Connecting the Dots: Maximising Impact

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NHS IMPACT Improvement Director

March 2026

Continuous Improvement
Always Safety First
Lancs Improvement Method
NHS Lancashire Teaching Hospitals NHS Foundation Trust

Overview of the Session

"Masterclass in designing improvement for maximum impact"

- Leadership
- Measurement
- Building Capability
- Selecting your improvement programmes and co-ordinating them into a Single Improvement Plan for your organisation
- System level improvement: early learning

Leadership

- The role of the Board
- What does it take for an organisation to be successful in adopting and embedding improvement?
- If you are a CEO how do you lead improvement/how good is your CEO at leading improvement ?

What does is take for an organisation to be successful in adopting improvement?

Lloyd Provost's answer: A triad working well together

1. A Chief Executive who is committed to improvement, understands what it is and can set the vision for the organisation to adopt improvement.
2. A medical/clinical leads who are on the same page in understanding improvement and making sure that the vision and clinical ownership for QI is shared across the organisation.
3. A QI expert who knows how to robustly adopt a QI methodology to make sure that improvement is embedded in everything the organisation does.

Having these people working together to set and drive the vision, whilst working with the wider leadership team to embed improvement in every layer of the organisation, results in real levels of success.

A Shared Vision

Lancashire Teaching Hospitals Single Improvement Plan | 2024–2027

Lancashire Teaching Hospitals Single Improvement Plan (SIP) 2024-2027 has been designed to simplify our approach to what we need to improve across the organisation. Our priorities have been chosen through a combination of feedback from patients, colleagues and our regulators, and alignment to our corporate objectives. The 5 portfolios contain programmes that aim to improve:

- **Safety and quality outcomes for our patients**
- **Experience for our people**
- **Financial sustainability for our organisation**
- **Operational performance in our organisation**
- **Partnership working for our communities**

The Single Improvement Plan delivery mechanism and key metrics enable us to understand how we are progressing towards the corporate objectives. By all of us playing our part in delivering local actions aligned to our Single Improvement Plan together we can achieve our organisational vision.

We will achieve this by underpinning our approach with improvement methodology and working in line with our organisation's values

- Being caring and compassionate
- Recognising individuality
- Seeking to involve
- Building team spirit
- Taking personal responsibility

We will now work together across our teams, services and the system to embed this strategy and use it to help us to reshape our services and the ways we work. We look forward to working together to make our new shared vision a reality.

LTH Single Improvement Plan

SRO: Silas Nicholls

Partnerships

SRO: Silas Nicholls/ Sarah Morrison

To reduce and manage risks across the organisation, developing a learning and continuous improvement culture focused on working with partners to redesign and deliver our services to meet the needs of our community.

People

SRO: Neil Pease

To improve colleague experience and create a positive organisational culture. Achieved by effective, supportive, inclusive and performance focused line management. Aiming to reduce sickness absence, achieve compliance in appraisal and core skills, increase levels of team effectiveness and engagement, resulting in higher levels of colleague satisfaction and retention.

Patients

SRO: Sarah Morrison/ Gerry Skailes

To improve inpatient care and experience, in particular Sepsis, Clostridium difficile, risk assessment completion, medication safety, maternity, neonatal and children's services whilst reducing health inequalities in our services.

Productivity

SRO: Craig Carter

To deliver the agreed financial plan for the organisation, including the waste reduction programme, and support ongoing development of a full sustainability plan for the organisation.

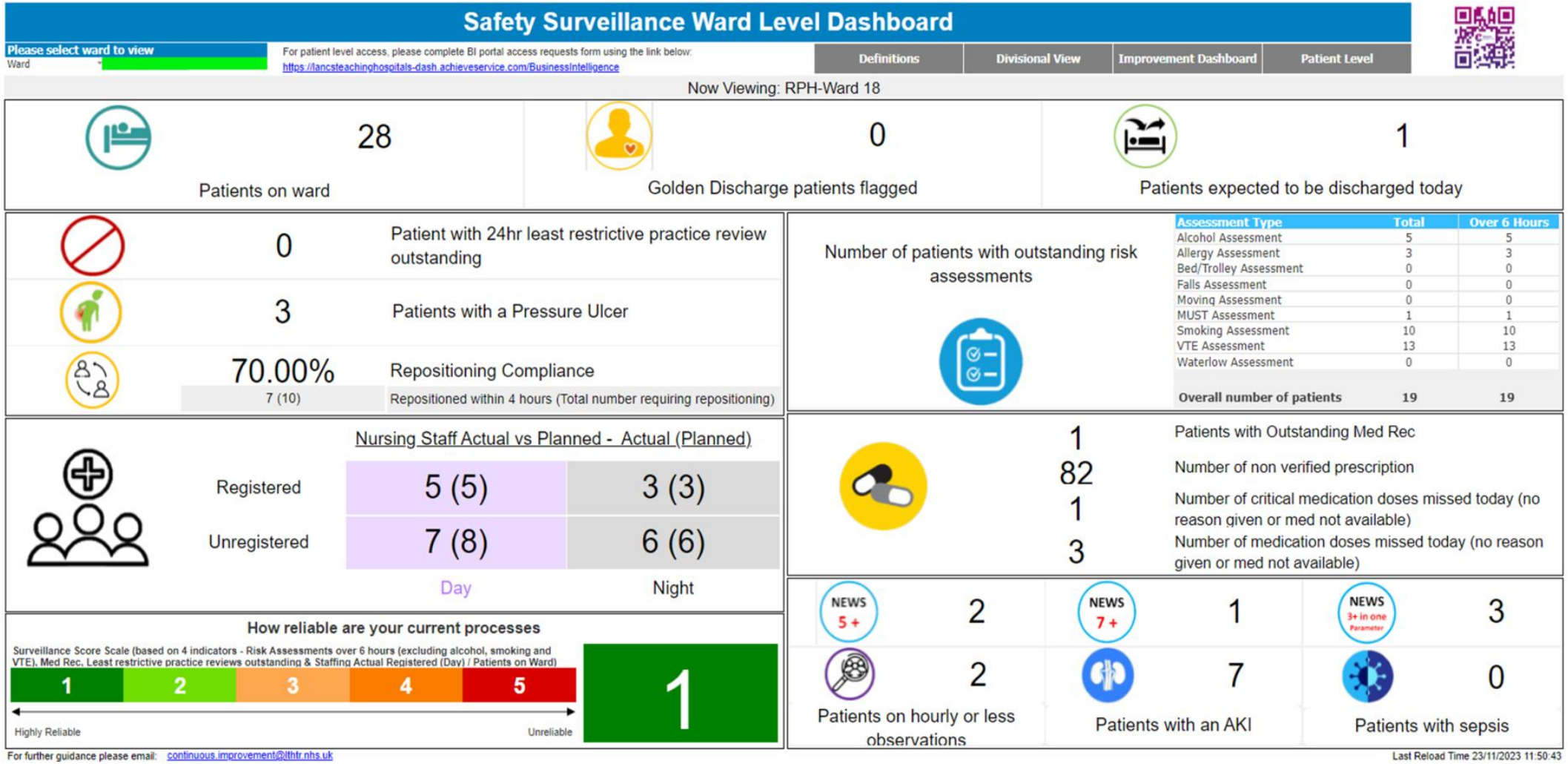
Performance

SRO: Katie Foster-Greenwood

To increase productivity to improve waiting times for elective care, including waits for diagnostic services. To continue improvement of cancer performance to minimise the risk of harm. To develop and improve urgent and emergency care services working with our partners for improved whole system flow.

