

PANEL DISCUSSION

Vital for improvement – how can we embed a culture of improvement and innovation?

Chair

Samira Ahmed, Award winning journalist and broadcaster

Speakers

Transformation, NHS England

John Ashcroft, Director of NHS IMPACT and Pathway

Mike Bracken CBE, Founder, Public Digital

Penny Pereira, Q Managing Director, The Health Foundation

Community

James Benson, Chief Executive Officer, Central London Healthcare NHS Trust

John Ashcroft

The National Lead on NHS Impact, NHS England



England

NHS IMPACT

Improving Patient Care Together

John Ashcroft

Director of NHS IMPACT and Pathway Transformation

14 November 2023



NHS IMPACT
Improving Patient Care Together

NHS IMPACT (Improving Patient Care Together)

Five components form the 'DNA' of all evidence-based improvement methods, which underpin a systematic approach to continuous improvement:

1. Building a shared purpose and vision
2. Investing in people and culture
3. Developing leadership behaviours
4. Building improvement capability and capacity
5. Embedding improvement into management systems and processes

When these five components are consistently used, systems and organisations create the right conditions for continuous improvement and high performance, responding to today's challenges, and delivering better care for patients and better outcomes for communities.

What CEOs asked for in April



Lead by example, move from performance management to performance improvement.



Change leadership behaviours and make sure to use quality improvement methodologies



Have a smaller but high-quality resources that support improvement



Align our regulatory framework, the system oversight, the well-led framework and work jointly with the CQC.



Develop a simple, jargon-free self-assessment for improvement



Find ways in which organisations can leverage their assets and support those who are the most challenged.

Activity since April



Launch of NHS IMPACT



NHS IMPACT Self-Assessment and Baseline for Improvement



Establishing the National Improvement Board



Leadership for Improvement development



NHS England Executive workshop on own improvement journey

National Improvement Board Members



Vin Diwakar, Interim National Director of Transformation, NHS England



David Fillingham CBE – Chair of the National Improvement Board



Professor Andy Hardy – Deputy Chair of the National Improvement Board



Ailsa Brotherton – Improvement Director for NHS IMPACT



TBC - National Clinical Director



Aidan Fowler, National Director of Patient Safety and Deputy Medical Director, NHS England



Angela Stevenson, Chief Executive Officer, Surrey & Sussex Healthcare Trust



Bob Klaber, Director of Strategy, Research & Innovation, Imperial College Healthcare NHS Trust



Caroline Clarke, Regional Director – London Region, NHS England



Professor Charlotte McArdle, Deputy Chief Nursing Officer, NHS England



Professor Claire Fuller, Medical Director for Primary Care, NHS England



Clare Panniker, Regional Director- East of England Region, NHS England



Dr George Findlay, Chief Executive Officer, University Hospitals Sussex NHS Foundation Trust



Jacqui Rock, Chief Commercial Officer, NHS England



John Ashcroft, Director of NHS IMPACT & Pathway Transformation, NHS England



Sir Julian Hartley, Chief Executive Officer, NHS Providers



Mark Radford, Deputy Chief Nursing Officer, Policy, Research and System Transformation, NHS England



Maria Kane, Chief Executive Officer, North Bristol NHS Trust



Meghana Pandit, Chief Executive Officer, Oxford University Hospitals NHS Foundation Trust



Ming Tang, Chief Data & Analytics Officer, NHS England



Dr Navina Evans MBBS DCH MRCPsych CBE , Chief Workforce, Training & Education Officer, NHS England



Nick Broughton, Chief Executive, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board



Peter Ridley, Deputy CFO (Operational Finance), NHS England



Philip Wood, Chief Executive Officer, Leeds Teaching Hospitals NHS Trust



Richard Mitchell, Chief Executive Officer, University Hospitals of Leicester NHS Trust



Samantha Allen – North East & North Cumbria Integrated Care Board Chief Executive

National Improvement Board Priorities

The ambition of the NIB is to build local systems and culture so that in 5 years' time every place and system will have its own management system, culture and all staff are focussed on improving their work – with a robust methodology behind it.

Five priorities:

1. Promote NHS IMPACT vision aims and framework
2. Inspire and encourage trusts, places, systems on improvement journeys
3. Strengthen delivery of key priorities (including safety) using an improvement led focus
4. Mobilise network of support partners
5. Engage, support and encourage NHS England's improvement journey

Thank you

We'd love to hear your experiences of improvement.

Please share with us at:

england.improvementdelivery@nhs.net

NHS IMPACT Website: www.england.nhs.uk/nhsimpact/

Join NHS IMPACT on FutureNHS: <https://future.nhs.uk/NHSIMPACT>

Mike Bracken CBE

Founder, Public Digital

public.digital

Introducing Public Digital

November 2023

Mike Bracken CBE

Co-founder of Public Digital

- Global digital leader who has led wholesale transformations of large institutions.
- First Executive Director of Digital and Chief Data Officer of the UK Government.
- Created, led and scaled the Government Digital Service.
- Private sector career as CDO of Guardian News and Media and Cooperative Group
- Honorary Professor at the Institute for Innovation and Public Purpose at UCL



Who we are

Public Digital is a specialist digital transformation consultancy.

