One Gloucestershire
Transforming Care, Transforming Communities

Health & Wellbeing Partnership

Improvement Community Programme Review

Enabling improvement across Gloucestershire ICS

@One_Glos
www.onegloucestershire.net

01. Foreword

Over the last four years together as Improvement Community partners, we have made huge progress in embedding a culture of improvement across health and care for the benefit of the people we serve. Whilst the ICB's role is now shifting, I am incredibly proud of the contribution our team has made and priorities of enabling collaborative cross-organisational improvement are more important than ever. We hope this review gives you an overview of our learning and helps those planning the next steps in the journey.

Kathryn Hall

Associate Director, Improvement Community, ICB

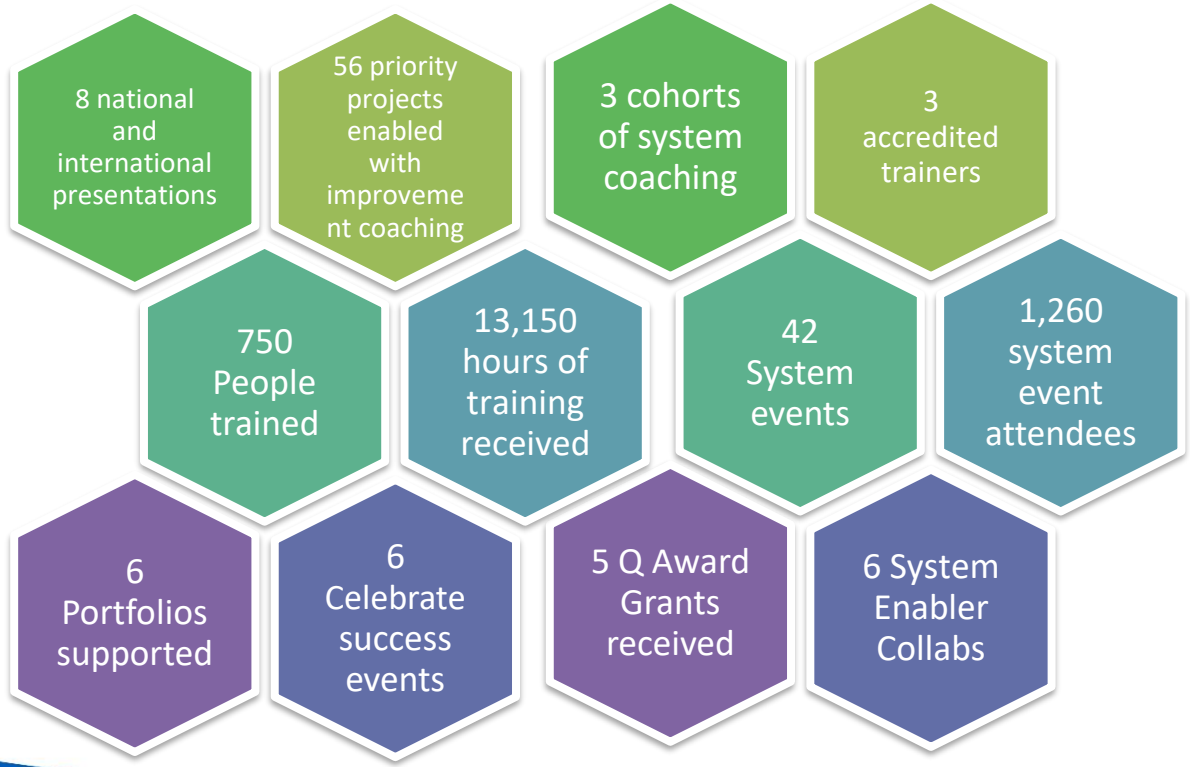
To deliver high quality and sustainable care, improvement tools and mindsets need to thread through everything we do. They are vital to both how we continuously improve within our organisations and how we collaborate as system partners. This review tells the story of the journey so far, and as Gloucestershire's Provider Partnership goes forward, we are looking forward to deepening our improvement approaches to successfully transform health and care with and for our local communities.

Will Cleary-Gray

Executive Sponsor, Director of Improvement and Delivery, GHNHSFT

A programme in numbers

One Gloucestershire Improvement Community



Contents

Click the links to jump to a section

One Gloucestershire Improvement Community

Contents

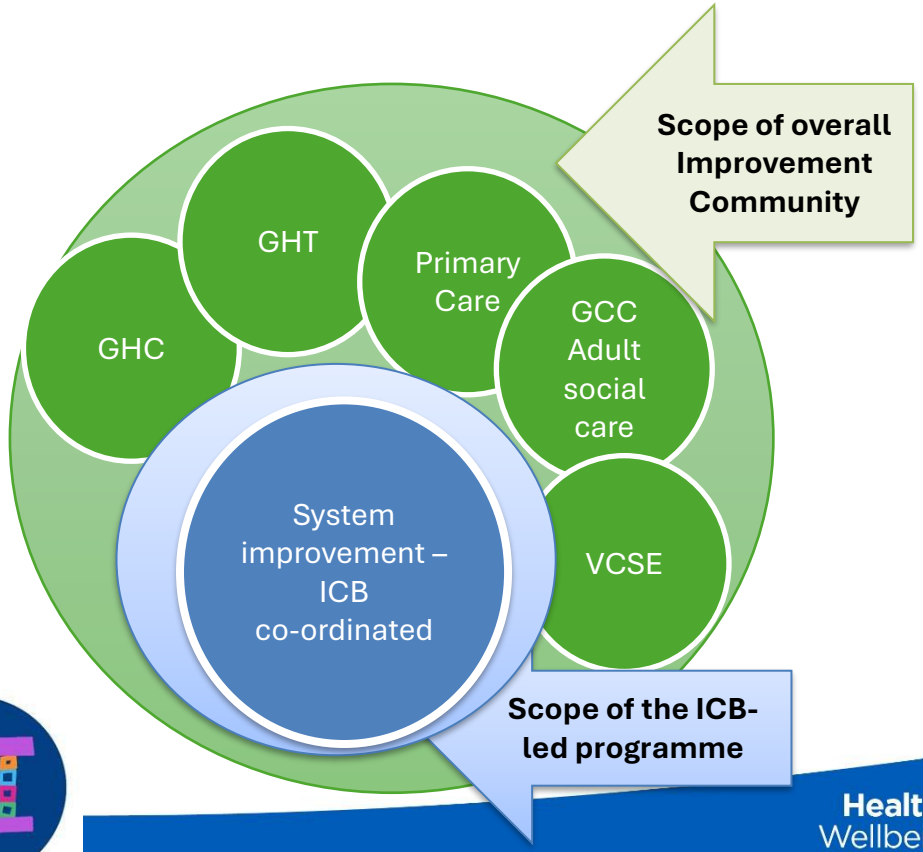
Click the links to jump to a section

02. A cross-system collaborative

The Improvement Community has formed and developed encompassing two key aspects to its identity.

- Firstly, its is a wider working collaborative network of Improvement Leaders and colleagues embedding an improvement approach into all of our work as health and care providers.
- Secondly, it has described the specific work of the ICB-led system enabler programme one of the important contributors – convening the network, building capability within ICS and wider partners, and coordinating improvement to support the delivery of system priorities.

We had described this a “thrived village” approach – that we came to together with a shared language and framework for improvement but appreciated the value of diversity in partners models that met the needs of their teams, settings and organisations.



03. Our strategic approach

https://extranet.nhsglos.nhs.uk/wp-content/uploads/2024/03/Improvement-Community-Strategic-Approach-v10.0.pdf

The programme's strategic approach was developed with system partners through a series of workshops commencing in May 2022. It was described as a **"Playbook**" to capture the emerging approach and development by testing in practice.
Whilst much was learnt and changed over the four years we maintained organising framework of three domains **Lead, Enable and Energise** and seven workstreams as shown overleaf.

04. Our delivery model

One Gloucestershire Improvement Community

ENABLE

LEARN

QI skills & knowledge, sharing the same language, theory & methodology. Right for place and context.

FACILITATE

Bespoke system facilitation to enable partners delivering complex change. Targeted on ICS Priorities

CONVENE

Mobilising system partners to lead and evolve our system improvement approach.

LEAD

AIM: To nurture an Improvement Culture across One Gloucestershire that can drive our ambitious programmes for transformation.

INTEGRATE

Embedding an improvement approach into One Gloucestershire's strategic planning, prioritisation and transformation delivery programmes and fostering a culture of continuous improvement within our teams

CONNECT

Unified community, with a cohered identity, enabling networking, connections and continued learning.

COLLABORATE

Partner in OD in building our collaborative culture and leadership for improvement

CELEBRATE

Time to spotlight successful improvements and lessons learnt.

ENERGISE


ENABLE
LEARN
FACILITATE
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CONVENE
Mobilising system partners to lead and evolve our system improvement approach.
LEAD
loucestershire that can
formation.
INTEGRATE
Embedding an improvement approach into One Gloucestershire's strategic planning, prioritisation and transformation delivery programmes and fostering a culture of continuous improvement within our teams
CELEBRATE
Time to spotlight successful improvements and lessons learnt.
05. LEAD:
Convene
Mobilising system partners to lead and evolve our system improvement approach.
ENERGISE

Co-designing our System Improvement Approach and developing as a strong improvement leadership partnership across ICS organisations.

Our Journey so far…

One Gloucestershire Improvement Community

Building on a **strong track record** of Improvement in Gloucestershire

Co-designing 2022: first phase of our collective Improvement Community Strategic Approach

Development 2023-24:
- growth, learning, innovation and delivery
- Within organisations and together as ICS partners

Strategic Review – late 2024
- system partner workshop as pilot site with NHS Confed and Health Foundation Q Team

Next Phase Strategic Development 2025 -26
- Shift to Strategic Commissioning
- New Provider Partnership

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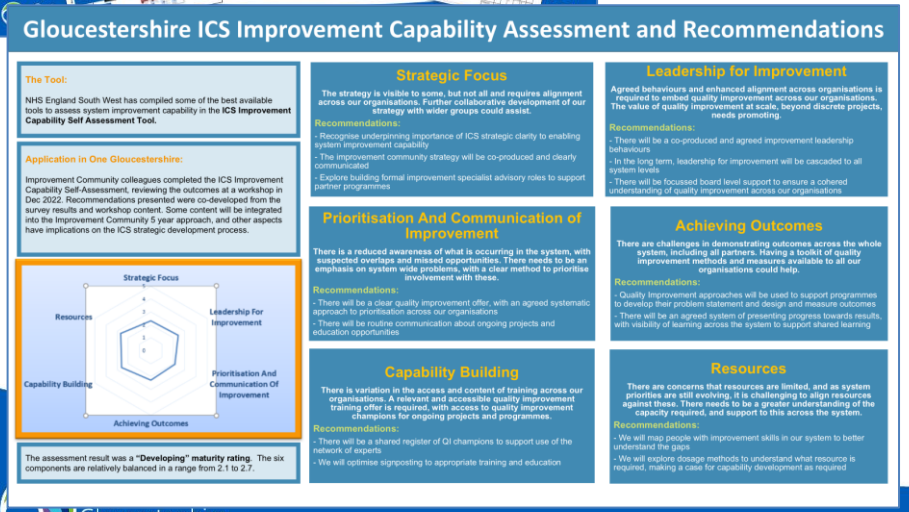
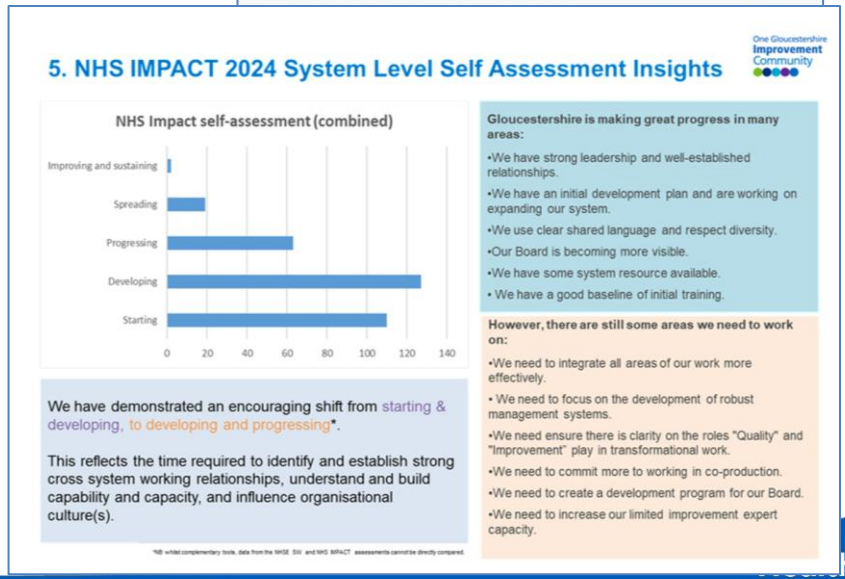
Programme Diagnostics – self assessment questionnaires etc.

One Gloucestershire Improvement Community



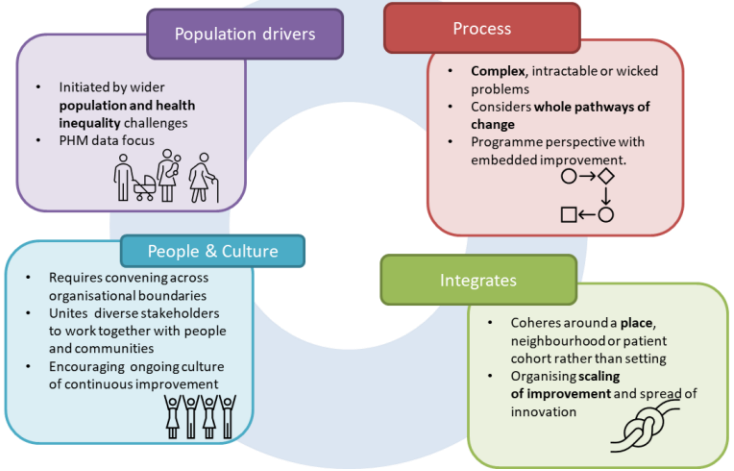


Defining System Improvement

One Gloucestershire Improvement Community

Some of the early work of the programme involved discussion with partners about our shared understanding of collaborative system improvement. However, at the same time a national interest on improvement across health and care was emerging, as shown on the next page….

Collaborative System Improvement: ...some differentiating features



System Improvement: A Practitioners Definition

System Improvement **is about how we collaborate on complex challenges** and deliver better health and wellbeing for the populations we serve. It enables high quality care, reduced health inequalities, ensures best value service and environmental sustainability.

It involves teams becoming **united by a common purpose** across organisational boundaries and together with people and communities. It requires a deep commitment to nurturing strong working relationships and trust between partners, as the foundation for effective collaborative working.