Measurement

- Plot the Dots and **Connect the Dots**
- Organisational commitment to using measurement for improvement
- Applying approach to Business Intelligence systems and Board reporting
- Board-Ward capacity and capability to understand, analysis and learn



- *Live view of ward level key safety metrics updated every 15 minutes*
- *Answering the question 'how safe are we today?'*

An illustrative example of our safety dashboard

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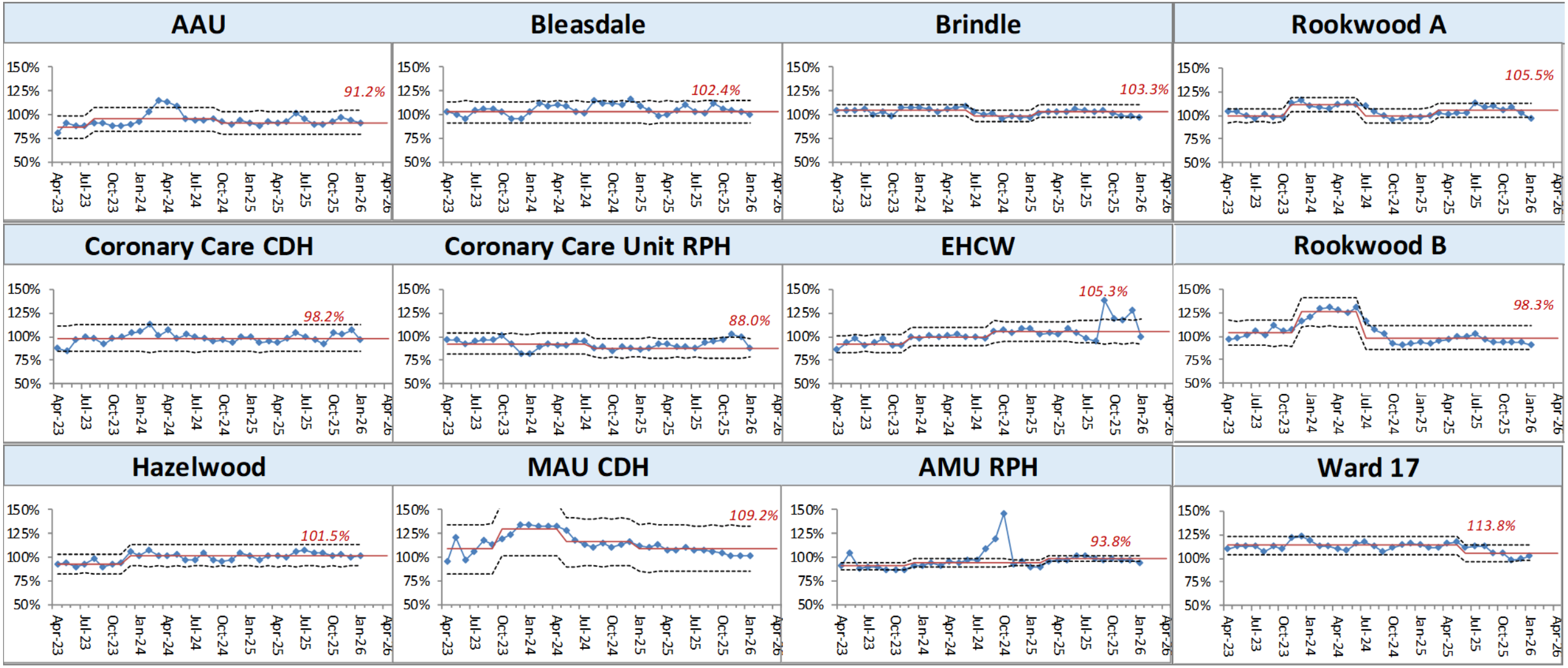
Key Design Principles & Purpose

- Allow a 'helicopter view' of all ward areas key safety measures over time
- Allow triangulation between individual safety metrics for a single ward
- Use SPC methodology to flag/identify change or periods of interest
- Highlight both statistically significant patterns in the data and early warnings where patterns are close, but not yet certain
- Should give out both positive and causes for concern in terms of highlights
- Not be too overwhelming to digest (around 600 charts!)
- Be able to be accessed easily and updated automatically (no manual update)

