One Gloucestershire
Transforming Care, Transforming Communities

NHS

One Gloucestershire Improvement Community

Developing Our Strategic Approach

Draft revised "Play Book" for partner discussion

Version 10.0

@One_Glos
www.onegloucestershire.net

CONTENTS

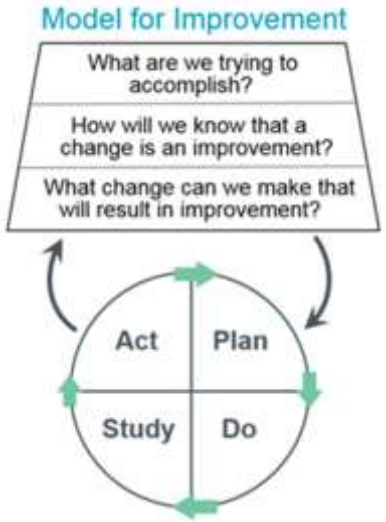
1. Welcome To The Improvement Community

Our community is **open and inclusive**. We believe everyone is an improver and there are lots of ways to get involved. We welcome **anyone committed to improving health and care** in Gloucestershire to join us as we learn and create change together.

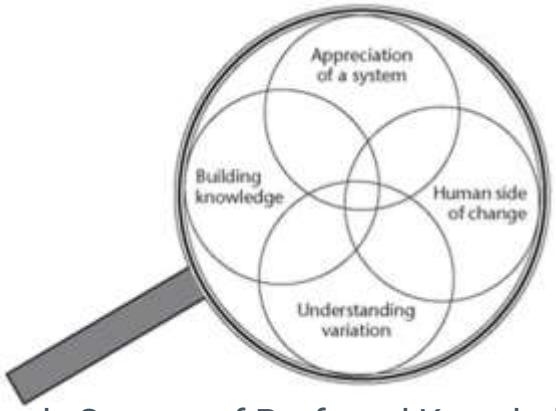
We are supported by:

- A small core of **QI specialists** across Gloucestershire leading programmes within our partner organisations and working together across our system.
- Our **Steering Group** who meet regularly to coordinate our system improvement work.
- An **Improvement Community Board** of executive directors giving leadership commitment to embedding an improvement approach across our health and care partnership.

2. What is Quality Improvement?



Quality improvement is about **giving the people closest to issues affecting care quality the time, permission, skills and resources they need to solve them**. It involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement.
Quality improvement made simple, Health Foundation 2021



Deming's System of Profound Knowledge

Improvement approaches – which provide a systematic means of bringing about measurable improvements in the quality and outcomes of care for patients as well as care productivity – have a critical role to play shaping the future of health care. When carefully implemented, improvement approaches grounded in well-evidenced learning can deliver well-designed, impactful and sustainable solutions to pressing health care challenges that empower and benefit staff, patients and service users alike. A guide to making the case for improvement, Health Foundation November 2023

Collaborative System Improvement: ...some differentiating features

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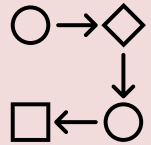
Population drivers

- Initiated by wider **population and health inequality** challenges
- PHM data focus

Process

- **Complex**, intractable or wicked problems
- Considers **whole pathways of change**
- Programme perspective with embedded improvement.



People & Culture

- Requires convening across organisational boundaries
- Unites diverse stakeholders to work together with people and communities
- Encouraging ongoing culture of continuous improvement

Integrates

- Coheres around a **place**, neighbourhood or patient cohort rather than setting
- Organising **scaling of improvement** and spread of innovation

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Health & Wellbeing Partnership

National & Local context

NHS Delivery and Continuous Improvement Review (2023)

Recommending a shared improvement approach, national leadership for improvement and a national improvement board

The Hewitt Review: An independent review of integrated care systems (2023)

ICS' should take leadership to be "self improving systems"

Leading Change Across a Healthcare System – NHS & Virginia Mason Partnership (2022)

Guiding practice to foster a culture of continuous improvement

Momentum building towards **improvement as core to delivery** of health and social care

Local Context

2022 Gloucestershire Integrated Care Board Launched
The Health and Care Act 2022 establishes Integrated Care Systems
2022 Gloucestershire Improvement Community Launched
Representation from colleagues across the system to jointly devise a quality improvement strategy for Gloucestershire
2023 Gloucestershire Quality Improvement Strategy published

A New National Programme

NHS IMPACT
Improving Patient Care Together

- Co-production with people and communities
- Clinical leadership
- Workforce, training and education
- Digital transformation (including federated data platform and model health system)
- Addressing health inequalities

Building a shared purpose and vision
Our workforce, trainees and learners understand the direction and strategy of the organisation/system, enabling an ongoing focus on quality, responsiveness and continued learning

Building improvement capability
All our people (workforce, trainees and learners) have access to improvement training and support, whether embedded within the organisation/system or via a partner collaboration

Developing leadership behaviours for improvement
A focus on instilling behaviours that enable improvement throughout organisations and systems, role-modelled consistently by our Boards and Executives

Investing in culture and people
Clear and supported ways of working, through which all staff are encouraged to lead improvements

Embedding a quality management system
Embedding approaches to assurance, improvement and planning that co-ordinate activities to meet patient, policy and regulatory requirements through improved operational excellence

The Health Foundation | NHS Confederation
Self Improving Systems Programme

A New National Programme

Briefing: Improvement as mainstream business - The Health Foundation

A guide to making the case for improvement - The Health Foundation

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One Gloucestershire's NHS Impact Baseline Assessment

Some contextual feedback expected e.g. "compared to similar systems", but some initial reflections:-

Gloucestershire in a positive developing position in many respects:-

- Mobilised leadership, mature relationships
- An initial development strategy and extending system mobilisation
- Coherence of language and respect for diversity
- Emerging Board visibility
- Some system resource
- For "ICB staff" good baseline of some training

Flagged some of our development opportunities, mostly known:-

- Greater integration all areas of work.
- Development of management systems
- Functional clarity on "Quality" and "Improvement"
- Further commitment to co-production.
- Defining a board development programme.
- Limited capacity of improvement experts.

