

CAPABILITY FOR INNOVATION AND IMPROVEMENT STRATEGY 2017–20

DECEMBER 2017



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Contents

| | |
|--|-----------|
| Foreword | iv |
| Summary | 1 |
| Section 1: Purpose | 3 |
| Purpose and vision | 5 |
| What do we mean by improvement, innovation and capability? | 5 |
| Context | 6 |
| Best practice approaches | 7 |
| Section 2: Priority areas for investment | 9 |
| Priority areas for investment | 10 |
| Leadership development | 12 |
| Priority area: Leadership development | 13 |
| Building organisational capability | 16 |
| Priority area: Building organisational capability | 16 |
| Project capability support | 20 |
| Priority area: Project capability support | 20 |
| Best practice and collaboration | 24 |
| Priority area: Best practice and collaboration | 24 |
| Section 3: Enablers and implementation | 29 |
| Enablers | 30 |
| Implementation | 31 |
| Section 4: References | 33 |

Foreword

On behalf of the Better Care Victoria Board I am very pleased to release the *Capability for Innovation and Improvement Strategy 2017–20*.

Better Care Victoria places patients, their families, carers, clinicians and healthcare providers at the heart of innovation, working to enable and sustain system improvement.

To do this we know that we must support healthcare providers to develop a culture that prioritises best practice in innovation and develops leadership capability across the health system.

The strategy articulates:

- a vision for building capability, including the characteristics of highly innovative and improvement-oriented organisations
- four priority areas for investment of the Better Care Victoria Innovation Fund across leadership development, building organisational capability, project capability support, and best practice and collaboration
- an approach to implementation, roles and responsibilities, strategic partners and a process for measuring the impact of the capability development activities.

We hope you find this a useful resource as we work together to embed and scale innovation and improvement across Victoria.



Douglas Travis
Chair, Better Care Victoria Board

SUMMARY

Capability for innovation and improvement strategy 2017–20

Vision

Innovation and improvement capability is embedded across organisations in the Victorian healthcare sector, enabling the delivery of optimal patient outcomes and experiences.

Aim: Develop organisational and system leadership as a key tool to deliver improvement and innovation

- Design and deliver:
 - targeted leadership programs across health organisations
 - targeted leadership programs for health systems leaders

Building organisational capability

Aim: Create organisational environments and cultures that support innovation

- Assist with development of annual innovation and improvement plans to address capability gaps
- Measure and share progress
- Support the spread and scaling of best practice, including professional development for innovation experts
- Facilitate staff exchange and placements

Aim: Build capability to deliver sustainable innovation projects within, and across, organisations

- Coach and support implementation of innovation projects
- Promote problem-solving workshops
- Collaborative improvement projects

Project capability support

Aim: Accelerate the spread of good practice across the state

- Promote best practice through an annual event
- Promote knowledge sharing platforms through online tools, networking, alumni and events
- Build partnerships with health sector stakeholders
- Continue engagement with clinicians and consumers
- Establish and facilitate communities of practice

Best practice and collaboration

Enablers

- Access to high-quality tools and resources (for example, toolkit for projects, online training)
- Facilitate sector engagement in innovation (via alumni, events, BCV website, case studies)
- Promote and support data and analytics (monitoring trends in patient outcomes, service system performance, sharing meaningful data with the sector)

Activities to support priority areas will be expanded and scaled over the life of the strategy.

SECTION 1: PURPOSE

How does improvement and innovation capability help patients?

A practical example

George is a 69-year-old man, who has been brought to a hospital emergency department (ED) complaining of severe abdominal pain. George has been to this same ED for similar pain once before; however, following investigation, test results were inconclusive. He was sent home with pain medication and has been attending his GP for follow up. When asked about his experience, George commented:

'I waited for about six hours until somebody came to take a look at me and had to repeat my story to four different people. When I finally saw a doctor, they examined me and told me I'd need to have some tests. It took a long time to receive my test results, and when they came, I was told they were inconclusive and required further investigation. I was frustrated that I went through all of that, without actually finding out what was wrong.'

In the time between George's previous ED visit and current presentation, the hospital's staff have been working on projects and undergoing training to embed continuous improvement into their daily work. This involved learning how to identify

areas in need of system improvement, how to collect and analyse data to define problems and formulate/propose solutions, and how to measure and monitor improvement over time. Staff have been trained in ways to include patients through the improvement process and co-design solutions that are beneficial for staff and patients alike.

This time, when George presents to ED, the nurse is able to access his history and previous test results immediately. George is only required to undergo one test – the hospital has been reviewing and rationalising the tests required for specific ED presentations.

George reports he is much happier with his experience this time, and that he was kept much better informed of what would be happening next, how long he would need to wait and which professionals would be coming to see him. He feels that a lot of the hospital's communication and processes seem more streamlined and efficient.