As a working practice it applies well-evidenced tools and methods for leading complex change from **quality improvement and other related fields** such as system thinking and co-production. It recognises an adaptable skill set and celebrates the work of improvers across a wide variety of contexts.

It also **requires a focus on building the conditions required across a system**, including lining up with local strategic priorities, helping people access skills development training, giving people time and permission to be involved in improvement, and ensuring the right culture for change

National Context

Strategic shift to improvement as mainstream business

Growing focus on the "new frontier" of system improvement

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

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

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

NHS Delivery and Continuous Improvement Review (2023)

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

NHS IMPACT (2023) The practical response to the NHS Delivery and Continuous Improvement Review

NHS Confederation

The Health Foundation

The Health Foundation

Self Improving Systems Programme (2024) The next phase of understanding and planning system improvement work

NHS England South West

NHS IMPACT Launch Event 9th May 2024

Q & NHS Confederation's Improving across health and care – a framework

2024 - One Gloucestershire Pilot Site Test

One Gloucestershire Improvement Community

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NHS Gloucestershire

Improving Across Health And Care Systems (Nov 2023)

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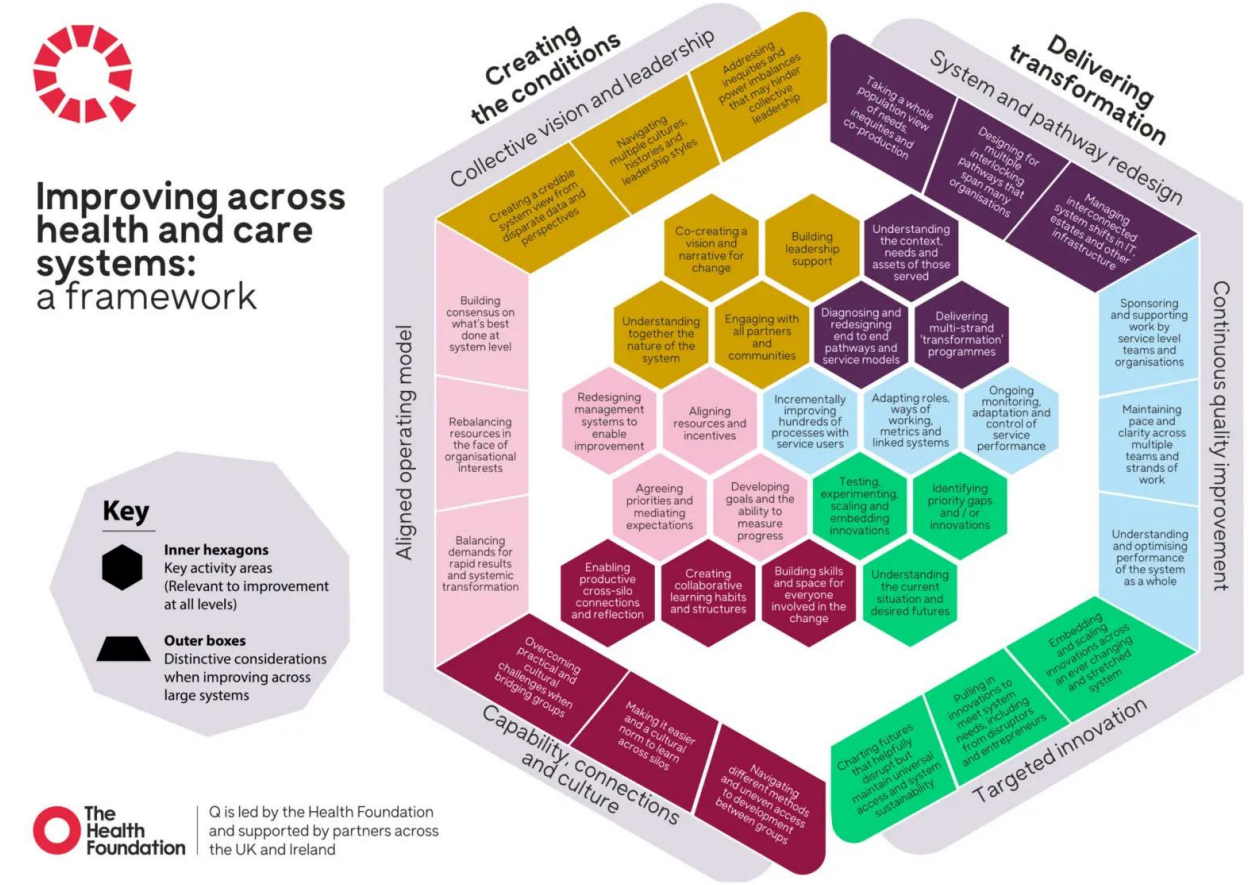
The framework supports leaders in planning and delivering large-scale health and care improvements across systems. Developed with sector leaders, it outlines six activity modes aligned with NHS IMPACT, addressing conditions for sustainable improvement and service transformation. It also guides navigating complex cross-system work, offering peer-learning and ongoing development opportunities. {add note on our experience}

One Gloucestershire ICS became a pilot site for understanding how the framework related in practice.

https://q.thehsalliance.org/resources/improving-across-health-and-care-systems-a-framework



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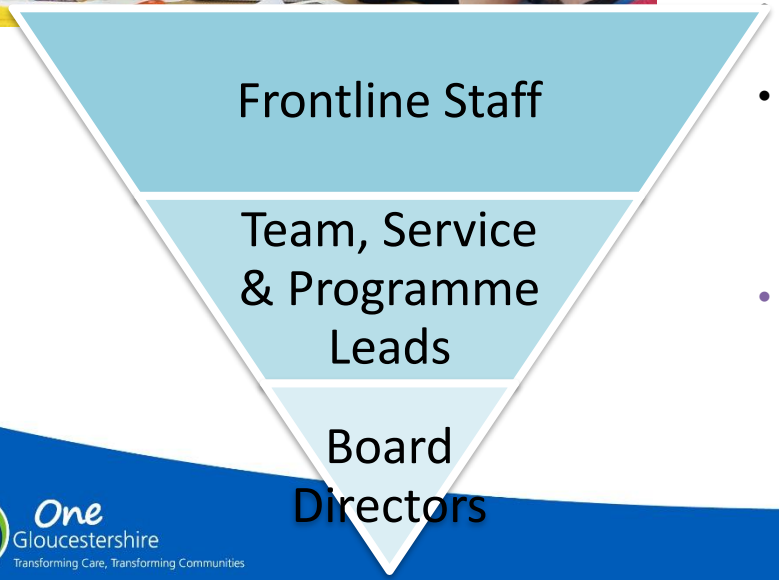
The Health Foundation | Q is led by the Health Foundation and supported by partners across the UK and Ireland

Board Level Development Intentions



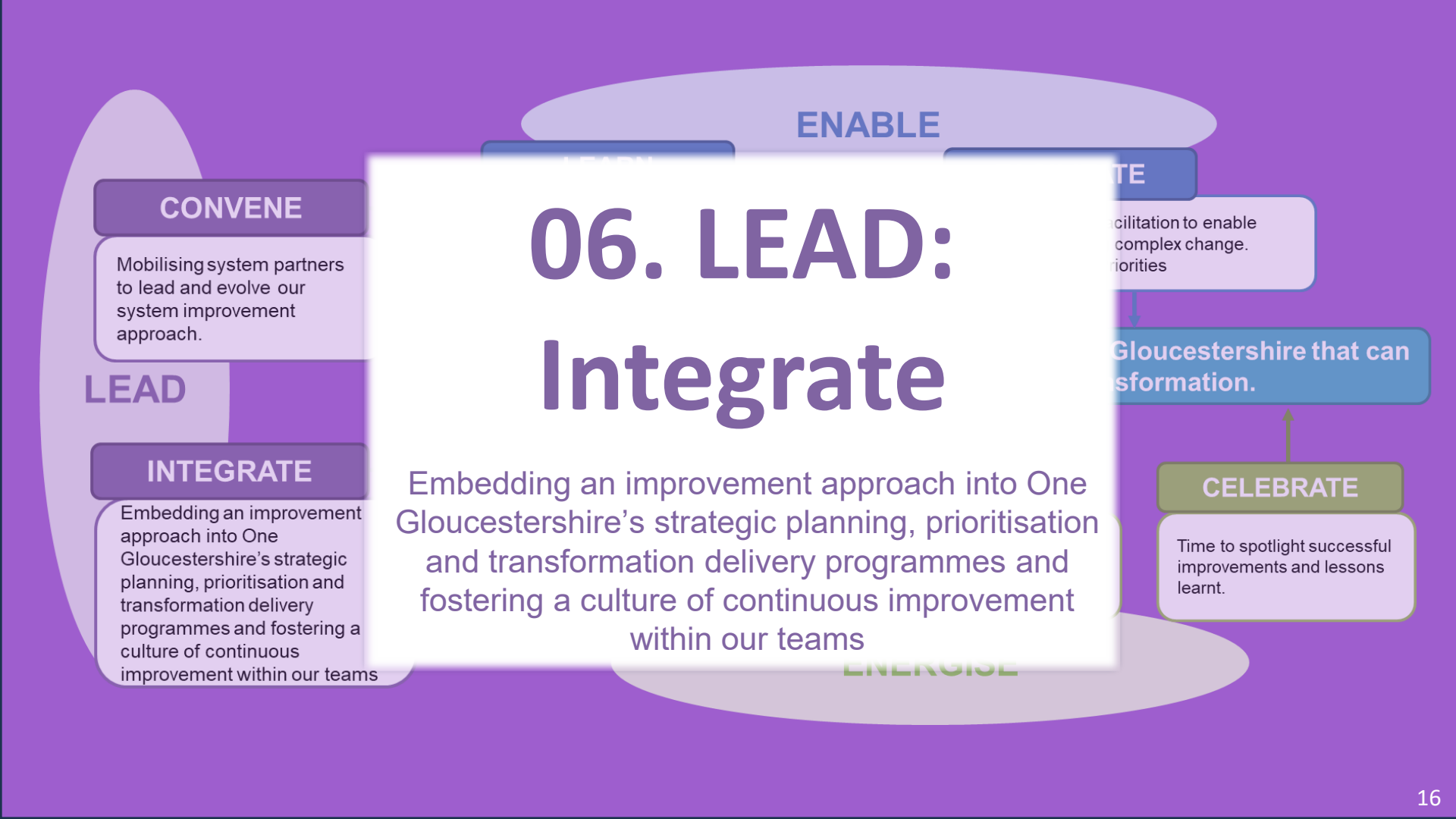
- Building system-wide improvement capability requires learning and development at every level of our organisations.
- Improvement Community partners wanted to explore a collective Executive level across provider partners and ICB and scoping was begun.

  Progress was paused as NHS IMPACT announced the launch of a national programme.
- This shifted to being NHS Trusts only, but a joint application was made but delayed due to national funding being deferred. Recent announcements suggest that it will re-progress but scope may be amended.
- ***Reflection:*** *a board-level programme remains a significant enabler of systematically embedding improvement and a renewed focus either locally or with national programme is recommended.*

Our Governance Structure

One Gloucestershire Improvement Community

Improvement Board	• Sets direction for system improvement approach. • Quarterly meeting of Executive Sponsors across providers, senior Improvement Leads and partners • **Chaired by**: Will Cleary-Gray
Steering Group	• Coordination and development forum for Improvement Community. • ~8 meets pa. Typically, strong representation of improvement leads across providers, collaborating enabling colleagues from across health and care. • **Chaired by**: Kathryn Hall
Improvement Leaders Huddle	• Associated “drop in” weekly Huddle for Improvement Leads across partner organisations to share informal updates and coordinate joint work.


ENABLE
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Gloucestershire that can
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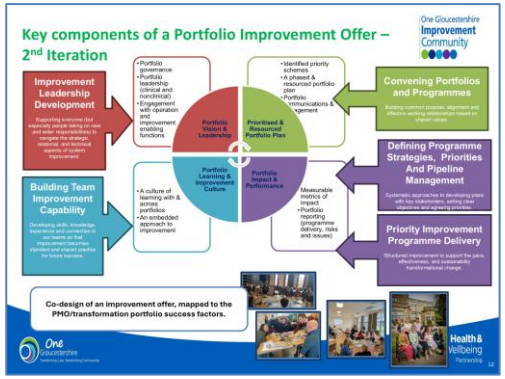
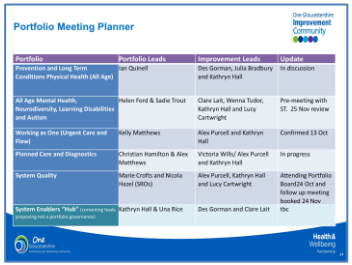
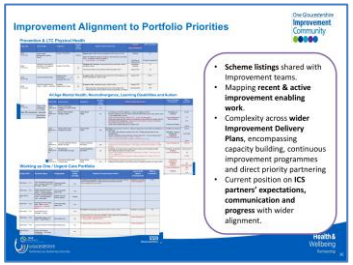
CELEBRATE
Time to spotlight successful improvements and lessons learnt.
06. LEAD:
Integrate
Embedding an improvement approach into One Gloucestershire's strategic planning, prioritisation and transformation delivery programmes and fostering a culture of continuous improvement within our teams

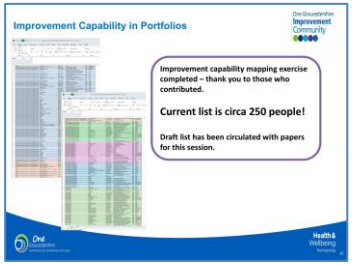
Alignment with ICB Priority Programmes

- Planning support ‘clinics’ & Mapping to JFP
- Mapping to planning process ➲
- A tailored improvement offer ➲
- Engagement sessions with portfolio leads ➲
- Mapping improvement alignment to priority projects ➲
- Mapping improvement capacity across the system ➲





