

## Board of Directors (in Public)

### Item 3.3\*

**Subject:** Service Improvement Strategy Progress Report  
**Date of meeting:** Tuesday 24<sup>th</sup> November 2020  
**Prepared by:** Jane O'Neill, Interim Senior Improvement Lead  
**Presented by:** Hayley Kendall, Chief Operating Officer  
**Purpose:** To Note

BAF Reference	Impact on BAF
AQ1-AQ6	Assurance on progress of new Improvement Framework

#### 1. Executive Summary

A new Improvement Framework was presented to the Board of Directors in November 2019 that outlined a new focus on improvement in the Trust with a key objective to develop and embed a culture for improvement and a back to basics model to enable Trust staff to deliver improvements at a local level. This paper provides an update and supporting information on the previously presented framework.

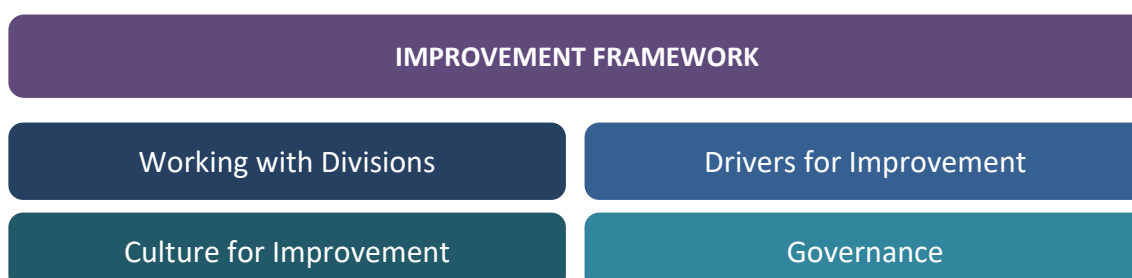
To maintain the CQC rating of Outstanding, the Trust must strive to continuously improve its offer for patients, families and staff. To support this, the Trust must build a culture for improvement and ensure that improvement methodologies are optimised and robust monitoring is in place to quantify what is being delivered. Improvement should be fully integrated into the operational business of the Trust; this is what the Trust's Improvement Framework is based around.

The strong foundations that were in place have been optimised through the application of more hands-on support and applied methodology offered to the Divisions, as well as an enhanced offer of training and online resources to the entire organisation. Improvement must drive value back to the organisation and this has been demonstrated through the application of the original framework and the key workstreams in progress with the Divisions.

The Board of Directors is asked to note the progress made and receive future updates as required.

#### 2. Context

The use of improvement methodology as an enabler for achieving the LHCH vision and supporting all its challenges is key. It is vital that improvement methodology becomes an integral part of how the Trust works and thinks. In order to do this an updated Improvement Framework is being implemented – see Figure 1 below:



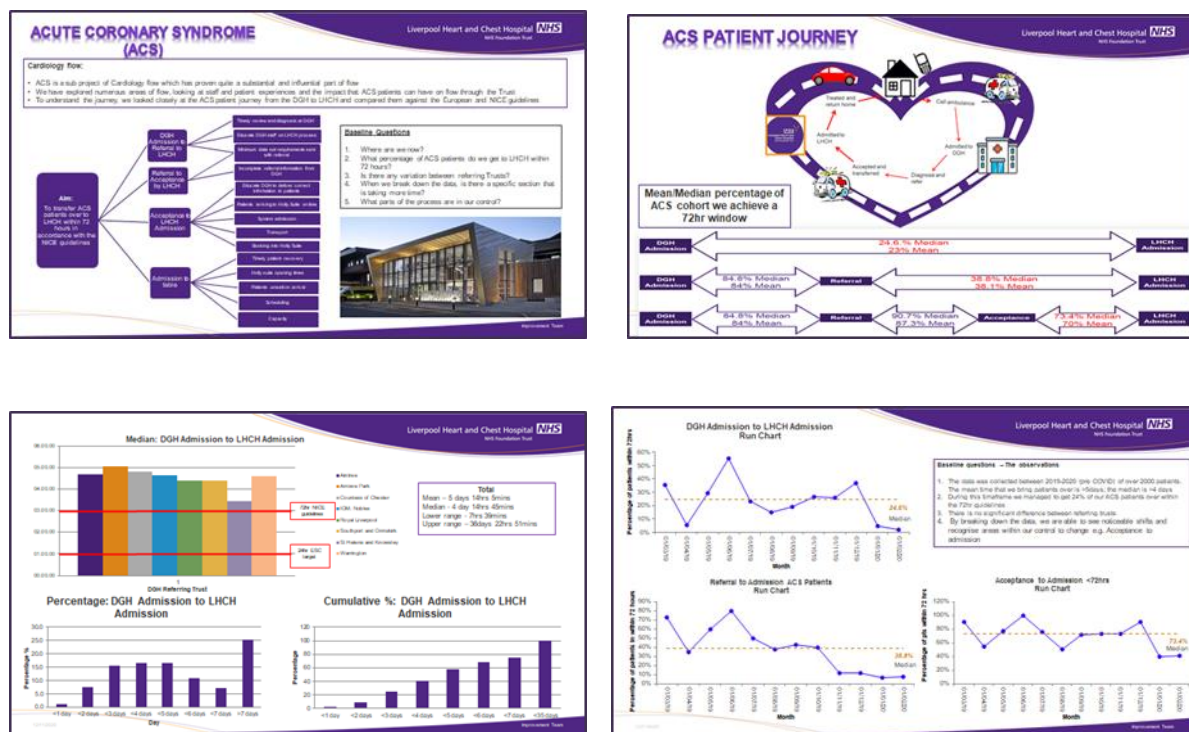
### 3. Working with Divisions

The shift to working hands-on in the Divisions has gone well. The Improvement Team has been providing support within the operational units by applying improvement methodology to key priorities for the DHOO's and DHONs. Baseline data analysis is being undertaken by the Improvement Team for data that is not normally available to the Divisions (either from system downloads or from actual manual collection).

Progress updates and data presentation are given regularly in the form of action plans and power-point presentations to ensure all information is shared appropriately with the teams.

A progress update on current divisional improvement priorities is shown at Appendix 1 and shows real operational improvement priorities and that are being focussed on at present.

A demonstration of the impact the Improvement Team can have within a Division is on Cardiology Flow – ACS. As a result of the facilitation, process mapping, shadowing and data analysis undertaken by the team, the Clinical Lead was able to present clear recommendations for action to improve the ACS pathway to the Senior Leaders Group in October 2020:



### IMPACT OF IMPROVEMENT

- ACS Coordinator to educate DGHs & facilitate patient transfer
- Data set that was previously unavailable
- Data highlights the delays in the process
- Accelerated Transfer Pilot for RLUFHT / Aintree
- Supporting Winter Planning
- ...more to come

