

Our Improvement Journey

Part of The Dudley Group People Plan

2024-2026



The Dudley Group
NHS Foundation Trust



Five People Journeys

Journey — Continuous Improvement

As with all five, the Continuous Improvement Journey is integrated and woven through all our People Plan Journeys. The Dudley Improvement Practice approach is a method which can support the application and delivery of the values, behaviours, culture, and leadership aspirations stated throughout this document. It is accessible to every employee through their everyday work, and it leverages all three enablers: digital, communication and engagement.

The vision and purpose of the Dudley Improvement Practice is to develop 'a culture of continuous improvement, delivering safe, high-quality, compassionate care.'

The DIP method consists of a range of training, events, facilitated workshops and improvement capability development plans which together support individuals, teams and services by providing a structured approach to their improvement journeys. This is underpinned by joint-working with Organisational Development to develop

changes in leadership behaviours that promote an improvement culture and by a management system that links improvement activities to the Trust's strategic goals.

DIP believes in three essential elements of continuous improvement.

- ▶ **Engagement** - the power of collaboration is maximised by engaging the people who do the work every day and therefore have the most insight about how to improve it.
- ▶ **Equality** - harnessing the great diversity in our staff by treating everyone as thinking equals drives innovation and creativity.
- ▶ **Empowerment** - developing a coaching style of leadership to make our staff feel valued and psychologically safe to propose new ways of working, to contribute and to learn together.

To measure progress towards our vision, we use a subset of nine questions from the national NHS Staff Survey which together are indicative of a culture of continuous improvement. These questions encompass staff engagement, empowerment, inclusion, psychological safety, team effectiveness, leadership, wellbeing, and staff development. Primarily used as measures for improvement, we can also identify teams and departments that can be learnt from and others that may need focused support.

Aligned with the NHS England 'National Improvement Approach' which will be released later in 2023, the Dudley Improvement Practice approach will also play a key role in facilitating the collaboration between organisations across the Black Country towards common, patient-centred goals.

“ The vision and purpose of The Dudley Improvement Practice is to develop a culture of continuous improvement. ”

The Dudley Improvement Practice (DIP) was founded in 2018 and was designed to take a new approach to supporting people who work at Dudley with their amazing ideas for improving our patient services.

We believe that the secret to improvement is people not tools, so we start by understanding what teams and individuals need to best help them put their improvement ideas into practice.

After five years of continually learning and evolving our method, we are extremely proud of the passion, energy and commitment to improving patient care that we see from our staff every day.

2023 saw the launch of NHS IMPACT; a national best practice guide to improvement which we are using to guide our strategy for the next three years.

Document Purpose

This document sets out our ambition to continue to develop Dudley as a brilliant place to work and thrive through developing the improvement capability and confidence of our people. It is intended to be an accessible, friendly form of our improvement strategy; one of the five Dudley People Plan journeys.

Contents

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- Some of our achievements in 2023 p.5
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The Dudley Improvement Practice vision

A culture of continuous improvement; delivering safe, high-quality, compassionate care.

We believe that a culture that encourages a growth mindset will result in *#joyinwork* and high performing teams that are trusted 'to provide safe, caring and effective services because people matter' – The Dudley Group Vision.



Dudley Improvement Practice - Core Principles

To guide us in delivering our vision, we use the following principles

- **Respect for people** - everyone is an expert in their own work; their ideas are welcome and valued.
- **Scientific thinking approach to problem solving** where we **learn** from every step we take towards our goals.
- **Coaching style of leadership** to support and empower all staff to solve problems.
- **Celebrate and share success** - pride and *#joyinwork* for every member of staff.
- **Value for Patients and Staff** - *removing waste from processes to free up staff capacity to provide more value.*
- **Data to focus our curiosity** for improvement.
*Improvement is measured in four domains;
Delivery, Quality, Cost and Morale.*
- **Improvement Huddles** - a place for everyone to bring their ideas and share their progress.
- **Long-term commitment** to the Improvement Practice, which takes courage from our senior team.



Some achievements so far

2240 Members of staff have taken part in improvement training or events

5 Training courses CPD accredited

23 Improvement mindset cohorts

83 Improvement projects certificated

25 Improvement events

1 Trust-wide improvement project register to share, learn, & connect

33 Improvement huddle boards

28 Time to Share presentations

15% Increase in Staff Survey 'culture of improvement' score for District Nursing

22% Increase in Staff Survey 'culture of improvement' score for Maternity

26% Increase in Staff Survey 'culture of improvement' score for Imaging

How we use NHS IMPACT

The best practice guide to continuous improvement in the NHS

NHS IMPACT (Improving Patient Care Together) has been launched to support NHS organisations and systems to have the skills and practices to deliver continuous improvement. It will inform the ways of working across services at every level including NHS England.