What we do

We help organisations create the right conditions to achieve change at scale.

We created the UK Government Digital Service.

- £4.1 billion saved for taxpayers.
- 312 government agencies moved to GOV.UK.
- 1,882 websites replaced at 30% of the annual cost.
- 14 million users weekly.
- 1 billion transactions per year.
- A Technology Code of Practice, Design Standards and new digital skills across government.
- A Digital Marketplace to break the hold of big IT providers.
- Government as a Platform: [GOV.UK Notify](#) and [GOV.UK Pay](#)
- Top of the UN's global rankings for e-government.
- A vanguard for digital government around the world.





Some of our projects



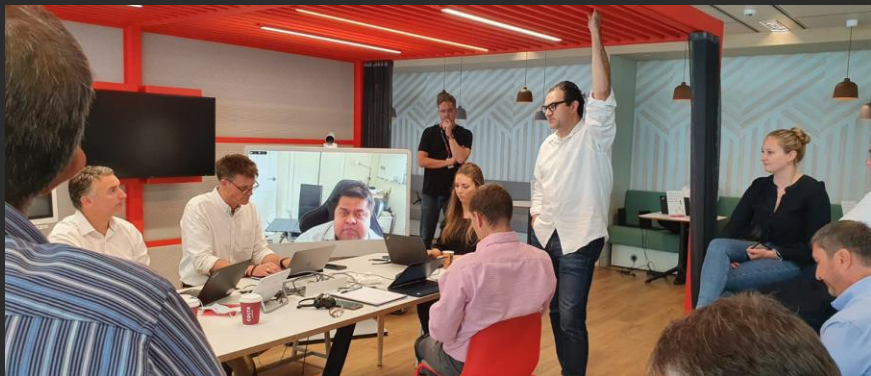
Building new capability in Nigeria



Reforming public finance



Creating new digital public services in Peru



Changing how multinational corporations work



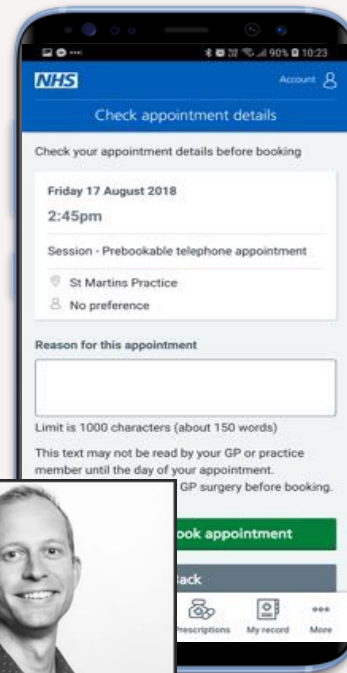
Building internet-era government



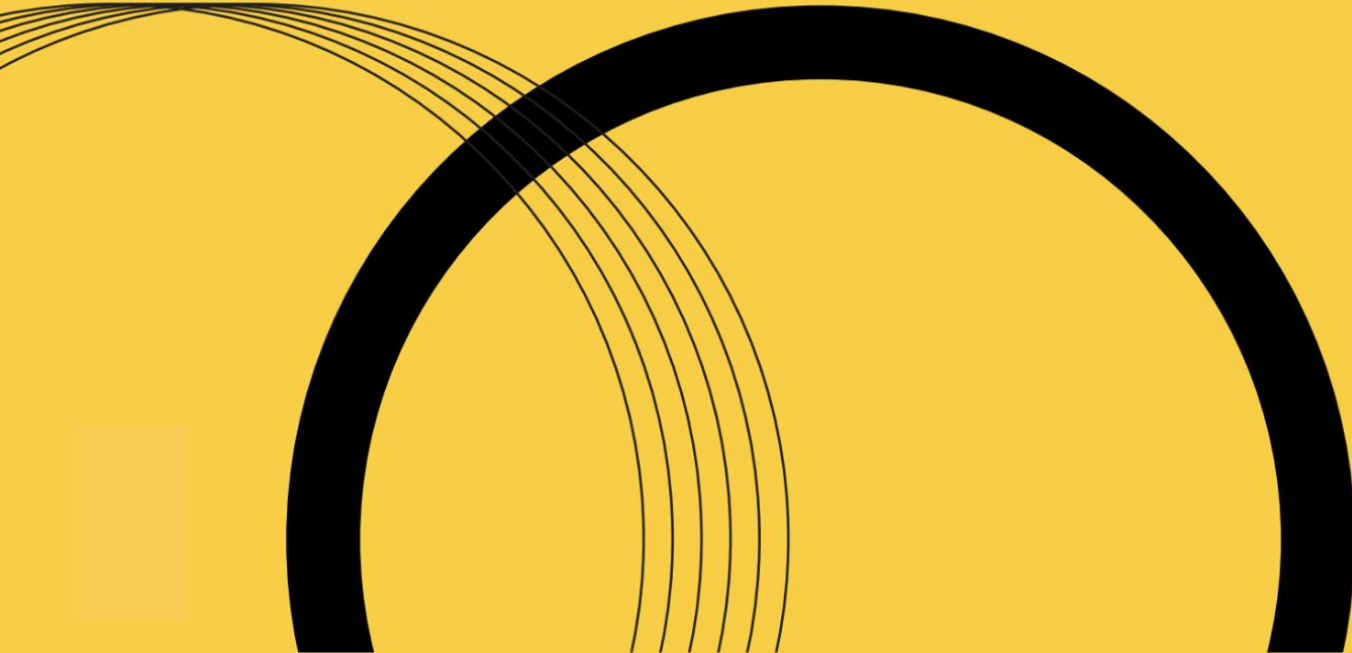
Advising world leaders on digital

We are bringing healthcare into the digital era

- Members of our team led development of the most impactful digital services in the NHS's history including NHS App, 111, and Accurx patient messaging.
- We have supported the boards of over 100 providers as part of the Digital Boards programme, with NHS Providers and NHS England.
- We work with all levels of the NHS to assess digital fitness, fix failing programmes, or deliver radical operating model transformation.



Digital Public Infrastructure (DPI) and Digital Public Goods (DPG)



**public
digital**

PHOENIX PAY: Survey says 72% of PS employees report problems

Andrew Duffy
More from Andrew Duffy

Published:
January 15, 2020

Updated:
January 21, 2020 9:33 AM EST

Filed Under:
Ottawa Sun ▸ News ▸
