters to staff, people using services and carers.	Starting	Our ways of understanding what matters most to staff, people using services and unpaid carers tend to be reliant on formal mechanisms (e.g. surveys) and the link to improvement is not strong or systematic.

Outcomes of Self-Assessment Tool

| Question	Score	Definition
7. Enabling staff through a coaching style of leadership.	Developing	There is an organisational endorsement of a coaching-style of leadership, but it is not applied systematically (e.g. through leadership training). There are some good examples of how a coaching-based approach can bring about improvement, and this is increasingly recognised and encouraged. Staff are often supported to make changes when doing improvement activities.
8. Enabling staff to make improvements.	Developing	Some staff and teams feel able to make improvements (e.g. if they have been trained or are supported by a central team). There may be learning locally but it is generally not shared across teams and departments.
9. Leadership and management development strategy.	Starting	Our Board, senior leaders and line managers are not yet trained in a consistent and defined improvement approach which they are expected to apply and role model.
10. Leadership and management values and behaviours.	Developing	Leadership values and behaviours are agreed across our organisation.
11. Leadership and management acting in partnership.	Developing	Most of our leaders work in partnership with their fellow leaders and managers.
12. Board development to empower collective improvement leadership.	Starting	Our Board discusses improvement at Board meetings, but it is not a regular occurrence.
13. 'Go and see' visits.	Starting	Some senior leaders spend time on the 'shop floor' from time to time to engage directly with staff and teams but it is not routine or widely practiced.

Outcomes of Self-Assessment Tool

Question	Score	Definition
14. Improvement capacity and capability building strategy.	Starting	We do not have a structured training or capability building approach for improvement skills. Training is ad hoc and focused on small central teams. We have some use of external resources.
15. Clear improvement methodology training and support.	Starting	No single improvement methodology has been adopted and only limited sharing of improvement gains/learning is cascaded beyond the immediate area where improvement is underway.
16. Improvements measured with data and feedback.	Starting	Our organisational approach to reviewing and tracking progress against goals has yet to be defined, at present improvement doesn't feature in whole organisational measures.
17. Co-production.	Starting	We have small discrete teams with relevant skills operating independently from one another labelled as clinical governance, service development, clinical audit or transformation, that are working in silos reporting to various directors with no lived experience partners co-producing improvement.
18. Staff attend daily huddles.	Starting	Any huddles are only traditional shift change clinical handovers.
19. Aligned goals.	Developing	Our department goals may involve up or downstream departments; we do not share improvement planning across departments. Our business planning is an activity conducted at board and senior leadership level to produce goals that are cascaded top-down to the rest of the organisation.

Outcomes of Self-Assessment Tool

Question	Score	Definition
20. Planning and understanding status.	Developing	Our business planning and performance management processes give the Board and senior managers reasonable visibility of status and progress against our goals. There are some routines for selecting and prioritising improvement work. Although we have some resource available there is no defined process for prioritising and allocating resource.
21. Responding to local, system and national priorities.	Starting	We do not yet have a coordinated or consistent management approach to how we respond to changing needs, address problems or deliver against our plans. Instead, it is perceived as reactive or firefighting.
22. Integrating improvement into everything we do.	Starting	Improvement is seen as separate to the day-to-day delivery of services. Our performance management system is seen as separate from any improvement activity or methods we apply and may be sending conflicting signals within the organisation.
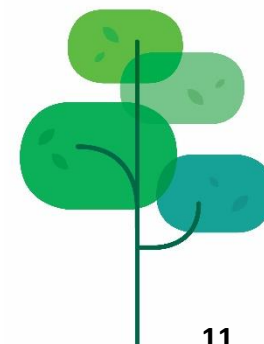
# Continuous Quality Improvement Strategy - Development
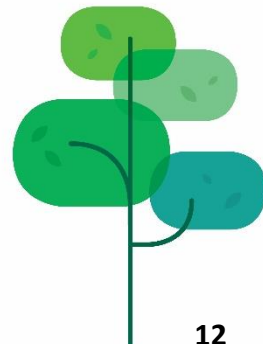
Purpose
- To reinforce our commitment to continuously learning and improving.
- To outline how we will deliver safe person-centred care to our citizens and support our colleagues by providing the best possible practice environment.
- To describe how we will collaborate with colleagues across the health and social care system in Nottinghamshire.
- To help us achieve sustainability as an organisation. It is only by becoming sustainable that we will then be able to go on to innovate, improve and thrive as an organisation and achieve our aim of **providing Outstanding Care, given by Compassionate People leading to Healthier Communities**.

