Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

NHS Impact self-assessment

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Outcomes of NHS IMPACT Self-Assessment – Summary

NHS IMPACT (Improving Patient Care Together) requested healthcare providers undertake a self-assessment tool to develop the skills and techniques to deliver continuous improvement. NHS IMPACT's five components underpin a systematic approach that includes:

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

The development of these domains will support the Trust to adopt and share best practice. It will inform the way we work across services and create the conditions in which continuous improvement is the 'go to' method for tackling clinical, operational and financial challenges. This will be key in terms of changing the organisational culture.

Summary:

- It provides us with opportunities to improve. In addition, during the self-assessment, colleagues from across different disciplines started to identify opportunities. It has therefore stimulated the right level of discussion.
- We have shared our outcomes with Notts partner Organisations whose scores are broadly similar.
- The self-assessment exercise has informed the draft Continuous Quality Improvement Strategy. This will help in terms of managing and monitoring the outcome of specific, targeted activity. Our baseline position will be used to demonstrate improvements.
- Several domains will have progressed since the initial assessment was undertaken, we need to re-measure our progress later this year.

For reference, NHS IMPACT scoring criteria can be found here: NHS England » NHS IMPACT (Improving Patient Care Together) self-assessment

Outcomes of NHS IMPACT Self-Assessment (1)

Question	Score	Definition
Building a shared purpose and vision 1.Board and executives setting the shared purpose and vision.	Starting	We are starting to develop a shared vision aligned to our improvement methodology, although only known by a few. Our organisational goals are not yet aligned with the vision and purpose in a single, strategic plan.
2. Improvement work aligned to organisational priorities.	Starting	Our organisational purpose, vision, values and strategic priorities are in development, but not yet widely communicated to staff. Organisational goals are yet to be defined in a way that enables them to be cascaded to all our teams.
3. Co-design and collaborate - celebrate and share successes.	Starting	We are at the early stages of working out what quality or continuous improvement means in our context and how we will apply it systematically. So far engagement has been largely focused on senior leadership.
4. Lived experience driving this work (patients, staff, communities.	Starting	There is an aspiration or stated commitment to engage people using services, unpaid carers, staff and the community in further design of our shared purpose and vision, but it is not yet fully worked through or systematic.
Investing in people and culture 5. Pay attention to the culture of improvement.	Starting	There is an aspiration or stated commitment at Board level to establish an improvement culture, but it is yet to be worked through even at Board and Executive level.
6. What matters to staff, people using services and carers.	Starting	Our ways of understanding what matters most to staff, people using services and unpaid carers tend to be reliant on formal mechanisms (e.g. surveys) and the link to improvement is not strong or systematic.

Outcomes of NHS IMPACT Self-Assessment (2)

Question	Score	Definition
7. Enabling staff through a coaching style of leadership.	Developing	There is an organisational endorsement of a coaching-style of leadership, but it is not applied systematically (e.g. through leadership training). There are some good examples of how a coaching-based approach can bring about improvement, and this is increasingly recognised and encouraged. Staff are often supported to make changes when doing improvement activities.
8. Enabling staff to make improvements.	Developing	Some staff and teams feel able to make improvements (e.g. if they have been trained or are supported by a central team). There may be learning locally but it is generally not shared across teams and departments.
Developing leadership behaviours 9. Leadership and management development strategy.	Starting	Our Board, senior leaders and line managers are not yet trained in a consistent and defined improvement approach which they are expected to apply and role model.
10. Leadership and management values and behaviours.	Developing	Leadership values and behaviours are agreed across our organisation.
11. Leadership and management acting in partnership.	Developing	Most of our leaders work in partnership with their fellow leaders and managers.
12. Board development to empower collective improvement leadership.	Starting	Our Board discusses improvement at Board meetings, but it is not a regular occurrence.
13. ‘Go and see’ visits.	Starting	Some senior leaders spend time on the ‘shop floor’ from time to time to engage directly with staff and teams but it is not routine or widely practiced.

Outcomes of NHS IMPACT Self-Assessment (3)

Question	Score	Definition
Building improvement capability and capacity 14. Improvement capacity and capability building strategy.	Starting	We do not have a structured training or capability building approach for improvement skills. Training is ad hoc and focused on small central teams. We have some use of external resources.
15. Clear improvement methodology training and support.	Starting	No single improvement methodology has been adopted and only limited sharing of improvement gains/learning is cascaded beyond the immediate area where improvement is underway.
16. Improvements measured with data and feedback.	Starting	Our organisational approach to reviewing and tracking progress against goals has yet to be defined, at present improvement doesn't feature in whole organisational measures.
17. Co-production.	Starting	We have small discrete teams with relevant skills operating independently from one another labelled as clinical governance, service development, clinical audit or transformation, that are working in silos reporting to various directors with no lived experience partners co-producing improvement.
18. Staff attend daily huddles.	Starting	Any huddles are only traditional shift change clinical handovers.
Embedding into management systems and processes 19. Aligned goals.	Developing	Our department goals may involve up or downstream departments; we do not share improvement planning across departments. Our business planning is an activity conducted at board and senior leadership level to produce goals that are cascaded top-down to the rest of the organisation.

Outcomes of NHS IMPACT Self-Assessment (4)

Question	Score	Definition
20. Planning and understanding status.	Developing	Our business planning and performance management processes give the Board and senior managers reasonable visibility of status and progress against our goals. There are some routines for selecting and prioritising improvement work. Although we have some resource available there is no defined process for prioritising and allocating resource.
21. Responding to local, system and national priorities.	Starting	We do not yet have a coordinated or consistent management approach to how we respond to changing needs, address problems or deliver against our plans. Instead, it is perceived as reactive or firefighting.
22. Integrating improvement into everything we do.	Starting	Improvement is seen as separate to the day-to-day delivery of services. Our performance management system is seen as separate from any improvement activity or methods we apply and may be sending conflicting signals within the organisation.