TRUST-WIDE IMPROVEMENT

Introduction

Trusts that embed trust-wide improvement successfully throughout their organisations embrace accountability for that improvement and have boards that offer space to leaders at all levels to identify, shape and drive that improvement. They have a consistent and coherent approach. Perhaps most critically, they support their staff to engage in and lead improvement efforts by enabling them to both develop improvement skills and capabilities, and by focusing on relationships and culture. Staff in these organisations come to work to deliver and improve services. But how do boards support this evolution to happen?

In our first three virtual webinar sessions as part of our **trust-wide improvement programme**, supported by The Health Foundation, we delved into what it really means to have a systematic approach to improvement and what learning we can draw from the experiences of COVID-19. We purposefully explored diverse experiences of organisation-wide improvement, with differing investment levels, and type and rigour of method used.

Trust leaders shared practical, actionable insights for peers to consider, with a number of common principles emerging that could help sustain the gains made as a result of the pandemic and respond to the scale of the challenges ahead.

This briefing highlights what we've learnt so far.

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> *I can't say it's been achieved by just looking at one thing, it hasn't. It's been a focus on performance, improvement and organisation development. Living and breathing it, leading by example, keeping the energy, at times holding your nerve, and making it accessible to all.*

Bind people together behind a common purpose

The board's role is to articulate how trust-wide improvement is central to the purpose and work of the organisation, relating it to what matters to colleagues, patients, service users and the local population.

Quality Improvement (QI) isn't a programme or improvement framework but part of a holistic management approach that needs to be embedded in all work and driven by the board. There is value not just in building improvement capability, but in developing a clear understanding of the place of QI in the way you work, and a clear plan for how to apply it to the problems you face today. Those with improvement know-how and skills are an asset you can draw on to contribute to many of the key challenges your trust is facing.

Insights in action

Make your improvement strategy visible and simple, with values that are alive, and aligned all the way through the organisation. For example, include your expectations of active support for improvement in consultants' contracts, include the organisation's values, within job descriptions, include these in strategic objectives worked right down into team objectives and recruit based on adherence to these values.

CASE STUDY
At Surrey and Sussex Healthcare NHS Trust, the whole board, including all executives and non-executives, are expected to be as familiar with their improvement approach, SASH +, as those doing the improving in practice. It aligns with the organisation's values and behaviours, and the values are reviewed each year, used in recruitment and as a reference for all leaders. The chief executive's regular blog articulates how these are lived out.

Connect with your clinical community by talking about "improvements in patient pathways", "reducing waste", "reducing waiting", "enhancing productivity", "improving patient experience" – move conversations away from money to where the positive impact is for patients.

> *Improvement in daily management has been very important, such as daily huddles and visible production boards that link activity to strategic objectives.*

Prioritise understanding the importance of how people connect and interact across your organisation. Analysis of the partnership programme between five NHS trusts and the Virginia Mason Institute (VMI) showed that the nature of the social structure in an organisation influences knowledge exchange, learning and collaboration.

CASE STUDY
At Surrey and Sussex Healthcare NHS Trust they made use of social network analysis, with the help of Warwick Business School, as a way to understand how knowledge is disseminated across the organisation and to consider how to promote the dense (i.e. lots of relationships are present) and stable (i.e. based on reciprocal knowledge exchange) relationships that help embed and sustain improvement.

Facilitate and take part in encouraging new connections proactively, informally and formally, right across the organisation, for example, through training together, hosting celebrations, making time for conversations and reflections, and team huddles.

CASE STUDY
Across the Foundation Group (South Warwickshire NHS Foundation Trust, Wye Valley NHS Trust and George Eliot Hospital NHS Trust) they have an improvement board in each organisation which provides executives with an opportunity to engage on small projects through to large scale transformation, helping them stay connected to what's happening on the ground. There is also a group improvement network which brings together improvers from across the three organisations to learn together in an informal setting.

> *Board members need to be ready to hold their nerve and trust in their improvement method. This is often true when dealing with regulators who want something fast. We need to manage their expectations on pace as embedding improvement approaches takes time and is not a sticking plaster.*

Live and breathe continuous improvement in board practices

This section centres on the role of the board in proactively fostering the behaviours and tone which create an enabling environment for improvement throughout the organisation. While important not to be an impediment to positive change, the board's role is far from passive – the behaviours and tone that radiate from the board are noticed and interpreted by staff, which in turn either energises or stifles action.

Board members need to take a curious, collaborative, humble, enabling and coaching approach to their leadership, allowing room for failure without fear, and role modelling the behaviour expected from others, such as civility and respectfulness. They must also build their own knowledge of improvement in order to sense-make for others.

Insights in action

Make 'go see' visits focusing on improvement an integral part of all leadership routines. It reinforces belief in your approach when you feel the impact personally, spend time with teams and understand first-hand the challenges they are facing. Remember perceptions of what work really involves may be an illusion for those in a leadership role – it is best to get as close to the real work as possible.

