

# Meeting of ICB Board

**Date: Thursday 2nd May 2024**

**Time: 12:15 – 14:55**

**Location: University of the West of England, Enterprise Park 1, Lecture Theatre, Long Down Avenue, Stoke Gifford, BS34 8QZ**

<b>Agenda Number:</b>	6.2	
<b>Title:</b>	Developing BNSSG Improvement Capabilities in line with best practice and the national policy framework ('NHS IMPACT')	
<b>Confidential Papers</b>	<b>Commercially Sensitive</b>	No
	<b>Legally Sensitive</b>	No
	<b>Contains Patient Identifiable data</b>	No
	<b>Financially Sensitive</b>	No
	<b>Time Sensitive – not for public release at this time</b>	No
	<b>Other (Please state)</b>	No
<p><b>Purpose:</b>  <b>For approval</b>  A. Set out the case for change and seek a mandate from the ICB Board for work to strengthen and grow our competence, capability and capacity for delivering Improvement across the ICS.</p> <p><b>For information</b>  B. Provide a brief to the ICB Board about the national expectations in relation to the NHS IMPACT approach to Improvement (See Appendix 1).  C. Share the current picture in BNSSG and seek feedback on the draft principles that are being co-produced across the system in support of items 1 and 2 above (see Paragraph 6, Page 8).</p>		
<b>Key Points for Discussion:</b>		
<ul style="list-style-type: none"> <li>Developing Improvement capabilities at Board level and throughout our ICS and organisations, and embedding Improvement, measures, tools and techniques into management systems.</li> <li>The Board becoming more strategic in influencing system wide Improvement activity and how this is best applied to our priorities: to be assured that we are focusing on the right things and approaching things in the right way, to address both our short and longer-term goals.</li> </ul>		



	<ul style="list-style-type: none"> <li>As a network we are developing <b>shared principles</b> for Improvement work. We would welcome feedback on our current thinking on draft principles, as set in the paper.</li> </ul>
<b>Recommendations:</b>	To approve a mandate for work to develop a strategic approach to Improvement.
<b>Previously Considered By and feedback :</b>	System Improvement leads (electronic feedback only). ICB Executive Team
<b>Management of Declared Interest:</b>	No conflicts of interested identified.
<b>Risk and Assurance:</b>	There is a risk that Improvement activities are not aligned to the Board's priorities or that best practice is not being embedded consistently. This paper seeks a mandate from the Board to develop a more strategic approach to Improvement, which would enable the Board to have greater assurance.
<b>Financial / Resource Implications:</b>	There are no direct financial implications in taking forward the recommendations of this paper. Any costs identified in the Discovery and/or Design phase of work to develop our Improvement approach will be set in out in a subsequent report.
<b>Legal, Policy and Regulatory Requirements:</b>	There are not any legal implications from this proposal as it's a development piece for the system.
<b>How does this reduce Health Inequalities:</b>	Use of Improvement techniques can help reduce health inequalities by understanding and addressing disparities in access, quality and outcomes. This is by identifying and addressing gaps, tailoring interventions to meet the specific needs of populations and measuring whether the projected benefits are delivered.
<b>How does this impact on Equality &amp; diversity</b>	Improvement techniques promote equality and diversity by understanding and addressing bias and discrimination, creating culturally competent practices, reducing disparities in access and outcomes and enhancing accountability and transparency.
<b>Patient and Public Involvement:</b>	No requirement for public involvement in the paper, but codesign is an integral part of improvement practice. As such strengthening the voice of the user is one of the key principles described in this paper.
<b>Communications and Engagement:</b>	The ICB has engaged system Improvement leads in the development of this paper, and utilised findings from two system sessions on future working.

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## Agenda item: 6.2

# Report title: Developing BNSSG Improvement Capabilities in line with best practice and the national policy framework ('NHS IMPACT')

### Purpose

The purpose of this paper is to:

- A. Set out the case for change and seek a mandate from the ICB Board for work to strengthen and grow our competence, capability and capacity for delivering Improvement across the ICS.
- B. Provide a brief to the ICB Board about the national expectations in relation to the NHS IMPACT approach to Improvement (See Appendix 1).
- C. Share the current picture in BNSSG and seek feedback on the draft principles that are being co-produced across the system in support of items 1 and 2 above.