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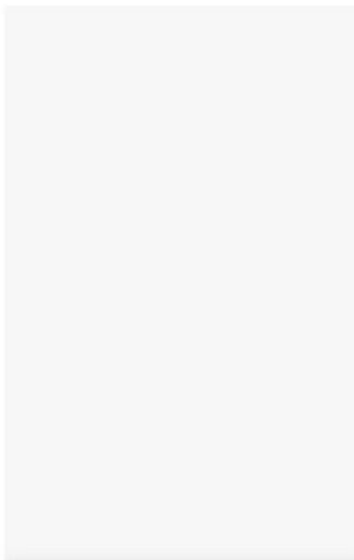
NEWS

FURIOUS:



Estimates suggest it could take \$2.6 billion to fix the Phoenix system — the end product of a series of management errors. Justin Tang/The Canadian Press file photo

The massive survey canvassed more than 180,000 public servants last year on a wide



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Tasks

CORONAVIRUS

Crashed websites, lines and scams frustrate Floridians looking for vaccinations

Florida has had the third-highest count of Covid-19 cases in the United States over the past 7 days, just after California and Texas. It ranks sixth in deaths.



NEWS

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NHS IT system one of 'worst fiascos ever', say MPs

18 September 2013



Taxpayers face a rising, multi-billion pound bill for a failed government IT project, MPs have said.

A report by the influential Public Accounts Committee (PAC) concluded an attempt to upgrade NHS computer systems in England ended up becoming one of the "worst and most expensive contracting fiascos" in public sector history.

The final bill for abandoning the plan is still uncertain, the committee said.

Ministers initially put the costs of the NHS scheme's failure at £6.4bn.

Officials later revised the total to £9.8bn, but the PAC said this latest estimate failed to include a price for terminating a contract with Fujitsu to provide care records



Ministers want to make the NHS paperless

Top Stories

Man charged with murder of journalist Lyra McKee

Ms McKee, who was 29, was observing rioting in Londonderry when she was shot on 18 April 2019.

3 minutes ago

More coronavirus cases 'highly likely' in UK

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Are cruise ships really 'floating Petri dishes'?