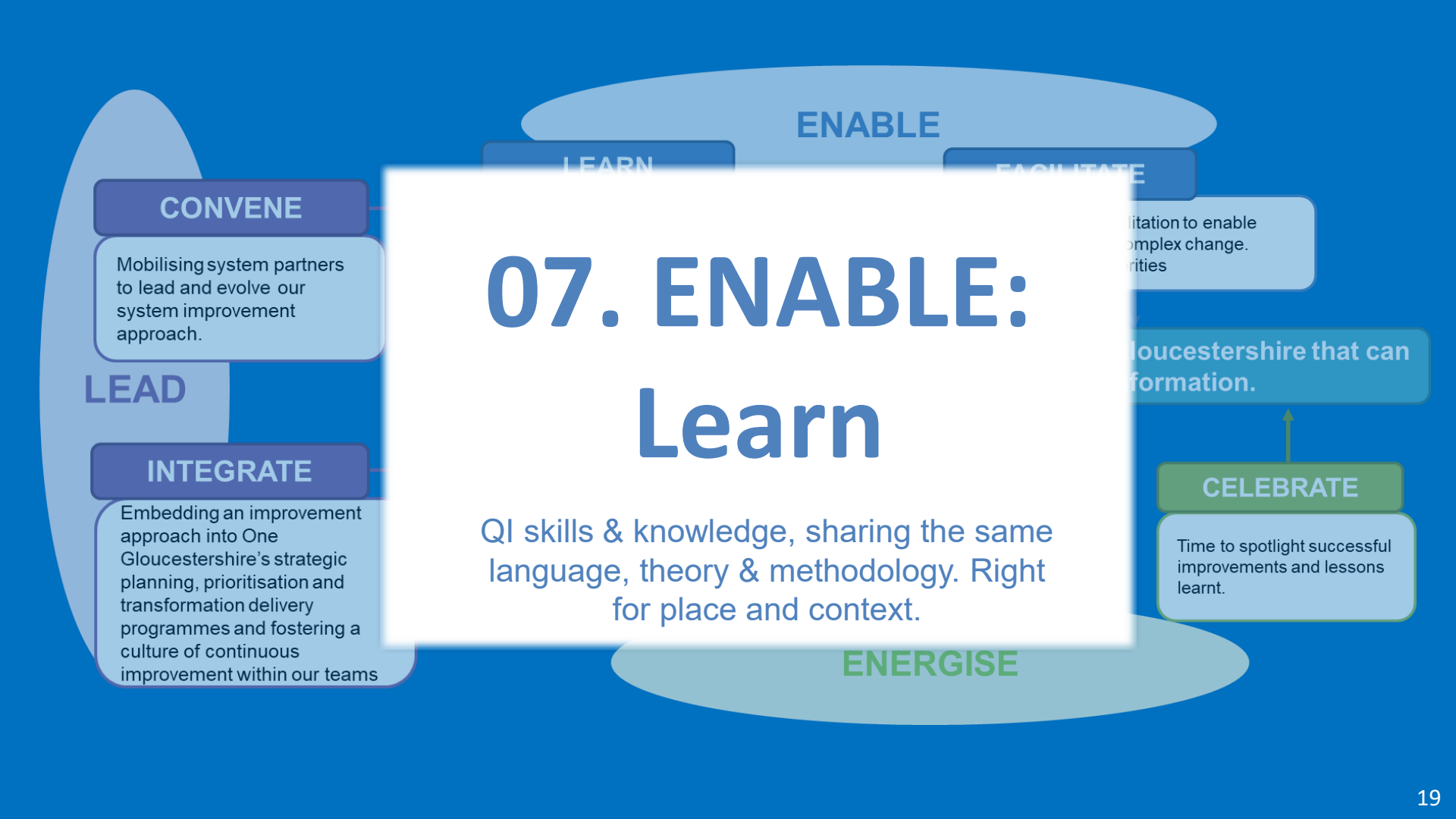




Offer made to portfolios (Autumn 2025)

One Gloucestershire Improvement Community

- Offer built around **Enabling Improvement**, specifically:
  - **Partnership Building** for strong teams with agreed shared plans ➲
  - Improvement coaching for Project **Delivery and Design** ➲
  - **Developing capacity** in improvement skills and knowledge ➲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07. ENABLE:
Learn
QI skills & knowledge, sharing the same language, theory & methodology. Right for place and context.
CELEBRATE
Time to spotlight successful improvements and lessons learnt.
ENERGISE

QI Training And Education In One Gloucestershire ICS…

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

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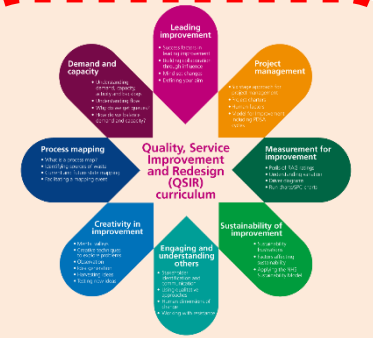
- General Practice Improvement Programme (GPIP)

- Bronze
- Silver
- Gold
- *Human Factors*

- Pocket
- **Bronze**
- Silver



- Fundamentals
- Practitioner

Over 5000 people have undertaken training in Gloucestershire

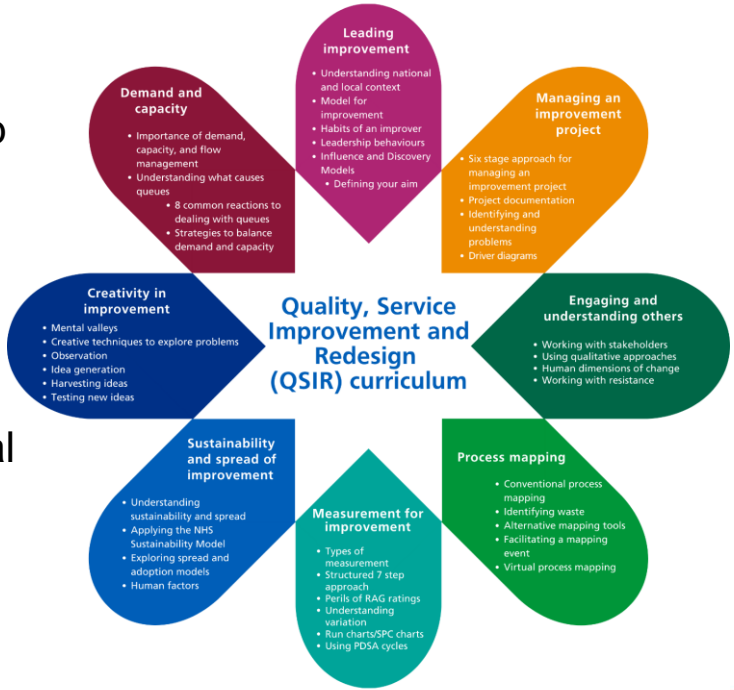
We support cross organisational training so attendees can access training which best meets their need

Training at NHS Gloucestershire CCG/ICB

One Gloucestershire Improvement Community

In 2017 we identified the specific need to support cross organisational teams in **delivering pathway redesign** projects as a key priority. Our rationale is that we want to enable clinicians and project staff to improve the joining-up of care, reduced clinical variation and better health outcomes by providing them with QI knowledge and skills and a forum for **proactive collaboration**.

NHS Improvement's QSIR (Quality Service Improvement and Redesign) Practitioner Programme (now delivered by AQUA) was identified as providing an excellent educational overview of **best practice methodologies** delivered in a workshop environment that enables teams to bond, apply their learning and make tangible progress with their projects during the day.



08. QSIR (Quality Service Improvement and Redesign)

an evidence-based QI capacity and capability building programme

One Gloucestershire Improvement Community

- Nationally recognised Programme
- Delivered by Gloucestershire based teaching associates
- Accredited by NHS England's QSIR College/AQUA
- **Day 1:** Leading improvement and Managing an improvement project
- **Day 2:** Engaging and understanding others and Process mapping
- **Day 3:** Measurement for improvement and PDSA
- **Day 4:** Sustainability and spread of improvement and Creativity
- **Day 5:** Demand and capacity

Meet your QSIR faculty

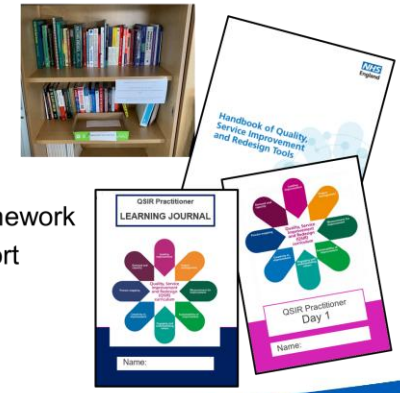
Kathryn Hall
Faculty Lead

Jane Lee
Faculty Manager

Lucy Cartwright
Faculty Associate

Support and coaching

- National QSIR handbook
- Learning Journal
- Local daily handbook
- Review and feedback on homework
- Improvement coaching support
- QI library



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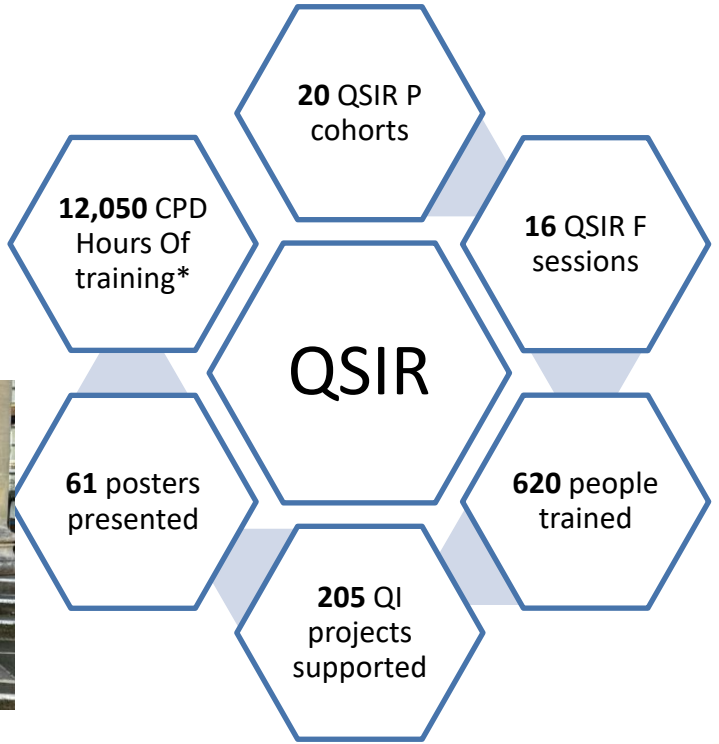
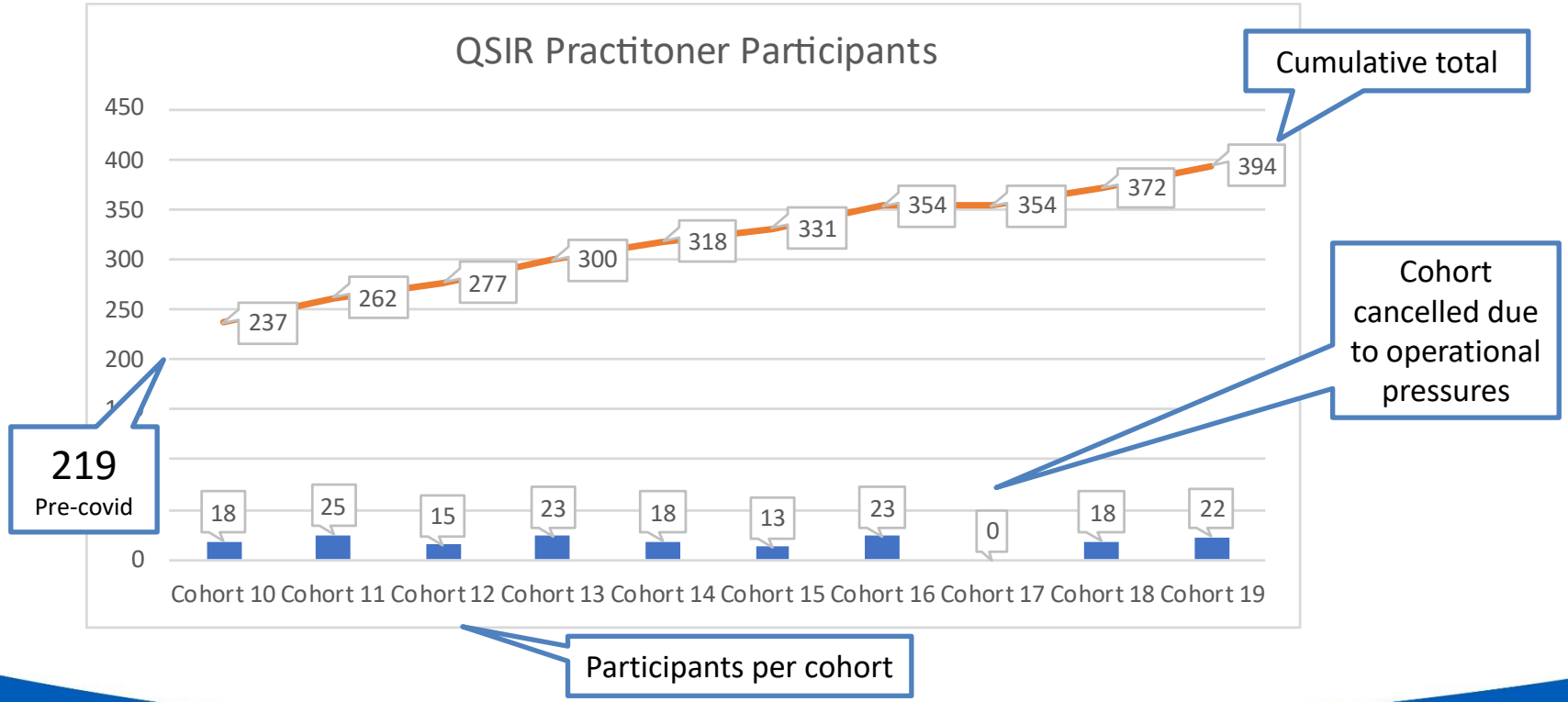
Programme headlines

- 10 years of programme delivery
- System reach (ICB, GCC, GHT/GHC, VCSE, Third Sector)
- Coaching/mentoring support
- Faculty Lead – co-assessor for QSIR College candidates
- Faculty Manager – major contributor to national curriculum refresh



* See calculation in notes

QSIR Practitioners trained



QSIR in Gloucestershire in pictures

One Gloucestershire Improvement Community

QSIR Fundamentals

Process mapping

Celebration event

The plug game (LEAN simulation exercise)

PDSA (Mr Potato Head)

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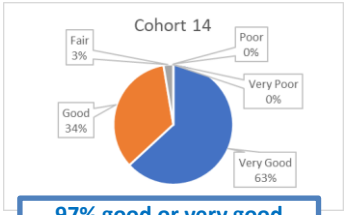
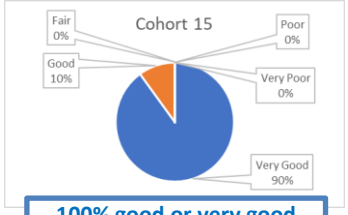
QSIR P participant feedback

One Gloucestershire Improvement Community

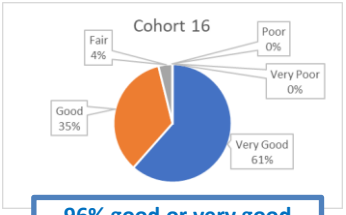
How would you rate the value of the content of the workshop day?