### What is Improvement Science ('Improvement')?

1. The Institute for Health Improvement provides the following definition:

*The science of Improvement provides concepts, methods, and tools to envision, achieve, and sustain positive change. Equipping ourselves with these essential quality Improvement skills helps us to identify Improvement opportunities, test and implement effective changes, and scale-up and sustain better ways of working. (Institute for Health Improvement)*

2. There is a common challenge in our system, that Improvement methods can be overlooked in favour of an 'act- first' approach, due to the need for quick wins, immediate results and certainty of implementation plans. This can mean we leap into solutions without adequate understanding, data, insight, and definition of the problem as it presents in our system. Actions may be taken without assurance on benefits realisation. This may lead to a failure to achieved desired results and learn lessons.

3. We are not alone in this approach. The *NHS Delivery and Continuous Improvement Review*, conducted by Anne Eden in 2022/23<sup>1</sup> sought to understand and create some guidance that would enable ICSs to assess their capabilities and connect with Improvement as a key discipline. Evidence from around the world in health / care and from other industries highlights that if we are to shift the pace and scale of successful transformation then we need to take a scientific approach. This means developing Improvement capabilities at Board level and throughout our ICS, and embedding Improvement, measures, tools and techniques into management systems.

### Case for Change

4. There is a case for the ICB Board to mandate work to strengthen and grow our competence, capability and capacity for delivering Improvement across the ICS:
- ***Innovation and transformation are essential enablers for achieving our aims*** – To achieve the aims of our ICS Strategy for improving health and reducing health inequalities, and delivering our targets for improving performance and productivity, we need to transform our approaches to population health management and service delivery. We won't succeed by maintaining the current trajectory or even by optimising current processes. A visual representation of this challenge can be shown through a Three Horizons<sup>2</sup> lens, as illustrated in the diagram below.

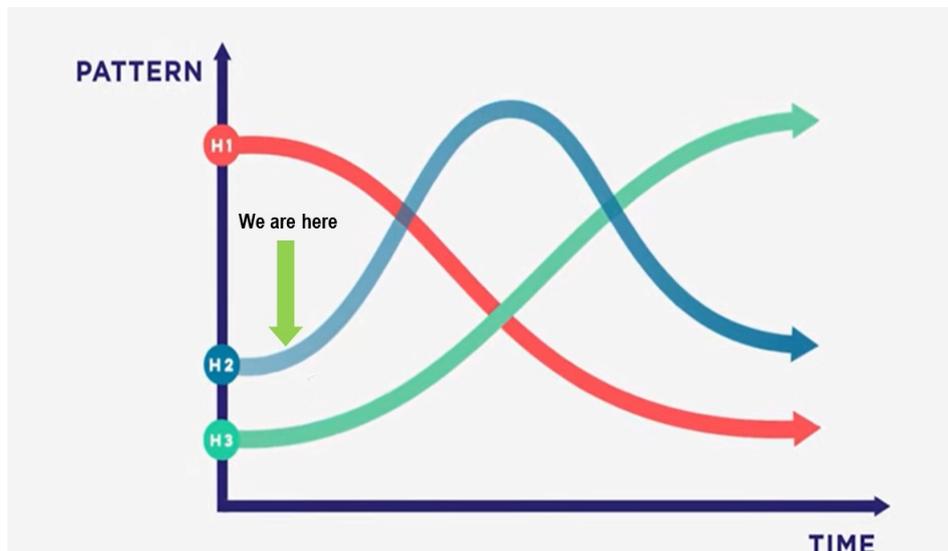
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<sup>1</sup> [NHS England » The delivery and continuous Improvement review](#)

<sup>2</sup> Three Horizons Framework Toolkit (Sharpe, B) [PowerPoint Presentation \(itcilo.org\)](#)