Small Multiple Data Analysis – Ward Staffing Fill Rate



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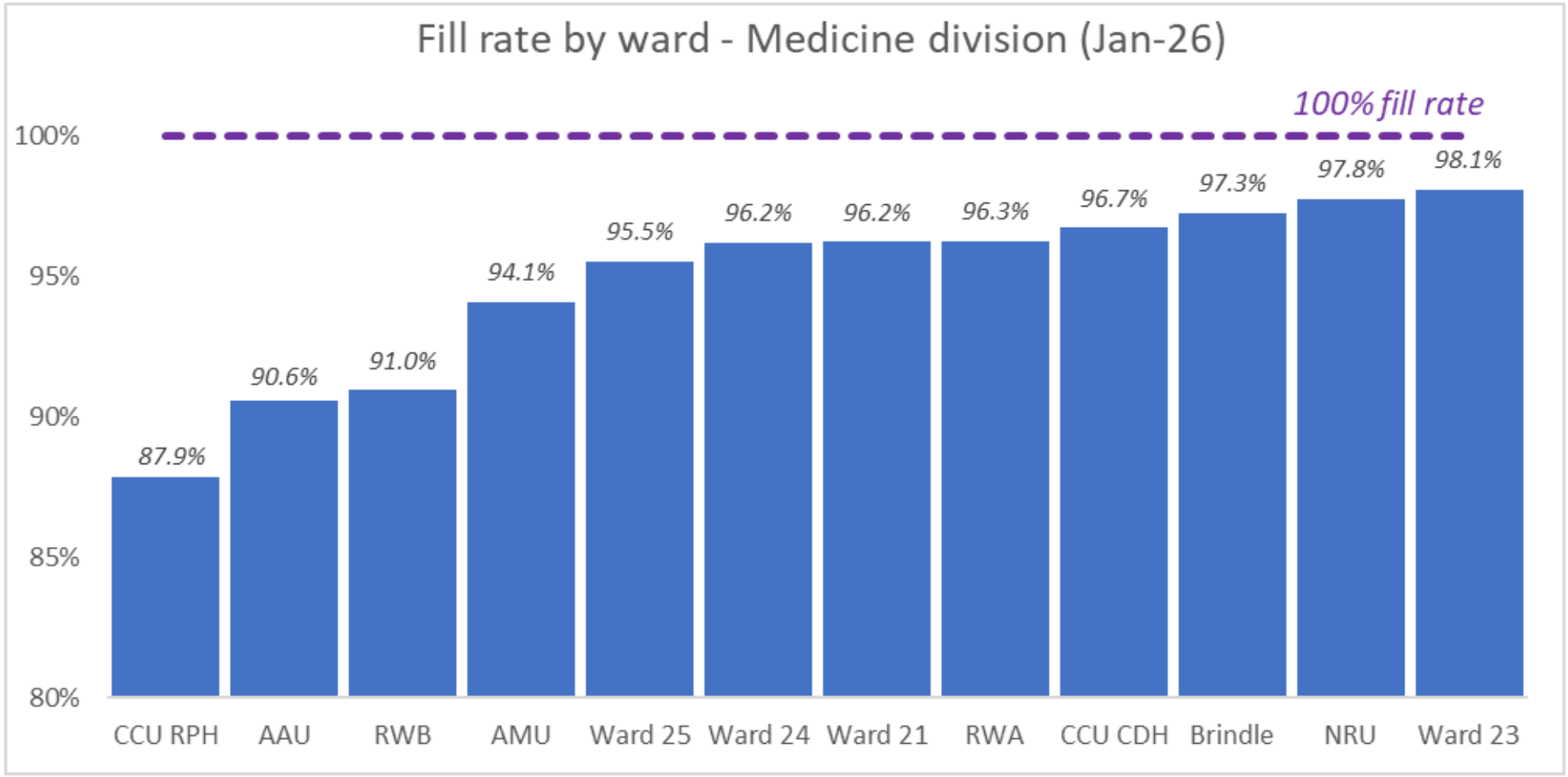
Small Multiple Data Analysis – Ward Staffing Fill Rate



Use Heat Maps as a visual to identify 'pockets and brilliance' and areas to improve

AAU	AMU	Bleasdale	Brindle	CCU CDH
90.6%	94.1%	100.5%	97.3%	96.7%
CCU RPH	**ED CDH**	**ED RPH**	**Hazelwood**	**MAU CDH**
87.9%	143.3%	123.7%	101.8%	101.2%
NRU	**RWA**	**RWB**	**Ward 17**	**Ward 18**
97.8%	96.3%	91.0%	101.7%	104.4%
Ward 21	**Ward 23**	**Ward 24**	**Ward 25**	
96.2%	98.1%	96.2%	95.5%	

Safe Staffing Quality Assurance Dashboard

Last Reload: 13/02/2026 Includes data up to: Dec-25

Group: Patient Harms | Ward: RWA

Key

Showing negative pattern recently

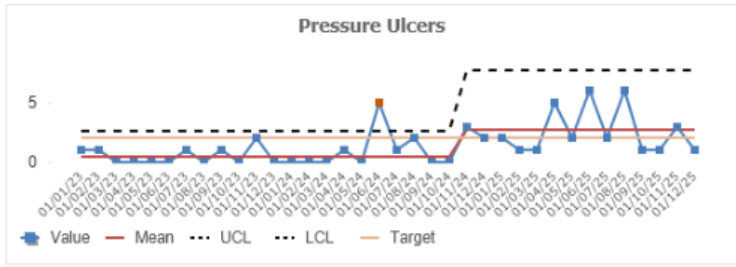
Showing positive pattern recently

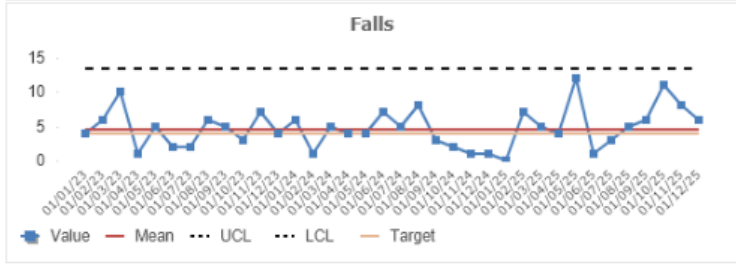
Close to showing negative pattern, keep an eye on measure

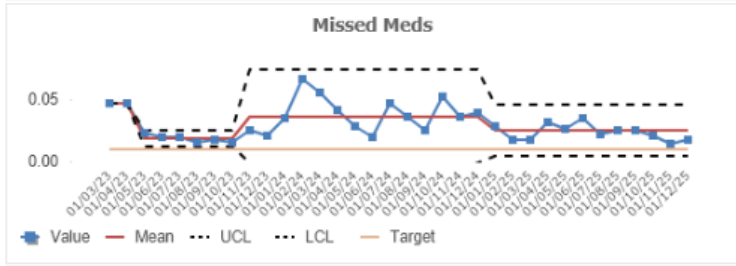
Close to showing positive pattern, keep an eye on measure

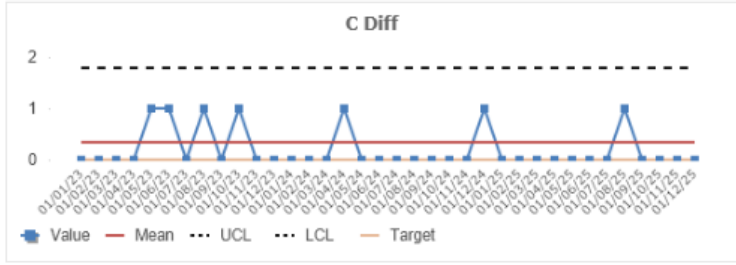
Monthly SPC Summary

	Patient Harms				Training Compliance			HR & Staffing Metrics						Patient Experience			Accreditation
Ward	Pressure Ulcers	Falls	Missed meds	C Diff	Appraisal compliance	Mandatory training compliance	Sepsis training compliance	Fill rate	Red flags	Sickness	Roster approval lead time	Change since approval	Additional shifts	FFT %	FFT responses	Complaints	STAR Rating
Acute Assessment Unit																	Bronze
AMU																	Bronze
Barton																	Gold
Bleasdale Neurology																	Silver
Brindle																	Silver
Cardiac Unit																	Silver
CCU																	Gold
ED CDH																	Bronze
ED RPH																	Bronze
Gynaecology																	Bronze
Hazelwood																	Silver
Head and neck surgery ...																	Gold
ICU																	Bronze
Leyland																	Gold
MAU CDH																	Gold
MTW																	Gold
Ribblesdale																	Bronze
RWA																	Bronze
RWB																	Gold
SAU																	Silver
Surgical ward CDH																	Gold
Ward 2A																	Gold
Ward 2B																	Silver
Ward 2C																	Gold
Ward 4																	Gold
Ward 10																	Gold
Ward 11																	Gold
Ward 12																	Gold
Ward 14																	Bronze
Ward 15 Unit 1																	Silver
Ward 15 Unit 2																	Silver
Ward 16																	Gold
Ward 17																	Silver
Ward 18																	Gold
Ward 21																	Gold
Ward 23																	Gold
Ward 24																	Bronze
Ward 25																	Bronze