Principles collaborative system development: *draft*

Developing system-wide improvement approaches

Five principles for collaborating across local systems to develop shared improvement approaches
Read the full principles at q.health.org.uk

Define scope and goals together

Involve stakeholders from across your system to define how shared approaches add value. Remember the purpose: to improve health outcomes and experiences for your population.

Build relationships and trust

Invest time and energy in developing relationships and building connections across the system. This underpins the success of shared improvement approaches.

See diverse expertise as an asset

Focus on the core ideas shared by different methods. This will help make system-wide improvement more accessible, inclusive, practical, and productive.

Develop shared system leadership

Collective ownership and leadership are needed to make progress. Identify the different roles needed and who is most suitable to lead each part.

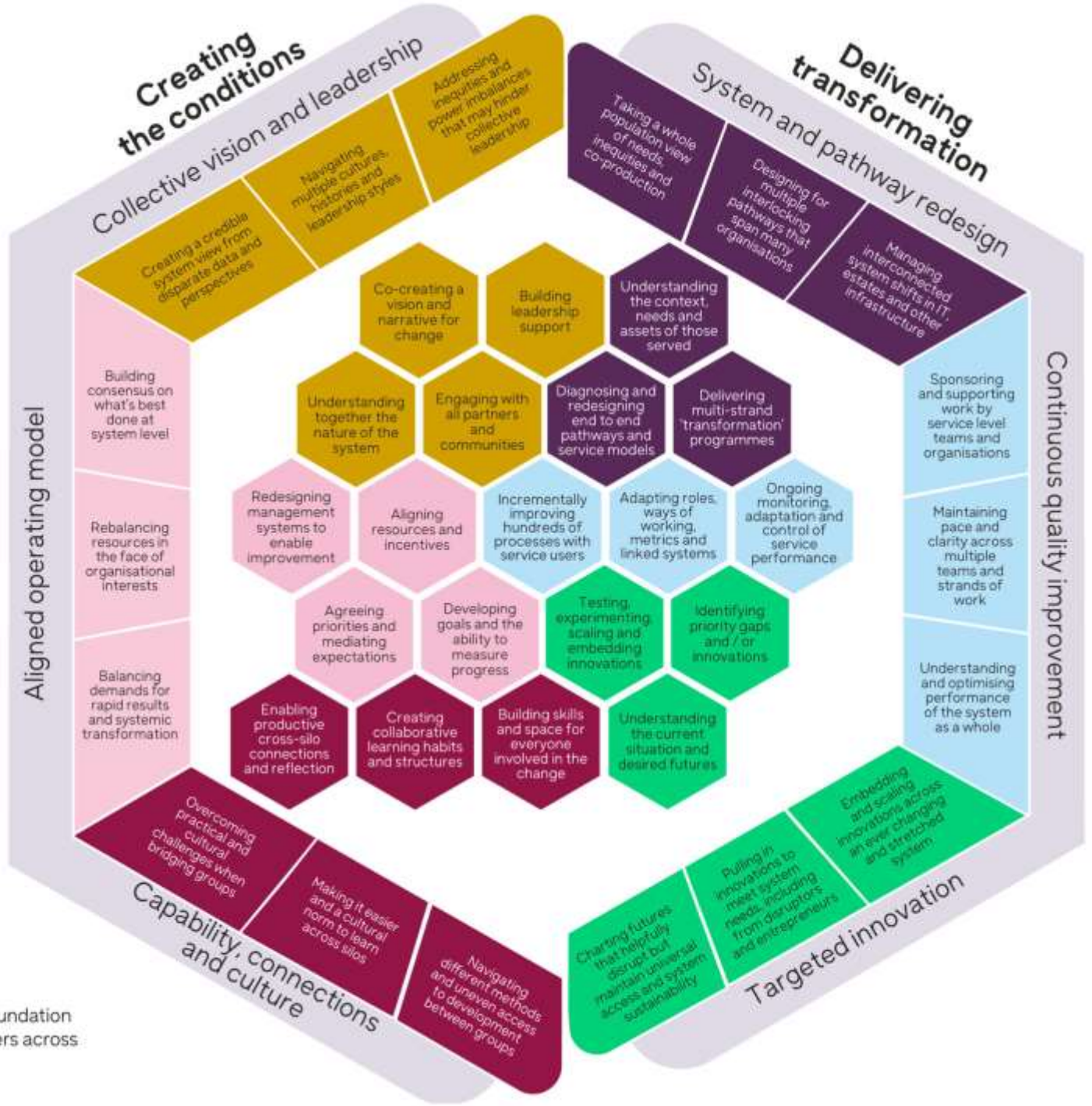
Use an improvement mindset

Try out different things, learn from them and make changes. Don't be afraid to fail and learn from what doesn't work, as much as what does work.

In partnership

The Health Foundation | NHS Confederation

Improving across health and care systems: a framework



Key

Inner hexagons
Key activity areas
(Relevant to improvement at all levels)

Outer boxes
Distinctive considerations when improving across large systems

The Health Foundation | Q is led by the Health Foundation and supported by partners across the UK and Ireland

3. How We Are Already Creating Change:

Celebrating QI in One Gloucestershire ICS…

A spotlight on successful improvements

‘We Wait Well’

- **Health-Foundation funded**
- Proactively support patients on waiting lists for orthopaedic operations
- Improve their health and wellbeing
- A personalised '**care bundle**' of medical and non-medical interventions

Anticipatory Care Virtual Whiteboard

- 48% increase in people **dying in their preferred place**

Covid Virtual Ward

- Over **6000** Referrals to date
- Became model and gold standard for virtual wards planned in other areas

Frailty Virtual Ward

- Build a shared understanding of potential pathways (capability, components, and resources)
- ‘Step down’ and ‘Step up’ models
- Collaboration across organisational barriers

Supporting UEC

- Fostering strengthened collaboration for the challenges
- Ensure shared understanding and collective ownership
- Developing workstream strategies