At Dudley, we are actively using IMPACT to guide the development of our improvement method, working towards delivering our vision and the People Plan goals.



NHS IMPACT
Improving Patient Care Together

The following five pages, summarise our current position and future focus for each of the five IMPACT components.



IMPACT component: Building a Shared Purpose and Vision

The story so far

Dudley Improvement Practice has the vision of *a culture of continuous improvement* at Dudley where staff have a voice and feel empowered to suggest, own and deliver their ideas for making our patient services better.

The Improvement team work closely with the People and Strategy directorates to align improvement support with the delivery of trust objectives.

Available now

Our board, executive leaders and senior management team promote the shared vision, and measures have been agreed and defined with a small number of key metrics;
(Delivery/Operations, Quality, Cost and Morale/People).

All improvement projects state which of the trust strategic objectives they contribute towards.

Working towards

Patients, carers, staff and public co-designing organisational purpose, vision, values and strategic priorities.

Building the vision and values into the objective setting within the appraisal document, and help staff relate to them in a way that is meaningful to them.



IMPACT component: Building a Shared Purpose and Vision

DGFT IMPACT Assessment - 22/08/2023

Detailed output and recommendations from the full IMPACT assessment.

Component Title	IMPACT Question	Level 22/08/2023	Description of next level up (to aim for)	To move to next level (feedback from stakeholders)	Actions (DIP recommendations)
Shared Vision & Purpose	7	3	Spreading: Our journey, plans and progress to develop and transform are understood by all leaders with operational and clinical leaders having ownership for our organisational goals. All employees have been communicated to and understand our shared vision in a way that means something to them.	We believe that we are progressing towards level 4. But need to do further work around what the vision and goals mean to staff rather than just a narrative. Recommendation: Look at how we can build the vision and values into the objective setting within the appraisal document, how is this filtered down to the divisions.	Review reference to vision and values in appraisal format and training. Improvement objectives to be explicitly linked to trust strategic objectives and recorded on Quality Improvement Project register.
	8	3.5	Spreading: Our organisational purpose, vision, values and strategic priorities are visible and understood by leaders and most staff. Our organisational goals have been agreed and measurement systems have been established and are being used across multiple areas.	Vision, values and strategic objectives have been promoted well and are understood by a large number of staff. Measures are in place but less understood by leaders and staff.	Ensure strategic goal metrics are visible and understood on department boards and discussed in meetings/huddles.
	9	4	Improving and sustaining: Our leaders understand the organisations continuous improvement journey and we have a plan for delivery at organisational level that we can systematically track to team level; Celebrate and share events are ran regularly with wider organisations and systems.	Annual Value Stream approach is understood by leaders, more awareness of IMPACT is now needed as the guide for our improvement development journey.	Ward to board cascade boards should show delivery of both continuous improvement and operational objectives. Consider local department/division IMPACT scores displayed on improvement boards. Combined annual showcase event with four trusts.
	10	2	Progressing: Patients, carers, staff and public are co-designing organisational purpose, vision, values and strategic priorities.	Doing it in pockets but need to look at our systematic approach for having lived experience. Need to get people with lived experience involved in the vision and purpose. Work to be done around co-design and lived experience is what would take us to the next level.	Even more inclusive approach (citizens and care organisations) when designing next strategic goals.

Shared Vision & Purpose score



1. Starting 2. Developing 3. Progressing 4. Spreading 5. Improving & Sustaining

IMPACT component: Investing in People and Culture

The story so far

The Dudley Improvement Practice (DIP) is a person-centred approach to continuous quality improvement. Success in improvement is 10% about tools and 90% about people.

We believe Continuous Improvement and Organisational Development share the same aim of developing people, developing teams and developing services. We work together to make Dudley a brilliant place to work and thrive.

Available now

We use specific annual staff survey questions as a measurable indicator of improvement culture.

All our improvement projects consider and actively engage staff from clinical, operational, and corporate services that support and enable the delivery of patient care, as part of the improvement approach.

Staff feel empowered to suggest, own and lead improvement work in their areas.