Triangulating our data and providing evidence assurance

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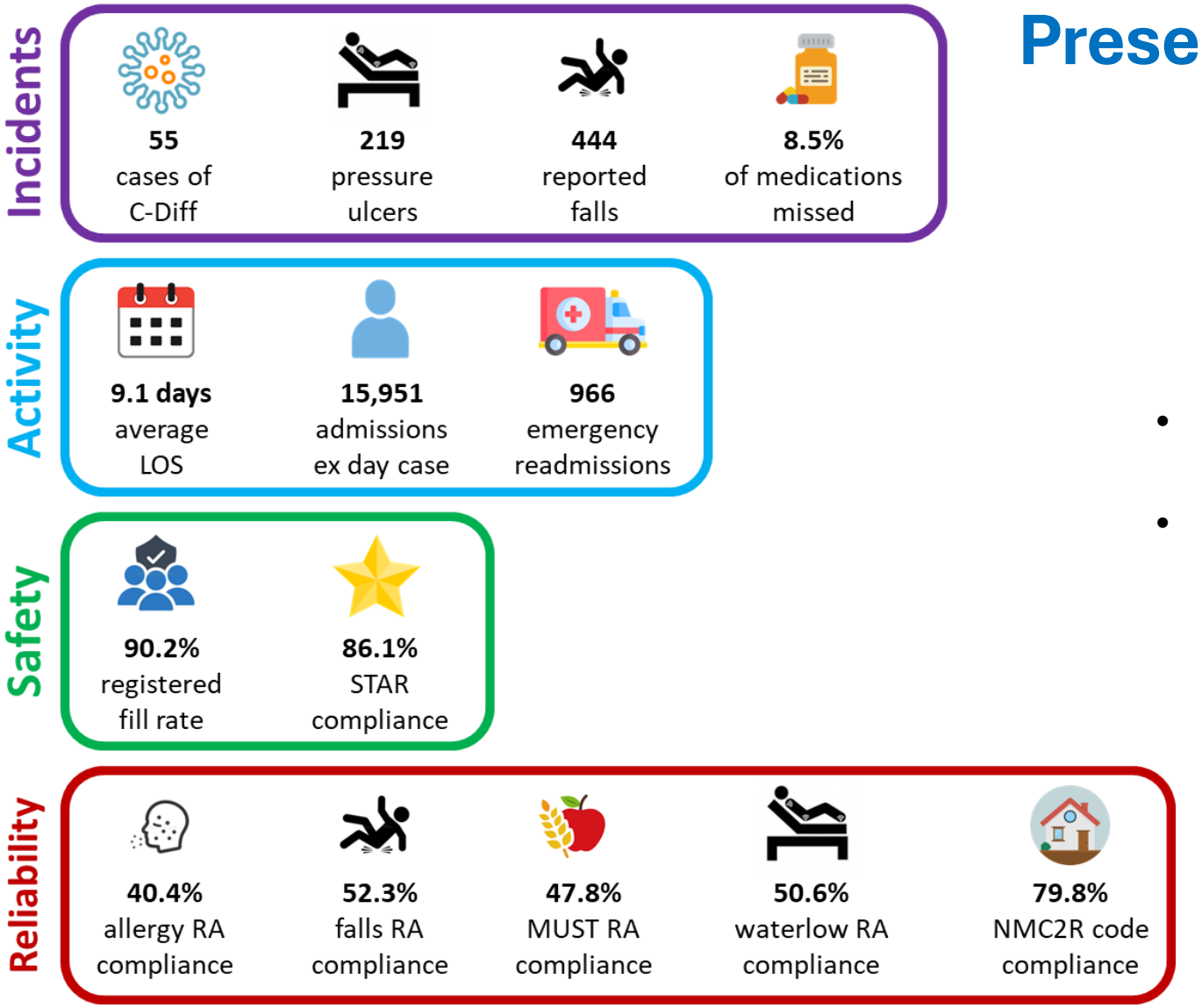
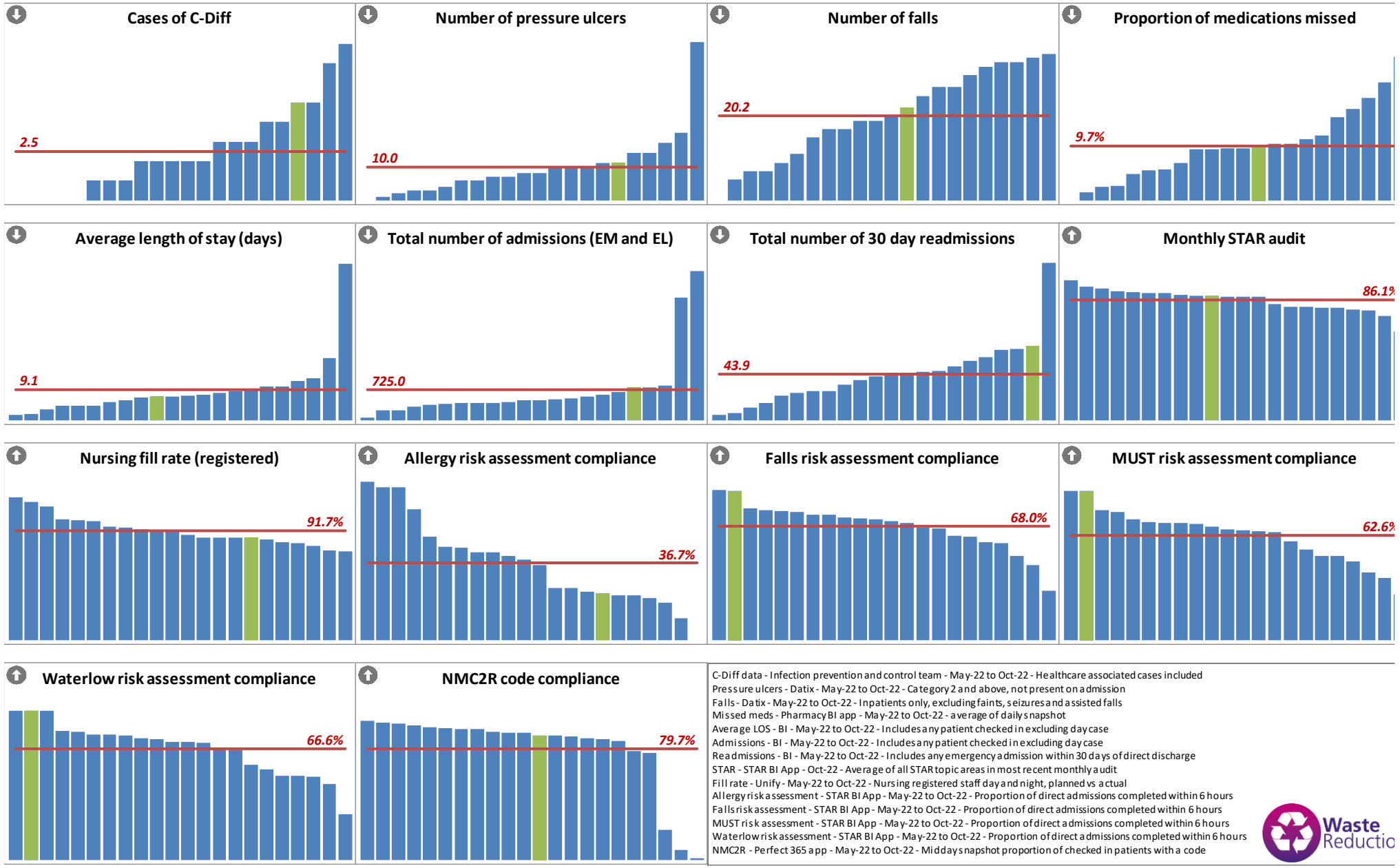
Present Data in a Way that promotes Engagement