Working as One
Prevention | Integration | Redesign

‘Warmth on Prescription’
Using PHM to Reduce Health Inequalities

- **150** people supported – 22/23 (300 planned for 23/24)
- Addressing health inequalities for **Core20 plus five**
- Supporting people with long term conditions – Respiratory etc.
- Aiming to reduce admissions, appointments

Dementia ‘Co-diagnosis’

- Created a virtual MDT utilising specialist dementia colleagues
- Finalist for **HSJ award 2022**

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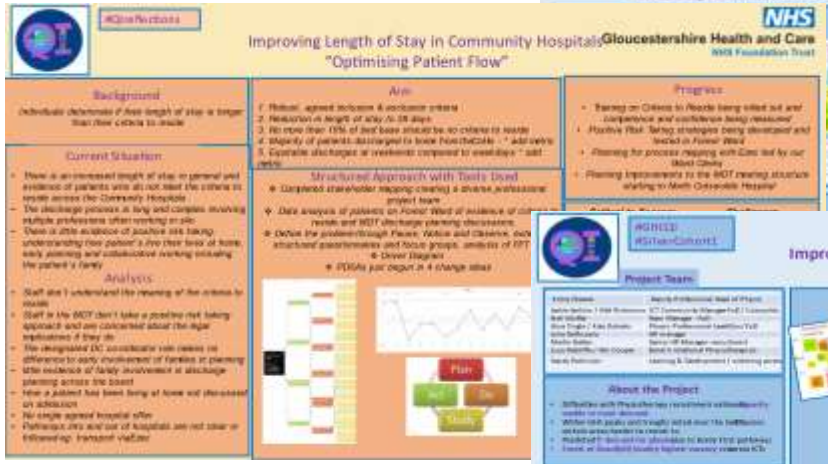
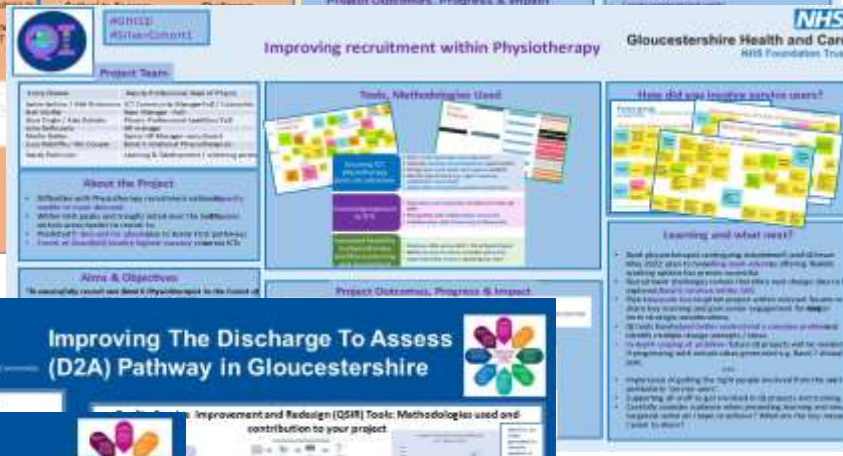
How we are already creating change

Celebrating QI in One Gloucestershire ICS…

A spotlight on improvement projects from colleagues on our QI development programmes





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4. Our Approach to Developing Strategic Proposals

Involving wider stakeholders

Launch event with system partners May 2022

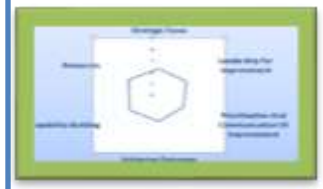
Testing System Facilitation Approaches

Begin testing system and place-based offers, May 2022 – March 2023

Relaunch Formal Groups

Improvement and Innovation Board formed, October 2022
New term of reference for Steering Group

Improvement Capability Self-Assessment



Current Position: self-assessment of ICS Improvement Capability, November 2022

Design workshops

Co-design proposals Dec. 2022 March 2023

In-depth ICS needs and gaps review

Align and prioritise with ICS Strategic Plans. Complete capacity assessment

March – July 2023

System and national engagement

Expand development with wider partners. Review with emerging national guidance.

July - Nov 2023

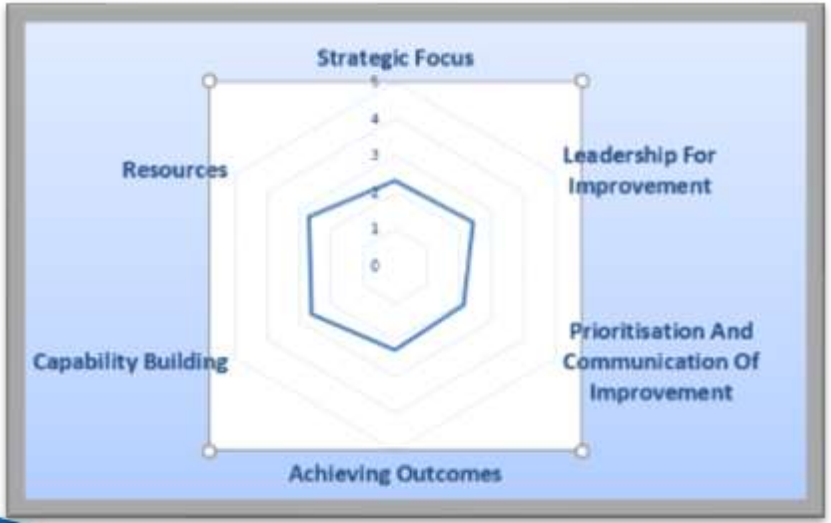
Gloucestershire ICS Improvement Capability Assessment and Recommendations

The Tool:

NHS England Southwest has compiled some of the best available tools to assess system improvement capability in the **ICS Improvement Capability Self-Assessment Tool.**

Application in One Gloucestershire:

Improvement Community colleagues completed the ICS Improvement Capability Self-Assessment, reviewing the outcomes at a workshop in Dec 2022. Recommendations presented were co-developed from the survey results and workshop content. Some content will be integrated into the Improvement Community 5 year approach, and other aspects have implications on the ICS strategic development process.