Working towards

We are developing our leaders as improvement coaches.

Every team aims to have a qualified improvement champion to provide local support for improvement ideas.

We aim to build a Community of Improvement Practice of 300 people over the next two years.

You can be a champion if you're interested in making things better for your team and your service, and you like helping your teammates.



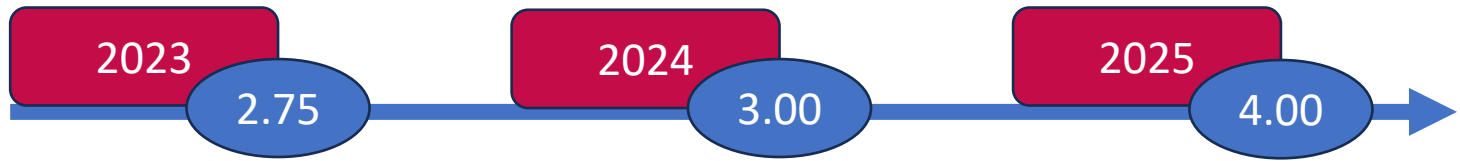
IMPACT component: Investing in People and Culture

DGFT IMPACT Assessment - 22/08/2023

Detailed output and recommendations from the full IMPACT assessment.

Component Title	IMPACT Question	Level 22/08/2023	Description of next level up (to aim for)	To move to next level (feedback from stakeholders)	Actions (DIP recommendations)
People & Culture	11	3	Spreading: Our staff feel empowered to own their improvements and talk openly and honestly to leadership when they are 'walking the floor' doing 'go & see' visits. Our strategies for organisational development/HR, digital, estates etc all adopt an improvement approach and recognise the value support services bring to enabling organisational improvement aims.	Areas of good/great practice. How do we make it available to all staff - including those here a while? Share good practice, upskilling. Improvement boards - these work well. Introduce improvement champions. Develop psychological safety. develop leadership	Senior leaders have preferred questions to ask on 'go and see' visits. Each department to put forward at least one person to be trained as an improvement champion. Support services to have more improvement support - a value stream for HR/Finance/IT/Estates? Continue to promote Managers' Essentials and Developing Leaders.
	12	2	Progressing: Our leadership is aligned and delivers common goals working directly with patients, and carers to ensure that concerns and aspirations are consistently understood and considered.	Significant work with staff - less confident with patients/carers. Direct patient contact to ask about experience. Increase senior leaders contact and engagement with patients/carers.	Build on existing use of patient stories by moving to patient involvement in improvement design at events.
	13	3	Spreading: Leaders coach improvement. Our executive leaders act as coaches and teachers of the improvement method for all levels.	How do we create space for executives and senior leaders to act as coaches?	Recommend senior leaders attend in-house coaching course. Peer-to-peer coaching development practice. Go and see visits are purposeful opportunities for coaching improvement.
	14	3	Spreading: Staff feel empowered to suggest and lead improvement work in their areas. Our staff understand the factors driving progress (whether positive or negative), and problem solve effectively.	How do we create capacity of staff to suggest and lead improvement? Develop psychological safety and leadership.	Continue to launch improvement huddle boards in supported areas. Small groups of staff at each new huddle board provided with huddle training (includes psychological safety training).

People & Culture score



1. Starting 2. Developing 3. Progressing 4. Spreading 5. Improving & Sustaining

IMPACT component: Developing Leadership Behaviours

The story so far

Developing improvement leadership is a key component of delivering the DIP vision.

We all have a responsibility to improve the work we do and we see leaders as being anyone that influences their colleagues.

The improvement teams across the Black Country collaborate to increase the quality and standardisation of our approach.

Available now

Leaders are engaged in improvement, regularly sponsor improvement activities and join in celebration events.

Our leadership works with teams across the organisation to enable and co-ordinate improvement.

Improvement content features across all in-house leadership training.

Our board engage in improvement leadership development workshops.

Working towards

The Community of Improvement Practice will be empowered and trusted by leaders at all levels to enable staff to own improvement as part of their everyday work.

An Improvement leadership programme will be available to leaders at all levels. It will be developed with NHS IMPACT and our system partners, and will be delivered locally by DIP and Organisational Development (OD).



IMPACT component: Developing Leadership Behaviours

DGFT IMPACT Assessment - 22/08/2023

Detailed output and recommendations from the full IMPACT assessment.