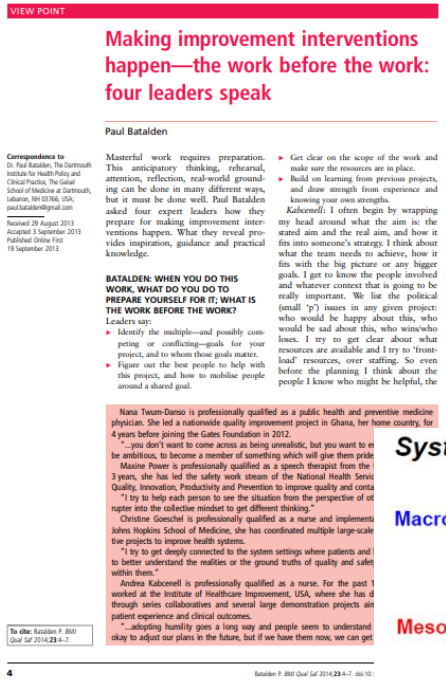


- An illustration of Divisional level Summary Data
- This supports improvement conversations e.g. celebrating successes, process reliability, learning from others

Comparative Data Sets: helping wards to see how they compare to peer and identifying areas they can learn from



Challenge for Improvement Leaders: aligning improvement to the strategic priorities of the organisation



VIEW POINT

Making improvement interventions happen—the work before the work: four leaders speak

Paul Batalden

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Masterful work requires preparation. This anticipatory thinking, rehearsal, attention, reflection, real-world grounding can be done in many different ways, but it must be done well. Paul Batalden asked four expert leaders how they prepare for making improvement interventions happen. What they reveal provides inspiration, guidance and practical knowledge.

BATALDEN: WHEN YOU DO THIS WORK, WHAT DO YOU DO TO PREPARE YOURSELF FOR IT; WHAT IS THE WORK BEFORE THE WORK?

Leaders say:

- Identify the multiple—and possibly competing or conflicting—goals for your project, and to whom those goals matter.
- Figure out the best people to help with this project, and how to mobilise people around a shared goal.
- Get clear on the scope of the work and make sure the resources are in place.
- Build on learning from previous projects, and draw strength from experience and knowing your own strengths.

Kabcenell: I often begin by wrapping my head around what the aim is: the stated aim and the real aim, and how it fits into someone's strategy. I think about what the team needs to achieve, how it fits with the big picture or any bigger goals. I get to know the people involved and whatever context that is going to be really important. We list the political (small 'p') issues in any given project: who would be happy about this, who would be sad about this, who wins/who loses. I try to get clear about what resources are available and I try to 'front-load' resources, over staffing. So even before the planning I think about the people I know who might be helpful, the

Nana Twum-Danso is professionally qualified as a public health and preventive medicine physician. She led a nationwide quality improvement project in Ghana, her home country, for 4 years before joining the Gates Foundation in 2012.

"...you don't want to come across as being unrealistic, but you want to e... be ambitious, to become a member of something which will give them pride...

Maxine Power is professionally qualified as a speech therapist from the ... 3 years, she has led the safety work stream of the National Health Servic... Quality, Innovation, Productivity and Prevention to improve quality and conta...

"I try to help each person to see the situation from the perspective of ot... rupter into the collective mindset to get different thinking."

Christine Goeschel is professionally qualified as a nurse and implementa... Johns Hopkins School of Medicine, she has coordinated multiple large-scale... tive projects to improve health systems.

"I try to get deeply connected to the system settings where patients and ... to better understand the realities or the ground truths of quality and safet... within them."

Andrea Kabcenell is professionally qualified as a nurse. For the past ... worked at the Institute of Healthcare Improvement, USA, where she has d... through series collaboratives and several large demonstration projects aim... patient experience and clinical outcomes.

"...adopting humility goes a long way and people seem to understand ... okay to adjust our plans in the future, but if we have them now, we can get