The assessment result was a **"Developing" maturity rating**. The six components are relatively balanced in a range from 2.1 to 2.7.

Strategic Focus

The strategy is visible to some, but not all and requires alignment across our organisations. Further collaborative development of our strategy with wider groups could assist.

Recommendations:

- Recognise underpinning importance of ICS strategic clarity to enabling system improvement capability
- The improvement community strategy will be co-produced and clearly communicated
- Explore building formal improvement specialist advisory roles to support partner programmes

Prioritisation And Communication of Improvement

There is a reduced awareness of what is occurring in the system, with suspected overlaps and missed opportunities. There needs to be an emphasis on system wide problems, with a clear method to prioritise involvement with these.

Recommendations:

- There will be a clear quality improvement offer, with an agreed systematic approach to prioritisation across our organisations
- There will be routine communication about ongoing projects and education opportunities

Capability Building

There is variation in the access and content of training across our organisations. A relevant and accessible quality improvement training offer is required, with access to quality improvement champions for ongoing projects and programmes.

Recommendations:

- There will be a shared register of QI champions to support use of the network of experts
- We will optimise signposting to appropriate training and education

Leadership for Improvement

Agreed behaviours and enhanced alignment across organisations is required to embed quality improvement across our organisations. The value of quality improvement at scale, beyond discrete projects, needs promoting.

Recommendations:

- There will be a co-produced and agreed improvement leadership behaviours
- In the long term, leadership for improvement will be cascaded to all system levels
- There will be focussed board level support to ensure a cohered understanding of quality improvement across our organisations

Achieving Outcomes

There are challenges in demonstrating outcomes across the whole system, including all partners. Having a toolkit of quality improvement methods and measures available to all our organisations could help.

Recommendations:

- Quality Improvement approaches will be used to support programmes to develop their problem statement and design and measure outcomes
- There will be an agreed system of presenting progress towards results, with visibility of learning across the system to support shared learning

Resources

There are concerns that resources are limited, and as system priorities are still evolving, it is challenging to align resources against these. There needs to be a greater understanding of the capacity required, and support to this across the system.

Recommendations:

- We will map people with improvement skills in our system to better understand the gaps
- We will explore dosage methods to understand what resource is required, making a case for capability development as required

5. Purpose: *Why Quality Improvement Is Essential To Our System Development*

As Health and Care partners we are committed to improving the health and wellbeing of our population as we work together to provide **joined up, high quality, and best value care.**

Quality Improvement enables our teams to succeed in addressing health and care priorities by applying evidenced, **systematic tools and methodologies**. Indeed, we already have a **great track record** of QI enabling numerous projects that have delivered real benefits to people in Gloucestershire: patients, service users, families, carers, communities and our staff.

However as partners we are now facing **many significant challenges**, with the continued pressure of service recovery, increasing demand, stretched workforce and financial constraints. Also, in a faster paced and more connected world our services are becoming increasingly interdependent. **This gives us complex problems to solve, but more benefits to gain from collaboration.** As we build a future of greater integration, new models of care and a place-base focus a QI approach will **equip our teams to lead change together with service users and communities.**

The purpose of the One Gloucestershire Improvement Community is to extend our collective improvement capability and capacity, and to develop fresh approaches to our shared practice for system improvement.

Reframe to the benefits of Improvement - case for adoption within organisational strategy!

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5. Vision: *By 2028 We Will Nurture A Thriving Improvement Culture Across One Gloucestershire Health And Care Partners*

2024 Challenge… *"embed into the core strategy and operations of every health care organisation or system-wide partnership"*

Guiding principles:

Build a community

- Bring **people together** with a common language of improvement, i**ntegrating** QI into our working practice.
- **Connect colleagues** through strong and inclusive networks of working relationships.
- Encourage the **spread of new ideas** and **celebrate success**

Leadership for Improvement throughout our system

- **Work with service users** and communities as improvement partners.
- Build our **teams agency** to lead improvement projects, and share lessons learnt.
- Support with **sustained leadership commitment** to improvement across our organisations and system.

Clear focus

- Make a **radical shift to place-based and** population health led improvement.
- **Fasten** dedicated support to the **biggest challenges** in our system
- **Strike a balance** as we manage to both direct our improvement efforts towards **measurable system priorities,** and creating an environment where **staff closest to our service users** can initiate change.

6. How we are deployed and coordinate as system-wide improvement functions

Cohered by a common language for Improvement: our shared methodology is founded on the IHI Model for Improvement, and drawing wider evidenced practice e.g. system thinking, large-scale change, co-production, Lean approach, design thinking.

An Improvement methodology that is **flexible and scalable**: enabling teams to tackle the many types challenge and ambition for change

We are work as a team of teams, deployed as a **collaborative system network**: co-ordinating as a teams of teams building staff QI knowledge and skills. Extending across all partners through mutual sharing of expertise. Improvement Community system capacity to support collective assignments.

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7. Improvement Community Offer:

How can we support your work?

One Gloucestershire Improvement Community

What Problem Are You Trying To Solve?

Clinical Outcomes | **Health Inequalities** | **Safety** | **Net Zero** | **Staff wellbeing** | **Value Based Care** | **… All Of The These**

What Types Of Support Are There?

System Improvement Partnerships	Improvement Project Facilitation	Improvement Capability: Training and Coaching
•Convening a system improvement partnership •Priority programme planning •Programme strategy co-design	•Facilitation of priority service design projects •Improvement collaboratives •Improvement diagnostics	•QI Education Programmes •Project coaching •Team coaching /Mediation
1 – 10 pa Often a collective ***Improvers without Borders*** response	**10 – 50 projects pa** Some joint working with QI partners	**1000+ people pa** Normally through partner faculty teams

What Tools Do We Use?

Tools, methodologies, mindsets to enable teams to deliver sustainable benefits

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Health & Wellbeing Partnership

8. Our Current Capacity and Capability

Building the right level of quality improvement capability in different professional roles means everyone can be an improver.

