

NHS COUNTY DURHAM AND DARLINGTON INTEGRATED BUSINESS BOARD

Directorate of Innovation and Development – progress report on improvement work

1. Introduction

The purpose of this paper is to provide the board with a progress report on improvement work since October 2007. The corporate improvement teams (CIT) primary objectives are to: build capacity and capability for transformational and sustainable change and deliver key streams of work from the improvement strategy and to support this.

The improvement approach we use is an adapted version of the Virginia Mason Production System (VMPS) created to drive improvement in healthcare and in our case healthcare commissioning. Our local improvement programme is known as Do It Once, Do It Right. This includes a standard approach to deliver rapid process improvement workshops (RPIW) for point improvements, stop the line (used to address remedial problems) and the generation of everyday improvement ideas. More recently, we have delivered a 'super-flow' event, where several improvement activities run in parallel.

In September 2008, the CIT's improvement strategy and its eleven work-streams were approved, the projects for improvement work-stream is one of them. This is supported by the 'developing leaders as coaches' programme which is vital to ensuring the sustainability of our work. The coaching programme is based on aligning deeply held values and beliefs and is integral to improvement work. Appendix 1 shows the training activities to date.

In 2007, the focus of our work, like VMPS, was to drive waste out of the system, improve quality and safety in commissioned services and improve internal business processes. The following are examples of work to date that has freed up resources, reduced waste, reduced risk to patients and improved their healthcare experience.

- The GP with specialist interest RPIW eliminated our local accreditation process, releasing time for staff to address patient safety incidents. Time saved equates to £37,000pa.
- The CVD project has improved turnaround times for diagnostic results and eliminated unnecessary diagnostic tests (over treating). Mortality and disease rates are projected to improve due to our new CVD and sexual health screening specifications. Some of the work has yet to demonstrate its impact, as they are health outcome related or are spend to save schemes. Results will take several years to materialise and are being tracked by public health monitoring systems.
- The super-flow RPIW focused on our internal business commissioning flow (BCF). The results showed it was possible to achieve a 72% reduction in the time taken from developing strategy through to services being procured and the contract awarded. The development part of the (BCF) RPIW reduced the time taken to develop specifications from 36 to 12 weeks, resulting in services being available to patients quicker. It has

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- also allowed staff to be redeployed to other areas of the BCF to speed up the process.
- We are supporting providers and have invested in developing several general practices. GPs are the gatekeepers of all commissioning activity and it is our intention to create efficient practices that can deliver high quality safe patient services that we want to commission in the future. An RPIW to improve the CVD appointments process in Stanley Medical Practice has eliminated unnecessary tests, releasing £22,000 annually and reduced staff time by 82%. This would be a £1,892,000 saving across the patch if all practices adopted this approach. The practices are also helping us to test how we can create capacity for improvement with other independent contractors across the region.

The full range of improvement outcomes can be seen in appendices 2, 3 and 4. It must also be noted that some of the work has generated additional costs for the PCT, such as the urgent care work, this should be offset by changes in activity over time, again this is being closely monitored. However, patients are now benefiting from a more comprehensive 24/7 service.

In light of the challenging financial environment we will experience over the next few years, we have developed a more rigorous financial approach to our work that identifies financial requirements and ROI, as well as, improved quality and patient safety. There is a detailed financial element in all standard documents used in our improvement work that ensures all metrics are understood and targets identified before agreement is given for work to commence (see appendix 5 – recovery template and appendix 6 – project for improvement template). This will enable us to monitor the total impact of improvement work and will contribute to decisions made about investment and disinvestment, where savings can be made or where resources can be redeployed. The new approach will be implemented in November during the next round of improvement work.

2. Implications and risks

It is difficult and highly complex to measure some elements of improvement activity as they are not based on a single intervention. Many variables are at play not least the attitudes and behaviours of staff as well as their skill set. It is also important to measure these and we are doing this using the Dennison cultural audit survey, the staff satisfaction survey and through the storytelling approach we have established to capture staff feedback.

The addition of robust financial information generated at the front end of improvement work as well as striving for improved quality and safety and measuring the people elements of sustaining improvement will further increase the rigour of the DIODIR approach. Performance will be monitored quarterly by the organisational development and innovation steering group. Meeting notes from this group will be noted by the IBB.

3. Recommendations

The board is asked to:

- receive the report for information and acknowledge the additional financial rigour built into the DIODIR approach.
- agree the performance monitoring arrangements.

4. Author and sponsor director

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Purpose of paper	Information sharing <input type="checkbox"/> Development/discussion <input type="checkbox"/> Decision/action <input type="checkbox"/>
How does the paper support / have implications for:	
NHS County Durham's 4 Strategic Aims	All
Our Vision Our Future workstreams	All
World class commissioning competencies	1,2,3,4,5,6,8,11
Standards for better health	Various depending on area
Use of resources	1.2c, 1.3e, 2.1b, 2.1c, 2.1f, 2.3b, 2.3c, 3.3a, 3.3b, 3.3c, 3.3d
Targets and Vital signs	Reduce health inequalities Increase life expectancy Reduce cancer mortality Reduce CVD rate
NHS Constitution	NHS services must reflect the needs and preference of patients, their families and their carers. The NHS is committed to providing best value for tax payers money
Darzi Principles	All
Impact on / Involvement of partners	Yes by improving effectiveness/efficiency of commissioned services
Equality & Diversity	
Other policies / Issues	Delivering data on innovation Supporting provider development

The footer section will be used on the first page only to outline all versions of the paper, incorporating a history of the groups to which the paper has been taken and the dates of those discussion.