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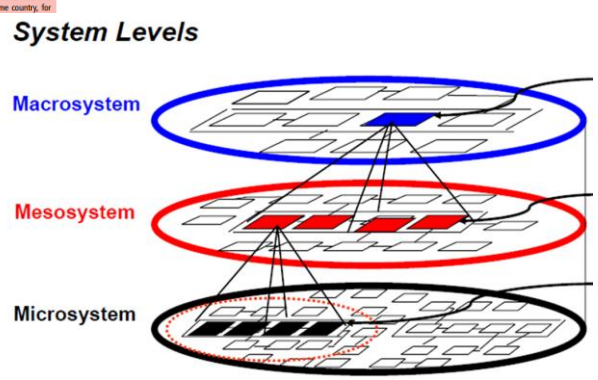
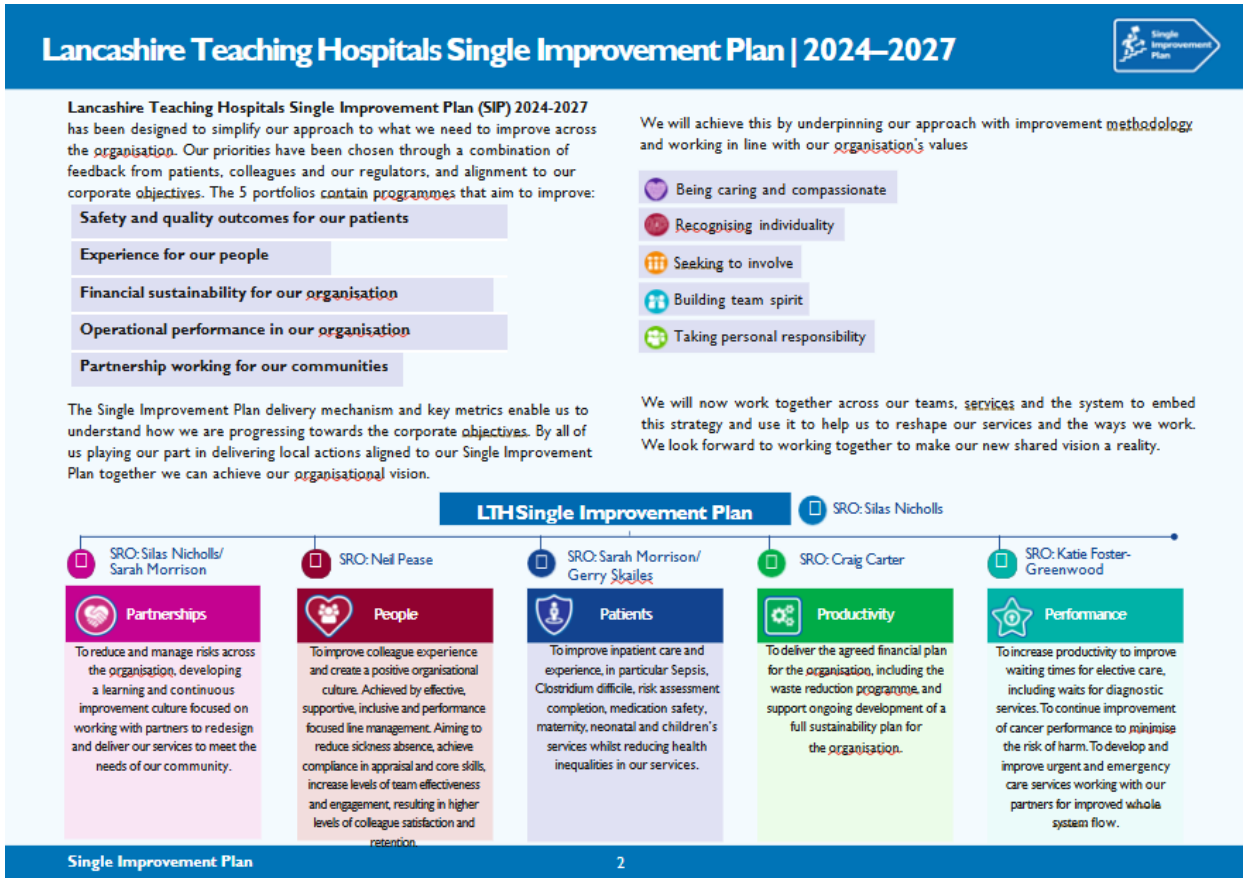
Batalden P. BMJ Qual Saf 2014;23:4–7. doi:10.1





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LTH Single Improvement Plan — SRO: Silas Nicholls

Partnerships	People	Patients	Productivity	Performance
SRO: Silas Nicholls/ Sarah Morrison	SRO: Neil Pease	SRO: Sarah Morrison/ Gerry Skailes	SRO: Craig Carter	SRO: Katie Foster-Greenwood
To reduce and manage risks across the organisation, developing a learning and continuous improvement culture focused on working with partners to redesign and deliver our services to meet the needs of our community.	To improve colleague experience and create a positive organisational culture. Achieved by effective, supportive, inclusive and performance focused line management. Aiming to reduce sickness absence, achieve compliance in appraisal and core skills, increase levels of team effectiveness and engagement, resulting in higher levels of colleague satisfaction and retention.	To improve inpatient care and experience, in particular Sepsis, Clostridium difficile, risk assessment completion, medication safety, maternity, neonatal and children's services whilst reducing health inequalities in our services.	To deliver the agreed financial plan for the organisation, including the waste reduction programme, and support ongoing development of a full sustainability plan for the organisation.	To increase productivity to improve waiting times for elective care, including waits for diagnostic services. To continue improvement of cancer performance to minimise the risk of harm. To develop and improve urgent and emergency care services working with our partners for improved whole system flow.

2) Building Improvement Capacity and Capability

- I am a CI Leader = 5
- I can teach improvement = 94
- I can coach improvement = 222
- I can apply improvement = 1355
- I know what CI is = 1298*

*Based on eLearning completion, does not include those participating in BTS Style Collaboratives

A leadership culture

TED
TEAM ENGAGEMENT & DEVELOPMENT

- Produce an integrated leadership development offer

- Keen interest - Board-level sponsorship, requires time (…Go to the Gemba!)

- People matter! Focus on your staff survey results. Are your colleagues empowered to make improvements?

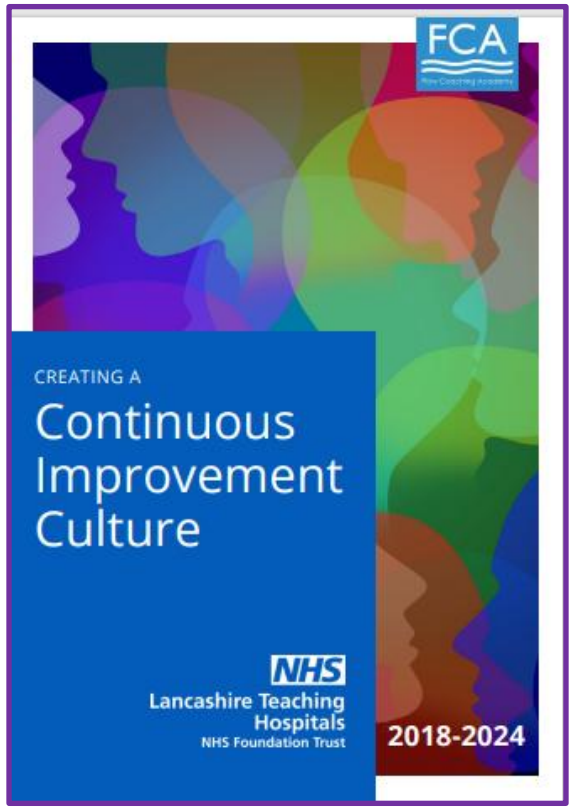
Focus on your staff survey results.