This ranges from employing foundation improvement skills to immediate work challenges, to having deep expertise and applying improvement tools to system wide change.

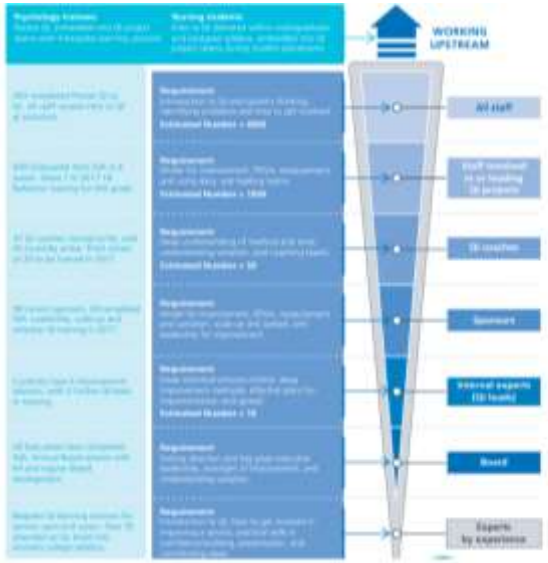
We will use an approach based on a framework from the Institute of Health Improvement (IHI) to answer these questions and build a clearer picture of how we strategically deploy quality improvement training and our training resource for the system.

To do this, we need to:

- Understand our current system's capability
- Agree how many more people, and at what intensity, require improvement input
- Start our data informed strategic training offer

This will ensure quality improvement thinking and methodology are the status quo in our work.

By knowing where we want to get to, we can also determine what long term training capacity is required to meet the needs of our workforce.



Longitudinally, an organisation of 4,000 would aim for:

Internal Experts: 0.4% or 15-20

Quality Coaches: 5% or 150-200
A quality coach who has protected time of roughly 20% to 25% as a coach can support three to four teams.

(NHS Improvement & IHI 2017)

Application of the IHI methodology in East London NHS Foundation Trust

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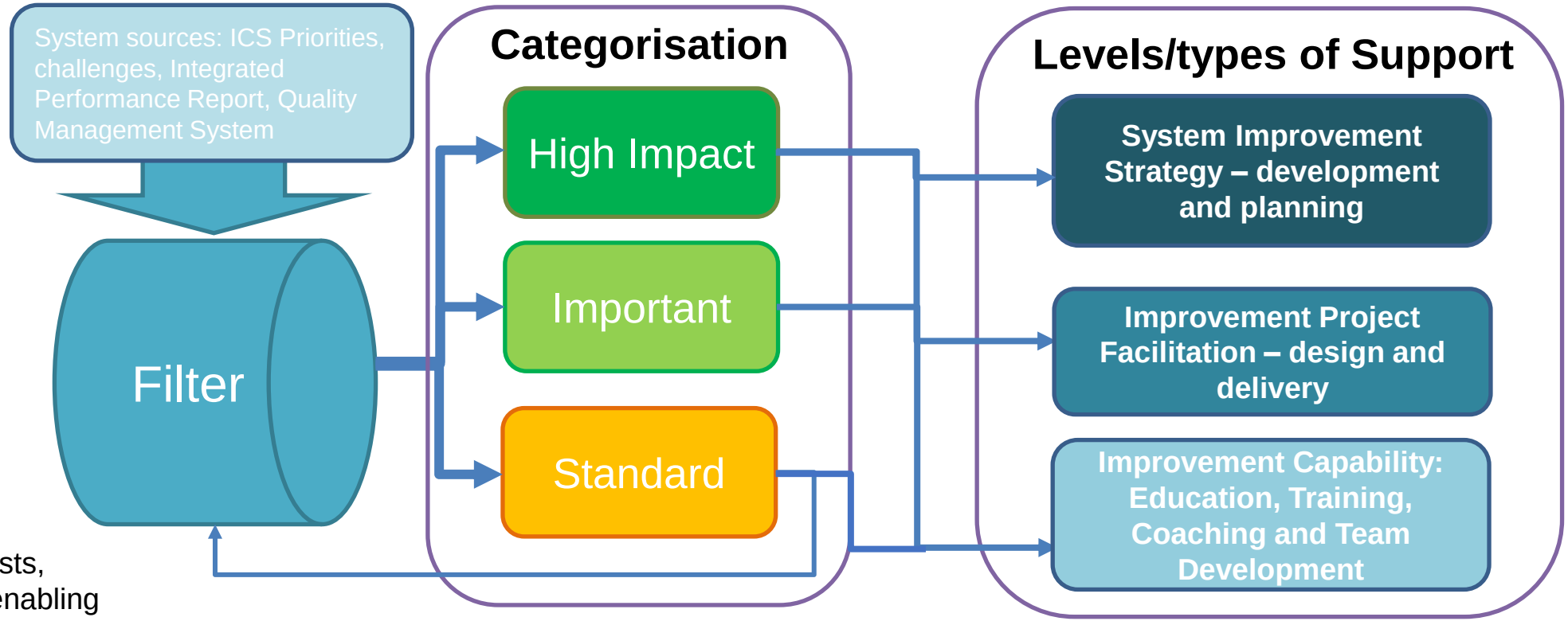
9. Strategic Focus And Prioritisation: *Further Agreement Required*

"Tight"- strategically directed system challenges

"Loose" QI support requests, critical for innovation and enabling culture of improvement



What is the degree of prioritisation?
How will this impact across provider and system teams?

Setting **overall direction and priorities in advance** will enable timely response to specific requests and pro-active collaboration.
Strategic Priority setting by: Improvement Board/Strategic Executive?

Coordination of Prioritisation by Steering Group, with overview by Improvement Board?

What do we need to know about a project to categories and assign a level of support?