Component Title	IMPACT Question	Level 22/08/2023	Description of next level up (to aim for)	To move to next level (feedback from stakeholders)	Actions (DIP recommendations)
Leadership Behaviours	15	3.5	Spreading: Our leadership team actively enable staff to own improvement as part of their everyday work.	Create more opportunities for triumvirates coming together to allow movement into level 4.	Increase department triumvirates' involvement in improvement huddles.
	16	3.5	Spreading: Leadership behaviours are agreed, role-modelled and supportively challenged when not lived up to.	Consolidate more and become much more consistent to get to level 4.	Divisional and departmental leaders to participate in Improvement Leadership Programme.
	17	3	Spreading: Our leadership team has shared longer term goals with network partners or commissioners as well as collaborative involvement over wider health economy.	PLACE needs more collaboration and an embedding of the mantra 'community first, hospital where necessary'.	Participate in Deloitte Organisational Development work and leverage resulting cross-organisation connections.
	18	3	Spreading: Our leadership team actively enable staff to own improvement as part of their everyday work.	More board/NED involvement.	Go and see' visits and occasional attendance at improvement huddles, specific questions to ask which convey enablement, empowerment and ownership of problems and solutions.
	19	3	Spreading: All levels of leadership and management 'walk the floor'/'go & see' as a matter of routine and the insights they gain informs decision making and problem solving to support improvement.	Wider mix and more cross pollination across the divisions.	Divisional and departmental leaders 'go and see' departments in other divisions. Improvement champions share insights across departments via the Community of Improvement Practice.

**Developing
Leadership
Behaviours score**



1. Starting 2. Developing 3. Progressing 4. Spreading 5. Improving & Sustaining

IMPACT component: Building Improvement Capability

The story so far

We continually share and learn with other trusts nationally, Dudley is well known in improvement networks for its success in improvement training, coaching and implementation events.

Teams huddle at improvement boards to solve problems together and practice improvement skills together.

The person experiencing the problem is best placed to propose ideas to improve it.

Available now

Training is available to every member of staff at a level suited to their time, interest and scale of their project or idea.

All training is accredited with the Continuous Professional Development (CPD) standards offices and CPD points are used in professional development and clinical revalidation.

Individual and team support is provided by DIP to apply the improvement skills to real-world change projects.

Working towards

We want to take building improvement capability and capacity to the next level at Dudley.

All staff will have a service improvement objective identified in their annual appraisal.

All teams will have their own Improvement Champion to support people to deliver their improvement objectives.



IMPACT component: Capability and Capacity

DGFT IMPACT Assessment - 22/08/2023

Detailed output and recommendations from the full IMPACT assessment.

Component Title	IMPACT Question	Level 22/08/2023	Description of next level up (to aim for)	To move to next level (feedback from stakeholders)	Actions (DIP recommendations)
Capability & Capacity	20	3	Spreading: Sustainability is addressed via 'in-house' training and development approaches including train the trainer models. Improvement capability building for 'lived experience' service user partners is underway; they are seen as contributors to improvement teams. The programme is working towards being self-sustaining through developing its own improvement coaches.	We tend to send improvement support to target problems rather than providing equal access to the support.	In addition to citizens being involved to support current state understanding, they should be further involved in solution design. Each department to have a nominated improvement champion. Trained Improvement Champions make up the 'Community of Improvement Practice'. The CoIP becomes a growing resource able to support and train other staff in improvement capability.
	21	2	Progressing: Clarity exists on which improvement methodology and approach is being consistently applied. A longer term commitment exists to a training and development system for building capability at scale. Service users and carers are recognised as key stakeholders.	Methodology not widely known even though >2000 people have been trained/engaged, many have been lost through workforce turnover.	Long-term commitment to training and development of improvement capability through one appropriate improvement appraisal objective for every member of staff each year. Improvement Champions in each team are scheduled 1 day per month support colleagues and develop improvement capability/sharing.
	22	2	Progressing: We are tracking improvement over time for some of our organisational measures. We have a holistic approach to achieving our goals, evidenced by data, centred on problem solving, and management that stakeholders feel is supportive.	More consistent focus on wider objectives needed, meetings don't balance positive and negative focus. Some meetings focus on positive such as TMG, People Committee, some meetings focus on negatives - ops/performance etc.	Shift focus towards learning for both positive and negative results. Meetings to be led with a view that learning is positive whether from what's gone well or not. Application of improvement methods to problem solve, capture and share learning.
	23	3	Spreading: Stakeholders are both supported and challenged to ensure success. We understand the factors driving progress (whether positive or negative), and problem solve effectively.	Need to include patients and relatives in improvement activity.	In addition to citizens being involved to support current state understanding, they should be further involved in solution design.
	24	4	Improving & sustaining: There is a cascade of huddles for all teams from Executive to frontline teams (clinical, operational, corporate) which hold regular continuous improvement huddles using a standardised format and process.	Consistency content and purpose of huddles. Many different types of huddle exist from team brief - transmission of information, to patient board round reviewing each patient for discharge. Improvement huddles are trained separately. Could there be more consistency in how all huddles run at the level of engage and contribute?	DIP to support development of 'improvement mindset' at all huddles, taking learning from what works at improvement huddles. Develop 'engage and contribute' training applicable to all huddles.