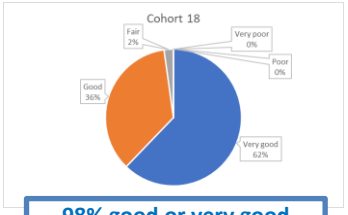
97% good or very good



100% good or very good



96% good or very good



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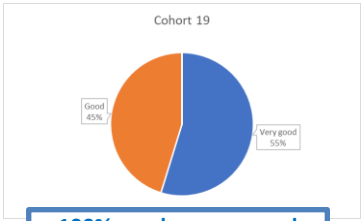
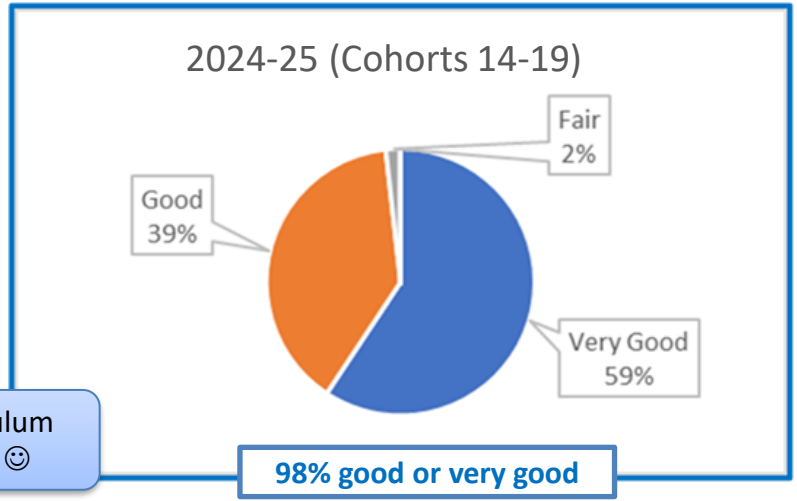


100% good or very good

New curriculum rolled out ☺



98% good or very good

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Testimonials and feedback

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Good use of direct teaching and engagement activities with a fun but practical spin.
Cohort 19 participant

Such useful tools and resources that I can see me actually using!
Cohort 19 participant

Good use of taught content and application in a fun scenario based way.
Cohort 19 participant

Very fast paced my brain is fried as this is out of my comfort zone but finding it all very interesting and excited to use it.
Cohort 19 participant

It's been so great! I've learned loads and I can't wait to put it into practice.
Cohort 19 participant

Had a lot of fun, thank you.
Cohort 19 participant

Good use of smaller group activities and feedback time to initiate good discussions and sharing of experiences.
Cohort 19 participant

Great facilitation ☺
Cohort 18 participant

Great energy from the coaches as always! Thanks so much for the support gang.
Cohort 18 participant

Really great and engaging training and learning
Cohort 18 participant

Really useful to drill through tools to support the initiation of a project and helping me to reframe on thinking of the problem more than simply focusing on the solution.
Cohort 18 participant

Have thoroughly enjoyed the whole course, made better for the enthusiasm of the team delivering the sessions.
Cohort 18 participant

Note: Feedback is anonymous, so unable to attribute further than the cohort attended

Example posters 24/25

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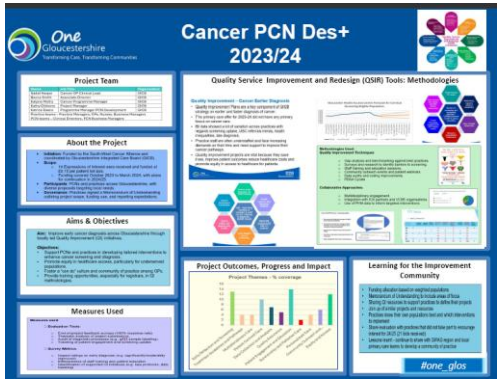

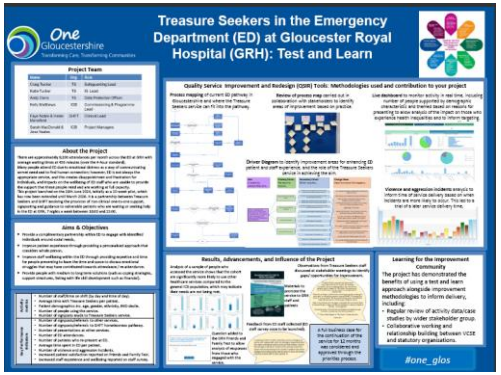

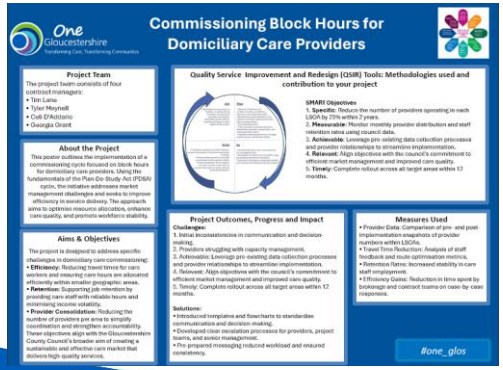

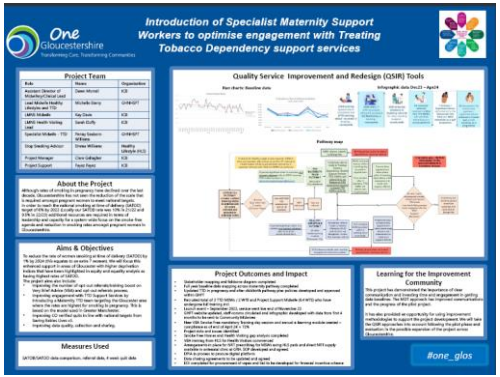

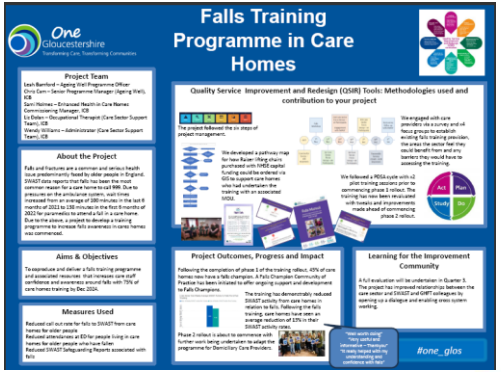

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*See all 26 posters at:
https://extranet.nhsglos.nhs.uk/improvement-community/qsir/#link-qsir-programmes

Health & Wellbeing Partnership

09. Coaching for System Improvement

RUBIS.Qi One Gloucestershire Improvement Community

Our rationale:-

The Coaching for System Improvement programme has been a defining and innovative aspect of our programme delivery.

Leading collaborative improvement across organisational boundaries **across boundaries requires:-**

- Interorganisational **teamworking** and accountability, with multiple sponsors and governance structures
- Navigating **multiple cultures and identities**
- **Relational influence** rather than positional power
- **Thinking as system** – shift to proactive care and prevention
- **System data**, measurement strategies and benefits realisation
- Shared vocabulary of **change and co-production** with people and communities

Leaders were typically familiar with these demands, but it was an underserved area of professional development

System Improvement is inherently complex

A Coaching Leadership approach can maximise how we realise the collective intelligence of people across health and care

Coaching for System Improvement

- a programme for senior leaders that want to take an improvement approach to cross-system transformation

RUBIS.Qi | One Gloucestershire Improvement Community

- Collaborating with **national partners** and **system colleagues** to drawn on emerging best practice
- Combining with **extensive practical experience** of leading, facilitating and coaching teams developing neighbourhood and integrated care.
- Building a **teaching faculty** and gaining national funding award.
- Delivering a **3-year project** to co-design, test and deliver three cohort of an innovative programme.

Meet the team and find out about our project…

Q & NHS Confederation's Improving across health and care – a framework

AIM: By September 2027 we will have a network of system improvement coaches equipped with the energy, confidence and collective resilience to lead complex change across our health and care system

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Transforming Care, Transforming Communities

Health & Wellbeing Partnership

Coaching for System Improvement Programme Development

The programme has been co-designed with leaders with live responsibility for cross –organisation improvement in Gloucestershire. The first cohort joined workshops to set the initial design principles and learning objectives, and feedback and discussion with each subsequent cohort have contributed to the development of the programme content and format.

Our design principles:

- Highly interactive and practical
- Built on evidence and good practice from aligned disciplines
- Informed by co-production and lived experience
- Ongoing development with those applying the programme in practice
- People come away with the confidence to use it straight away
- A clear structure, which follows a system improvement process
- Connects colleagues and builds relationships
- **Brings joy and meaning!**

Teaching Faculty

Anna Burhouse – Rubis QI at Northumbria Healthcare NHSFT

Kathryn Hall & Lucy Clarke – One Gloucestershire ICS

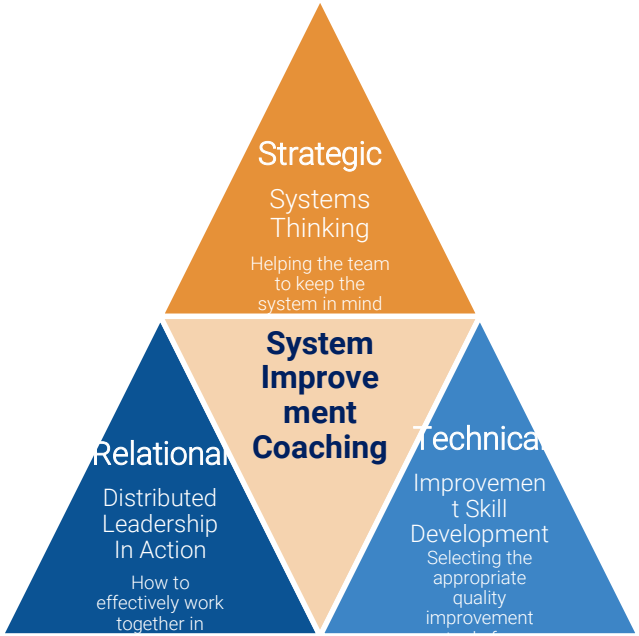
Learning objectives and format

- 3 full-day session workshops in a small group programme.
- Use of case studies, live system challenges and reflective practice.
- A theoretical basis, with lots of time to practice skills.

Core Learning Objectives

1. Understand the concept of system improvement and system improvement coaching and the difference between this and personal coaching.
2. Be able to explain your role as a system improvement coach.
3. Refresh your coaching foundation skills and think about how to apply them in system settings.
4. Start to understand how to 'shift gear' and move fluidly between coaching, QI and other core skill sets.
5. Reflect on your own practice, including how to work ethically, build on your strengths and seek ongoing development and supervision.
6. Learn how to promote a safe and ethical system improvement coaching environment from the start that encourages system partners to contribute to system level improvement work.
7. Explore a typical system improvement life cycle and learn what to anticipate might be needed at each stage.
8. Practice how to coach system improvement teams to explore barriers and enablers relating to their QI work and generate their own ideas and solutions.
9. Reflect on your own practice, your coaching style and way of being and create your own development plan.

Core Theory and Models

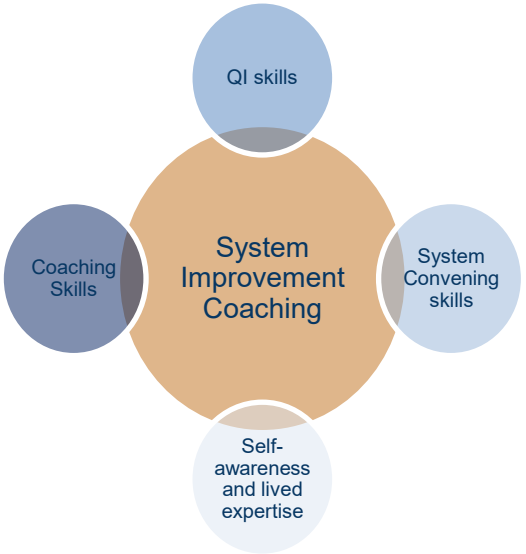


An Improvement Leader can enable teams to work effectively across 3 core elements using a coaching approach:

Strategic: Always keeping the system in mind, what can they do to **identify and overcome the system challenges**?

Technical: How to choose and select the **appropriate quality improvement tools and methods** for effective system working?

Relational: How to be brilliant at **system level 'teaming'**.



Core skills covered in the programme

5-Stage Model of System Improvement

Stage 1

Identification Of An Improvement Opportunity And Development Of A Common Will To Change

- Forming a cross-system forum or team to begin to look at this work
- Developing a shared vision for progressing the work
- Creating conditions for the QI work
- Get commitment and support from all organisations
- Senior sponsorship is in place.
- Co-production is in place.

Stage 2

Deepen The Mutual Understanding Of The Issue , Exploring It From Multiple Perspectives

- Analysing the context and culture.
- Scoping the problem or opportunity. Analysing public health data.
- Co-production is in place. and anchored in the process.
- Reviewing the evidence and best practice.
- Baseline measurement undertaken.
- Process mapping and discovery.
- Stakeholder engagement and involvement begins.
- Appreciative inquiry.

Stage 3

Develop An Aim, Theory Of Change And Change Ideas

- Developing a clear improvement aim or theory of change and set of appropriate measures.
- Generating and prioritising ideas and being creative.
- Designing in behaviour change.
- Building the will for change.
- Engaging others.

Stage 4

Testing, Refining, Learning And Implementing

- Early PDSA cycles and system level operational changes
- 'Real time' measurement begins
- Review, evaluation and learning capture is in place.
- Ongoing monitoring of the progress to embed behavioural change through engagement.
- Widespread communication to involve and engage others.
- Sticking in there when it gets tough.

Stage 5

Sustaining And Gaining Improvement

- Celebrating team effort.
- Moving from QI into QC and 'standard work'.
- Sharing learning widely.
- Inviting collaboration for adoption and spread of successful work. Sharing learning from lessons learnt.
- Leaving a legacy of QI in the workforce.

A Luminosity Collaboration
One Gloucestershire Improvement Community
RUBIS.Qi

Participants and the community of practice

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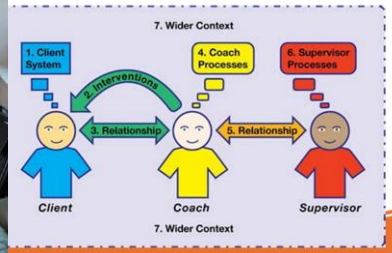
One Gloucestershire Improvement Community

32 Participants over 3 Cohorts
Range of senior leaders from health and social care.

Deputy Director of Strategy and Partnerships	Head of Commissioning (Health Improvement)	Adult Social Care Director of Quality Performance and Strategy	Chief Clinical information officer
Associate Director Locality Development	Principle Occupational Therapist & Social Worker	Chief Nursing Officer	Programme Director for Clinical Programme
Associate Director of Elective Care	Head of Children's Commissioning and Partnerships	Associate Director of Urgent Care and Flow Transformation	Primary Care Network Clinical Director (GP)

Following our second cohort, we launched a community of practice which meets roughly b-monthly in person and is supported by an online resource area:-

- A forum for peer learning and coaching
- An opportunity for networking across the cohorts
- A flexible approach based on the needs of the group with a co-produced agenda and format based



Evaluation: semi-structured interview s and surveys

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Benefits and value reported by participants included:-

1. Cross-organisational cohort fostered **stronger system relationships**
2. Increased **confidence in relational leadership**, enhancing psychological safety, and use of improvement tools.
3. **Relevance and useful practical application** of tools and frameworks to the participant's real-life problems,
4. Reported sustained engagement with **coaching practice**.
5. Embedding a coaching leadership approach and **enabling shifts in behaviours**.
6. Active **advocates for improvement and collaborative** leadership
7. Appreciated programme's **supportive test environment**
8. Protected **time for reflection** was highly valued
9. Energising connections, **collective resilience and hope**.

