



MEETING TITLE Trust Board in Public		MEETING DATE 28/11/2017	
TITLE of PAPER	Developing the YAS Quality Improvement (QI) Approach	PAPER REF	2.2
STRATEGIC OBJECTIVE(S)	Deliver world class health outcomes in urgent and emergency care Ensure continuous service improvement and innovation		
PURPOSE OF THE PAPER	This paper sets out: 1. The proposed next steps towards the implementation of the Trust wide Quality Improvement strategy. This includes the commission of a diagnostic tool and the early interventions to support Quality Improvement capacity building 2. Proposed options for the next steps in terms of the YAS Well Led Review requirement for the CQC and NHSI.		
For Approval	<input checked="" type="checkbox"/>	For Assurance	<input type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input type="checkbox"/>
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DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper):			
PREVIOUSLY AGREED AT:	Committee/Group: Trust Executive Group	Date: 30/10/2017	
RECOMMENDATION(S)	It is recommended that the Trust Board: <ul style="list-style-type: none"> Approves the outlined approach to development of Well Led and QI diagnostic exercises. Approves and supports the proposals for initial capacity building and development of a YAS QI Fellowship programme to build QI capacity and support the growth of the QI culture. 		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion Implications <i>If 'Yes' – please attach to the back of this paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Choose a DOMAIN(s)		All	
NHSI Single Oversight Framework Choose a THEME(s)		1. All	

1. PURPOSE/AIM

1.1 This paper sets out:

- The proposed next steps towards the implementation of the Trust wide Quality Improvement strategy. This includes the commissioning of a diagnostic tool and the early interventions to support Quality Improvement capacity building.
- Proposed options for the next steps in terms of the YAS Well Led review requirement for the CQC and NHSI.

2. BACKGROUND/CONTEXT

2.1 The Trust Board agreed paper 3.3b Quality Improvement, “Outline proposal for a YAS approach” on the 31 August 2017. This paper set out in principle the benefits of developing a uniform approach to Quality Improvement (QI) across the Trust and was based on models and evidence of best practice. The successful implementation of a YAS QI approach is dependent on fully engaging teams at all levels and across all areas of the Trust. The favoured approach was to use the *Model for Improvement* espoused by the Institute for Healthcare Improvement as the overarching methodology to implement the desired Trust wide approach to Quality Improvement.

2.2 The next logical steps are to assess the Trust’s current position in terms of its capacity, capability and readiness to implement QI methodology by way of a diagnostic, and alongside this, to continue to develop and build QI capability.

2.3 The Board also needs to consider and confirm the next steps in relation to undertaking the Well Led Review as required by NHS Improvement (NHSI) as outlined in paper 3c presented to the Trust Board on 31 August 2017.

3. TRUST-WIDE DIAGNOSTIC ASSESSMENT

3.1 It is important to understand the current capacity, readiness and capability within the Trust since the Trust has not previously had a wide scale approach to QI before. It is recommended that this is commissioned externally in order to gain an objective insight into the platform the Trust is starting from and to make recommendations to the Trust in terms of priority areas. The diagnostic would provide a detailed picture at all levels within the Trust, with a focus on safety, quality and patient experience. There are a number of external providers with a proven track record in QI within the healthcare sector. The diagnostic would be aimed at understanding both the system and human aspects of the organisation’s safety and quality capabilities. This will include the learning system within the Trust and patterns of behaviour which influence the culture of the organisation.

3.2 The key objectives of the diagnostic assessment will include:

- Provide a diagnostic and analysis of existing culture, strategies, policies, and priorities, and identify what is needed to adopt a comprehensive and effective framework for patient safety and building capacity and capability to promote and sustain safe care and quality improvement.
- Identify existing assets and provide actionable strategies for closing identified gaps in care as well as strategies and policies