- What/wh
  good us
  manage
- What sh
- How car
  commor

Kathryn Add some detail of our current agreed focus (?foci?! ☺)

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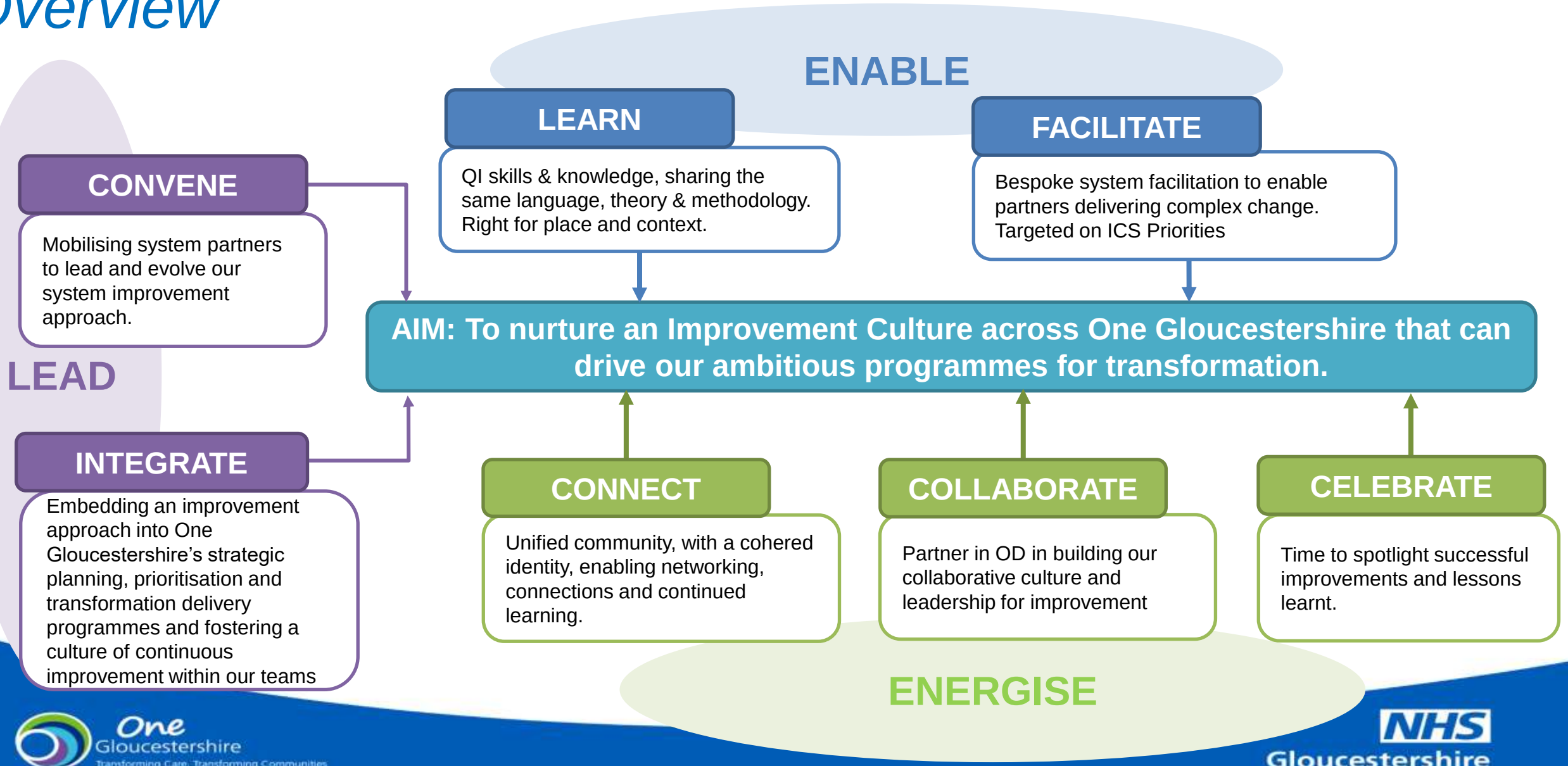
10. Programme Delivery Plan:

Overview



10. Delivery Plan
LEAD: Convene

Convene	
Mobilising system partners to lead and evolve our system improvement approach.	
In the next year we will:	**In five years', time we will see:**
1. Agree our system leadership of **improvement behaviours,** through co-production with partners, including an Improvement Leaders event. 2. Secure QI champions at the highest levels and deliver a cohered **board level development programme** with executives and senior clinical & professional leaders. 3. Test our **Improvement Leader coaching offer** and scope further Improvement Leadership events enabling colleagues to reflect on their own behaviours and experience. 4. Strengthen **new leadership groups** including our board and steering group, with a clear accountability for our place-based focus. 5. Extend/repeat our **self-assessment approach** on improvement capability.	One Gloucestershire will have exemplary leadership for improvement cascaded to all levels in the system. We will be at the **leading edge** of application of system improvement methodology. We will have demonstrated a significant contribution to innovative **place-based transformation**.

10. Delivery Plan
LEAD: Integrate

Integrate	
Embedding improvement into One Gloucestershire's strategic approach and transformational programmes.	
In the next year we will:	**In five years' time we will see:**
1. Contribute towards the **development of our overall ICS strategy,** supporting involvement and sharing our vision for collaborative improvement capability being core to our ICS way of working. **2. Integrate a QI approach** by committing a **QI expertise advisor to identified system priorities.** We will strengthen delivery through adopting simple QI tools and mindsets to understand problems, define aims, track benefits, create and test solutions. 3. Act as champions for **co-production and user involvement as underpinning** our shared improvement approach.	System colleagues will have a clear understanding of our ICS strategic priorities, giving clarity and focus to our collaborative improvement efforts. Quality Improvement will be integrated into our transformation approach.

10. Delivery Plan
ENABLE: Learn

Learn	
QI skills & knowledge, sharing the same language, theory & methodology. Right for place and context	
In the next year we will: **1. Grow our ability to provide education and training as a network,** delivering both excellent development programmes within partner organisations and opportunities for learning at system level. Providing training and coaching to *200* more competent Improvers. 2. Optimise our approach **to signposting** colleagues to appropriate training and education offers. 3. Building on our "QI language" foundation, **build our repertoire of tools and methodologies** taught to match our system challenges. 4. Delivery and initiate a cohort of a **new coaching for system improvement and leadership programme**. 5. Improve access for **primary care colleagues** & place-based developments. 6. We will **map QI experts** and practitioners and build a register of QI champions within the system, identify gaps and build a case for QI investments.	**In five years', time we will see:** A system that knows what capability it has and needs. A system which has the ability to use its network partners effectively or develop in house capability where needed. A network of system wide QI champions and positive relationships with cross system allies and support services (BI/finance etc).