Capitalise and build on the faster decision-making of the pandemic, for instance, by providing quicker access to decision makers through digital engagement for more nimble governance processes beyond COVID-19.

Avoid the temptation to provide solutions – focus on the role of the board in framing the problems that need to be solved collaboratively. For instance, ask staff, how can we as a board to better balance improvement and assurance for quality, and how can we learn from COVID-19, to enable innovation going forward?

Expand reporting from a focus on just assurance, to assurance and improvement, to encourage more curious and meaningful conversations at board level.

CASE STUDY
At The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, the board started by embedding measurement for improvement into board reporting, moving away from RAG ratings to have a more nuanced discussion on service performance.

Set well-defined priorities and make it clear there is permission to experiment. Look at how you respond when things go wrong and ask yourself if it is consistent with the enabling, learning environment you're trying to create.

CASE STUDY
Across the Foundation Group, they have coined the phrase "fabulous failure" relating to improvement initiatives. They actively communicate that people can't get it right all the time and that there is often more to learn from getting it wrong.

Remember QI isn't the domain of the clinical world. As a systematic approach to solving complex problems, it applies to every part of the organisation.

CASE STUDY
At East London Foundation Trust all parts of the organisation utilise the quality improvement method and tools on what matters to them, including the council of governors.

The rapid adoption of digital ways of working during the pandemic has highlighted the critical role that digital can play in quality improvement. This is leading some boards to start thinking about how to harness the overlapping skill sets of digital and QI teams in their operating model. It has also underlined the common leadership mindset required to drive digital transformation and quality improvement: a focus on getting closer to the user experience and embedding this in service design, empowering teams and encouraging a culture of innovation, iterative working and rapid learning.

CASE STUDY
Frimley Health NHS Foundation Trust has appointed an executive director of transformation, innovation and digital. They are focusing on joining up the trust's organisational change programme that includes the electronic patient records, a new hospital and their wider quality improvement work.

Learn about improvement methods, approaches and principles yourself and articulate how these align with the behaviours and values of your organisation. Attend training and workshops alongside staff and seek a balance between rigidly defined methods and enabling teams to self-organise and take a flexible approach to using the right tools to suit the problem.

The board plays a dynamic role in generating the energy needed to embark on and sustain change by ensuring frontline staff have the space, skills and resources to both deliver and improve services. This includes investing in improvement expertise and infrastructure, exploring new ways to connect the board with middle managers and frontline staff across different directorates, and keeping the spotlight on wins from improvement initiatives. There is also an emphasis on trust-building between the board and those on the ground, which is seen as crucially important.

Insights in action

Commit resources based on trust that improvements will result – this allows people to get on and get started. It may be helpful to link some initial improvement work to mini business cases where there is an element of certainty, to demonstrate how it can help achieve the aims of the organisation.

Consider how virtual approaches can enable improvement by increasing board visibility, increasing the frequency and number of improvement-focused learning events, and providing access to others' learning experiences.

CASE STUDY
The Foundation Group are developing a digital "group improvement library". Each person trained in improvement creates a case study of their improvement projects in different formats to share learning and energise others while fostering a 'group-first' mentality.

To communicate permission from the board through to front line managers, connect the purpose of improvement to why people go to work in the morning. Pay particular attention to middle managers – articulate how a systematic, common approach can make their work simpler. Be aware they may feel they hold the burden of improvement so allow them a chance to see that the frontline can run with it, and how this, in turn, makes their own role more enjoyable.

Knowing how to stop something is key. Failure is a really important part of the learning journey. Our role on the board is to enable experimentation to happen and make it feel safe.

Celebrate even small successes, they matter to the staff involved. Consider how to get improvement and transformation stories out there.

CASE STUDY
At Sheffield Children's NHS Foundation Trust, a patient story is alternated with a clinical team sharing their improvement journey at board meetings. Witnessing first-hand the passion and impact on staff has helped inspire and engage the board.

Bring people from different directorates together to build fruitful connections. Create regular opportunities for sharing reflections on what is being learned where all voices are heard, with no hierarchy, and show personal openness to learning all the time.

CASE STUDY
The Foundation Group host "transformation Tuesday" where health and social care teams come together to talk through projects that span multiple organisations at 'place'. It's an opportunity to share progress, provide updates, build connections, and enables primary, secondary, community and social care colleagues to thoroughly understand a problem from all angles before a solution is sought.

Make it accessible for all. Don't get lost in the language of improvement – focus on the core principles. Make use of the skilled improvers in your organisation to bring to life its benefits drawing on their engagement with patients and service users.

As leaders, we are trying to build belief and we have to live and breathe it, and change our old leadership style to really collaborate.

Contact

We are keen to continue the conversation. Please do share any feedback on our trust-wide improvement programme or this issue of *Board bites* **with catherine.harrison@nhsproviders.org**

> *If you trust people and give them permission to do great things, they'll make great things happen.*

Thanks

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> *Liberate people to come up with new ideas.*