Capability & Capacity score



1. Starting 2. Developing 3. Progressing 4. Spreading 5. Improving & Sustaining

IMPACT component: Embedding into Management Systems and Processes

The story so far

A management system is an integrated approach to planning, assurance and improvement that coordinates activities to meet the needs of people who use services, deliver service goals and achieve policy and regulatory requirements.

Management systems are part of the DIP method and are key to threading improvement through the way we do things at Dudley.

Available now

Our organisational and departmental goals are established to support our overall vision.

We have an agreed and transparent approach for selecting and prioritising improvement work.

Improvement boards and report-outs provide visibility of what we are working on across the organisation.

The use of Statistical Process Control charts is trained and supported by DIP.

Working towards

Ward to board operations boards will be used to cascade understanding of performance and progress.

Groups of subject matter experts within the Community of Improvement Practice will respond to system and national priorities faster and with greater agility.

**Embedding into Management
Systems & Processes**

IMPACT component: Embedding into Management Systems and Processes

DGFT IMPACT Assessment - 22/08/2023

Detailed output and recommendations from the full IMPACT assessment.

Component Title	IMPACT Question	Level 22/08/2023	Description of next level up (to aim for)	To move to next level (feedback from stakeholders)	Actions (DIP recommendations)
Management Systems	25	3	Spreading: Our organisational goals are established to support our overall vision; and we are working to align goals with the system. Our organisational goals are developed using our management system, which ensures a two-way process of engagement leading to ownership of the goals.	Strengthen alignment with goals. Our goals were developed in consultation but did not explicitly use the management system.	Design specific practices of a management system which allows two-way process of engagement leading to ownership of goals. Adopt an approach to decision-making where ideas are pitched from one individual to another throughout the group's hierarchy and divisions. Leaders discuss ideas for objectives to the level of management below them. The managers then contribute with their own input and ideas. The process is repeated until consensus is reached.
	26	3	Spreading: We have an agreed and transparent approach for selecting and prioritising improvement work. Our supporting resources are aligned to supporting delivery of transformational goals across the organisation with visibility for all. Staff and assets from enabling services e.g. HR, Finance, Communications, Informatics, etc., are also aligned to improvement priorities and are shared across the system in an agile way.	More work to do on aligning other corporate resources, flex resources to meet needs. For example - corporate resources are still generally aligned around specific services. How good are we at flexing to meet wider organisational needs?	Continue the practice of HR, IT, Pharmacy, Imaging being part of improvement events, extend to Finance and Estates. Corporate resource planning, allocation and objectives set with reference to strategic goals.
	27	2	Progressing: Most leaders at all levels of the organisation use our management methods to manage and run their departments.	Not all areas have been affected - we have some pockets of good practice but potentially others that are virtually untouched. Some use of SPC charts but further work needed to embed.	Continue to develop capability via value stream approach to engage and support. Further develop the demystifying 'management system' training and support teams to develop specific practices/processes as part of the 'Sustain' stage of their improvement journey.
	28	3	Spreading: As part of our management system, all parts of the organisation are using QI methods, and are aware of the QI work in other areas of the organisation to understand and reduce waste of every type. We have clear evidence of improvement over months and years not just month-to-month variation.	More areas are yet to embrace the approach, there is a need for wider adoption of methods and sharing across the organisation, finding other ways of spreading. Not yet seen impact of doing QI in Managers' Essentials etc. No evidence of being sustained, the what next? Are the right people being targeted? Pockets of level 5 are there. Problem of protected clinical time.	Continue recent practice of targetted support for Managers' Essentials attendees to apply the bronze level improvement skills and achieve their certificate. Develop the Community of Improvement Practice, consisting of nominated improvement champions from each department with scheduled 1 day per month.