## The Three Horizons Framework



### Description:

**Horizon 1 – Business as usual activities**

**Horizon 2 - Transition and innovation stage – where new ideas**

**Horizon 3 - Visionary idea – the art of the**

- **Improvement approaches should reflect best practice** – The most successful Improvement and transformation efforts require a combination of clear methods as well as a strong focus on relationships and trust. As a system, we need to be capable of maximising the impact and spread of promising innovations, service Improvements and new technologies. In key areas, effective innovation adoption and Improvement will require a system-wide focus to be successful. We need the means and skills to share ideas and learning at scale and to put them into practice in different settings.
- **NHSE has set clear expectations at national level** – NHS England (NHSE) has recognised the critical role of Improvement for delivering national priorities. NHSE is encouraging ICBs and NHS Trusts to develop aligned approaches, within a national framework for developing Improvement capabilities: NHS IMPACT (Improving Patient Care Together)<sup>3</sup> This was a recommendation of the *NHS Delivery and Continuous Improvement Review*, conducted by Anne Eden in 2022/23<sup>4</sup>. NHS IMPACT is not a detailed, standardised methodology of the Improvement approach we are mandated to adopt, it

(N and Rowe, E)

<sup>3</sup> [NHS England » NHS IMPACT](#)

<sup>4</sup> [NHS England » The delivery and continuous Improvement review](#)

describes a series of high-level components. These are underpinned by national and international research. The intent is to allow systems build on existing Improvement assets and skills, instead of having to change our approach to fit a national template. For more information about NHS IMPACT please see Appendix 1.

- ***There are opportunities for the ICB Board to drive a more strategic approach*** – During the ICB ‘Shaping our Future’ process, CEOs identified transformation as an area to explore opportunities for system wide approaches. NHS IMPACT sets out the importance of the Board becoming more strategic in influencing the Improvement approach: to be assured that we are focusing on the right things and approaching things in the right way, to address our short and longer-term goals. The ICB Board’s engagement with Improvement activity tends to be project/programme specific. It is acknowledged that system CEOs will be engaged with Improvement activity in the organisations that they lead. However, the ICB Board does not currently have assurance that system wide Improvement activity is aligned to priorities. There are opportunities to embed tried and tested approaches to Improvement more consistently through assurance, decision making and management processes.

## National Expectations

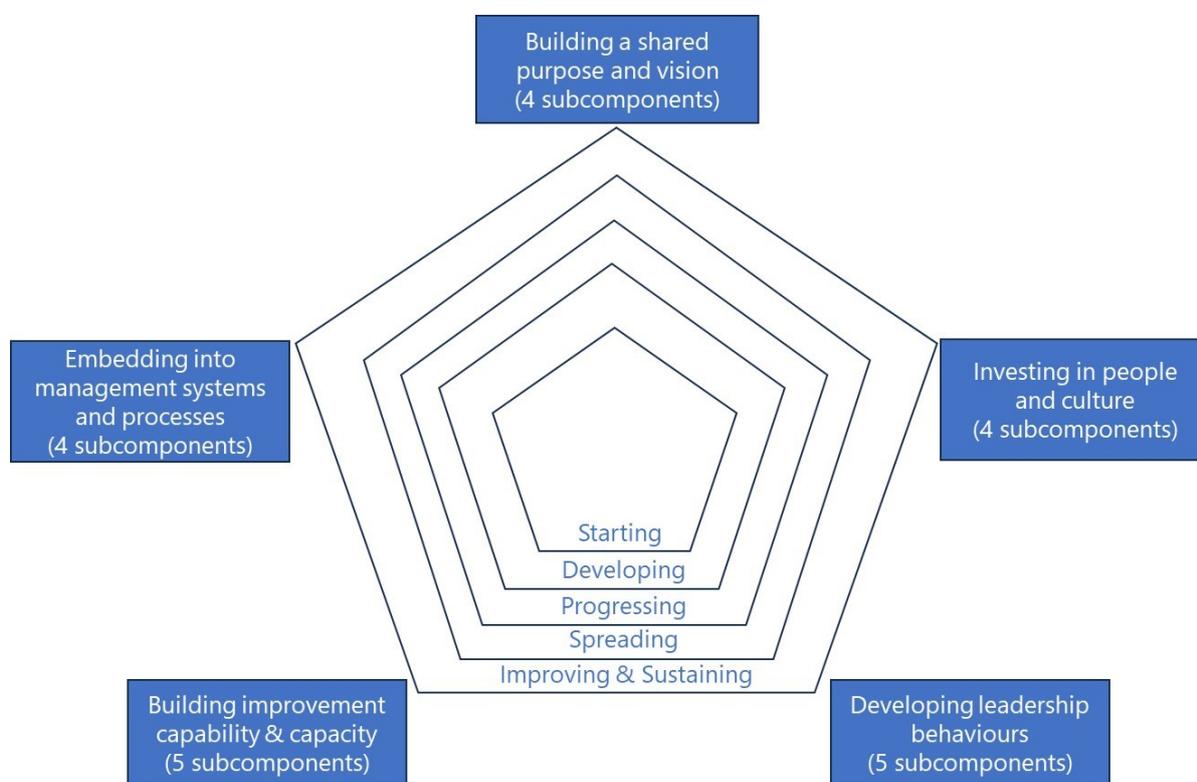
5. NHSE has set out expectations for ICBs to drive Improvement to achieve national and local goals and to develop Improvement Capabilities and embed Improvement practices into management systems, in line with the NHS IMPACT Framework.