QI Training And Education In One Gloucestershire ICS…

QI Skills & Knowledge, Theory & Methodology That Is Right For Place And Context

- Productive General Practice Quick start = 45 practices

Gloucestershire Hospitals Improver

- Bronze = 3712
- Silver = 769
- Gold = 62

(+128 Human Factors)

HUB QI

- **Pocket** = 710
- **Bronze** = 604
- **Silver** = 37

- Fundamentals = 125
- Virtual/Blended = 82
- Practitioner = 279

Over 5000 people have undertaken training in Gloucestershire

We support cross organisational training so attendees can access training which best meets their need

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QI training and education in One Gloucestershire ICS…

QI skills & knowledge, theory & methodology that is right for place and context

Year to date – January-August 2023

- **Pocket** = 197
- **Bronze** = 87*
- **Silver** = 10

* Inc 3 VSC and 5 Experts by Experience

- Bronze = 348
- Silver = 112 (4 grads)
- Gold = 49

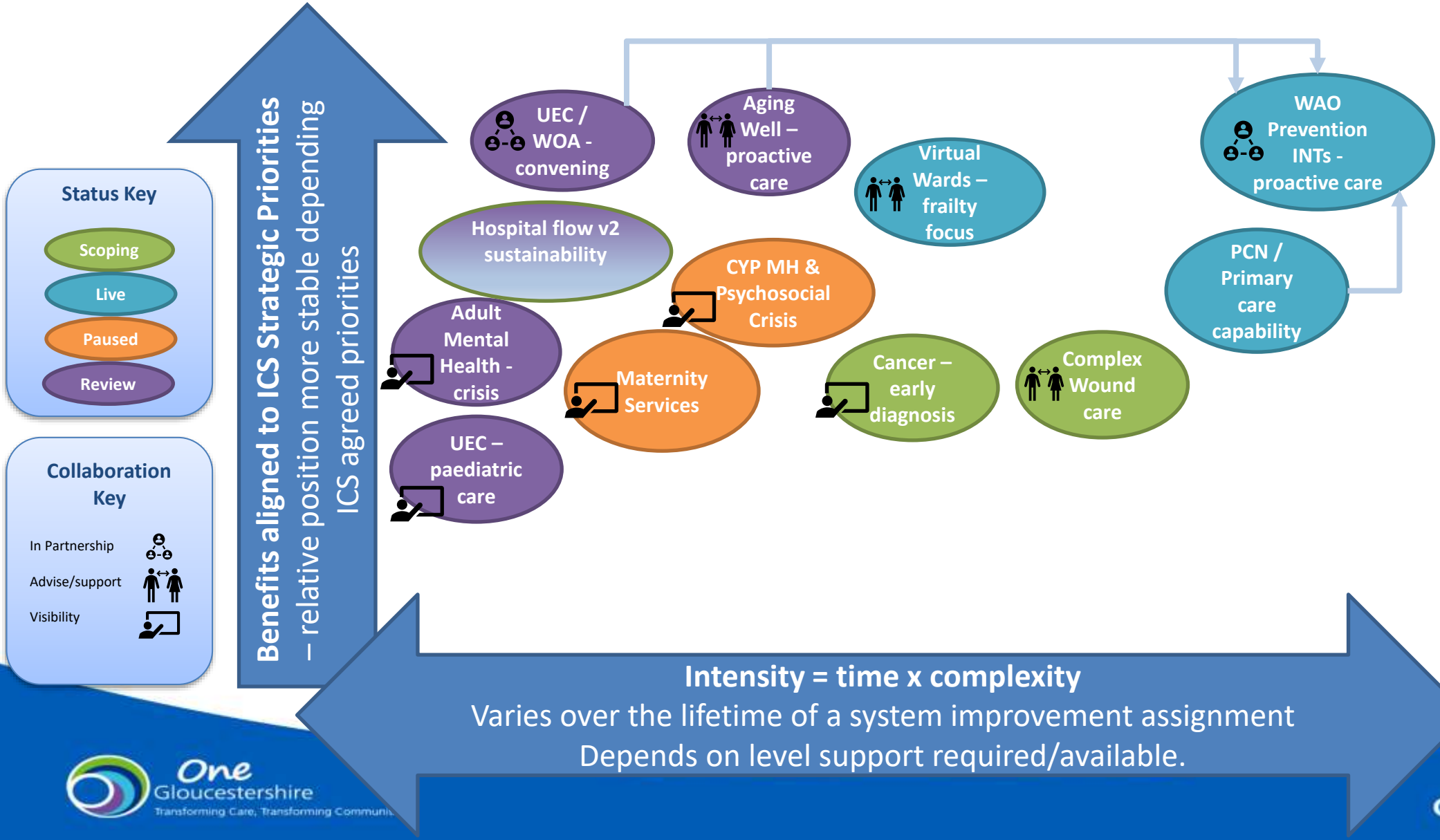
- **Intro to Human Factors** = 73
- **Human Error** = 29
- **HF for Managers** = 14
- **HF for Investigators** = 0

- Fundamentals = 29
- Practitioner = 40

10. Delivery Plan
ENABLE: Facilitate

Facilitate	
Bespoke system facilitation to enable partners delivering complex change, targeted on ICS Priorities.	
In the next year we will: **1. Provide active QI facilitation** for **ICS delivery programmes,** scaled according to priority and need. This will range from in-depth collaborations to light-touch signposting or training options. 2. Develop and evolve the **One Gloucestershire's QI Offer.** 3. Support **place-based Innovation Labs** that support testing and development of new ways of working at PCN or locality areas. 4. Agree a **system facilitation operational plan**, including: • **Prioritisation framework** against agreed system goals. • Mechanisms for **mobilising** through the Improvement Community steering group and agreeing partner contributions. • Ensuring commitment that **"Improvement Success Factors**" are in place with delivery partners.	**In five years', time we will see:** Successful partnerships to enable **complex changes** through co-working and developing fresh approaches to system improvement, with our collective resources consistently prioritised in line with strategic priorities.