Management Systems and Processes score



- 1. Starting
- 2. Developing
- 3. Progressing
- 4. Spreading
- 5. Improving & Sustaining

2023/2024

- Community of Improvement Practice launched with a communication plan.
- Improvement Champions nominated from each department to be trained in improvement and coaching (OD in-house course).
- Design use of the DIP approach to focus on learning and improvement across PSIRF local speciality focus; Maternity, Imaging and Paediatrics.
- Black Country Provider Collaborative start to implement standardised components of Continuous Improvement approach.

2024/2025

- All annual reviews include an improvement objective.
- Improvements will be stored, updated & searchable in a central register.
- Improvement Champions continue to be trained to a level of capability to support their peers.
- Standardised expectations for improvement in all job roles across the Black Country.
- Management systems are developed and trained for local PSIRF priorities.
- A shared register of improvement projects across the Black Country to enable cross organisational learning.

2025/2026

- Improvement Champions established at team level (1/20)
- Speciality sub-groups within the Community of Improvement Practice are formed to support the trust tackling challenges using the DIP approach (an in-house improvement consultancy).
- People with lived experience trained and included in the Community of Improvement Practice and codesign improvement.
- Black Country Provider Collaborative (BCPC) Improvement Showcase events.
- Standardised management systems embedded across BCPC.

DIP outcome metrics contribute to Dudley Group achieving its strategic objectives.

DIP Strategic Goals					
		01/12/2023	2023/2024	2024/2025	2025/2026
Metric Domain	Outcome metrics	Current	Target	Target	Target
Delivery	NHS IMPACT score	2.9/5	3.0/5	3.5/5	4.0/5
Quality	Overall trust CQC rating	RI	Good	Good	Good
Cost	Cost Improvement Programme (CIP) achieved	100%	100%	100%	100%
Morale	Staff Survey improvement culture indicator score at trust level	63.94% (2022 survey)	65.00% (2023 survey)	67.00% (2024 survey)	69.00% (2025 survey)
Notes	Process metrics	Current	Target	Target	Target
Certificates issued when skills applied to real projects	Number of Improvement Champions	3	6	100	300
All appraisal improvement objectives to be registered on Recorded on DIP engagement tracker	Number of projects registered	57	100	500	1000
	Number of engaged staff	2240 (37%)	2426 (40%)*	3640 (60%)	4550 (75%)
Training applied to project	Number of certificated staff	68	70*	150	500
Active - huddle taken place within last 2 months	Number of active improvement huddle boards	18	20	50	50
Total value of cost metric targets recorded on projects	Total financial value of projects registered	£0			
Combined staff survey score of mini-survey subset of 9 questions.	Staff Survey improvement culture indicator score in areas supported for 12 months	Imaging 2020-2021 +26% Maternity 2021-2022 +22%	+20%	+20%	+20%

*no trainers in post until 01/04/2024

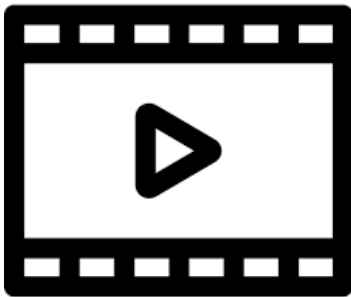
The four Black Country Acute and Community provider trusts have committed to working together to build a consistent culture of continuous improvement.

The BCIS will standardise specific components of improvement whilst retaining the strengths of the individual CI methods from each of the trusts.

- A shared Continuous Improvement vision and purpose
- A shared approach to creating the golden thread \ True North Objectives for each organisation and annual planning
- A shared approach to performance reporting including Statistical Process Control charts
- A shared commitment to ensure improvement is captured in all job descriptions
- A shared language of improvement
- A shared networking approach
- A shared commitment to supporting system-wide improvement priorities, resources permitting
- A single directory of training courses, available across the four providers, with equal access
- A single strategy for Organisational Development support for Continuous Improvement, developed via the Deloitte Integrated Care System (ICS) and Integrated Care Board (ICB) work.

To find out more about what we do and how we support you...

*Watch our 3-minute
'introduction to DIP'
video*



<https://youtu.be/ll6xeRLBFTY>



@DGFTimprovement
dgft.improvement@nhs.net
Intranet: Departments
dudley improvement practice

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The Dudley Group
NHS Foundation Trust