- **People matter! Focus on your staff survey results. Are your colleagues empowered to make improvements?**

- ***the question*** on 'how confident are you that you can make improvements in your work place" is the one that is helpful to pay the most attention to, of all the questions
- ***Do you track this over time*** - both to see variation over time, and variation across the country (to see how we compare against others).
- ***The Model Health System*** now has this available for every Trust to see, within the NHS IMPACT compartment
- ***Look at the variation between professions and directorates*** - as this is a marker of the strength of the improvement culture in different parts of the organisation.
- ***Combine this with other intelligence*** (number of projects, soft intelligence about engagement with teams and clinical engagement, percentage of projects achieving results etc)

Learning from East London Foundation Trust

Method matters



Flow across the whole system	Engineering Better Care across Lancashire and South Cumbria	**Engineering Better Care** – Facilitating whole system redesign at a clinical level. Current focus on the identification, management, support and treatment of people living with frailty and who have respiratory conditions across Lancashire and South Cumbria. Applying system thinking at an ICS level to understand, co-design, deliver and sustain better services for patients and population of L&SC who access health care.
Flow through our local system	FCA Flow Coaching Academy	**Flow Coaching Academy** – Working to improve and re-design end to end clinical pathways across the organisation and Lancashire Central Place (including care homes and community hospitals). Specific clinical pathways are identified and improved through a bespoke 'Big room', lead by a clinical coach and a independent coach. Outcomes from the FCA approach to pathway improvement are focused on care quality outcomes, pathway efficiency and patient and staff satisfaction.
Our wards and departments	MCA Lancashire Microsystem Coaching Academy	**Microsystem Coaching Academy** – Building improvement capability at ward and department level, enabling improvement priorities and practice changes to be synchronised across MCA trained wards to maximise flow. Working towards having an MCA trained coach on every ward who can coach and facilitate ward or departmental change through a structured improvement approach, utilising standard tools and techniques.

Lancashire Improvement Method

UNDERSTAND

FOCUS
Identify the problem, use data to gather supporting evidence

PEOPLE
Who does this problem effect?

VISUALISE
Create a picture of the current problem

CHANGE
Collect all ideas that may help improve things, don't rule anything out!

CO-DESIGN

TEAMWORK
Bring together people who need to be part of the change & seek leadership support

PROCESS
Develop a vision of what good looks like together

PLANNING
Create your plan! What data will you monitor and what tests of change will you try out?

SHARE
Be transparent, talk about your work

DELIVER

MOMENTUM
Prioritise ideas which will provide early improvements

RESOURCES
What can you test now within your scope?

OVERCOMING
Problems Address risk and barriers quickly

TESTING
Run small experiments (PDSA cycles) to refine ideas and review data to see the effects

SUSTAIN

SPREAD
Think about how your test can be applied more broadly

IMPLEMENTATION
Identify resources to keep the changes

MONITOR
Have a data collection system and regularly review this to keep the improvements

EVALUATE
Think about the improvements made and identify key learning

Lancs **Improvement Method**

Building Capability in our leaders of the future

enhance
explore

- ‘Enhance Explore’ Programme at Lancashire Teaching Hospitals NHS Foundation Trust (Foundation Year Doctors) uses Continuous Improvement methods as the primary focus of training
- Designed and development an innovative programme of work to align to Enhance syllabus to create ‘better’ generalists – partnering approach with Education
- Practical application days aligned to organisational priorities
- Creates a ‘safe’ environment to test, reflect and apply

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Improvement Programmes

Reducing post-partum haemorrhage (≥1000mL) in women and birthing people from black and ethnic minority groups

J Barber, G Byrne, J Carroll, J Craddock, J Goss, N John, J Lambert, C Nield, H Rasool

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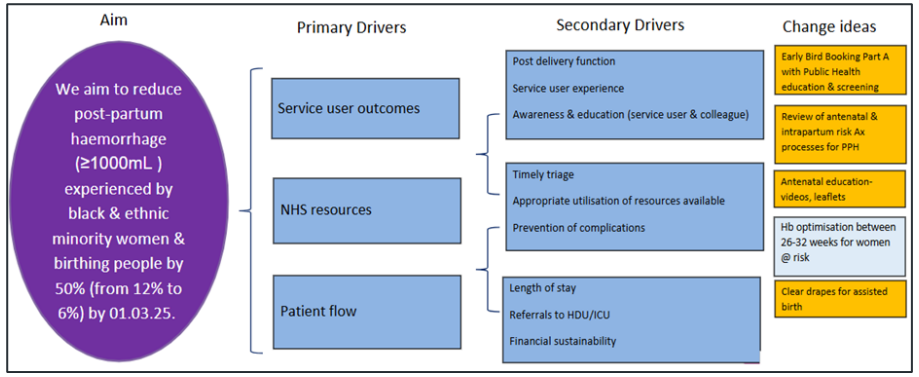
NHS Lancashire Teaching Hospitals NHS Foundation Trust

Area of Focus

Our baseline data demonstrated that 12% of people from black and ethnic minority groups experience post-partum haemorrhage (PPH) ≥1000mL per week compared to 5% of white individuals.

Aim Statement

We aimed to reduce post-partum haemorrhage PPH ≥1000mL experienced by black and ethnic minority women and birthing people by 50% (from 12% to 6%) by 01.03.25.

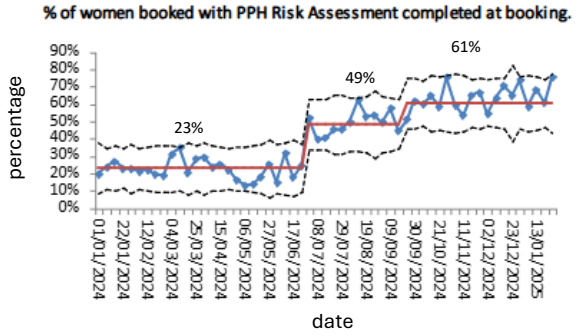


Measurement A three-part baseline data review was completed:
- Qualitative staff focus groups
- Qualitative service user interviews
- Quantitative data collection & review

Time series data is monitored using Statistical Process Control charts. Understanding process control determined by applying the rules outlined in the Health Care Data Guide (Provost & Murray, 2011).

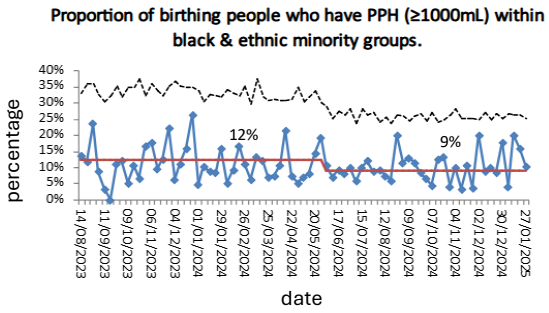
9 service user interviews

3 colleague focus groups



Implementation

The team is one of ten teams who form part of an innovative peer- to-peer Learning and Action Network (LAN) established by the NHS Race and Health Observatory and the Institute for Healthcare Improvement supported by the Health Foundation.