Our Vision
Our vision is to create an open and transparent culture where colleagues feel able to report incidents and speak up about concerns. We will listen and learn from these events collectively through shared governance and quality improvement. We will be recognised as a centre of excellence for learning and continuous quality improvement that is clinically led. This will be reflected via delivery of the strategy, underpinned by a commitment to embedding Quality Improvement skills and methodology across the Trust. **This is the Sherwood Way**.
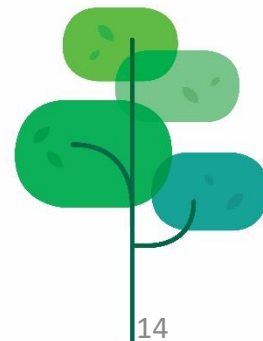
Our Aims
1. **Building a shared purpose and vision -** The Board will set our ambition, provide direction, and allocate resources to develop an organisation-wide system and culture for continuous improvement. People at all levels across the organisation will align their work to this shared purpose.
2. **Investing in people and culture -** We will set the expectation that all colleagues will have a common understanding of improvement, that it is a priority for the organisation and that they will be supported to make improvements in their own area of work. We will engage with our people and those with lived experience to design and implement improvements based on what matters to them.
3. **Developing leadership behaviours -** We will have a clear leadership and management development strategy in place, outlining capability requirements and access to training.
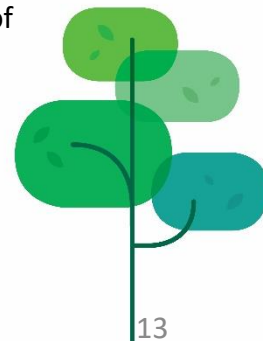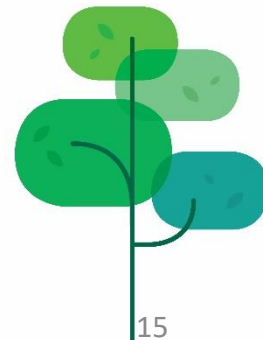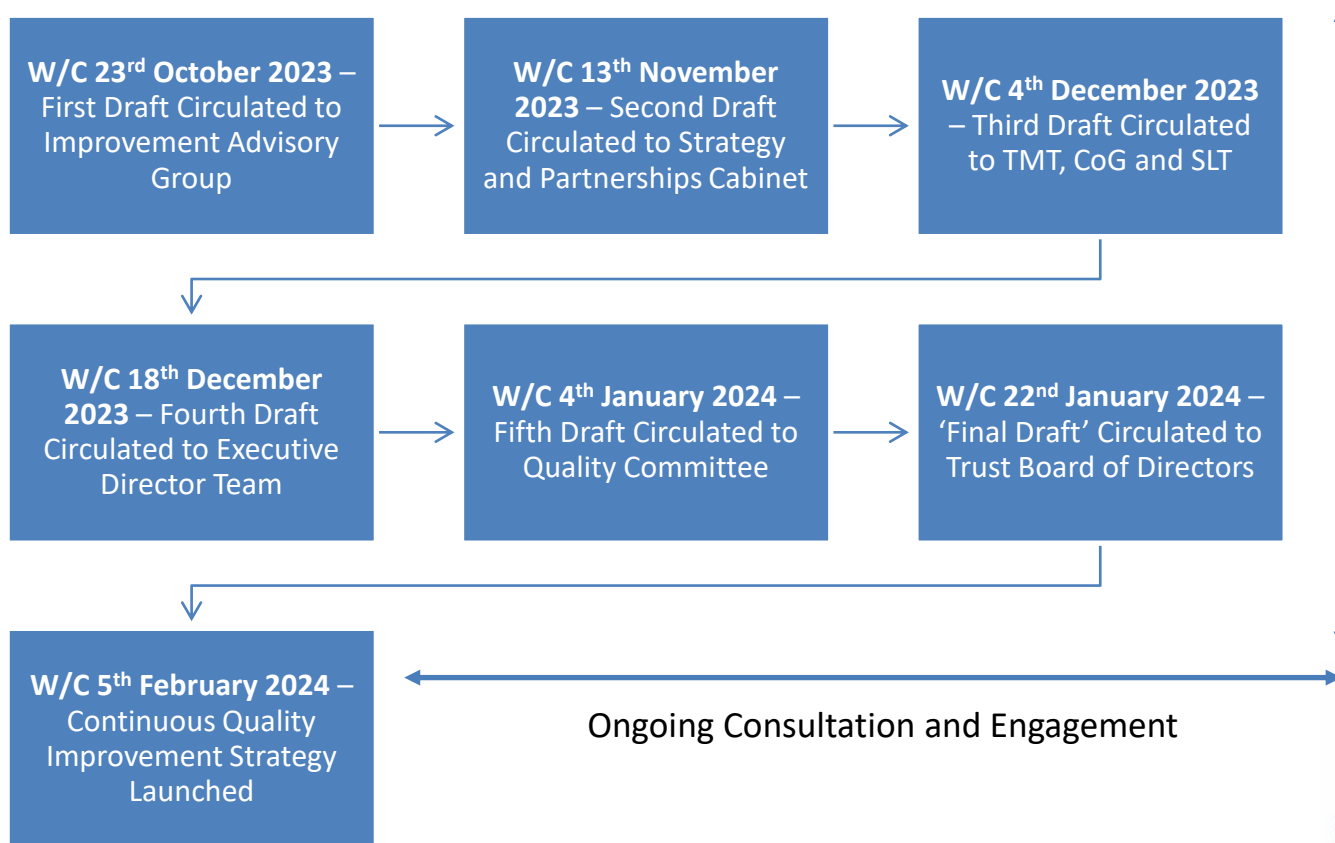