Portfolio Summary: system improvement facilitation

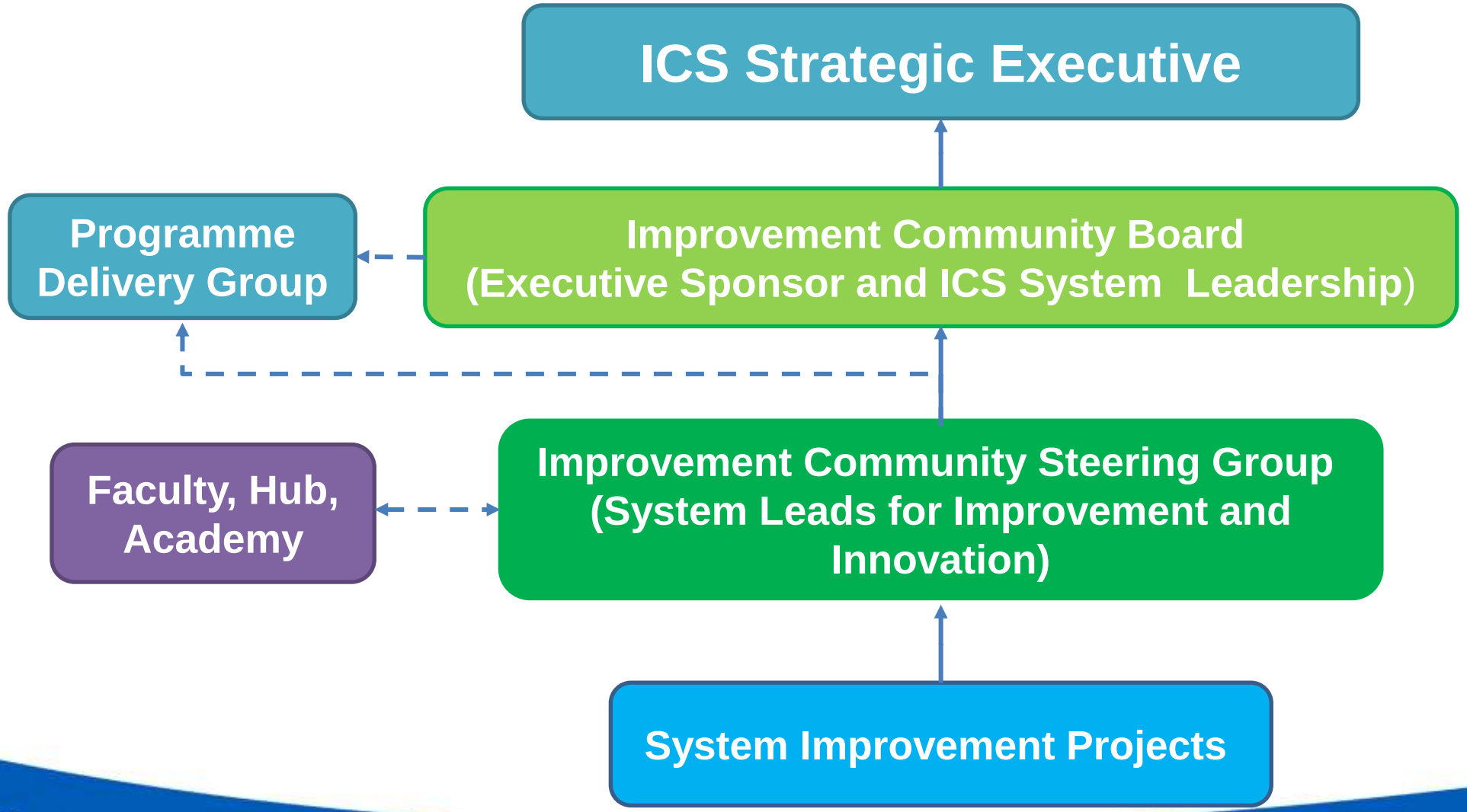


10. Delivery Plan:

ENERGISE: Connect, Collaborate and Celebrate

Connect	
Grow as a unified community, with a cohered identity, enabling networking, connections and continued learning.	
In the next year we will: 1. Launch the Improvement Community identity, complimentary to provider organisations Academy/Hub equivalent. 2. Create opportunities for improvers to connect and share learning across organisation boundaries. 3. Communicate about improvement projects, education and opportunities with a regular and systematic plan, using the newly launched extranet site.	**In five years', time we will see:** Colleagues connecting through inclusive networks of professional relationships, with a strong community of practice.
Collaborate	
To partner in OD, building a collaborative culture by using QI and learning together to enable adaptive spaces.	
In the next year we will: Support and contribute to the refresh of ICS leadership development plans, making improvement leadership integral.	**In five years', time we will see:** Widespread collective leadership values fostering a thriving improvement culture.
Celebrate	
Time to spotlight successful improvements and lessons learnt.	
In the next year we will: 1. Organise a One Gloucestershire Improvement Conference. 2. Share Improvement project learning, including through Improvement Stories to ICS on One Gloucestershire extranet.	**In five years', time we will see:** Widespread involvement of colleagues sharing new ideas, contributing to peer-to-peer learning and participating in celebration events.

11. Governance: How We're Organised



12. Thank You And Get Involved

To find out more about the Improvement Community please contact either our ICB-based system team or colleagues in our partner organisations:

NHS Gloucestershire ICB

Kathryn Hall: Associate Director for the Improvement Community Kathryn.hall7@nhs.net

Lucy Cartwright: Improvement Community Programme Manager lucy.cartwright3@nhs.net

Gloucestershire Primary Care

Hein Le Roux: One Gloucestershire ICS Quality Improvement Lead hein.leroux@nhs.net

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