2 hours ago

Features



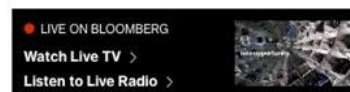
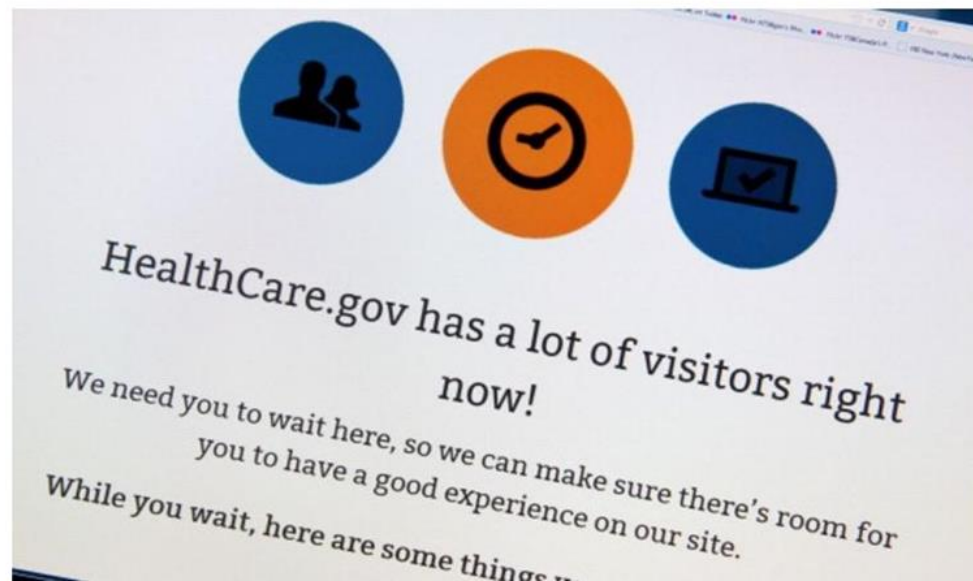
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How HealthCare.gov Went So, So Wrong

A report says the exchange needed better management. Well, sure. And a budget. And reasonable contracting rules.

By [Megan McArdle](#)

16 September 2015, 12:24 BST



Introduction

Only 13% of large government software projects are successful.¹ State IT projects, in particular, are often challenged because states lack basic knowledge about modern software development, relying on outdated procurement processes. Every year, the federal government matches billions of dollars in funding to state and local governments to maintain and modernize IT systems used to implement federal programs such as Medicaid, child welfare benefits, housing, and unemployment insurance. Efforts to modernize those legacy systems fail at an alarmingly high rate and at great cost to the federal budget.

State governments are increasingly reliant on modern software and hardware to implement federal programs and deliver essential services to the public, and the success of any major policy initiative depends on the success of the underlying software infrastructure. Government agencies all confront similar challenges, facing budget and staffing constraints while struggling to modernize legacy technology systems that are out-of-date, inflexible, expensive, and ineffective.² Government officials and agencies often rely on the same legacy processes that led to problems in the first place.

The public deserves a government that provides the same world-class technology they get from the commercial marketplace. Trust in government depends on it.

This handbook is designed for executives, budget specialists, legislators, and other "non-technical"

