

Knowledge 015

Improving the improvement system – learning from the Improvement Partnership for Hospitals

- This briefing is for all stakeholders involved with the healthcare improvement system inside and outside the NHS, in particular:
 - Trust Chief Executives and Directors of Modernisation;
 - national teams promoting the sustainability of NHS improvement;
 - Management Training Scheme developers and trainees; and
 - members of the Department of Health leading improvement programmes in commissioning or providing.
- The Improvement Partnership for Hospitals (IPH) programme was a joint venture, led by the Modernisation Agency, to enable trusts to integrate healthcare improvement at the local health community level. It covered three discrete areas:
 - clinical systems improvement (CSI);
 - organisational development; and
 - whole systems alignment.
- The programme was implemented through:
 - awareness raising seminars by national and international experts;
 - funding over a nine-month period to support service improvement work-streams chosen by trusts; and
 - a learning programme with external training, e-learning materials and assistance from Modernisation Agency staff.
- The evaluation showed that whilst examples of improvement in processes, such as a reduction in delayed discharges, were achieved, the improvement techniques and approaches being promoted were some way from being 'embedded' and mainstreamed into the core business for most organisations.
- Whilst the IPH programme implementation had many strengths, future innovation programmes should consider more carefully the variation in needs and receptivity of 'recipients' of the innovation. This will be particularly important during system reform when delivery of a patient-led NHS will mean that policy makers, commissioners and providers will have new incentives for driving improvement.

A full version of the evaluation report can be found at www.institute.nhs.uk/matrixreport/R4697_Final_report_final.pdf

What was the Improvement Partnership for Hospitals?

The IPH programme was a joint venture, led by the Modernisation Agency, involving acute hospital trusts, SHAs, and primary care trusts (PCTs). Launched in 2003 following piloting, the programme was rolled out to acute hospital trusts in eight waves over the course of two years. The initiative was intended to enable trusts to integrate healthcare improvement work at the local health community level through:

- **CSI** – reducing variations in hospital demand and capacity and smoothing the flow of patients by using the latest systems improvement techniques;
- **organisational development** – developing leadership skills and embedding improvement skills locally to ensure progress was sustained and the work was driven forwards; and
- **whole systems alignment** – promoting ‘whole systems’ partnership working across organisations and neighbouring healthcare partners.

The programme was implemented through:

- **awareness raising seminars** by national and international experts;
- **funding** over a nine-month period to support service improvement work-streams chosen by trusts;
- **a learning programme** with external training and e-learning materials; and
- **guidance and assistance** from Modernisation Agency staff.

The programme was intended: to enable trusts to integrate healthcare improvement work at the local health community level and eliminate unnecessary waiting; improve the flow of patients, especially through beds; and improve the quality of patient care. The mechanisms through which these aims were to be achieved focussed on accelerating the adoption of these techniques and speeding the pace of change.

Trusts reported that the programme had contributed to:

- reductions in delayed discharges and lengths of stay;
- improved discharge planning;
- reduced bed occupancy;
- redesigned portering and transport services; and
- improved outpatient follow-up ratios.

What were the results of the evaluation?

Feedback from trusts involved in the IPH showed that:

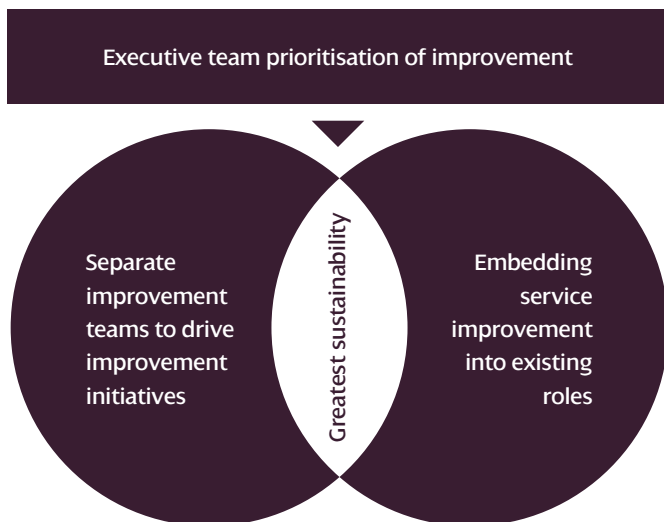
- trusts used the flexibility of the IPH programme to maximise improvement based on local assessments of priorities;
- analyses of trust data by the Modernisation Agency helped to identify the potential benefit of IPH-promoted initiatives, though detailed needs assessment of improvement capability of organisations may have helped to target the programme better from the outset;
- use of experts and motivational speakers at events and launches helped to challenge traditional views; and
- improvement techniques take time to be embedded within organisations. Awareness of IPH techniques was raised following the programme period, but individual organisations need to sustain momentum to mainstream the use of the techniques and continuously develop the local improvement systems.

