

EXECUTIVE SUMMARY

REPORT TO THE TRUST BOARD MEETING

HELD ON 16TH SEPTEMBER 2015

Subject	Service Improvement Annual Report (July 2014 – July 2015)
Supporting TEG Member	Neil Priestley
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Status¹	N

PURPOSE OF THE REPORT

The annual report aims to:

- Provide a high level summary of Service Improvement activity for the last 12 months following the Service Improvement strategic refresh in July 2014
- Provide a flavour of feedback from our customers, both patients and staff
- Identify key learning points and considerations for the future

Background to the department and the journey to this point is summarised below for Board members.

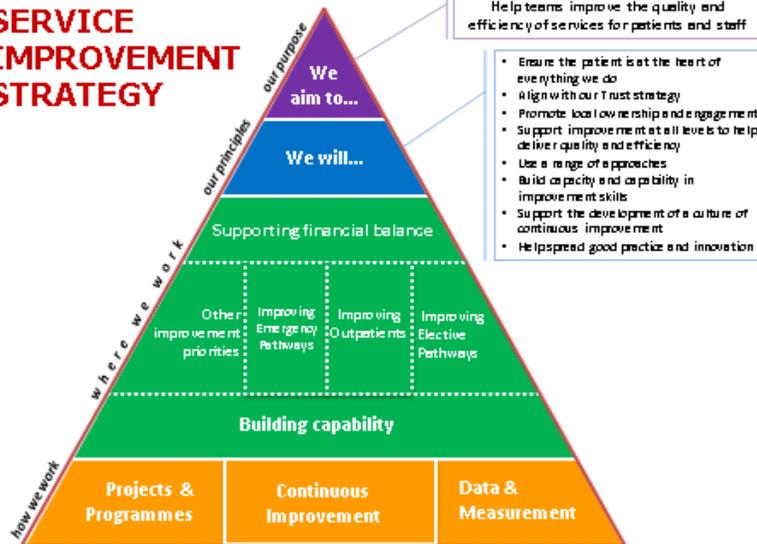
KEY POINTS

The current Service Improvement department has evolved, with the journey summarised below:

- The original Adding Value team was established in 2006/07, under the leadership of the Executive Director of Finance. This then subsequently became the Service Improvement Team, from which evolved the Microsystem Coaching Academy. The Microsystems Coaching Academy was established, with the support of the Health Foundation, in 2012.
- As part of the Service Improvement team, the Programme Management Office was established in 2012, to offer additional central support on cross-Trust projects and to support directorates on efficiency planning and delivery. The Chief Executive Led Programme Management Office comprised four work-streams; Clinical, Corporate, Workforce and Commercial, with an Executive Director heading up each work-stream.
- In 2012 significant resource was invested in the clinical programmes team, under the leadership of the Medical Director. The clinical programme supported the planning and delivery of efficiency, but with a focus on redesign and improvement.
- In 2014, the former Service Improvement team, the Clinical Programmes team and the Programme Management Office were fully integrated into a single, refreshed “Service Improvement Team”, under the leadership of the Service Improvement Director, reporting through the Executive Director of Finance.

In July 2014 to reflect the integrated approach, we refreshed our Service Improvement strategy and developed a new shared purpose of, “We aim to help teams improve the quality and efficiency of services for patients and staff.” The following diagram summarises the strategy:

SERVICE IMPROVEMENT STRATEGY



The recent external strategic environment has further consolidated the core principles set out in our strategy, with an increasing focus from the King's Fund, The Nuffield Trust, health academics and national NHS policy on the need to build improvement capability and focus on developing improvement focused organisational cultures with high levels of staff engagement. It is increasingly postulated that this will support organisations to navigate the complex challenges of the future both in quality and efficiency terms.

Integrating the former teams in 2014 gave us an opportunity to reflect, improve the coherence of our service improvement offer and make better use of our resource, with a new team structure implemented in the final quarter of 2014/15. The department is now organised on a team based structure organised around each of the main improvement themes; Supporting Financial Sustainability; Improving Elective Pathways (Outpatients and Surgical); Improving Non-Elective Pathways and Building Capability. A significant portion of posts are deliberately offered on a secondment basis to encourage rotation in and out of the team to help spread improvement skills. The team changes have been cost neutral, with no additional NHS investment. STHFT invests £1.6 million in its Service Improvement function (inclusive of PMO related posts in finance and HR). The function receives additional external funding from the Health Foundation, currently including the MCA, Frailsafe and Flow Programme. The department has received external recognition with a number of national awards received in 2014 and a number of good practice references in national publications.

Local ownership is a key team principle. The work and achievements belong to the local team, not Service Improvement. The annual report reflects the range of the work we have supported between July 2014 and July 2015, using methodologies including programme and project management alongside continuous improvement approaches at microsystem, pathway and whole system level. Whilst we use a range of methodologies, all are underpinned by the working principles described in the diagram above.

The report is organised around the four improvement themes of our strategy; Elective Pathways (Surgical and Outpatients), Non-Elective Pathways, Building Capability and Supporting Financial Sustainability. The report is structured as follows:

- Introduction
- An overview of each theme is provided, with service improvement case studies demonstrating results
- The view from our customers – staff and patients
- Key learning points
- Looking to the Future

Whilst all improvement themes are inextricably linked and co-dependent, for clarity, it is useful to recognise that there are some nuances in the strategies applying to Supporting Financial Sustainability, Building Capability and the operational improvement themes (Elective and Non-Elective). These nuances will be discussed in greater detail in

the forthcoming discussions regarding the ongoing development of the Service Improvement approach at STHFT.

IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY 2012-2017		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	✓

RECOMMENDATIONS

For note and discussion

APPROVAL PROCESS

Meeting	Date	Approved Y/N

¹ Status: A = Approval A* = Approval & Requiring Board Approval D = Debate N = Note

² Against the five aims of the STHFT Corporate Strategy 2012-2017