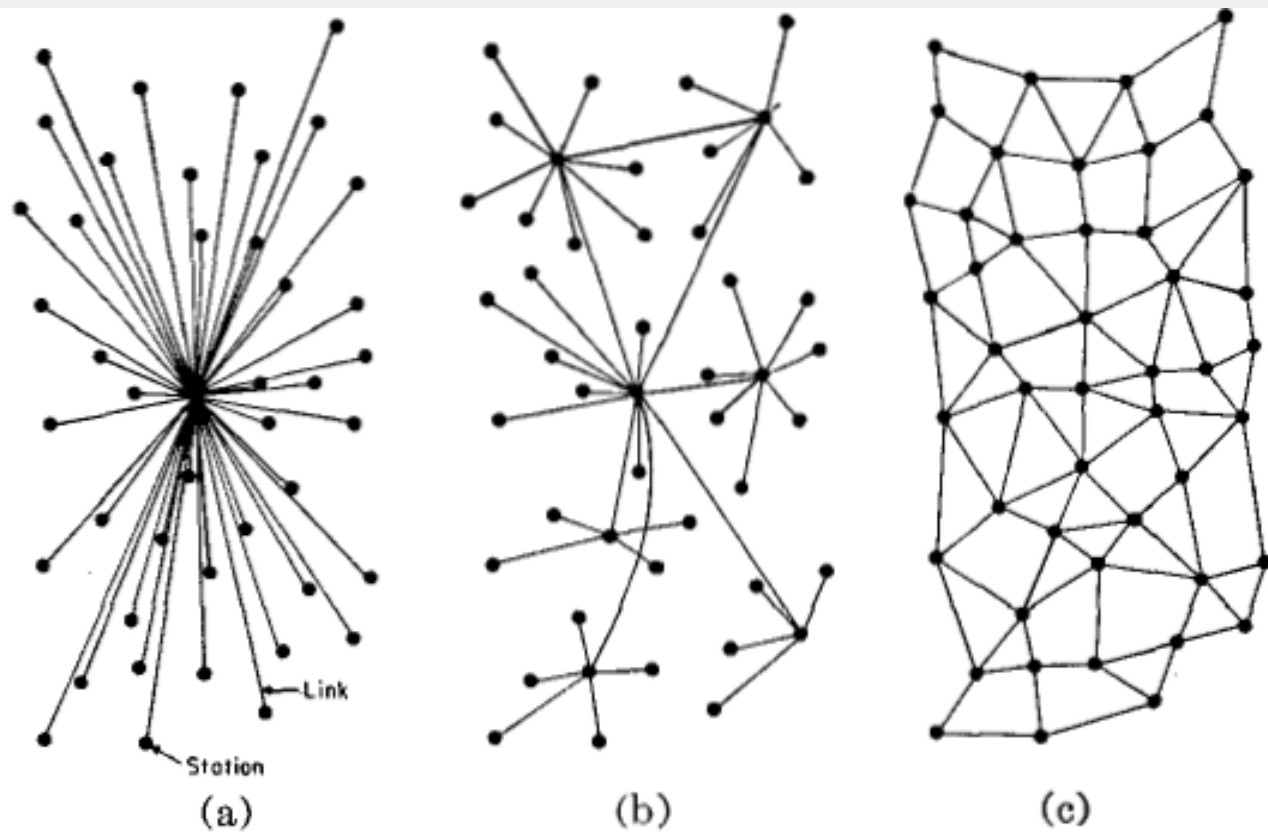


Fig. 1—(a) Centralized. (b) Decentralized. (c) Distributed networks.

Aadhaar

- Launched in 2009, has enabled digital identity for more than a billion Indian residents.
- **Many services that have been enabled by Aadhaar - for example banking services, subsidy payments, etc.**



Point of View

“A Bank of International Settlements report published in 2019 said that due to its **digital public infrastructure**, India managed to achieve in 7 years the kind of progress in financial inclusion that would’ve taken 47 years otherwise.”

DHIS2

- **Health information management system** which first started in the 90s in South Africa after the fall of the apartheid.
- **Used in Digital Public Infrastructure of 73 low and middle-income countries all over the world.**
- More than 30 countries have deployed DHIS2 for Covid-19 surveillance

Key actors and roles

Government of South Africa

University of Oslo

Global community

NOVISSI

- By 2020, 62% of jobs in Togo were affected by the pandemic.
- Ministry of Digital Economy, launched NOVISSI, a digital, emergency cash-transfer platform.
- Government-to-citizen/donor-to-beneficiary cash transfer platform that delivers emergency financial aid directly to recipients.
- Used **machine-learning to predict consumption patterns** based on geospatial, survey, and phone metadata for 5.7 million people to identify people in need of aid.
- Developed in 10 days by an in-house government development team.

Key actors and roles

Government of Togo

The Center for Effective Global Action at UC Berkeley

Innovations for Poverty Action

In the UK in 2015, the Government Digital Service had created [GOV.UK Notify](#) to provide transaction notifications by email, text or letter.

Run centrally, it meant any public sector service could integrate Notify on a self-service basis at a fraction of the cost involved if each service were to attempt to do it alone.

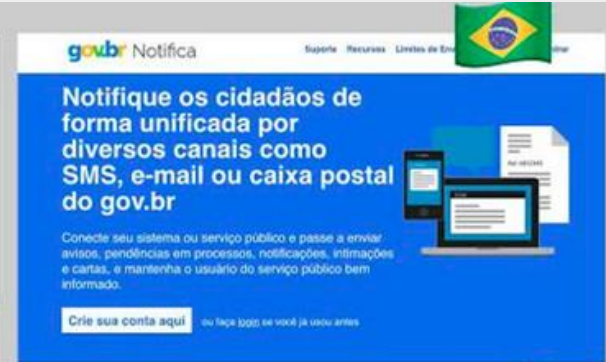
Organisations using Notify

1,412
organisations

7,513 services

| Organisation | Number of live services |
|-------------------------------------|-------------------------|
| (Modality) Wokingham Medical Centre | 1 |
| 15billionebp | 1 |
| Abbamoor surgery | 1 |
| Abbey College Ramsey | 1 |
| Abbey House Medical Practice | 1 |
| Aberdeen City Council | 11 |
| Aberdeenshire Council | 12 |
| Accord Group | 1 |
| Achieving for Children | 23 |
| Acorn Medical Practice | 1 |
| Addenbrooke's Hospital | 1 |

It can also be used by other governments



These DPI's already exist in Health

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Products & Tools



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Platform

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Platform

Free to use & open source

| Product | Description | Technology | Platform | Resources |
|--|--|--|----------|--|
|  EHRbase | <p>EHRbase is an open source software backend for clinical application systems and electronic health records. EHRbase strives to give organizations a modern, standard-compliant and bedrock-solid foundation for their mission critical business operations and their next generation eHealth solutions. All services are accessible through the official openEHR REST API, including endpoints for the Archetype Query Language.</p> <p>Main contributors are German health IT company vitagroup, ADOC Software Development Co. and Peter L. Reichertz Institute for Medical Informatics (Hannover Medical School).</p> <p>Find more about EHRbase here.</p> | Java 11, Postgres 11, Spring Boot, JOOQ | All | Project website EHRbase Support Documentation |
|  EHRServer | <p>EHRServer is an open source, service-oriented, openEHR clinical data repository. It provides a secure REST API to store and query clinical data in many ways, supporting standard formats like JSON and XML, that are easy to integrate with any front-end application. Data queries can be created via the Administrative</p> | Grails, Groovy, Java, PHP, JavaScript | All | EHRServer |

Our future health outcomes are dependent on open, interoperable systems, and innovative, user-driven data practices.