"If we've got teams using these skills then from a service user point of view that can only mean good things for our transformational work, driving that forward."

"I thought it was fascinating, completely engaging."

"I have already applied it in live system work, – feels like a challenge this complex needs to be looked at through a system improvement lens, and the approach feels quite different to just considering a pure process-based implementation"

"The course content was very important but actually bringing people together. Experience. People who are all leaders, into one room together"

Session Survey Feedback

- **9.14 Average Experience Rating**
- **93% Would recommend this course to a colleague**

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Health & Wellbeing Partnership

Some of the complexities…

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Noted by participant and faculty

1. Embedding within organisational cultures take **time and courage** as early adopters, and enthusiasm is sometimes tempered in the face of established patterns of performance management.
2. Most participants are not in dedicated system improvement coach roles, so framing the translation into a "**coaching approach to leadership"** has now given clarity.
3. Executive **sponsorship and strategies for sustaining behavioural change** were identified as essential for long-term impact;
4. Host partner being subject to **nationally directed organisational change** has severely challenged the programme development.

Impact of the Programme

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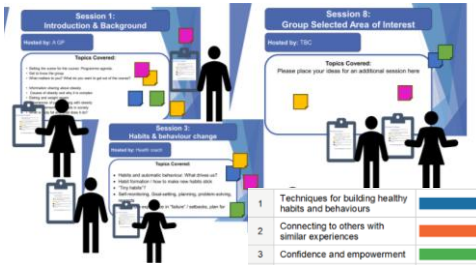
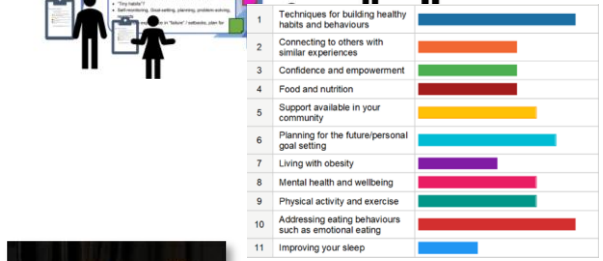
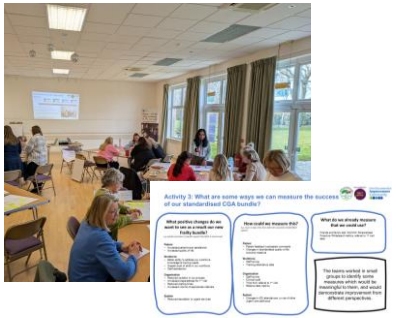
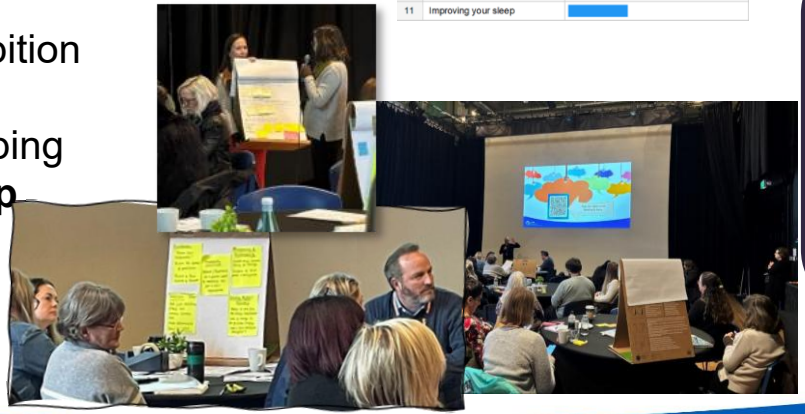
Good Transfer into practice – projects in Neighbourhood Frailty developments, Urgent Care Pathways, PCN Weight Management, convening Mental Health, learning disabilities and neurodiversity portfolio

Power of learning together - ambition grown to approach now being a cornerstone of how we are developing **System Improvement Leadership**









"I just wanted to send a huge thank you for all your work in facilitating our away day. The event was well received, with great engagement from attendees, and it's clear that the discussions and ideas shared will help shape the way we move forward."

Sally-Ann Bauer, Frailty Pathway Improvement Lead

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Our Hopes for the Future

System Improvement is increasingly relevant in enabling the strategic delivery of integrated care and neighbourhood health.

Our learning is that a **Coaching for System Improvement** approach has real potential for the development of effective collaborative leadership.

Next we hope to:-

- Continue the **delivery of our local taught programme** and nurture our community of practice to give greater capacity for system improvement within our ICS work
- Seek opportunities for **growth and spread** – including as part of a wider Gloucestershire/BNSSG ICB system and nationally
- Share further **learning and development** with colleagues nationally and at the IHI International Forum


ENABLE
CONVENE
Mobilising system partners to lead and evolve our system improvement approach.
LEAD
INTEGRATE
Embedding an improvement approach into One Gloucestershire's strategic planning, prioritisation and transformation delivery programmes and fostering a culture of continuous improvement within our teams
itation to enable
mplex change.
rities
loucestershire that can
formation.
CELEBRATE
Time to spotlight successful improvements and lessons learnt.
10. ENABLE:
Facilitate
Bespoke system facilitation to enable partners delivering complex change. Targeted on ICS Priorities
ENERGISE

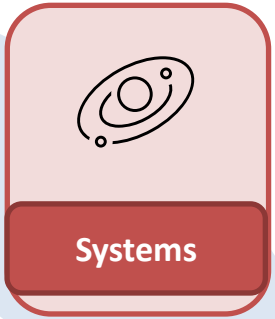
How we are deployed and coordinate as system-wide improvement functions

One Gloucestershire Improvement Community

Model for Improvement

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

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.



We 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.

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

- Convening a system improvement partnership
- Priority programme planning
- Programme strategy co-design

1 – 10 pa
Often a collective ***Improvers without Borders*** response

Improvement Project Facilitation

- Facilitation of priority service design projects
- Improvement collaboratives
- Improvement diagnostics

10 – 50 projects pa
Some joint working with QI partners

Improvement Capability: Training and Coaching

- QI Education Programmes
- Project coaching
- Team coaching /Mediation

1000+ people pa
Normally through partner faculty teams

What Tools Do We Use?

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

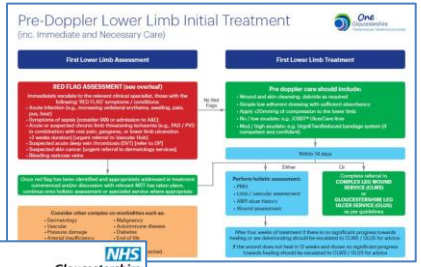
11. Working with delivery partners (transformation)

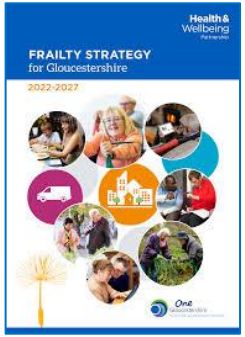
A core strength of the Improvement Community is how we **work alongside delivery partners across** Gloucestershire's health and care system. We support colleagues within the ICB who work strategically across the system, e.g. clinical programme groups, as well as supporting partner initiatives, and helping to convene wider groups of partners around key priorities acting as a **connector, facilitator and enabler**— helping teams translate improvement ambition into practical action.

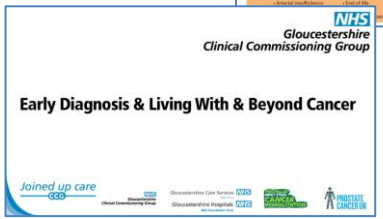
Our approach is grounded in **collaboration**, with a focus on delivering tangible improvements for patients. This includes working with partners, enabling leaders, practitioners and people with lived experience to **co-create solutions**, test **new approaches** and **embed a culture of continuous improvement**.

Delivery and impact successes

- Discovery work for Virtual Wards
- Launch of Working as One programme
- Living With and Beyond Cancer
- Lower Leg pathway development
- End of Life Strategy Development
- Discovery work for Integrated Neighbourhood Teams
- Frailty strategy and delivery national strategy discovery work







Transformation partners

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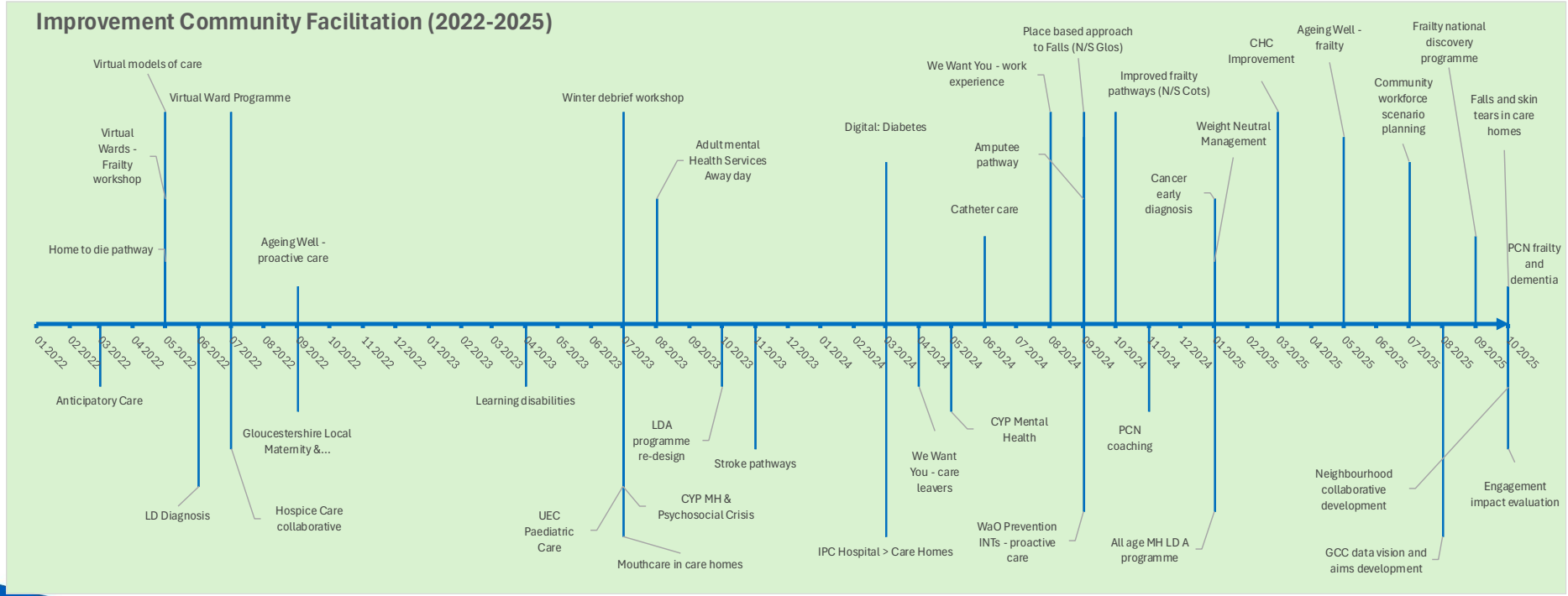
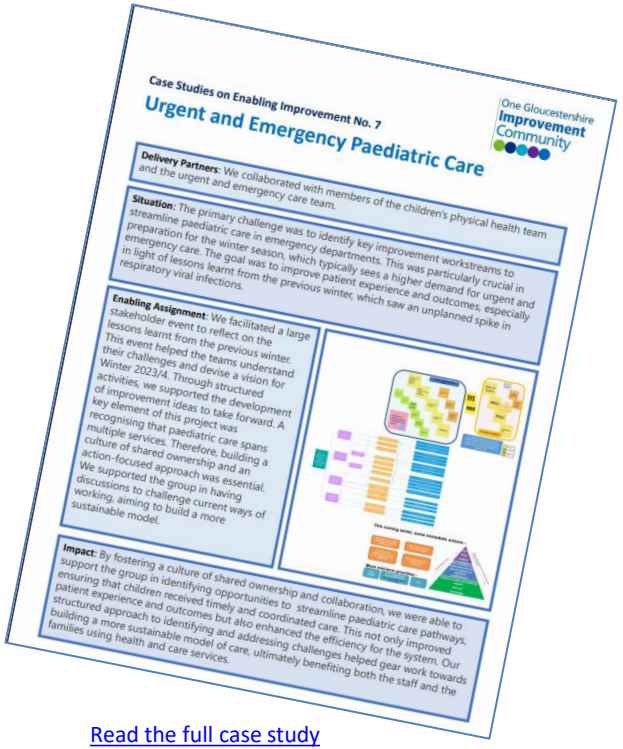


Note: This timeline indicates the start of the project – many of these assignments ran for many months

Urgent and Emergency Pediatric Care

- Partnered with CYP mental health programme group to address service challenges (access, resource use, integration, CYP voice)
- Facilitated stakeholder workshop to map the system, prioritise improvements, and develop a shared vision
- Provided coaching to translate ideas into a driver diagram for wider engagement
- **Impact:** clearer, structured approach to improvement, stronger focus on CYP perspective, and identified changes to improve experience and service use



Case Studies on Enabling Improvement No. 7

Urgent and Emergency Paediatric Care

One Gloucestershire Improvement Community

Delivery Partners: We collaborated with members of the children's physical health team and the urgent and emergency care team.

Situation: The primary challenge was to identify key improvement workstreams to streamline paediatric care in emergency departments. This was particularly crucial in preparation for the winter season, which typically sees a higher demand for urgent and emergency care. The goal was to improve patient experience and outcomes, especially in light of lessons learnt from the previous winter, which saw an unplanned spike in respiratory viral infections.

Enabling Assignment: We facilitated a large stakeholder event to reflect on the lessons learnt from the previous winter. This event helped the teams understand their challenges and devise a vision for Winter 2023/4. Through structured activities, we supported the development of improvement ideas to take forward. A key element of this project was recognising that paediatric care spans multiple services. Therefore, building a culture of shared ownership and an action-focused approach was essential. We supported the group in having discussions to challenge current ways of working, aiming to build a more sustainable model.