- Identify a small set (2-4) of key opportunity areas for concentrated activity to achieve initial and lasting results with patients and families to build capability for ongoing improvements to safety
- 3.3 Initial training and education packages will also need to be commissioned to build on the diagnostic, either as part of this or as a separate commission.
- 4. EARLY INTERVENTIONS TO BUILD CAPACITY – Education, training and development of the Fellow role**
- 4.1 Based around the value associated with “One Team” the aim is to develop a co-produced QI strategy and implementation plan which is meaningful to all staff within YAS. It will be aligned to the Trust Operating Plan as well as regional priorities and national best practice. The strategy will also reflect the value of efficient productive processes to the delivery of high quality care. The strategy will be developed through engagement at all levels of the organisation, harnessing existing mechanisms, for example, the Bright Ideas scheme as well as from the larger scale projects which have already been identified as Trust priorities. It will be important to consider “scale, spread and sustainability” as part of the plans to implement QI projects and the current thinking is that creating movement through small and early interventions to build capacity in QI will provide an effective means to gain interest and confidence in the approach and to encourage staff to become involved.
- 4.2 Reflecting the feedback given at TMG (15/11/17) the long term support from the senior leadership team and Trust Board is fundamental to the successful implementation of a QI culture across the whole Trust. The senior team should empower the leaders and their teams at every level. The move to a QI culture should not be seen as a ‘project’ which suggests it is transient but must viewed and expressed as a permanent way of working.
- 4.3 It is proposed to develop a community of engaged Quality Improvement Fellows who will support and work alongside a core central team through a secondment/fixed term arrangement. The potential fellows will be selected from volunteers with an interest in QI and have their line manager’s support. They will be given training in QI methodology and supported by the central QI team. On completion of the training they will spend their time between their substantive roles and that of the central QI team. The focus for the Fellows will be to actively contribute to QI in their own areas of work and where appropriate contribute to Trust wide QI projects. The reason for this local focus is that Fellows will have the expertise in their own roles and that the time given to their QI work will be beneficial to their service lines. It is anticipated that this approach will allow the senior leaders the flexibility to release individuals for such a programme.

Initial training requirements to support the core team and Fellow development are estimated as follows:

Core team

- 4.4 The focus of this input will be to build on existing skills and knowledge to develop a higher level of expertise in the core leadership team. This will be in the form of QI Improvement Coach training, and will enable the core team to provide expertise and skills to the wider QI fellows.

A number of options are available with credible training packages already accessible through organisations eg. IHI.

4.5 The Improvement Advisor Professional Development Programme is a face to face programme with longer term coaching support available over a 10 month period and is designed to provide participants with advanced knowledge and skills in both delivering, and maintaining successful improvement and positively influencing staff and patient outcomes.

4.6 Total cost of enhanced training for the core team based on the initial diagnostic and combination of these approaches is estimated at £50,000.

Fellow roles

4.7 An indicative assessment of cost for a six day training programme would be approximately:

6 FTE Clinical fellows training for 6 days £10,000 plus abstraction

4.8 To maximise the opportunity and benefit from the QI Fellows programme a period of twelve months is suggested. The time will allow for the individuals to learn the QI methodology and utilise the knowledge gained in the working environment. It is suggested that out of a normal working week of 37.5hrs, half of this time would be dedicated to QI work and the remainder carrying out their normal duties. On completion of the twelve months the Fellows would go back to their substantive role full time and would then act as the local QI lead and maintain a strong working relationship with the central QI team. The program would start over again allowing for other individuals to gain the QI skills and experience to take back to their teams. With this method it is envisaged that over time, a faculty of QI Fellows will develop across the whole Trust.

4.9 It is proposed that this commences on a manageable scale, with one QI Fellow being allocated from each operational service line and key support service initially. One of the many benefits of this type of programme is the breaking down of ‘traditional’ boundaries and the development of long standing working relationships across all teams. The success of the YAS QI strategy will be highly dependent on this group of QI Fellows as they will be responsible for the spread and sustainability of a QI culture.

4.10 Abstraction costs will be incurred as they are allocated to the Quality Improvement Team for half of their time. The back fill costs have been calculated and are outlined below:

	£	cost per year for 1 FTE
Band 6 mid-point (including on costs)	38,175	
Assume 50% of time working in Quality Improvement	19,087	
 Cost for 6 FTE - working 50% of time for 12 months	 114,523.91	

- 4.11 It is proposed that the funding for the QI fellows abstraction for 50% of their time is ring-fenced in the funding allocation for the transformation programme for 2018/19.
- 4.12 It will be important also to create effective management practice around the QI fellows in order for projects to be tracked, monitored and reported as they progress through the phases of implementation.
- 4.13 Whilst costing for initial fellows have been established at 6 FTE. It would be open to individual Directorates if they wished to supply more fellows into the programme based on their own finance arrangements.