Agree?

So we need to make some bold moves:

- **Discard legacy IT (sunk cost fallacy)**
- **Change procurement**
- **Mandate sharing**
- **Power to users, not consultants & pathways**
- **Cost of failure demand & diffusion**

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Penny Pereira

Q Managing Director, The Health Foundation



Improving as mainstream business

Penny Pereira,
Q Managing Director, the Health Foundation

14 November 2023



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



About Q

Together, to improve health and care

Q is a community of thousands of people across the UK and Ireland, collaborating to improve the safety and quality of health and care.

Together, we make faster progress to change health and care for the better.



What does it take to make improvement mainstream?

Improvement approaches offer more than incremental change: they are key to finding lasting solutions to the thorniest delivery and transformation challenges health services face.

However, improvement approaches are still far from being embedded into the core strategy and operations of every part of the NHS.



Briefing
November 2023

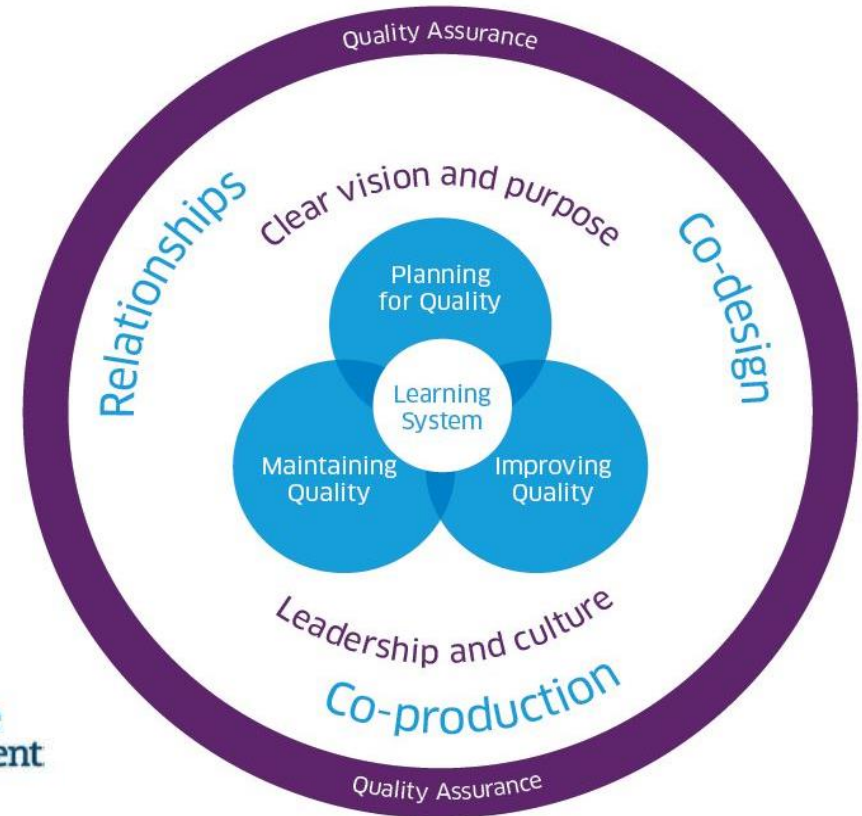
Briefing: Improvement as mainstream business

The strategic case
Bryan Jones, Penny Pereira

Key points

- Improvement approaches, which provide a systematic means of bringing about measurable improvements in the quality and outcomes of care for patients as well as care productivity, have been in common use in some health care settings for more than 20 years, often producing impressive results where they are deployed well.
- Yet approaches to improvement are far from being embedded into the core strategy and operations of every health care organisation or system-wide partnership of organisations. This briefing examines why this is still the case, argues that embedding improvement approaches across all health care settings is now vital, and describes what needs to happen to shift improvement from the margins to the mainstream of health care.
- Improvement approaches are not just a mechanism for improving care processes and pathways and tackling variation. They are indispensable when it comes to tackling the biggest delivery and transformation challenges that health care faces, such as the need to make greater use of technology and tackle waiting times and winter pressures. They provide a systematic, collaborative and inclusive approach capable of delivering sustained improvement at scale.

