

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 28 July 2021

Agenda Item: 10

Report Title:	Scaling Up Quality Improvement at Pace across SHSC	
Author(s):	Jo Evans, Continuous Improvement Manager	
Accountable Director:	Dr Mike Hunter, Executive Medical Director	
Other Meetings presented to or previously agreed at:	Committee/Group:	n/a
	Date:	
Key Points recommendations to or previously agreed at:		

Summary of key points in report

The purpose of this paper is to set out a proposed approach to drive Quality Improvement (QI) at pace across SHSC. The paper is presented following previous considerations and recommendations made by the Board at its May 2021 meeting. Recognising the benefits of working in partnership with an organisation evidencing success in QI, members requested for further exploration to take place to identify a range of potential partners. This paper outlines the proposal to work alongside NHS England and Improvement (NHSEI) in the initial stages, collaboratively exploring the full range of partnerships on an issue-by-issue basis.

Recommendation for the Board/Committee to consider:

Consider for Action	Approval	x	Assurance	Information
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The Board is recommended to approve the proposal for SHSC to work in collaboration with NHS England and Improvement (NHSEI), to help drive and scale up QI at a significant pace across the organisation.

Please identify which strategic priorities will be impacted by this report:

	Yes	No
Covid-19 Getting through safely	Yes	No
CQC Getting Back to Good	Yes	No
Transformation – Changing things that will make a difference	Yes	No
Partnerships – working together to make a bigger impact	Yes	No

Is this report relevant to compliance with any key standards ?				State specific standard
Care Quality Commission	Yes	x	No	All: safe; effective; caring; responsive; well-led
IG Governance Toolkit	Yes		No	x
Have these areas been considered? YES/NO				
				If Yes, what are the implications or the impact? If no, please explain why
Patient Safety and Experience	Yes	X	No	Increased evidence of patient safety and experience
Financial (revenue & capital)	Yes	X	No	Investment is likely to be required to fully implement and ensure sustainability
OD/Workforce	Yes	X	No	Enhancement of QI capacity and alignment with the OD function
Equality, Diversity & Inclusion	Yes	X	No	<i>Please complete section 4.2 in the content of your report</i>
Legal	Yes	X	No	No legal or regulatory implications are anticipated

Title	Scaling Up Quality Improvement at Pace across SHSC
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Section 1: Analysis and supporting detail

Background

- 1.1 The placement of SHSC in special measures for quality highlighted the need for intervention to accelerate the Trust's capacity and development of Quality Improvement (QI) for patient care. In May 2021, the Board received a paper outlining a proposed approach to help drive SHSC to become an improvement-focused organisation.
- 1.2 As part of that paper, the Board was asked to consider the content of a Preparedness Assessment Report, which offered a series of findings and recommendations to help develop the Trust's capacity, capability and sustainability in QI. It also reemphasised the challenges currently faced by SHSC in terms of becoming an improvement-focused organisation.
- 1.3 To maximise opportunities through learning from others, the Board acknowledged in its May discussions the significant benefit of working in partnership with an organisation experienced in successful QI, in terms of scaling up capacity and pace across the Trust. A partnership that brings expertise and shared values is vital, as well as one that supports a collaborative next phase of our QI developments for better patient care.
- 1.4 The request from Board in May 2021 was to explore a range of potential partners to work with our Trust to scale up QI at pace. This paper sets out a proposal for SHSC to work with NHS England and Improvement (NHSEI) as an initial partner in terms of progressing this next phase of our improvement journey.

Opportunities

- 1.5 Team SHSC evidences a firm commitment to striving for providing the best possible care for the people of Sheffield. Despite the number of challenges teams and individuals have faced during the last year, improvements of varying scales have been seen across many services.
- 1.6 The Microsystem Improvement methodology has proved to offer a dedicated space for those teams engaged with this approach to continue to focus on modifying and enhancing their services during the pandemic.
- 1.7 Similarly, focused improvement groups/workstreams with a dedicated staff and service user input have demonstrated significant success in progressing achievements against areas identified by the CQC and beyond.
- 1.8 The Trust has a small yet committed and highly skilled QI Team. With the appropriate senior sponsorship and collaborative working with corporate services such as PMO, Business & Performance, Clinical Effectiveness and OD, there is huge potential to build on this expertise to embed a culture of improvement from within.
- 1.9 Furthermore, SHSC's new leadership team, aligned with an organisation full of talented and determined individuals, offers SHSC great opportunities with its QI journey.