- ***NHS IMPACT*** - NHS England has introduced a framework approach for Improvement called NHS IMPACT. It has been launched to support ICSs to develop the skills and techniques to deliver continuous Improvement. The NHS IMPACT framework is structured around five core components:



- **Self-assessment framework** – We submitted a baseline self-assessment of ICB Improvement capabilities to the South West NHSE regional team in Summer 2023. NHSE have since published a maturity self-assessment framework to help systems identify development priorities, aligned to NHS IMPACT. Undertaking a maturity self-assessment using this framework is recommended, but not yet mandated by NHSE. We will use this framework to inform the work that is recommended below.

NHS IMPACT Maturity Framework: 5 Domains, 22 Subcomponents, 5 Stages of Maturity

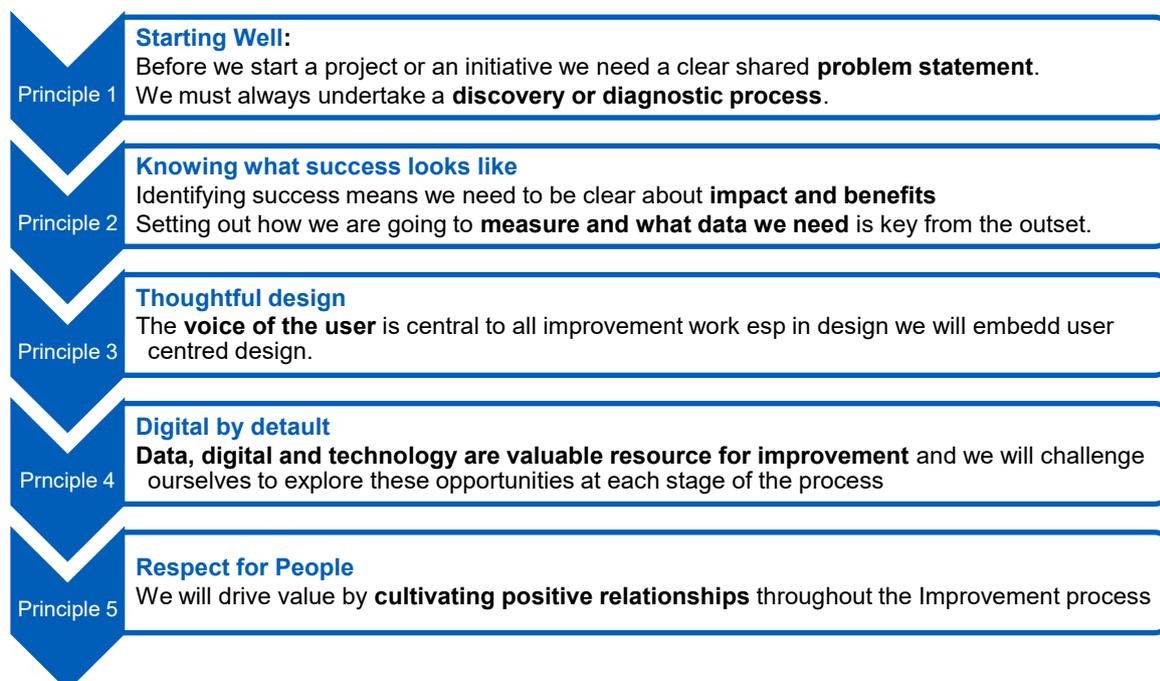


### Current position in BNSSG

6. We have shown that we can be successful when we apply Improvement Science to address the problems that we need to solve in BNSSG.