Quality Management Systems: integrating improvement as core business

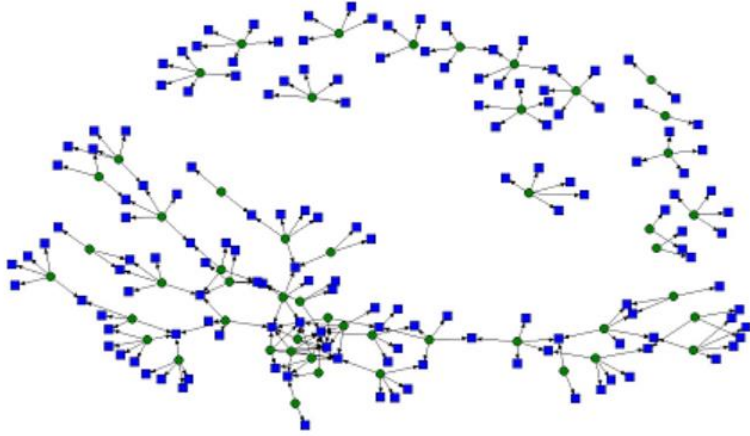


More on QMS: <https://q.health.org.uk/resource/a-deeper-look-into-quality-management-systems/>

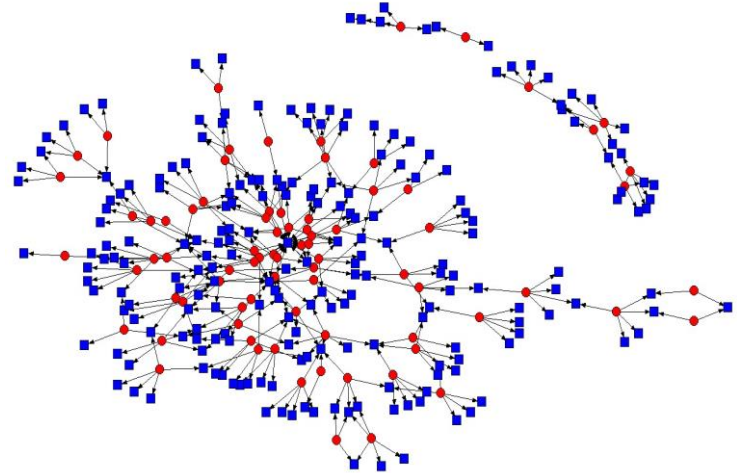
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Please note: The QMS Framework is continuously evolving, for the most up to date version please visit: <https://ihub.scot>

Trust cultures for learning, innovation and improvement



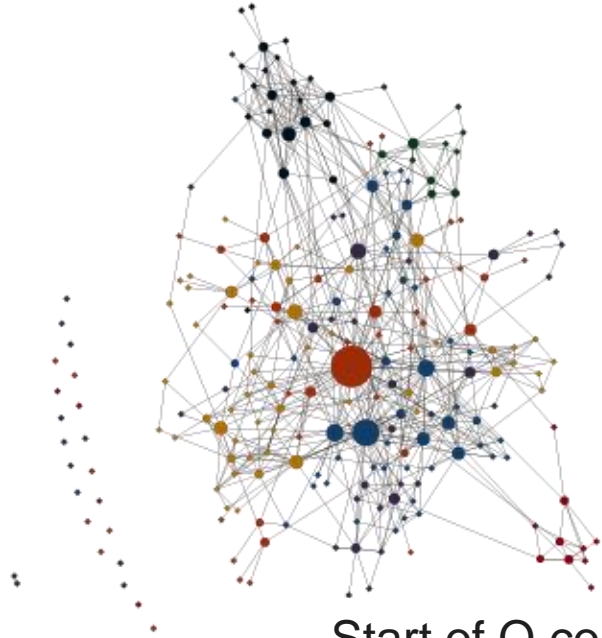
Social networks in a trust rated inadequate