Our Aims (Cont.)

4. **Building improvement capability and capacity** - We will identify and promote an improvement methodology to use across our entire organisation, ensuring a local and systemic way of practising improvement. In addition, we will give all our people access to induction, improvement training and support, so that everyone can run improvement projects and continuously improve their daily work.

5. **Embedding into management systems and processes -** We will develop a management system that aligns with the strategy, vision and purpose of our organisation at Board level and across all services and functions. The management system will help us to embed a standard way of operating that enables ongoing continuous improvement of access, delivery, quality, experience, value and outcomes whilst ensuring financial sustainability.

Timeline

W/C 23rd October 2023 – First Draft Circulated to Improvement Advisory Group	**W/C 13th November 2023** – Second Draft Circulated to Strategy and Partnerships Cabinet	**W/C 4th December 2023** – Third Draft Circulated to TMT, CoG and SLT
W/C 18th December 2023 – Fourth Draft Circulated to Executive Director Team	**W/C 4th January 2024** – Fifth Draft Circulated to Quality Committee	**W/C 22nd January 2024** – 'Final Draft' Circulated to Trust Board of Directors

W/C 5th February 2024 – Continuous Quality Improvement Strategy Launched

Ongoing Consultation and Engagement

15

The First Six Months of the Improvement Faculty – **Contact Us**

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