5. WELL LED ASSESSMENT

- 5.1 The previous paper to the Trust Board outlined the updated Well Led Framework and detailed the new requirements and implications for the Trust. This included the requirement to undertake a well led self-assessment at least annually, to identify areas of future focus within the Framework. The second element is in commissioning an external review. Providers are expected to select an independent external facilitator to take a holistic view of the Trust. It is further suggested this could include some peer review.
- 5.2 Further to the publication of the updated Well Led Framework and refreshed Key Lines of Enquiry in June 2017, NHSI have published guidance for Trusts in commissioning external suppliers and working with them to undertake developmental reviews (“Getting the most from developmental well led reviews: commissioning external suppliers and working with peer reviewers” NHSI 2017). The content is divided into two sections:
- **Making the most of external suppliers:** The guidance draws on best practice that has previously helped providers commission reviews and work with external suppliers in ways that have led to lasting improvement. It includes a template specification and example evaluation criteria and questions to support providers in selecting the external suppliers that are best able to meet their needs. The guidance is not intended to supersede formal procurement policy guidance and/or local financial instructions.
 - **Making the most of peer input:** NHSI have the aim that, in the future, taking part in developmental reviews will become an integral part of the role of senior leaders across the NHS. This is support the aspired shared learning culture and community. NHSI are encouraging providers, where possible, to select suppliers who offer to involve appropriately skilled peer reviewers as part of the external review team. The guide also sets out how issues around conflicts of interest and liability can be managed. The involvement of peer reviewers remains at the discretion of providers commissioning reviews.
- 5.3 The external supplier procurement objectives include:
- to deepen the organisation’s understanding of its leadership and governance through objective and constructive review and challenge
 - to identify key development actions in relation to the well-led framework
 - To obtain maximum value for money from the review through skills transfer and knowledge sharing.

These objectives can be added to by providers based on specific issues that have arisen from the self-review stage.

- 5.4 NHSI expects contracts for external facilitation of external reviews to fall well below the applicable thresholds for conducting a full procurement under the Public Contracts Regulations. Market testing is recommended and there is encouragement to invite smaller enterprises to take part in tender processes. Commissioning is expected to follow best and regulatory procurement practice with Invitation to Tender (ITT) and decision making being robust and transparent through a balanced evaluation panel. Evaluation criteria and questions are included in the guidance.
- 5.5 NHSI are keen to support providers to embed peer review into external review teams and this will typically mean NHS leaders working with external suppliers to carry out developmental reviews. The purpose of peer review is:
- use and develop existing skills in the NHS by encouraging high-performing boards and leaders to support others
 - enhance and enable information-sharing, learning and experience by increasing interactions between trusts on leadership and governance
 - Increase value for money by sourcing specialist advice from within the NHS wherever possible.

The guidance suggests peer input could include observation of board and executive team meetings, considering team dynamics and assessing board engagement with patients, staff and other key stakeholders.

- 5.6 The suggestion from NHSI is that providers ask potential external suppliers to identify and include peer review in their proposal.
- 5.7 NHSI is keen to draw together learning from the development reviews and have included in the template specification a “duty of care” clause which expects that suppliers, who conduct more than three reviews in a financial year, will facilitate learning by providing to NHSI, an anonymised summary of themes from all reviews undertaken in the period.

IMPLICATIONS FOR YAS

- 5.8 YAS have a number of options to consider in relation to the commissioning of the well led framework external review. This will also be informed by the existing procurement legislation.

Option one: Commission independent external well led review and separate QI diagnostic and initial support.

- 5.9 One option would be to commission an external Well Led review which would solely consider the elements of the Well Led framework. This will culminate in a report being produced which provides a benchmark position against the Well Led framework and identifies areas for leadership development.
- 5.10 In this option, a separate QI diagnostic and QI capability development support would also be commissioned.

- 5.11 This approach would be simple to manage in terms of the procurement process and would directly satisfy the regulatory requirements relating to Well Led without additional complexity. However, it would not provide a fully integrated approach and could result in a level of overlap in the diagnostic assessments. It is possible that separating out the elements would also create a higher overall cost and administrative burden. If this approach is selected, the specification for the QI diagnostic would need to be carefully defined to complement and build on the Well Led review.