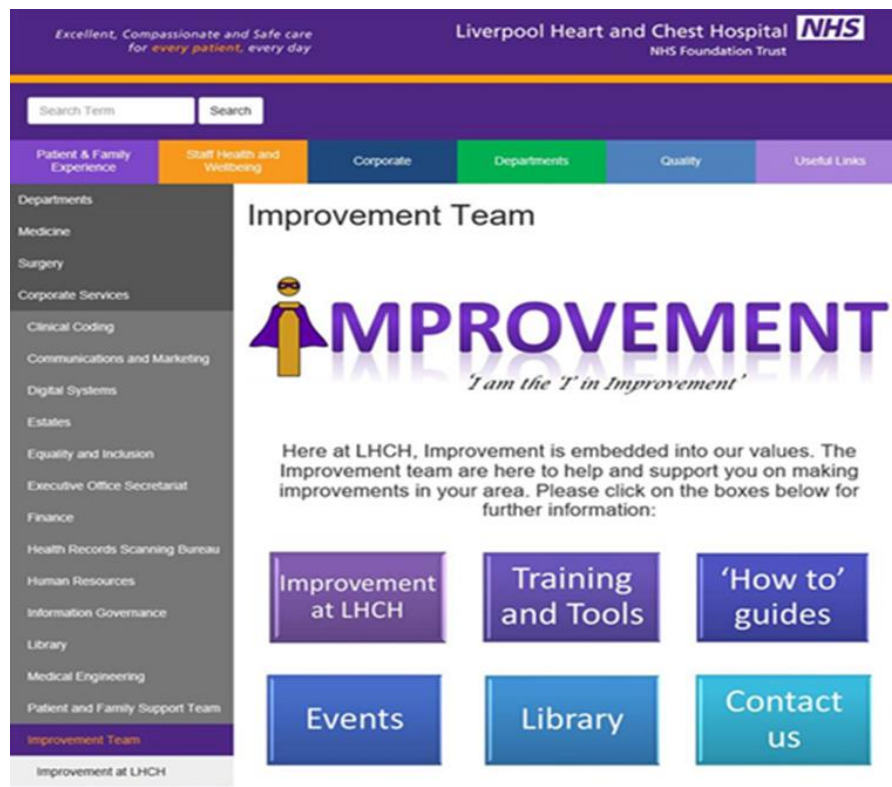
## 4. Culture for Improvement

In order for the Trust to harness the improvement capability of every member of staff it is vital that they have access to appropriate training and resources. As well as providing hands-on support the team are developing access to 'virtual' improvement resources through the LHCH intranet site. These will include:

- Bitesize Training – brief introduction to key improvement tools
- Case Studies / Examples – where the improvement tools have been used in real situations
- Templates – for use by any staff when undertaking improvement (e.g A3 templates etc)
- Links – to improvement organisations, internet sites, networks

More formalised training for those staff interested in becoming an Improvement Champion will also be available. More regular updates will be posted to the Improvement Wall (top of cardiac hill) and the Executive Improvement Wall (A3) – these will be driven by improvement projects from Divisions and also an 'improvement tool of the month'.

The front page of the new improvement intranet pages can be seen below:



It is also important that LHCH continues to share and learn from its peers and neighbours, therefore the team are building networks with local and regional improvement colleagues – in particular the Specialist Trust Alliance.

## 5. Drivers for Improvement

As well as enabling individuals to use improvement methodology on smaller, local priorities, the Improvement Team need to concentrate their expertise on improvement projects that will add the most value back into the organisation. There are a number of drivers for this:

- **Divisional priorities**  
These include cost, quality and performance improvement projects as requested by the Divisions. In addition to this the team are becoming involved with the Outpatient Improvement Group and also the Theatre Improvement Group reviewing services post Covid.

- **Corporate priorities**

These will most likely be similar to above, although larger corporate (cross-divisional) projects may come out of benchmarking. A significant piece of work is well underway reviewing administration services across clinical areas.

- **Benchmarking**

The use of benchmarking data from Model Hospital, NCBC, GIRFT etc will increasingly be used to drive a focus for improvement where appropriate and has been utilised in the CIP planning workshops already undertaken across the Trust.

- **Patients**

The team will be actively seeking opportunities to support improvements that are requested by or directly support patient care (via complaints, Datix reports etc)

## **6. Governance**

To ensure sustainability and provide assurance that improvement at LHCH continues to add value back into the organisation it is vital that the team measure what they do and report on progress regularly. The Improvement Team has rationalised/minimised meetings which has been effective in getting traction within the Divisions focussing on “hands on” improvement.

Reporting on benefits and outcomes in terms of Quality, Cost and Delivery (Q,C,D) will ultimately lead to a better understanding of the things that work and also the value of using improvement methodology.