- **Strong local foundations that we can build on** – In our health and care system we have colleagues with national profiles for Improvement work. Maria Kane is involved with NHS IMPACT at national level, as a member of the NHS Improvement Board. In 2024-25, there were at least eight related nominations for awards for BNSSG colleagues. Two example case studies of Improvement projects in BNSSG are summarised at Appendixes 2 and 3.
- **Varied methodologies with much in common** – There are a range of Improvement methodologies being used in BNSSG. For example, Patient First has been adopted by our Acute providers, whilst QSIR has been chosen by Sirona. These methodologies are based on similar principles and are consistent with NHS IMPACT.
- **Shared Principles** – We are developing shared principles for Improvement work. We would welcome any feedback on draft principles, as set out below:

Draft principles for comment



- **Developing Networks** – We have convened a network of BNSSG Improvement leaders network through two workshops, with partners requesting that the network continues to

meet quarterly. The network currently involves Improvement leaders from the ICB, One Care, Local Authorities, Sirona, AWP, UHBW and NBT. A key message from these leaders is that there is more that we can do if we were to be more robust in adopting Improvement science, and we want to create a learning culture across the system. Finding time to connect is a challenge but is rewarding, motivating and we stand a greater chance of successful innovation, transformational change and improvement by working together drawing upon our collective assets, skills and knowledge. There will be links and synergies with the Innovate Healthier Together Programme and Fellowship, due to launch in May.

## **Recommendation**

7. The ICB Board to mandate work to develop a strategic approach to system wide Improvement.
  - Discovery – To further explore the case for change and define the problem(s) that we need to solve, and the potential opportunities and benefits. The Discovery process would engage widely with Partners to consider the importance of developing an aligned and integrated approach to Improvement across our system. The Discovery process would take stock of what this means for leadership, capability and capacity. As part of this process we will engage ICB Executives in refreshing our self-assessment of Improvement Capability, using the updated NHS IMPACT self-assessment framework.
  - Design – To design an aligned approach to system wide Improvement that will support us to strengthen and grow our competence, capability and capacity for delivering Improvement across the ICS.

## **Next Steps**

8. We envisage next steps to proceed as follows:
  - Scope of work to be developed for approval in May/June
  - Seminar to engage ICB Board members in July/August
  - Report to the ICB Board in September/October

## Appendices

### Appendix 1 – NHS IMPACT

#### NHS IMPACT (Improving Patient Care Together)

NHS England has introduced a framework approach for Improvement called NHS IMPACT. It has been launched to support ICSs to develop the skills and techniques to deliver continuous improvement. The NHS IMPACT approach is structured around five core components:

- Building a shared purpose and vision
- Investing in people and culture
- Developing leadership behaviours
- Building Improvement capability and capacity
- Embedding into management systems and processes



### The NHS improvement approach



NHS England will set an expectation that all NHS providers, working in partnership through integrated care systems, will embed a quality improvement method aligned with the NHS improvement approach. This will inform our ways of working across services at every level of place: primary care networks, local care networks, provider collaboratives and integrated care systems. It will require a commitment from NHS England itself to work differently, in line with the new NHS operating framework.



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NHS England has articulated that when these five components of Improvement are consistently used, systems and organisations create the right conditions for continuous improvement and high

performance, responding to today’s key challenges, and delivering better care for patients and better outcomes for communities.

### Baseline for Improvement | Integrated care boards (ICBs)

NHS England conducted a baseline assessment in Summer 2023. We have many positives including a dedicated ICB transformation team, however key gaps include Board Development for Improvement and plans for embedding Improvement into management systems.

A summary of the results for a baseline assessment across all ICBs can be found here [NHS England » NHS IMPACT baseline for Improvement](#). The key results are in the table below.

Leadership	Tools	Governance	Capability
Exec responsibility	Improvement methods	Reporting	Staff training
90%	46%	89%	1%
90% report having an Executive responsible and accountable for Improvement, not just assurance.	Are using an agreed Improvement method at system level.	Report receiving a regular report on Improvement.	Include Improvement training as part of staff induction.

We have utilised the results to understand what the opportunities are for collaboration in the system through collating the information and hosting two system sessions for Improvement leaders.

The opportunities include the sharing of training on continuous improvement, a focus on upskilling staff across the system, and establishing good coverage of co-production and co-creation across the system partners through peer learning.