To enable the continued successful use of IPH-promoted techniques it is recommended that:

- measures are developed to allow health organisations to assess their sustainable improvement capacity;
- training events be evaluated on an on-going basis to identify how processes and outcomes have improved within the workplace;
- similar improvement initiatives be introduced into the provider elements of PCTs;
- PCTs be supported in identifying how they can commission for continuous improvement; and
- benefits realisation programmes be developed at a local, regional and national level.

Challenges and next steps – learning from the IPH programme

Ensuring sustainability. Organisations need to develop measures that will allow an assessment of organisational capacity to sustain and build continuous improvement. Trusts that actively considered sustainability as part of the IPH programme tended to use one of two approaches: some put in place dedicated improvement teams with ring-fenced budgets to work with clinicians and managers to drive improvement; others included expectations for service improvement within job descriptions so that improvement activities became embedded into day-to-day roles. It is likely that a combination of both approaches would be most effective, underpinned by sustained support from executive teams. External change agents, such as the NHS Institute, universities and consultancies, may provide ongoing support for improvement.



Understanding and achieving benefits. Organisations need to ensure that they have appropriately identified the benefits, both financial and non-financial, associated with improvement and innovation initiatives, and have put in place the mechanisms to sell and achieve these benefits to stakeholders. Undertaking baseline assessments and benchmarking against standards of excellence, will enable organisations to quantify potential benefits, identify challenges in realising the benefits, and to make the case for investing in initiatives.

Strategies for spread and adoption. Improvement initiatives may be driven by different priorities, for example, innovations can be bottom-up, or demand-led – eg providers are incentivised to build health service improvement capability. Alternatively innovations can be supply-led, born of a response to political issues such as the recent requirements to reduce Healthcare Acquired Infections.

A variety of delivery strategies are available to support adoption and spread, dependent upon an assessment of a variety of factors. The delivery strategy used will depend on the characteristics of the adopters – messages need to be targeted and delivered appropriately for the audience – and of the timescales associated with the change. A combination of the strategies shown below may prove most effective.

Programme evaluation. Robust project management and early engagement with programme evaluation processes will bring a more robust, delivery-focussed process, and will help ensure that proposed benefits are realised.

In particular this will involve a managed and systematic process of understanding the baseline position and needs, developing appropriate and quantifiable objectives, developing key performance indicators for the programme, and ensuring there is clarity concerning roles and responsibilities for achieving goals.

Pros	Strategies	Cons
Clear parameters Forced change	Strategy 1 changing legislation / regulation / national standards	May limit organisational flexibility
Less expensive Learning shared	Strategy 2 snowball – use of good practice examples to spread knowledge	Need demonstrable impact Relies on site cooperation
External experts National support	Strategy 3 big bang – national awareness raising, use of champions	Experts may be too thinly spread
Patient-led Potentially less expensive	Strategy 4 using market forces to promote innovation	Assumes choice is fully operational

Further reading

A full version of the evaluation report including a brief summary of the literature concerning models and processes of adoption and spread can be found at www.institute.nhs.uk/matrixreport/R4697_Final_report_final.pdf

Implications for the improvement system

Within the new health system, all organisations will have a role in driving improvement, and therefore need to ensure that they **understand their roles and responsibilities for improvement**.

Organisations need to be aware that greater local ownership for the improvement of the NHS could reduce scope for sharing learning at a national level. **Natural pathways for the evolution and spread of innovative practice** and new models of service delivery will need to be identified, cultivated and utilised.