Change Ideas

- A series of PDSA cycles have/are being tested to drive improvements forward including:
- **PDSA 1:** Early bird booking Part A with Public Health Education & Screening
- **PDSA 2:** Review & development of antenatal & intrapartum risk assessment process for PPH
- **PDSA 3:** Utilisation of clear drapes for estimating blood loss
- **PDSA 4:** Development of preventative resources in required languages

Impact and key learning to date

•Reduction in PPH (≥1000mls) in women & birthing people from black & ethnic minority groups from 12% to 9%

- Awareness of health inequalities within PPH experience through 3-part data review
- Implementation of prevention
- Education and resources to improve clinical care delivery and real time accuracy of blood loss estimation
- PPH risk assessment tool offers opportunity for personalised care planning
- Improved accessibility to information through translation and digital innovation
- Creating a safe environment for honest conversations
- There is opportunity to apply anti-racism principles to all aspects of clinical care delivery and continuous improvement
- Sustaining improvement through embedding relevant tests of change
- Exploring innovative communication solutions (AI, social media)

QR code to a short impact video

Navigating System-level Improvement:

Early reflections from the Northern Triangle

Prof. Nicola Burgess, Nick Downham, Dr. Emily Rowe,
March 2026

What is system-level improvement?

Scale	Leadership Emphasis	Jurisdiction	Purpose*	Knowledge	Orientation
Single organisation	Planning and deployment	Centralised	Doing things better	Centralised (within organisation)	Systematic, 'point' and 'flow' improvement. **Improve** what we do.

*Source: Anderson-Wallace M & Downham N (2024); *Improving Quality in Healthcare - Questioning the Work for Effective Change*, Sage

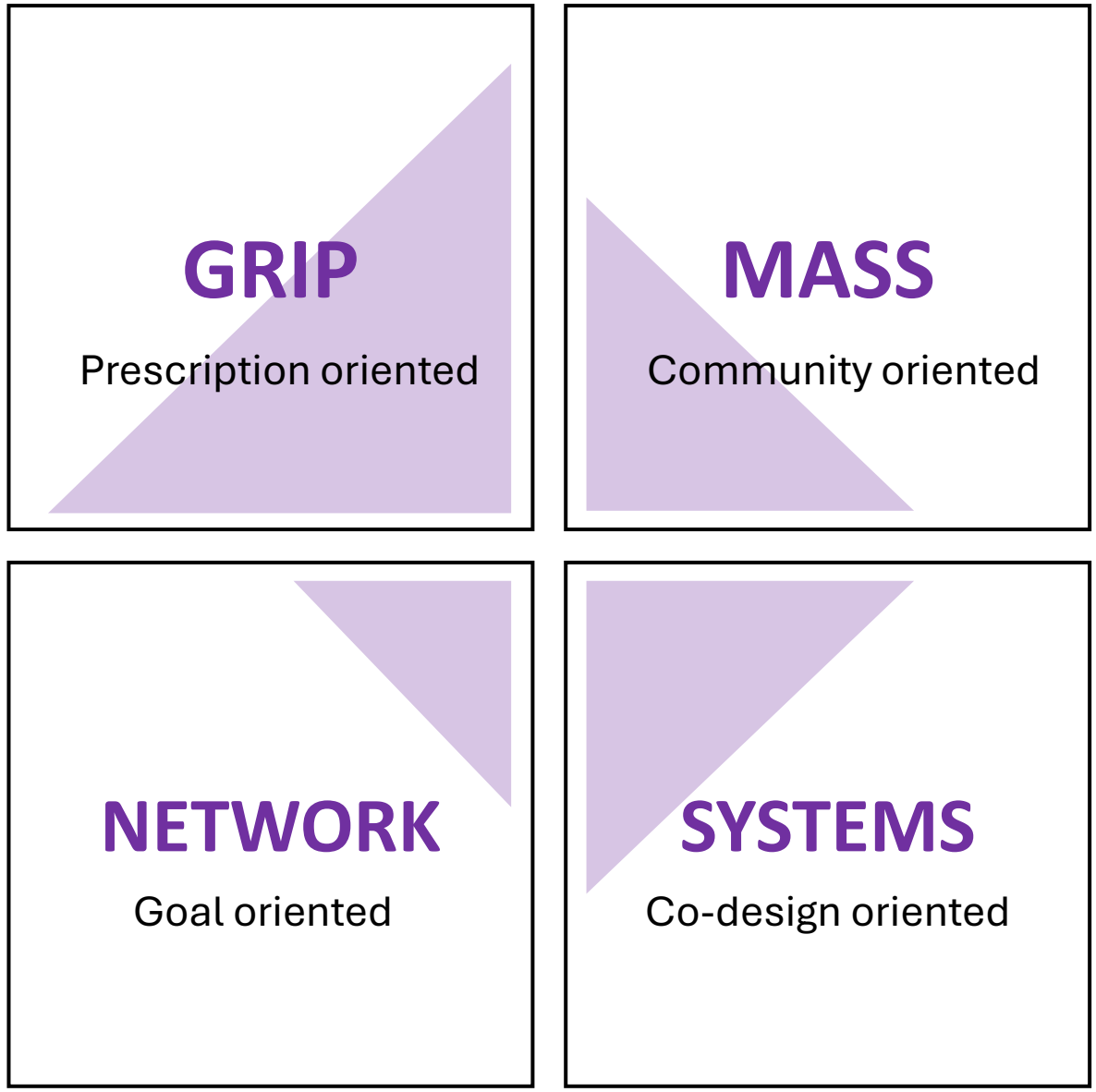
What is system-level improvement?

Scale	Leadership Emphasis	Jurisdiction	Purpose*	Knowledge	Orientation
Single organisation	Planning and deployment *(change can be mandated)*	Centralised	Doing things better*	Centralised (within organisation)	Systematic, 'point' and 'flow' improvement. **Improve** what we do.
System-level improvement	Collaboration and co-production *(problems we can only solve together)*	Distributed / multiple	Doing better things*	Distributed (multi-organization, multi-professional)	Systemic, holistic. **Change** what we do.

*Anderson-Wallace M & Downham N (2024); *Improving Quality in Healthcare - Questioning the Work for Effective Change*, Sage

‘The Northern Triangle’: 3 regions, 3 approaches, no single prescription

Region	Approach	Description	Dominant change orientation
Lancs and South Cumbria	Engineering Better Care	Prescription for system-level change and ‘toolbox’.	System engineering
North Cumbria and North East	BOOST	A learning network 20000+ subscribers	Community model
Health Improvement Scotland	Scottish Approach to Change	Prescription for system-level change and ‘toolbox’.	Co-production model



Change Beliefs Across & Within Systems

Some strong themes:

1. Leadership is critical (Clinically-led, operationally enabled, improvement facilitated)
2. The role of convening and the ‘art of hosting’
3. This is relational work
4. QI capabilities are not enough… need a pluralistic approach (e.g. strategy planning, process design)
5. The need to embed learning throughout (not an add-on)
6. Left-shift stymied by:
    - Hospital focus and measurable outcomes (e.g. waiting times)
    - Double running systems
    - Financial stalemates & incentives

“What’s good for the system may not necessarily be good for the individual organisation” (Hospital CEO)

Lots more to come…

- Analysis complete March 2026
- Sharing outputs April 2026
- An open invitation for further discussion, LinkedIn or email

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