Impact: By fostering a culture of shared ownership and collaboration, we were able to support the group in identifying opportunities to streamline paediatric care pathways, ensuring that children received timely and coordinated care. This not only improved patient experience and outcomes but also enhanced the efficiency for the system. Our structured approach to identifying and addressing challenges helped gear work towards building a more sustainable model of care, ultimately benefiting both the staff and the families using health and care services.

[Read the full case study]

All Age Mental Health, Learning Disability, and Neurodivergence Board

One Gloucestershire Improvement Community

- Supported the launch of a new cross-programme board across mental health, LD and neurodivergence
- Designed and facilitated a workshop to establish shared values and priorities
- Enabled collaboration between stakeholders from multiple areas of the system
- **Impact:** stronger alignment, improved relationships, and a more unified strategic direction for the portfolio

Case Studies on Enabling Improvement No. 5

All Age Mental Health, Learning Disability, and Neurodivergence Board

One Gloucestershire Improvement Community

Delivery Partners: The Improvement team partnered with colleagues in the All-Age Mental Health, Learning Disability, and Neurodivergence clinical programmes.

Situation: With the upcoming launch of an All-Age Mental Health, Learning Disability, and Neurodivergence Board, senior leaders wanted to bring colleagues from the different programmes together to give an opportunity to shape how they would work together with the board.

Enabling Assignment: Our improvement team worked closely with the portfolio Clinical Lead, the Head of Integrated Commissioning, and the Project Manager to design a workshop flow that met the brief of building commonality and identifying opportunities for future development.

Activities included devising a set of shared values, affirming the benefits of the new All Age board, exploring opportunities for collaboration, and identifying requests for the board moving forward. Over 40 people attended the session and gave positive feedback.

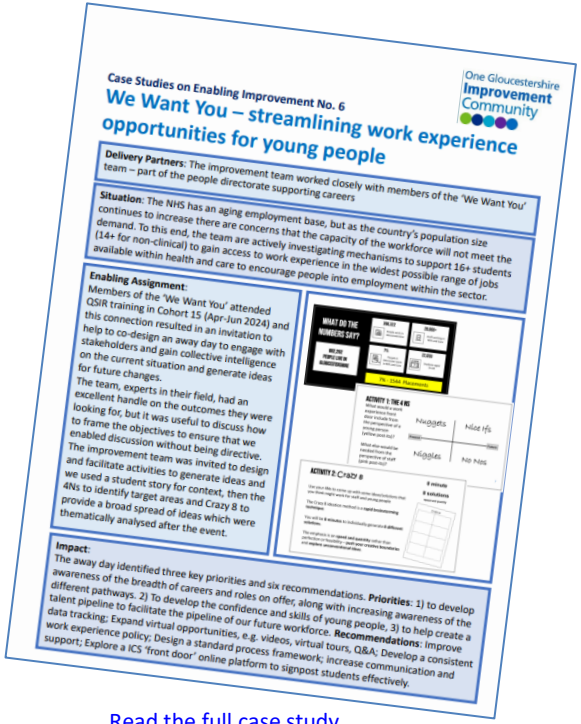
This collaborative effort ensured that the workshop was well-structured and aligned with the programme's wider goals and the outputs have been incorporated into their portfolio strategic planning.

Impact: The workshop successfully brought together the three clinical areas, fostering a sense of unity and shared purpose. Participants had the opportunity to network and build relationships, which laid the foundation for a more united portfolio. By using an improvement approach, we were able to facilitate meaningful connections which feed into a cohesive strategy that benefits staff, the organisations in our system, and the people using health and care services.

Read the full case study

We Want You – work experience initiative

- Worked with workforce colleagues to improve access to work experience opportunities
- Helped to design and facilitate an away day using improvement tools to generate ideas
- Supported identification of priorities and recommendations for future development
- **Impact:** clearer direction to strengthen access, awareness, and development of the future workforce pipeline



Case Studies on Enabling Improvement No. 6

We Want You – streamlining work experience opportunities for young people

Delivery Partners: The improvement team worked closely with members of the 'We Want You' team – part of the people directorate supporting careers

Situation: The NHS has an aging employment base, but as the country's population size continues to increase there are concerns that the capacity of the workforce will not meet the demand. To this end, the team are actively investigating mechanisms to support 16+ students (14+ for non-clinical) to gain access to work experience in the widest possible range of jobs available within health and care to encourage people into employment within the sector.

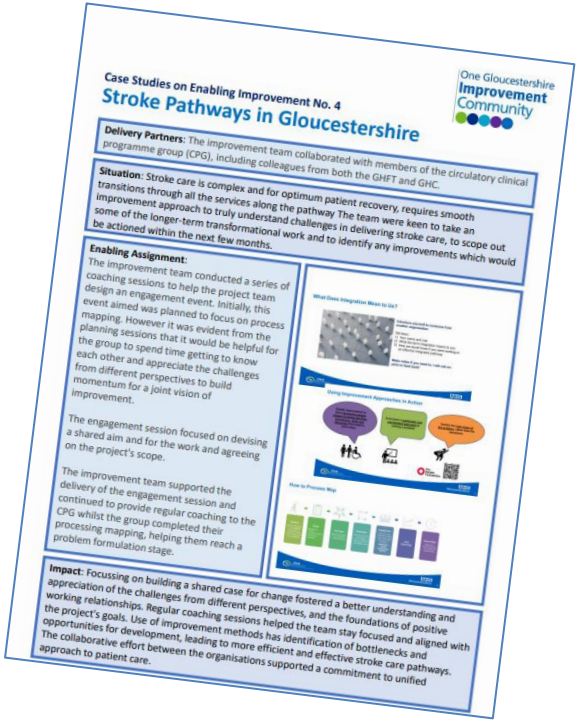
Enabling Assignment:
Members of the 'We Want You' attended QSIR training in Cohort 15 (Apr-Jun 2024) and this connection resulted in an invitation to help to co-design an away day to engage with stakeholders and gain collective intelligence on the current situation and generate ideas for future changes.
The team, experts in their field, had an excellent handle on the outcomes they were looking for, but it was useful to discuss how to frame the objectives to ensure that we enabled discussion without being directive.
The improvement team was invited to design and facilitate activities to generate ideas and we used a student story for context, then the 4Ns to identify target areas and Crazy 8 to provide a broad spread of ideas which were thematically analysed after the event.

Impact:
The away day identified three key priorities and six recommendations. **Priorities**: 1) to develop awareness of the breadth of careers and roles on offer, along with increasing awareness of the different pathways. 2) To develop the confidence and skills of young people, 3) to help create a talent pipeline to facilitate the pipeline of our future workforce. **Recommendations**: Improve data tracking; Expand virtual opportunities, e.g. videos, virtual tours, Q&A; Develop a consistent work experience policy; Design a standard process framework; increase communication and support; Explore a ICS 'front door' online platform to signpost students effectively.

Read the full case study

Stroke Pathways

- Collaborated with system partners to improve coordination across complex stroke pathways
- Delivered coaching and supported an engagement session to build shared aims and scope
- Helped develop relationships and understanding across organisations and services
- **Impact:** clearer problem definition, stronger collaboration, and identified opportunities to improve pathway flow



Case Studies on Enabling Improvement No. 4

Stroke Pathways in Gloucestershire

One Gloucestershire Improvement Community

Delivery Partners: The improvement team collaborated with members of the circulatory clinical programme group (CPG), including colleagues from both the GMFT and GHC.

Situation: Stroke care is complex and for optimum patient recovery, requires smooth transitions through all the services along the pathway The team were keen to take an improvement approach to truly understand challenges in delivering stroke care, to scope out some of the longer-term transformational work and to identify any improvements which would be actioned within the next few months.

Enabling Assignment:

The improvement team conducted a series of coaching sessions to help the project team design an engagement event. Initially, this event aimed was planned to focus on process mapping. However it was evident from the planning sessions that it would be helpful for the group to spend time getting to know each other and appreciate the challenges from different perspectives to build momentum for a joint vision of improvement.

The engagement session focused on devising a shared aim and for the work and agreeing on the project's scope.

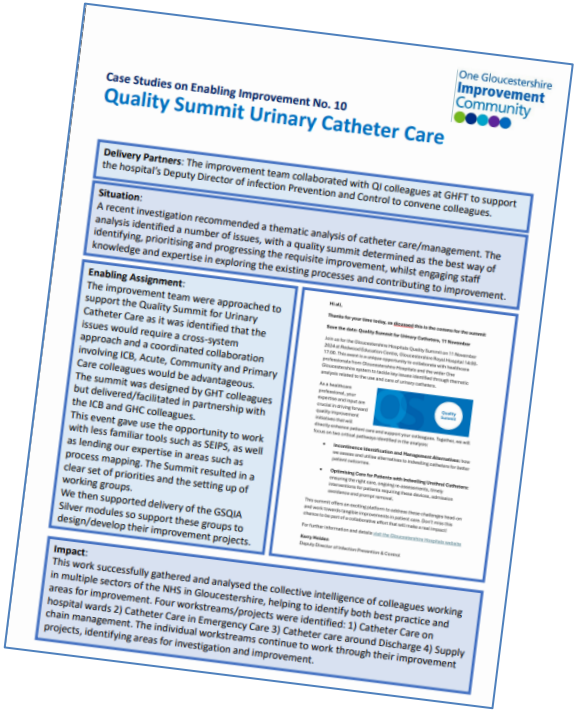
The improvement team supported the delivery of the engagement session and continued to provide regular coaching to the CPG whilst the group completed their processing mapping, helping them reach a problem formulation stage.

Impact: Focussing on building a shared case for change fostered a better understanding and appreciation of the challenges from different perspectives, and the foundations of positive working relationships. Regular coaching sessions helped the team stay focused and aligned with the project's goals. Use of improvement methods has identification of bottlenecks and opportunities for development, leading to more efficient and effective stroke care pathways. The collaborative effort between the organisations supported a commitment to unified approach to patient care.

[Read the full case study]

Quality Summit Urinary Catheter Care

- Supported a cross-system quality summit, hosted by GHNHSFT, to address catheter care challenges
- Helped to facilitate collaboration across acute, community and primary care partners
- Applied improvement tools (e.g. SEIPS) to identify priorities and establish workstreams
- **Impact:** shared system understanding and the creation of four focused workstreams to progress improvement actions



Case Studies on Enabling Improvement No. 10

Quality Summit Urinary Catheter Care

One Gloucestershire Improvement Community

Delivery Partners: The improvement team collaborated with QI colleagues at GHFT to support the hospital's Deputy Director of infection Prevention and Control to convene colleagues.

Situation:
A recent investigation recommended a thematic analysis of catheter care/management. The analysis identified a number of issues, with a quality summit determined as the best way of identifying, prioritising and progressing the requisite improvement, whilst engaging staff knowledge and expertise in exploring the existing processes and contributing to improvement.

Enabling Assignment:
The improvement team were approached to support the Quality Summit for Urinary Catheter Care as it was identified that the issues would require a cross-system approach and a coordinated collaboration involving ICB, Acute, Community and Primary Care colleagues would be advantageous. The summit was designed by GHT colleagues but delivered/facilitated in partnership with the ICB and GHC colleagues.
This event gave use the opportunity to work with less familiar tools such as SEIPS, as well as lending our expertise in areas such as process mapping. The Summit resulted in a clear set of priorities and the setting up of working groups.
We then supported delivery of the GSQIA Silver modules so support these groups to design/develop their improvement projects.

Impact:
This work successfully gathered and analysed the collective intelligence of colleagues working in multiple sectors of the NHS in Gloucestershire, helping to identify both best practice and areas for improvement. Four workstreams/projects were identified: 1) Catheter Care on hospital wards 2) Catheter Care in Emergency Care 3) Catheter care around Discharge 4) Supply chain management. The individual workstreams continue to work through their improvement projects, identifying areas for investigation and improvement.

Read the full case study

12. Working with delivery partners (PCNs and GP Practice Partners)

One Gloucestershire Improvement Community

Our work with Primary Care Networks (PCNs) focuses on **supporting improvement** that responds to the **real pressures and priorities** within primary care. We build relationships with PCN leaders and teams, shaping a flexible support offer to support **neighbourhood health** that **adds value without adding burden**.

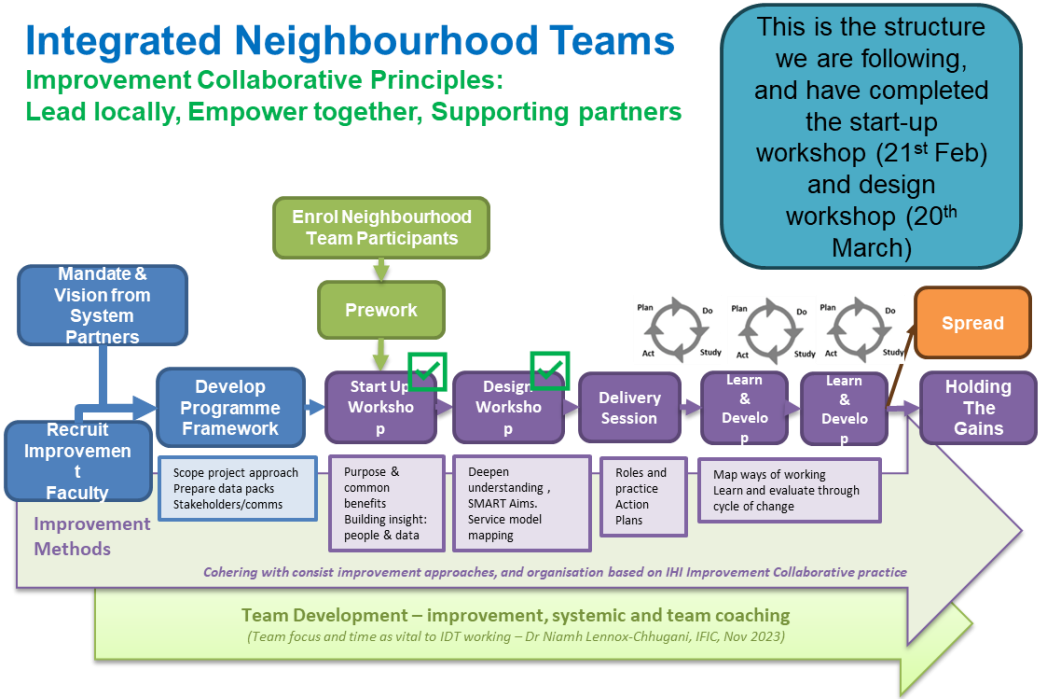
We provide **practical support** including facilitated planning conversations, improvement coaching and bespoke QI training, helping teams to identify opportunities, co-design solutions and deliver measurable change in areas such as frailty, falls prevention and early cancer diagnosis.

Alongside this, we **build capability** through access to QSIR, and tailored just-in-time teaching, enabling teams to embed integrated ways of working and continuous improvement.