The introduction of contestability may dissuade some providers from sharing improved ways of working, though **forward-thinking providers will recognise the need to**

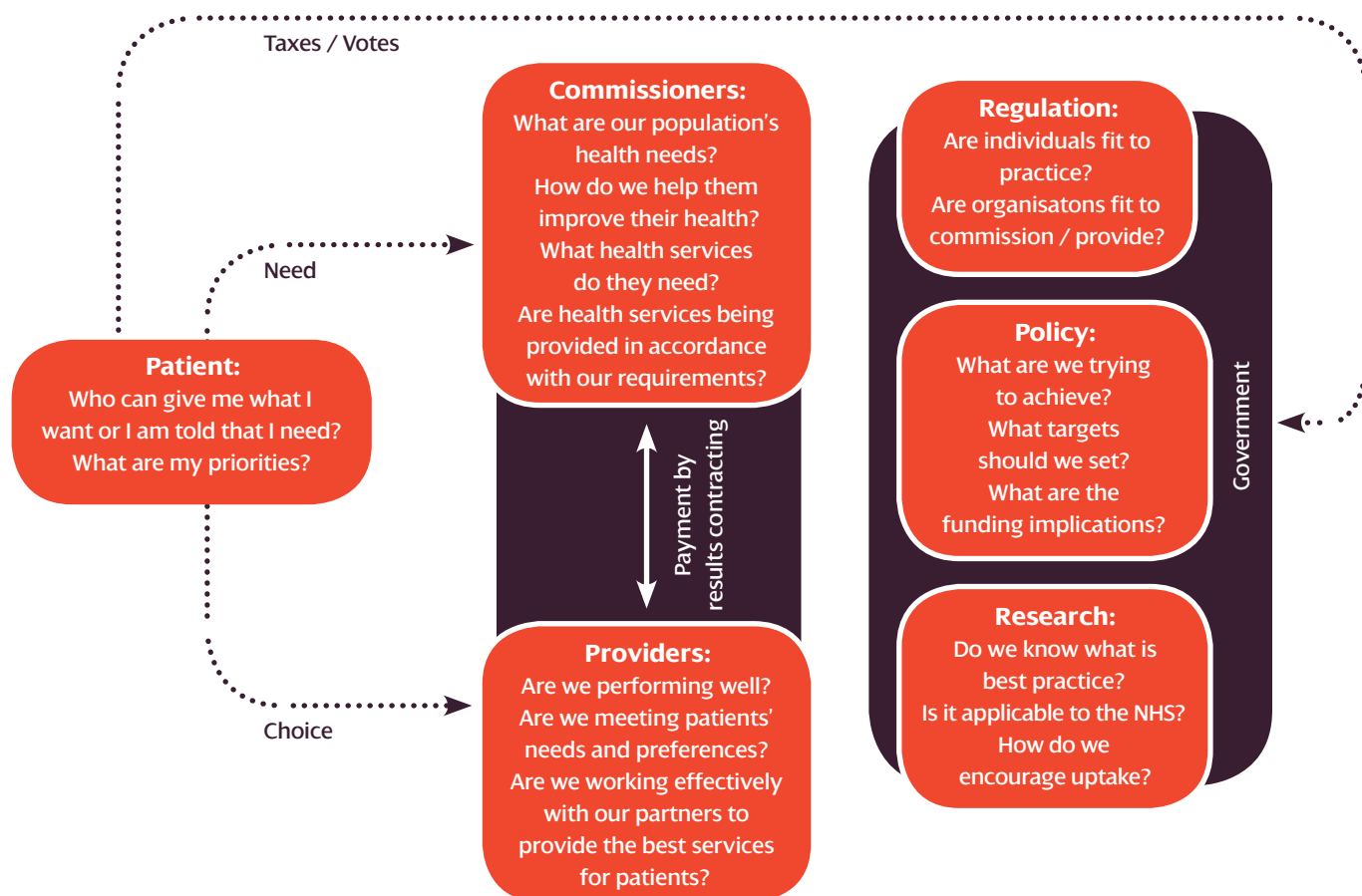
work in partnership with all stakeholders to improve services. Commissioners will need to identify how they will **contract for continuous improvement**.

The **NHS Institute** will provide support and a central knowledge resource, building potential for the long-term.

The **Department of Health** will also provide support, creating coherence across policy areas.

Further external change agents, such as universities and consultancies, will also have a role in challenging traditional ways of working, and sharing knowledge. Purchasers and providers will need to identify what support should be outsourced, as well as when and how this can best be delivered.

If the NHS is to move from being a centrally directed system to a truly patient-led system, as described in *Creating a patient-led NHS*, it will be necessary to **accelerate the speed of improvement**. All stakeholder organisations need to set themselves bold aims for ongoing improvement, and make improved decisions about investment to ensure that patients can obtain maximum benefits from all parts of the improvement system.



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Knowledge informing improvement

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