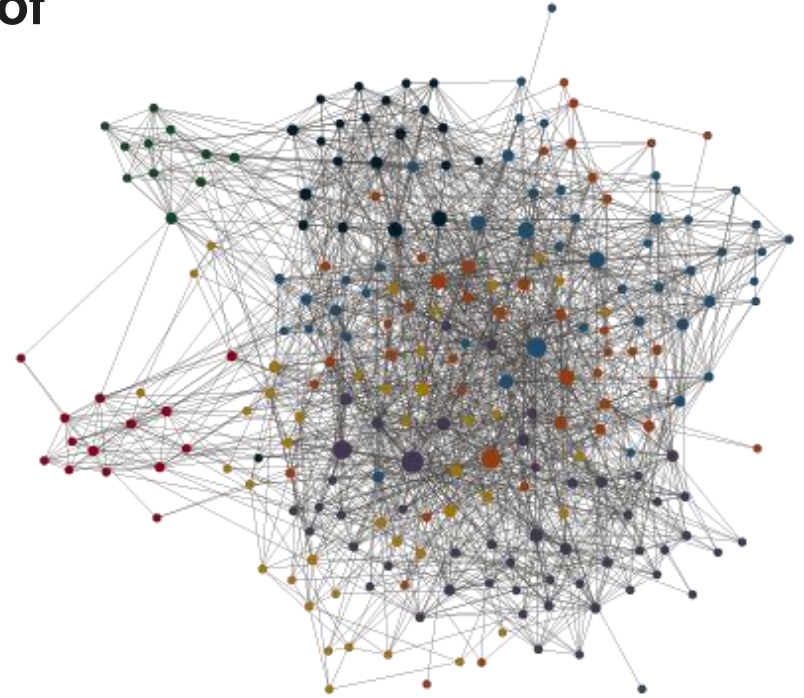
Social networks in an outstanding trust

Read more: warwick.ac.uk/fac/soc/wbs/research/vmi-nhs/reports/

Connecting system-wise for a culture of learning, innovation and improvement



Start of Q community
co-design process



6 months later

Read more: q.health.org.uk/about/impact-and-evaluation/

Thank you

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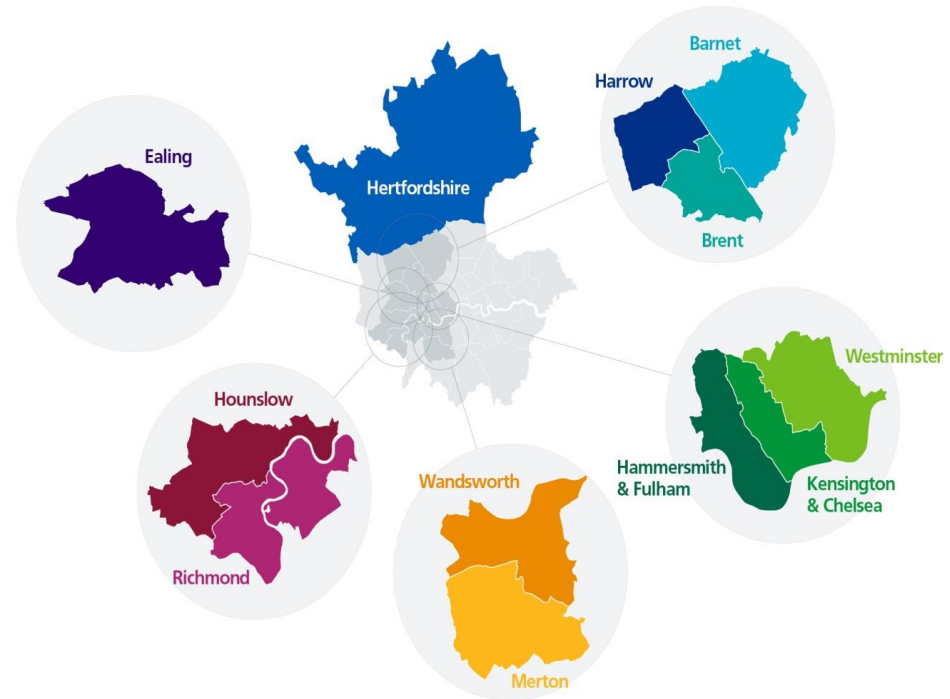
James Benson

Chief Executive Officer, Central London Community
Healthcare NHS Trust

Improvement & Transformation

James Benson

Chief Executive Officer



Your healthcare closer to home

Insights and Understanding

Driving Improvement & Transformation Through Data

- Data and analytics tools are helping us to identify areas ready for improvement and transformation
- This includes proactive intervention – using data to understand current performance and prevent issues before they even occur
- Internal and external benchmarking helps to identify efficiencies and opportunities to redesign care including:
 - demand, capacity, job planning, and other metrics to improve productivity or identify areas of risk
 - considering channel shift, skill mix changes, care package adjustments, improved workflows, and streamlined processes
- Insight and analytics teams facilitate improvement and transformation through data-driven insights – we are investing in these skills across the Trust

Driving Understanding through listening and looking

- Understanding what others are doing through collaboration
- Using technology to fix problems or add joy to the workplace
- Taking a risk that the transformation may not entirely work, but what is happening now isn't work also

Driving improvement- bottom up, top down, and learning between teams

Drawing on front line staff and patient led improvement

- Shared Governance Quality Councils give front line staff and patients a protected space to work on improvements, with senior support. One example is the co-design of information videos about diabetes for children, by children with diabetes.
- Any member of staff can undertake improvement training and run an improvement project to tackle the 'stones in our shoes'.

Targeted improvement to share learning between residents teams and divisions

- Improvement collaboratives bring people across the organisation together to drive improvement on trust priorities (e.g. Joy In Work, Health Inequalities)
- Priority improvements targeted through data driven performance management (e.g. waiting times) and safety management processes.

Selecting the right method

Supporting colleagues to adopt either a planned or iterative approach to improvement

- Planned change methods used where we know what changes will deliver the required improvement. Focus is on sticking to the plan and avoiding deviation.
- Iterative change methods used where we need to engage people, undertake analysis, develop a theory of change and evaluate ideas using rapid cycle testing. Focus is on evidence based approach, regular changes to the plan, based on learning.

Working with residents, systems and regulators

- Sharing with others the change journey and altering the language and dialogue to be about improving and change