Discover work for Integrated Neighbourhood Teams

One Gloucestershire Improvement Community

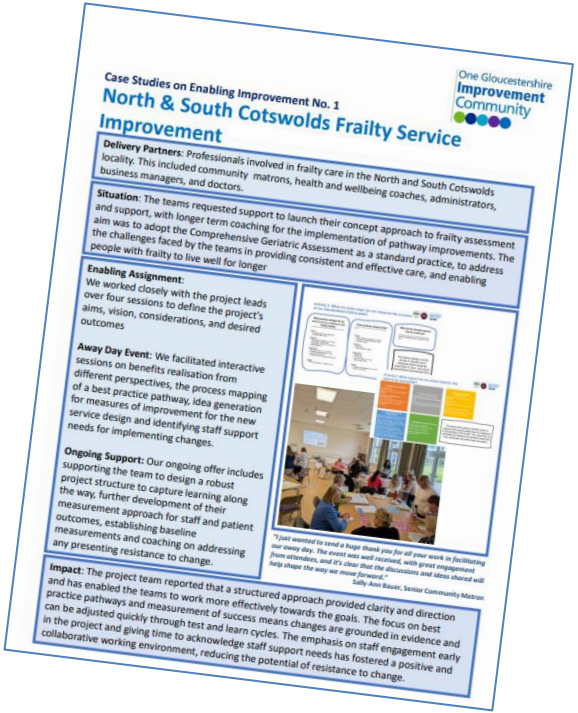
- Partnered with Locality Development colleagues and 3 PCNs to discuss and make recommendations around Integrated Neighbourhood Teams
- Collaborated to identify themes and start to design improvement approaches



North & South Cotswolds Frailty Service Improvement

One Gloucestershire Improvement Community

- Partnered with Cotswold Frailty teams (North and South) to support development of a shared frailty pathway and service model
- Facilitated an away day to define aims, map pathways, and identify measures for improvement
- Provided ongoing coaching on project structure, measurement, and managing change
- **Impact:** clearer direction, stronger engagement, and a more consistent, evidence-based approach to frailty care



Case Studies on Enabling Improvement No. 1

North & South Cotswolds Frailty Service Improvement

One Gloucestershire Improvement Community

Delivery Partners: Professionals involved in frailty care in the North and South Cotswolds locality. This included community matrons, health and wellbeing coaches, administrators, business managers, and doctors.

Situation: The teams requested support to launch their concept approach to frailty assessment and support, with longer term coaching for the implementation of pathway improvements. The aim was to adopt the Comprehensive Geriatric Assessment as a standard practice, to address the challenges faced by the teams in providing consistent and effective care, and enabling people with frailty to live well for longer

Enabling Assignment: We worked closely with the project leads over four sessions to define the project's aims, vision, considerations, and desired outcomes

Away Day Event: We facilitated interactive sessions on benefits realisation from different perspectives, the process mapping of a best practice pathway, idea generation for measures of improvement for the new service design and identifying staff support needs for implementing changes.

Ongoing Support: Our ongoing offer includes supporting the team to design a robust project structure to capture learning along the way, further development of their measurement approach for staff and patient outcomes, establishing baseline measurements and coaching on addressing any presenting resistance to change.

"I just wanted to send a huge thank you for all your work in facilitating our away day. The event was well received, with great engagement from attendees, and it's clear that the discussions and ideas shared will help shape the way we move forward."
Sally-Ann Bauer, Senior Community Matron

Impact: The project team reported that a structured approach provided clarity and direction and has enabled the teams to work more effectively towards the goals. The focus on best practice pathways and measurement of success means changes are grounded in evidence and can be adjusted quickly through test and learn cycles. The emphasis on staff engagement early in the project and giving time to acknowledge staff support needs has fostered a positive and collaborative working environment, reducing the potential of resistance to change.

Read the full case study

Falls Prevention in North and South Gloucester

One Gloucestershire Improvement Community

- Supported North and South Gloucester PCN to lead a falls prevention project focused on high-risk older adults
- Provided coaching on project design, evaluation, measurement, and prioritisation
- Enabled delivery of staff and community engagement events to support implementation
- **Impact:** improved proactive identification and prevention, alongside strengthened workforce capability in improvement methods

Case Studies on Enabling Improvement No. 3

Falls Prevention in North and South Gloucester Primary Care Network

One Gloucestershire Improvement Community

Delivery Partners: The Falls Prevention in Frail Adults Over the Age of 65 project is a collaborative effort involving a diverse team from various organisations and professions within the North and South Gloucester Primary Care Network.

Situation: The primary challenge addressed by this project is take a prevention focussed approach with frail adults at high risk of falls over the age of 65 in North and South Gloucester. The project team wanted to take an improvement approach and specifically requested support to design an evaluation method which would be effective for prevention work.

Enabling Assignment:
A system improvement coach has joined regular project team meetings, supporting conversations around project structure, workstream prioritisation, evaluation and measurement approaches, and providing in-the-moment improvement education and skills training.

Work completed so far includes designing and delivering a staff convening event to launch the project and assisting the team in the delivery of three community events to provide signposting to local support services.

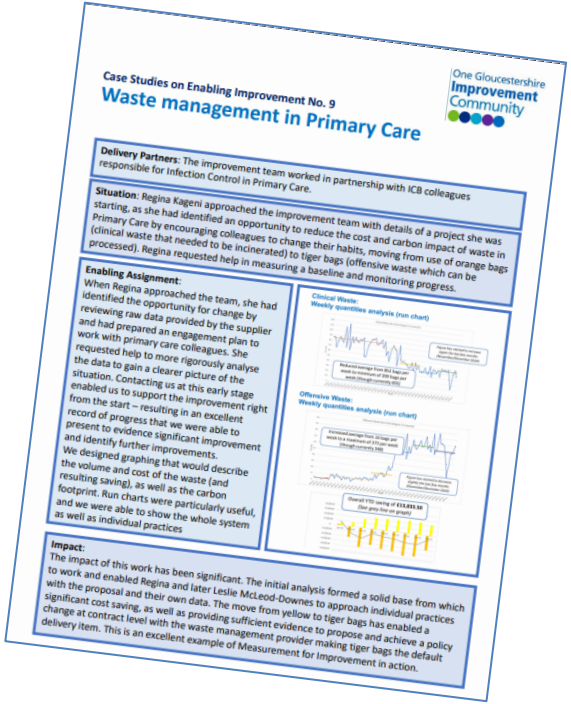
Upcoming work includes devising a clinical pathway for high-risk individuals using Brave AI for stratification, standardising falls event coding, producing self-management resources, conducting personalised falls risk assessments, and trialling strength and balance classes.

Impact: For the PCN, being able to identify people at risk of falls and providing proactive support more to live well for longer. For the healthcare system, the project could lead to more efficient use of healthcare resources, and reduced variation in treatment approaches, resulting in a more equitable service for patients. For the project team, their experience of being involved in a project run through an improvement lens is highly transferrable to other projects and builds the wider ability for our workforce to do improvement.

Read the full case study

Waste Management in Primary Care

- Partnered with ICB infection control colleagues to reduce cost and carbon impact of waste in GP practices
- Supported data analysis, baseline measurement, and ongoing monitoring
- Applied improvement tools including run charts to track system-wide performance
- **Impact:** significant cost and carbon savings, alongside evidence enabling contract-level policy change
- Most recent development: YouTube video for GPs



Case Studies on Enabling Improvement No. 9

Waste management in Primary Care

One Gloucestershire Improvement Community

Delivery Partners: The improvement team worked in partnership with ICB colleagues responsible for Infection Control in Primary Care.

Situation: Regina Kageni approached the improvement team with details of a project she was starting, as she had identified an opportunity to reduce the cost and carbon impact of waste in Primary Care by encouraging colleagues to change their habits, moving from use of orange bags (clinical waste that needed to be incinerated) to tiger bags (offensive waste which can be processed). Regina requested help in measuring a baseline and monitoring progress.

Enabling Assignment:
When Regina approached the team, she had identified the opportunity for change by reviewing raw data provided by the supplier and had prepared an engagement plan to work with primary care colleagues. She requested help to more rigorously analyse the data to gain a clearer picture of the situation. Contacting us at this early stage enabled us to support the improvement right from the start – resulting in an excellent record of progress that we were able to present to evidence significant improvement and identify further improvements.
We designed graphing that would describe the volume and cost of the waste (and resulting saving), as well as the carbon footprint. Run charts were particularly useful, and we were able to show the whole system as well as individual practices

Clinical Waste:
Weekly quantities analysis (run chart)

Offensive Waste:
Weekly quantities analysis (run chart)

Impact:
The impact of this work has been significant. The initial analysis formed a solid base from which to work and enabled Regina and later Leslie McLeod-Downes to approach individual practices with the proposal and their own data. The move from yellow to tiger bags has enabled a significant cost saving, as well as providing sufficient evidence to propose and achieve a policy change at contract level with the waste management provider making tiger bags the default delivery item. This is an excellent example of Measurement for Improvement in action.

Read the full case study

PCN Project Support Offer

One Gloucestershire Improvement Community

How we worked:

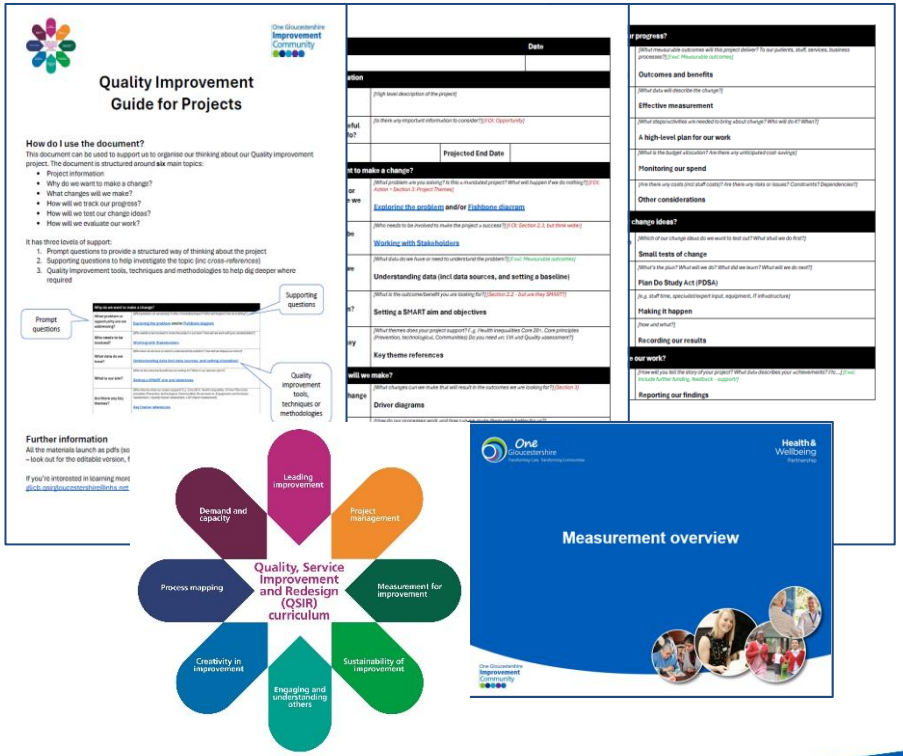
- Engagement with Ageing Well, Cancer and Primary Care teams
- Attended ICB-led primary care meetings
- Engagement directly with PCNs

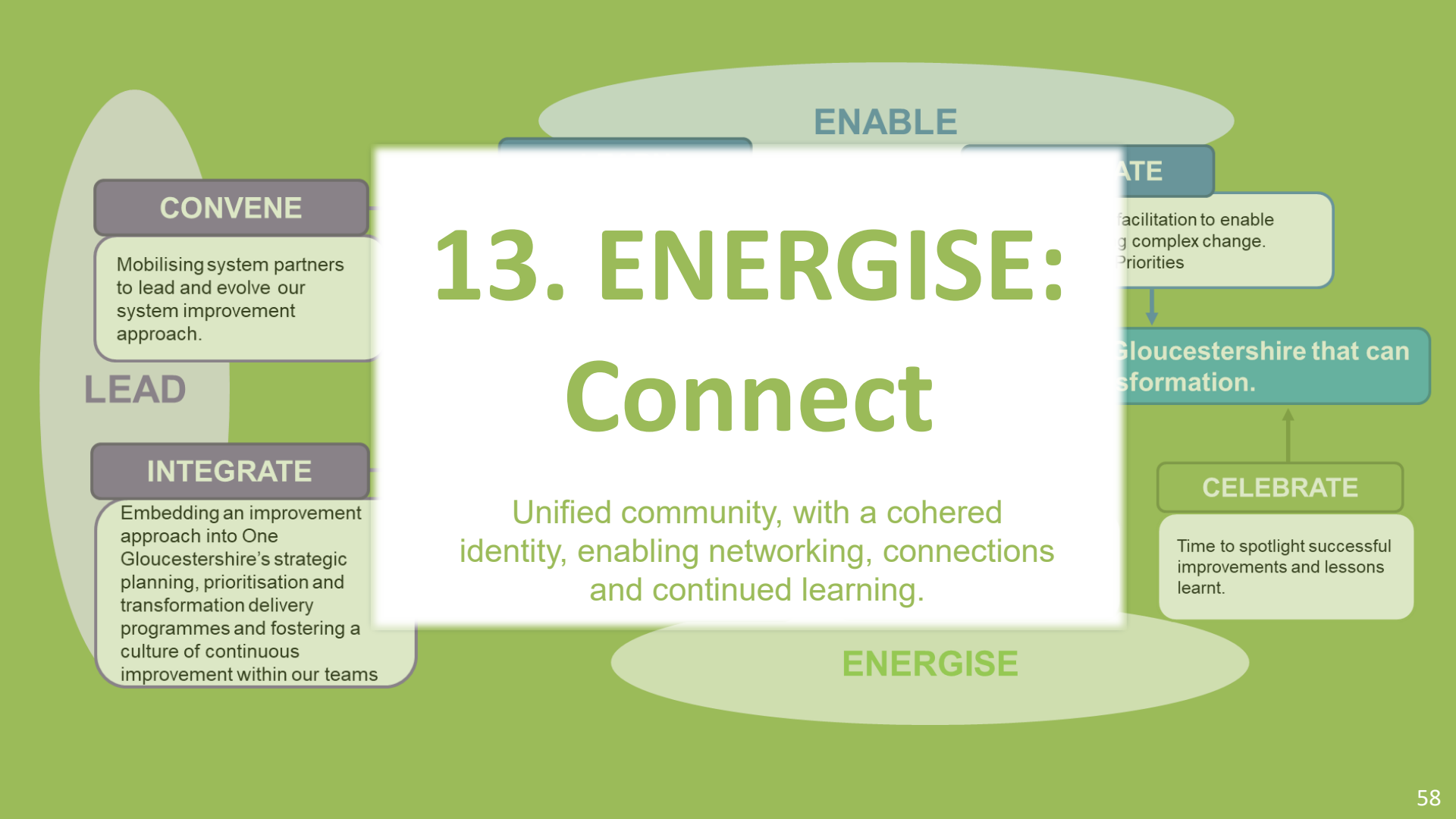
What this looks like:

- Coaching calls with PCNs
- Top-up teaching
- Attendance on QSIR

Developing improvement knowledge and staff skills

- **Priority places** on QSIR Practitioner and short taster courses
- **Tailored just-in-time learning** ‘top-up’ training – as required/requested
- A self-study guide designed specifically for **Primary Care practitioners** to use independently to support **ICB-funded projects**.