## Appendix 2 Improvement Case Study - Reduction in Agency Use University Hospitals Bristol & Weston

### Reduce Premium Spend

  
**University Hospitals  
Bristol and Weston**  
NHS Foundation Trust

**2023/24 strategic priority project**

In November 2022, a team led by one of the deputy chief nurses was established to use A3 thinking, a structured problem-solving approach to reduce UHBW use of agency nurses. The team consisted of senior nurses from Divisions and leads from human resources, finance and the bank office

**What was the problem?**

April – Dec 2022

**Staff experience was impacted by:**

 Increased levels of registered nurse temporary shifts due to high vacancy and absence levels

 25% UHBW bank fill rate for registered nurse shifts requested

 £22.8 million spend on nursing agency in 2022/23

 less staff on duty than planned

 Pay disparity with agency staff

 Being moved regularly to unfamiliar teams to cover gaps

 30% registered nurse shifts requested covered by agency, including 8% non framework

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**What were the root causes?**

- Agency pay rates higher than bank rates
- No weekly pay for bank staff
- No standard method/system for recording reasons for requesting shifts in an easy way to monitor themes
- Lack of co-ordination of temporary shifts required across hospitals/Divisions – not all requests made were actually needed
- Lack of understanding of opportunities as a UHBW bank nurse

**What was the goal/target?**

 Reduce spend by £6.8 million, a 30% saving from 2022/23

**30%** Increase in registered nurse shifts covered by UHBW bank nurses

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**What improvements have been made?**

- Revised bank rates for band 5 Registered Nurses
- Promotion of wigestream to enable weekly pay
- Revision of reasons shifts required on healthroster
- Divisional review of processes to oversee/co-ordinate shifts being requested
- Rebrand of the bank office, including bank recognition scheme, increased training opportunities and ward bank folders
- Conversion of agency nurses to UHBW bank

Agency reduction also supported by funded retention strategy, reducing turnover project and development of mental health support worker roles.

**Are the improvements working?**

 22 registered nurses have converted from agency to UHBW bank

 UHBW is forecast to have reduced spend on nursing agency by £7.5 million by the end of March 2024, a 33% reduction.

**50%** Reduction in use of non-framework agency compared to 2022/23

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**Our Resources**  
*Using our resources widely*

February 2024

**What next?**

- Recruitment of more Mental Health Support workers
- Internationally Educated Nurses obtain UK registration
- Improved divisional oversight and co-ordination of shifts required

## Appendix 3 – Neurodiversity

# Bristol, North Somerset and South Gloucestershire case study

## Childrens and Young People Neurodiversity Model

In summer 2023 BNSSG ICB and the BNSSG Parent Carer Forums established a neurodiversity transformation programme, a large -scale change programme aiming to transform approaches for supporting neurodiverse children and their families across the whole path way from initial identification of needs, early support, diagnosis and post diagnostic support.

### What was the problem

Rise in demand – 350% increase in referrals since April 2020.	Capacity in education settings is very low to manage to assess needs
60% of current waiting list (Nov 2023) waiting over a year	Different pathways for ASD and ADHD
Insufficient Specialist workforce capacity within Health and educational settings	increase in demand and insufficient capacity for assessment services

### Impact on Children and young people

Poorer education outcomes	Family breakdown and disruption
Increased risk of the child being excluded from school	Difficulties with friendships, bullying
Increased risk of impact on Mental Health	Developmental needs not recognised can lead to regression

### Root Causes

- Social awareness of Neurodiversity and conditions
- Diagnosis led system
- Silo pathways and infrastructures

### Approach to Discovery and Design

Commissioned BNSSG Parent Carer Forums to co-lead the programme	Cross sector and lived experience Discovery conference to further understand problem
Engagement with lived experience and Parent Carers through listening events	Cross sector and lived experience Design conference to create future Neurodiversity model
Engagement with system partners and education (SENDCO's)	Mini workshops across sectors to create accelerated pathway to support CYP on current waiting list

### Improvements we will test in 2024/25

Neurodiversity Profiling	Wrap around / coordinated Support "Tell me once"
Tailored / targeted communication when needs are identified	Increased support for schools
Charter to remove the need for a diagnosis to access support	Exploring early years support offer (pre-school age)

### Goals

- Early identification of needs
- Removing the need for a diagnosis to access support (where appropriate)
- CYP being able to remain and have positive outcomes in education