Option two: Combine the commission of the QI diagnostic and initial capacity building support with the external well led review.

- 5.12 If framed appropriately, the QI diagnostic assessment could also satisfy the requirement from NHSI to review its leadership and governance arrangements via an external reviewer. The QI strategy has strong connection to the Well Led framework, with its emphasis on organisational approaches and leadership for continuous improvement. The NHSI guidance states that “providers are free to tailor their approach to suit their organisational circumstances”. By combining the two requirements there is a unique opportunity to gain a deeper understanding of the leadership capability and capacity, good governance and further progressing the QI culture.
- 5.13 The QI diagnostic and Well Led assessment would enable the Board and Executive team to identify its strategic leadership and QI goals. This would inform the QI strategy development. The diagnostic would ensure that all the senior team are aware of the areas of strength and areas in need of development. This objective diagnosis would enable the Trust to start its QI journey on a firm foundation of internal intelligence, co-production with staff and objective external assessment.
- 5.14 Initial interventions to build capacity can be specified as part of the tender package, including training resource and products as well a longer term QI support plan for the Trust.
- 5.15 Early enquiries with a leading provider of QI diagnostic an indicative cost for the diagnostic exercise and previous experience of external governance assessments indicate that the cost of the diagnostic exercises would be approximately £150,000.
- 5.16 Whilst there is an element of risk in being able to secure a provider with sufficient breadth to address the full specification, option 2 potentially offers the benefit of a more fully integrated approach. If option two is selected the risk would need to be managed through careful design of the specification and the provider selection process and confirmation of support for this approach from NHSI.

6. NEXT STEPS

- 6.1 Subject to Board approval, the work to develop the procurement exercise to commission either option one or two will commence. It is proposed that specifications for both options are developed initially, to inform a final decision on the approach. Subject to the Board approval, the intention will be to award a Well Led/QI diagnostic contract before the end of 2017/18.

- 6.2 Work has already begun to develop the QI capacity and capability of the central core team and this is now being extended to include the implementation of the Fellows programme with exploratory conversations with service leads and discussion at TMG on the 15/11/17.
- 6.3 A detailed specification for the training packages will be developed to inform the procurement process within options 1 or 2 outlined above. Moving forward it is envisaged that the training in QI would be delivered by a 'faculty' of previous and current Fellows and members of the central QI team, reducing the reliance on external support in the medium to long term. If approved, it is proposed that the contracts for diagnostic and initial training would be awarded, and funded in 2017/18.
- 6.4 If the proposal is approved, it is envisaged that Fellow posts will be advertised during the current year with the view to starting in post April/May 2018. The timing of these will coincide with the implementation milestones set out in paper 3.3b dated 31/08/17. The successful Fellows will be essential in the delivery of the YAS QI approach. Ongoing costs for the initial cohort of Fellows can be met initially from unallocated Service Transformation budget.

7. RISK ASSESSMENT

- 7.1 The ability to successfully implement the YAS QI approach will be significantly supported by appropriate diagnostic assessment to form the baseline. The successful implementation of internal experts in QI in the form of local QI fellows will be fundamental in the spread and sustainability of the YAS QI approach.

8. RECOMMENDATIONS

- 8.1 It is recommended that Trust Board:
- Approves the outlined approach to development of Well Led and QI diagnostic exercises.
 - Approves and supports the proposals for initial capacity building and development of a YAS QI Fellowship programme to build QI capacity and support the growth of the QI culture.

9. APPENDICES/BACKGROUND INFORMATION

- 9.1 Appendix 1 – Indicative costing, subject to tender exercise(s)

Well Led and QI Diagnostic Support – Estimated Costs

Cost	2017/18 £	2018/19 £	Comments
QI/Well Led diagnostic indicative cost	150,000	Nil	Potential to negotiate as outlined in two options above. This may include elements of the training costs outlined below
Advanced QI skills training for core team	50,000	Nil	
Training for QI fellows 6 days	6 Fellows - C. 10,000 Training costs - 5,300 Abstraction costs 9 Fellows - C. 15,000 Training costs - 8,000 Abstraction costs		Based at mid-point band 6
Abstraction costs for Fellows for 50% of time for 12 months.	Nil	6 FTE 114,523.91 9 FTE 171,785.87	Based at mid-point band 6