Challenges

- 1.10 Whilst the Trust has a dedicated QI team, along with additional trained Microsystem Improvement coaches, the potential of such skills is not being fully realised across the Trust. Investment has been made in appointing a team and training of staff, but QI has

continued to be seen as an activity for those expressing an interest or those that recognise the benefits of investing time to focus on continuous improvement. There is a significant way to go for QI to be 'the way we do things here'.

- 1.11 The CQC recently recognised the absence of dedicated QI involvement in the larger transformation projects currently progressing at the Trust. Capacity within the QI Team does not currently reflect the dedicated resource that is required to accelerate the pace of sustainable QI across the organisation. The challenge is to embed QI as the centrepiece methodology of change and improvement at every level.
- 1.12 To date, there has been a lack of formal process to explore and agree appropriate partnerships to support improvement projects across the Trust. There is a history of various investments over time with a range of organisations. Despite these frequently addressing the specific issues at the time, such approaches have not allowed sustainability due to a lack of internal investment in continuous improvement in terms of allocating dedicated improvement time and resource.
- 1.13 Many of Team SHSC have struggled over recent years; we now face the challenge of acknowledging past experiences whilst enabling individuals to move forward on this improvement journey. Leaders will need to continue to encourage an environment and culture in which everyone feels able to speak up, contribute ideas, raise concerns and learn from errors. Changing the culture of the organisation may be a long-term process of relationship building and increasing trust.

Proposal

- 1.14 Transforming SHSC into an improvement-focused organisation will not happen overnight. To embed such a culture across the entire organisation will require a method that is progressive and developmental through a 'sustain and spread' approach.
- 1.15 Through working in partnership with organisations that have evidenced success in QI, SHSC has the ability to combine its existing assets with the learning from others to achieve recognised success, in terms of offering an excellent place to work and high-quality provision of care for those who use our services.
- 1.16 The existing connections between SHSC and NHSEI is recognised as a strong and supportive partnership. Through established relationships with the NHSEI Improvement Director, discussions have been taking place to determine the most appropriate approach for scaling up QI at pace across the Trust.
- 1.17 Building on existing relations it is proposed that internal conversations continue with NHSEI, working specifically with their Improvement Capability Building and Delivery Team to enable the scoping of an initial improvement programme. As the programme progresses, the team from NHSEI will work with SHSC to help explore a full range of partnerships on a programme-by-programme basis. At each juncture, consideration will be given to which partnerships may be most beneficial, offer the highest value to the Trust and evidence as most cost-effective.

Working With NHSEI

- 1.18 The Improvement Capability Building and Delivery (ICBD) Team works directly with the Intensive Support to Challenged Systems (ISCS) from NHSEI to provide tailored support to Trusts and systems that experience a variety of challenges. The ICBD support is not mandatory but rather offered to those organisations where the ISCS Team believes it is appropriate to do so. Under these circumstances, ICBD support is funded by NHSEI.
- 1.19 The shape of the improvement support offered focuses on capability-building to ensure greater resilience to sustain improvements. At the outset, the ICBD Team will, therefore, work with Team SHSC to develop a plan for 'what' support will be provided and the

timescale for that support. Each organisation is different and it is critical that the support offer is co-designed with the local Trust to take into account the local context including improvement ambitions and any existing/ previous improvement activities.