## **7. Next Steps**

- Where appropriate (due to Covid 19) continue to progress with Divisional priorities
- Roll out of improvement intranet site
- Transfer of Bitesize training to online/digital platform (including Twitter)
- Further development of virtual Improvement Champions
- Continuation of local and regional networking
- Integration of benchmarking priorities into improvement priorities
- Development of a patient responsiveness plan
- Management of ongoing work-plan around redeployment of team members to support COVID response

## **8. Conclusions**

The progress of the Improvement Framework will enable improvement methodology to become an integral part of the culture at LHCH and good progress has been made during Covid in integrating improvement into a number of major reviews of services. It will facilitate measurable improvements for LHCH using an evidence-based methodology. It will harness the improvement capability of every member of staff in the organisation, rather than purely relying on a small team to deliver this. It will also ensure that best practice and patients are at the heart of what they do.

## **9. Recommendation**

The Board of Directors is asked to note the progress made in implementing the new Improvement Framework across the organisation.

## Appendix 1 - Improvement Framework Progress November 2020

Division	Project	Lead	Aim	Progress
Medicine	Cardiology Flow	Jonathan Matthews/Julie Roy/ Jeanette Broome/ Dr Clare Appleby	To improve flow/throughput for cardiology patients.	<ul style="list-style-type: none"> <li>Identified 7 priority areas: ACS; Cath lab scheduling; Overnight stays; Birch discharge lounge; Communication; Discharge planning/TTO's; Telemetry.</li> <li>Stakeholders engaged</li> <li>Analysed baselines / data &amp; observed processes.</li> <li>Recommendations have been presented for ACS pathway by Dr Clare Appleby *</li> <li>Contributed to new accelerated acceptance &amp; transfer system for ACS patients (winter planning)</li> </ul>
Clinical Services	Outpatients	Stephen Colfar / Annie Joseph	To increase outpatient clinic capacity to pre COVID levels of ~250 patients per day	<ul style="list-style-type: none"> <li>Investigated capacity &amp; demand modelling, utilisation (incl. virtual clinics), flow, safety etc of outpatients in new normal.</li> <li>Analysed baseline measures <ul style="list-style-type: none"> <li>To review patient clinic journeys through outpatients</li> <li>Activity through outpatients: scheduled v actual face to face appointments</li> <li>Review waiting room capacity</li> <li>Highlight opportunities to increase activity (COVID safe)</li> </ul> </li> <li>Updating baselines for '2nd Wave'. Working to Stephen Baily.</li> </ul>
Surgery	Admin Review	Stephen Baily	To undertake a review of all service lines within administration services structures	<ul style="list-style-type: none"> <li>Process mapped all specialty booking / admin processes</li> <li>Engagement and involvement with the relevant key stakeholders</li> <li>Analysis of baseline data re: demand &amp; capacity</li> <li>Made recommendations for action from a structure, process, cultural &amp; technical point of view</li> </ul>
Psychology	Psychology	Hayley Kendall / Dr Mark Griffiths	To review workload & investigate split of work between specialties	<ul style="list-style-type: none"> <li>Engaged with stakeholders</li> <li>Collated &amp; analysed data</li> <li>Recommendations for action – culminating in additional direct clinical time</li> </ul>
Medicine	Rapid Response	Jonathan Matthews / Elaine Gossage	To analyse activity patterns & process for the Rapid Response Service	<ul style="list-style-type: none"> <li>Engaged with stakeholders</li> <li>Process mapped &amp; made recommendations for action</li> <li>Analysed activity data to show busiest days, times of day etc</li> </ul>
Transformation & Improvement	Culture for Improvement	Jane O'Neill	To ensure there is a culture for improvement throughout the organisation	<ul style="list-style-type: none"> <li>Intranet site under development</li> <li>Bitesize training available on intranet</li> <li>Twitter presence being developed</li> <li>Improvement Champions training in development</li> <li>Use of Improvement Boards being updated</li> <li>Enabling virtual access to all materials/resources</li> </ul>