

Trust Board Meeting in Public: Wednesday 10 July 2019
TB2019.73

Title	Integrated Improvement Programme – July update
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Status	For information and discussion
History	Integrated Improvement Programme update has been taken to; <ul style="list-style-type: none"> • Trust Operational Forum on 20 June • Trust Management Executive on 27 June

Board Lead(s)	Sara Randall, Chief Operating Officer Sam Foster, Chief Nursing Officer Meghana Pandit, Chief Medical Officer Jason Dorsett, Chief Finance Officer Eileen Walsh, Chief Assurance Officer			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. A refreshed 2019/20 Integrated Improvement Programme has been developed to empower a culture of continuous improvement to enable our staff to deliver high quality care. It is built on our previous improvement journey and has a bottom up change and improvement approach as front line staff are driving the change.

2. There are six critically related improvement programmes;

- I. Urgent and Emergency Care (Executive Lead: Sam Foster, Chief Nursing Officer)
- II. Elective Care (Executive Lead: Sara Randall, Chief Operating Officer)
- III. Theatre Productivity (Executive Lead: Meghana Pandit, Chief Medical Officer)
- IV. Quality and Safety (Executive Lead: Meghana Pandit, Chief Medical Officer)
- V. Governance (Executive Lead: Eileen Walsh, Chief Assurance Officer)
- VI. Improving Non Clinical Productivity (Executive Lead: Jason Dorsett, Chief Finance Officer)

These are supported by three enabler programmes; workforce, finance and digital.

3. Trust Management Executive is a key element of the Integrated Improvement Programme governance and reporting structure. Programme is reviewed at TME monthly for one hour prior to being reported to the Trust Board and sub-committees.

4. A central improvement team is providing improvement facilitation and project management input working with local clinical and managerial leaders to deliver change. We are actively recruiting into vacancies and the team is being coached in supporting change, working with resistance, effective project management to enable improvement, facilitating engagement and so forth.

The Executive team recognises that their commitment to continuous improvement is critical for success and Executive Leaders are aligned to each programme as well as Chief Operating Officer monitoring and reporting to the Trust Board.

5. A standardised approach has been taken to scope the six improvement programmes, progress against programme initiation and set up. Highlight reports are developed to provide updates on delivery progress, benefits for patients and potential risks to delivery. The attached PowerPoint gives an overview of the programme structure, governance, resource, engagement plan and Integrated Improvement Programme scope.

Success metrics are currently being developed and change will be monitored through SMART (Specific, Measurable, Achievable, Relevant, Time Specific) goals and metrics to ensure plans are translated into actions and results.

6. A standardised improvement methodology is utilised to ensure that the learning can be applied across other areas. For instance, Plan, Do, Study, Act (PDSA) cycles are applied to test the change with the local clinical leaders. This approach enables change to be piloted, tested and refined to ensure they are fit for purpose and embedded. The approach involves 'planning it', 'trying it', observe the results and acting on what is learned.

7. A high level communication plan has been developed to ensure there is appropriate engagement at OUH and system level. There will be key elements to ensure senior leaders within the Trust are engaged. The communication plan will be developed with the aim to reach all parts of the organisation, utilising pop up

stands around the sites to demonstrate what is being achieved.

Recommendation

The Trust Board is requested to take a note the content of the report and progress made to date