- 1.20 The organising framework for the ICBD Team offer is based on implementation of evidence-based quality management system (QMS) approaches aligning quality planning, quality control, quality improvement and assurance and recognises the importance of building upon any existing improvement approach or methodology in use locally. The important element is to choose a methodology and stick with embedding that within the culture, as opposed to choosing which approach may be better than another. As SHSC is one of the four key partners in the Sheffield Microsystem Coaching Academy (MCA), the intention will be to build on this opportunity.
- 1.21 Typically, the support from NHSEI will include one or more of the following components:
- working with the local team to develop a QMS delivery plan to support implementation of a QMS approach and in doing so, convene support from the existing QI Team at the Trust, along with other key stakeholders e.g. patient representatives/groups, carers/families and partners, to co-design the delivery plan and actively engage in the implementation of that plan;
 - Trust Board development and alignment;
 - support for local teams to design, develop and deliver improvement capability-building programmes, including 'leadership for improvement' in accordance with a 'dosing' approach to capability building; and
 - access to other NHSEI offers that are aligned with the existing organisational improvement methodology.

Section 2: Risks

- 2.1 Establishing a partnership to work alongside the ICBD Team in the initial stages, collaboratively exploring the full range of partnerships on an issue-by-issue basis, brings minimal risk to the Trust. Instead, it offers the opportunity to build on existing relationships and maximise potential for the Trust with minimal financial impact at this stage.
- 2.2 The above proposal offers a significant opportunity for SHSC. By not accepting this opportunity to work with the NHSEI, there is a risk that the Trust is unable to improve the quality of patient care, resulting in a failure to comply with CQC requirements and achieve necessary improvements. Similarly, if no further investment of time, energy or resource is made in QI at the Trust, there is likely to be a significant impact in our ability to deliver transformation plans, resulting in a failure to deliver our objectives.

Section 3: Assurance

Benchmarking and Triangulation

- 3.1 The impact of this work will be monitored and reflected through a number of different avenues. The main impact will be improved patient care. Success will also evidence an improved CQC rating at Trust level as well as enhanced service user and carer/family experience feedback and a reduction in the number of complaints. Similarly, staff morale

and satisfaction would be demonstrated through a more positive NHS Staff Survey report.

Engagement

- 3.2 Through a series of focus group meetings, a broad range of SHSC staff, stakeholders and people who use SHSC services have shared their experiences and views of the current position of QI at the Trust. The findings from these discussions will form part of a programme of work which aims to increase pace and expand QI capacity and capability across SHSC.

Section 4: Implications

Strategic Aims and Board Assurance Framework

- 4.1 Scaling up QI at pace across SHSC directly supports the organisational aims of delivering outstanding care and creating a great place to work. This will be achieved through further developing and embedding a continuous improvement approach that is collaborative, service user focused and is influenced by those working in and with Team SHSC. Equally, the proposal will directly contribute to the achievement of all four of the Trust's strategic objectives.

Equalities, diversity and inclusion

- 4.2 It is not anticipated that this work will have any equality-related impacts or associated risks.

Culture and People

- 4.3 Leaders will be supported to emphasise and promote a culture of openness, learning and trust. Those working within Team SHSC and those using our services will be encouraged to feel able to speak up, contribute ideas, raise concerns and learn from mistakes. Successful progress of this work will evidence a transformed culture, where psychological safety is apparent amongst the workforce at SHSC.

Integration and system thinking

- 4.4 The Board has previously discussed options for partnerships to scale up QI at pace. Recommendations from those discussions were to further explore the range of potential partners and the strengths that each of these could offer to our Trust. As a result, the recommendation presented to the Board today reflects considerations and input from across the wider system.

Financial

- 4.5 Continuous quality improvement is a key driver of effective service delivery. Although investment may be required to support scaling up of capacity and capability to ensure sustainability in an approach, there is significant evidence that improvement increases productivity and efficiency. Working in partnership with the NHSEI in the initial stages will remove any direct financial costs that would potentially incur if working with an alternative external partner at this phase.

Compliance - Legal/Regulatory

- 4.6 Establishing this collaborative working approach with NHSEI, and potential wider partnerships over time, supports the NHS constitution requirement that Trusts aspire to the highest standards of excellence and professionalism.

4.7 No legal or regulatory implications are anticipated.

Section 5: List of Appendices