ENABLE
CONVENE
Mobilising system partners to lead and evolve our system improvement approach.
LEAD
INTEGRATE
Embedding an improvement approach into One Gloucestershire's strategic planning, prioritisation and transformation delivery programmes and fostering a culture of continuous improvement within our teams
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acilitation to enable
g complex change.
Priorities
Gloucestershire that can
sformation.
CELEBRATE
Time to spotlight successful improvements and lessons learnt.
13. ENERGISE:
Connect
Unified community, with a cohered identity, enabling networking, connections and continued learning.
ENERGISE

Connect

The relational power of networks of improvers has enable cross-organisational transformation, promoting connections and social equity:

- Board and Steering Groups
- Weekly improvement leaders huddle
- Community of Practice
- Improvement Strategy development (Nov 25) ➲


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sformation.
CELEBRATE
Time to spotlight successful improvements and lessons learnt.
ENERGISE
14. ENERGISE: Collaborate
Partner in system enablers in building our collaborative culture and leadership for improvement

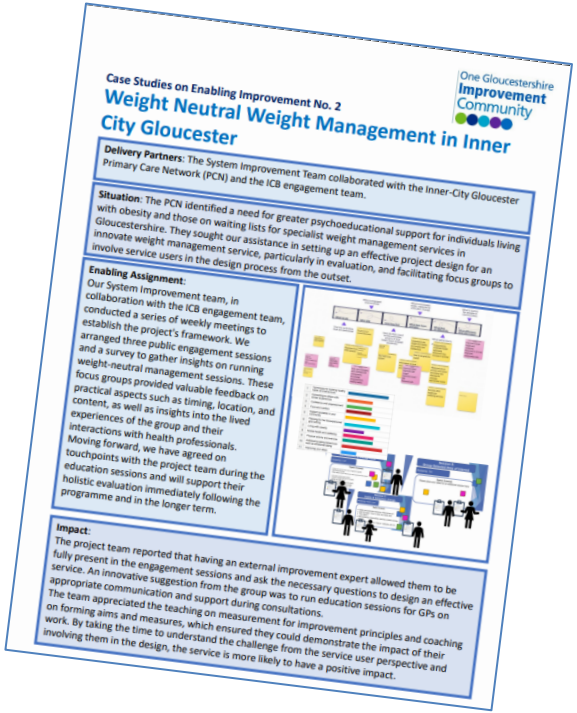
Collaboration

- We have been delighted to work with and enable our fellow enablers:
  - Co-working with PHM and OD
  - Working closely with Engagement colleague to deliver a Weight Management education programme in Inner City Gloucester PCN
  - Facilitating digital colleagues enquiry work on Insights and Enterprise Architecture

Weight Neutral Management in Inner Gloucester

One Gloucestershire Improvement Community

- Worked with Inner City Gloucester PCN and the ICB engagement team to design a weight management offer with strong service user input
- Facilitated focus groups and co-production to shape service design and delivery
- Supported structured evaluation using improvement methods and measurement approaches
- **Impact:** improved outcomes and confidence, with sustained peer support and a more responsive, user-centred service



Case Studies on Enabling Improvement No. 2

One Gloucestershire Improvement Community

Weight Neutral Weight Management in Inner City Gloucester

Delivery Partners: The System Improvement Team collaborated with the Inner-City Gloucester Primary Care Network (PCN) and the ICB engagement team.

Situation: The PCN identified a need for greater psychoeducational support for individuals living with obesity and those on waiting lists for specialist weight management services in Gloucestershire. They sought our assistance in setting up an effective project design for an innovate weight management service, particularly in evaluation, and facilitating focus groups to involve service users in the design process from the outset.

Enabling Assignment:
Our System Improvement team, in collaboration with the ICB engagement team, conducted a series of weekly meetings to establish the project's framework. We arranged three public engagement sessions and a survey to gather insights on running weight-neutral management sessions. These focus groups provided valuable feedback on practical aspects such as timing, location, and content, as well as insights into the lived experiences of the group and their interactions with health professionals. Moving forward, we have agreed on touchpoints with the project team during the education sessions and will support their holistic evaluation immediately following the programme and in the longer term.

Impact:
The project team reported that having an external improvement expert allowed them to be fully present in the engagement sessions and ask the necessary questions to design an effective service. An innovative suggestion from the group was to run education sessions for GPs on appropriate communication and support during consultations.
The team appreciated the teaching on measurement for improvement principles and coaching on forming aims and measures, which ensured they could demonstrate the impact of their work. By taking the time to understand the challenge from the service user perspective and involving them in the design, the service is more likely to have a positive impact.

Read the full case study

15. ENERGISE: Celebrate

Time to spotlight successful improvements and lessons learnt.

Celebrate

- Graduation ceremonies
- Regional, national and international presentations
- Large system-wide conference planned but halted

One Gloucestershire Improvement Community

One Gloucestershire
Transforming Care, Transforming Communities

Health & Wellbeing Partnership

One Gloucestershire Improvement Community

The future…

16. Programme closure risk review

One Gloucestershire Improvement Community

Item	Risk	Mitigations
Convening leadership reduced	Reduced support for nurturing relational connections (evidenced as critical to delivery of quality and performance). Less collaboration on system priorities and integrate collective learning to date.	• Programme Review shared as resource. • Ongoing interim informal networking • Forward planning with Provide Partnership
System Improvement Practice Development Slowed	Loss of specialist skills and knowledge in the practice of collaborative improvement across organisation boundaries, and aligned with PHM, system thinking and co-production impedes ICS colleagues growing shared leadership and coaching skills required to deliver transformational change.	• Learning on Coaching for System Improvement has been extensively shared locally, nationally and internationally. Materials available on the Teams channel. • As requested by Improvement Board a new ICS host organisation for a further cohort of C4SI has been agreed, with transfer of remaining Q Exchange funding.
QI Teaching and project coaching stopped	Staff and teams within ICB and other ICS partners (especially Primary Care and GCC) unable to gain skills and knowledge to successfully deliver improvement priorities.	• Ongoing signposting may enable limited access to alternative options • High retained QSIR % at ICB, and intentions for new options • GCC Form Community of Practice • Online Project tools available
Transformation facilitation and coaching capacity lost	Teams initiating and progressing will lose valuable support in collaborative delivery and navigating complex relational challenges in delivering improvement across organisational boundaries.	• Recommend as an area of focus for new Provider Partnership • C4SI programme has begun to build vanguard of system leaders with collaborative improvement skills.

17. Summary of Stakeholders' Lessons Learnt – What went well?

- Bringing improvement colleagues together with aligned purpose and approaches
- Systematic deployment of improvement teaching and promotion
- An enabler to improving outcomes
- A hugely relational programme – shaped by the people
- "The programme's reach and success would not have been achieved without the energy and expertise of this team."
- a clear improvement in the connection between improvement community partners from all organisations.
- Excellent collaborative working and bringing people together across the system.
- Excellent introspective projects and opportunities for reflection.
- It was good to see what other people were doing.

Summary of Stakeholder's Lessons Learnt – What could have been even better?

- Had times been different, a greater emphasis on QI within the ICB's own business functions, and perhaps more opportunities for economies of scale in delivering training and support across the system.
- Better focus on agreed system priorities would have enabled system improvement leads to work together more effectively to facilitate conversations and drive improvement work. This was beginning to happen but sadly couldn't progress as a result of the programme closure.
- A greater emphasis on promoting the tangible outcomes of the input energy - beyond the quantification of activities towards the results of the application
- Larger scale events and improvement conference, as was planned.
- More combined working and shared goals, better understanding of workload
- Several changes of executive sponsorship in few years, stable position just before reorganisation announced.

Summary of Stakeholder's Lessons Learnt – Recommendations for the future

One Gloucestershire Improvement Community

- Greater links across the wider S West Region to better inform understanding of effective approaches and share some of the practical realities of making service change real.
- To firmly and explicitly define system improvement collaboration asap. With so many variables at play with system and organisational changes we run the risk of this impacting our ability to meet system ambitions and duties.
- A central non-bias place where improvement priorities could be discussed and managed and reporting on their progression held. It would be great to look at a pooled training resource that all partner organisations could access for free
- Cross-system improvement, look at learning from each area and try to take successful parts from each forward as best practice guidance
- Alignment with each other's organisations

Summary of Stakeholder's Lessons Learnt – and finally… some great feedback

One Gloucestershire Improvement Community

I feel it is a huge shame that this programme has come to a close given the impact that it has had since its inception. We had started to create a robust community of practice and great collaboration across the system and the closure of this programme has not allowed this to fully blossom

Thank you for running a wonderful programme over many years

Kathryn, Lucy and Jane should be so proud of this programme and the communities they have enabled and nurtured. I am hugely grateful for the expertise they have shared and the opportunities that has afforded me. Thank you.

Well done on achievements to this point!

18. Hopes and Recommendation

- some reflections from the ICB Improvement Team

One Gloucestershire Improvement Community

1. Investment is made into the **relational networks** that add value through collective learning, peer connections, skills and knowledge sharing and joined-up delivery
2. Building **improvement skills and knowledge** at every level from entry to Board level is continues, and are made available to colleagues in **all ICS organisations including primary care**
3. **Collaborative improvement approaches** are refreshed and strengthened in our next PDSA cycle as a system.
4. System partners clearer agreement **shared strategic priorities** will enable better focused improvement deployment.
5. Improvement is valued for both its effectiveness in delivery and **an approach that bring our staff agency, connection and joy in work.**

19. Improvement Community Members - some notes from our partners

One Gloucestershire Improvement Community

Together we have built a robust network of improvers across the system, including key partnerships with Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Health and Care NHS Foundation Trust, and Gloucestershire County Council.

One Gloucestershire
Transforming Care, Transforming Communities

NHS
Gloucestershire Hospitals
NHS Foundation Trust

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Gloucestershire
COUNTY COUNCIL

NHS
Gloucestershire

Contact details

To find out more about the improvement in Gloucestershire please contact colleagues in our partner organisations:

One Gloucestershire Improvement Community

NHS Gloucestershire ICB (*to September 2026*)

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Gloucestershire Primary Care

Laura Halden: Clinical Chair of Gloucestershire Primary Care Training Hub laurahalden@nhs.net

Kate Usher: Head of Primary Care Workforce Development kate.usher@nhs.net

Gloucestershire County Council

Cheryl Hampson: Head of Quality & Performance Adult Social Care

cheryl.hampson@gloucestershire.gov.uk

Gloucestershire Health Care NHS Foundation Trust

Clare Maxted: Head of Improvement

clare.maxted@ghc.nhs.uk

Gloucestershire Hospitals NHS Foundation Trust

Alex Purcell: Clinical Effectiveness & Quality Improvement Manager

alexandra.purcell@nhs.net

GHNHSFT

Gloucestershire Hospitals has had significant success in improvement work:

- Quality Improvement and Human Factors faculties as part of GSQIA, with # Staff trained
- Implementation of patient flow improvements
- National site for Frailty Discovery Work
- Quality Summits to support improvement
- Shared bid for Board Development funding with GHCNHSFT

We also contribute significantly to system programme delivery and improvement network activity. As part of the Improvement Community we have strengthened how we work together as a system—creating a **platform for shared and accelerated learning** across organisations. Through the programme, we have been able to explore **complex improvement challenges collaboratively**, drawing on collective insight, experience and expertise. Most importantly, the programme has fostered strong, trusted relationships across the system—creating a **culture of openness, mutual support and continuous learning** that will continue to underpin improvement beyond the life of the programme.

Celebrating Successes
A Word from Gloucestershire Health and Care NHS Foundation Trust

GHC's Improvement Roadmap 2020 - 2026

2020
- QI Hub formed
- Not much talk of QI
- Ad hoc training programmes

2021
- Pocket coproduced
- Bronze Training Developed
- 17 Bronze Trained
- A few QI projects initiated

2023
- Silver training developed (2022)
- 368 Bronze trained (2022 and 2023)
- 15 Silver trained
- Average 44 projects supported 2022/23
- Publication of QI Strategic Implementation Plan 2023-2027

2024
- Publication of NHS IMPACT May 24 and CQI
- New Director of Improvement GHC
- Gold Coaching Development Programme developed
- Training to UOG Physio/OT/nurses/radiographers
- 621 Bronze trained, 26 Silver trained
- Average 53 projects supported

2025
- Regular attendance at Improvement community steering and board meetings
- Several colleagues attended the Coaching for System Improvement Programme and Community of Practices
- Learning across system partners shared regularly and facilitation opportunities across different organisations for priority pieces of work

2026
- Publish metrics aligned to QI Strategic Implementation Plan
- Following 1st test phase planned further 2 cohorts for Gold Coach Development programme April and September 2026

- Focus on embedding improvement into day-to-day work NOT just projects – CI including QI projects.
- Further development of QMS alongside Trust strategies refresh
- BDO audit – gaps identified governance and alignment, metrics
- Ops/ OD/Improvement offer – tbc
- I and P blended approach
- National Benchmarking metrics
- Application for board development programme '25-26 with GHFT
- Work with system transformation
- 800 Bronze trained, 35 Silver and 6 Gold
- Average 68 projects/pieces of work supported
- Joint bid with GHFT for a Board Development session

GCC

One Gloucestershire Improvement Community

Being part of the Improvement Community has played an important role in strengthening our improvement culture in Adult Social Care at Gloucestershire County Council.

The Improvement Community has acted as a **learning platform**, giving colleagues protected space to reflect, test ideas and learn from real system challenges. We have built on this by establishing a **local Community of Practice for improvement**, which has helped to start to embed improvement skills in day-to-day work, supported peer learning, and strengthened our confidence to work collaboratively across organisational boundaries.

Overall, the Improvement Community has reinforced a shared system mindset: that sustainable improvement comes from learning together, truly valuing lived experience and genuinely working in co-production to collectively solve problems, and staying connected to the people and outcomes we are trying to improve —locally and across Gloucestershire.

Gloucestershire COUNTY COUNCIL

Adult Social Care

20. Thanks and Farewell

One Gloucestershire Improvement Community