By building their capability for improvement at all levels including executive and front line staff, the service has been able to measurably and continuously improve internal processes and provide patients with a better experience of receiving healthcare.

Purpose and vision

Better Care Victoria (BCV) is committed to optimising patient¹ health outcomes and experiences. Innovation is the key to driving reform and realising our vision. BCV places patients, their carers and families, clinicians and healthcare providers at the heart of innovation, working to enable and sustain system improvement.

BCV's vision aligns directly with our mission to enable and support the timely and appropriate access to the highest quality care for Victorians, through the identification, scaling and embedding of innovative practice across Victoria's health system.

The *Capability for innovation and improvement strategy 2017-20* (the strategy) aims to create an environment and culture within organisations and across the health sector that supports improvement and innovation. The three-year strategy acknowledges developing individual, team, organisation and system capability for innovation is a long-term agenda.

Through this strategy, BCV will encourage innovative ideas, provide the nurturing environment required for their implementation and support the sharing of successful solutions so they can be spread across the state. This will positively impact patients, their carers and families, within the Victorian health system.

What do we mean by improvement, innovation and capability?

Improvement is typically incremental change, with each cycle building on the next. It is evolutionary, not revolutionary. Innovation is a step change, creating a breakaway differentiation. The context may shift, or the limits of the incremental approach have been reached and something different is required. Improvement and innovation are not mutually exclusive, and can work in tandem. Both require the capability to instigate, drive and sustain change.

For BCV, innovation means new or novel ways of doing things that improve both access to, and the quality of, healthcare for patients. This could be anything from improving an existing service to implementing more integrated services, or designing an entirely new model of care.

BCV is particularly focused on innovation that involves integration of services across healthcare settings, and/or strong collaboration and partnering between multiple health service providers, which have a whole-of-health system impact.

Evidence suggests the building blocks of innovation are:

- strategy and leadership
- a patient focus, openly collaborating and co-designing solutions
- being comfortable with risk and change
- organisational culture
- human resources management and training
- participation from all levels of workforce within an organisation
- management of innovative processes
- partnerships and appropriate investments.

1. The term 'patient' used throughout the document also refers to a resident, client, customer or consumer of healthcare.

BCV defines 'capability for innovation' as the skills, knowledge, abilities and behaviours required by individuals to foster an innovative and improvement culture within an organisation. This capability enables new ideas and creative solutions to problems in healthcare being actively embraced, implemented, scaled and sustained over time. Collaboration and sharing is critical to building individual, organisational and system capability. BCV aims to support this through platforms for sharing best practice approaches and solutions across Victoria, beyond the boundaries of individual organisations. BCV will encourage cross-organisational partnerships between health services, benefiting the whole health system.

BCV acknowledges organisations have historically received varying support and resources for capability building, and therefore currently have different levels of capability maturity. BCV sees its role as providing more support to organisations with less-developed innovation capability and will seek to facilitate relationships between them and organisations with more mature capability.

Context

Healthcare is dynamic and constantly evolving. The frenetic pace of change poses a range of challenges and escalating pressures on our health system. The main drivers of the changing landscape are:

- funding pressures
- population growth and an ageing demographic
- a shift in the burden of disease to chronic conditions requiring different care models
- rapid advancements in treatment regimens and growth in technologies
- much greater expectations of their care providers by patients.

The Travis Review emphasises that the best way to sustainably increase the capacity of the health system is not through the building of more health infrastructure alone, but by being more innovative. That is, finding new and more efficient and effective ways of doing things.

We know there are many sources of inefficiency in the health system, including:

- 'case level' waste: unnecessary or suboptimal use of healthcare (for example, inappropriate test ordering, duplication of tests or avoidable complications)
- 'population level' waste: care delivered that is unwanted or unnecessary (for example, unnecessary elective procedures or intensive active treatment for people at the end of their lives who state they do not wish for this level of invasive treatment)
- 'production level' waste: inefficiency in systems and processes (for example, poorly negotiated cost of supplies or inventory storage costs).

Together, these factors require the health sector to change how it operates and delivers care in order to meet community expectations/demands, and enhance patient outcomes and experiences.

In order for the health system to meet these challenges, we need to transition from focusing on promoting technically skilled leaders (those who are highly skilled in their technical or clinical area of expertise) to fostering 'system improvement' leaders. These are leaders who will continually develop their knowledge, skills and abilities to innovate and influence how healthcare is provided to patients in Victoria.

Best practice approaches

Developing capability for innovation and improvement is best achieved by supporting health leaders through education and training, and developing innovative cultures within organisations, where all levels of staff across all disciplines, focus on better outcomes for patients as a primary goal.

A King's Fund report (2016), focusing on England's National Health Service (NHS), identifies common features of organisations which excel at innovation and improvement. They include:

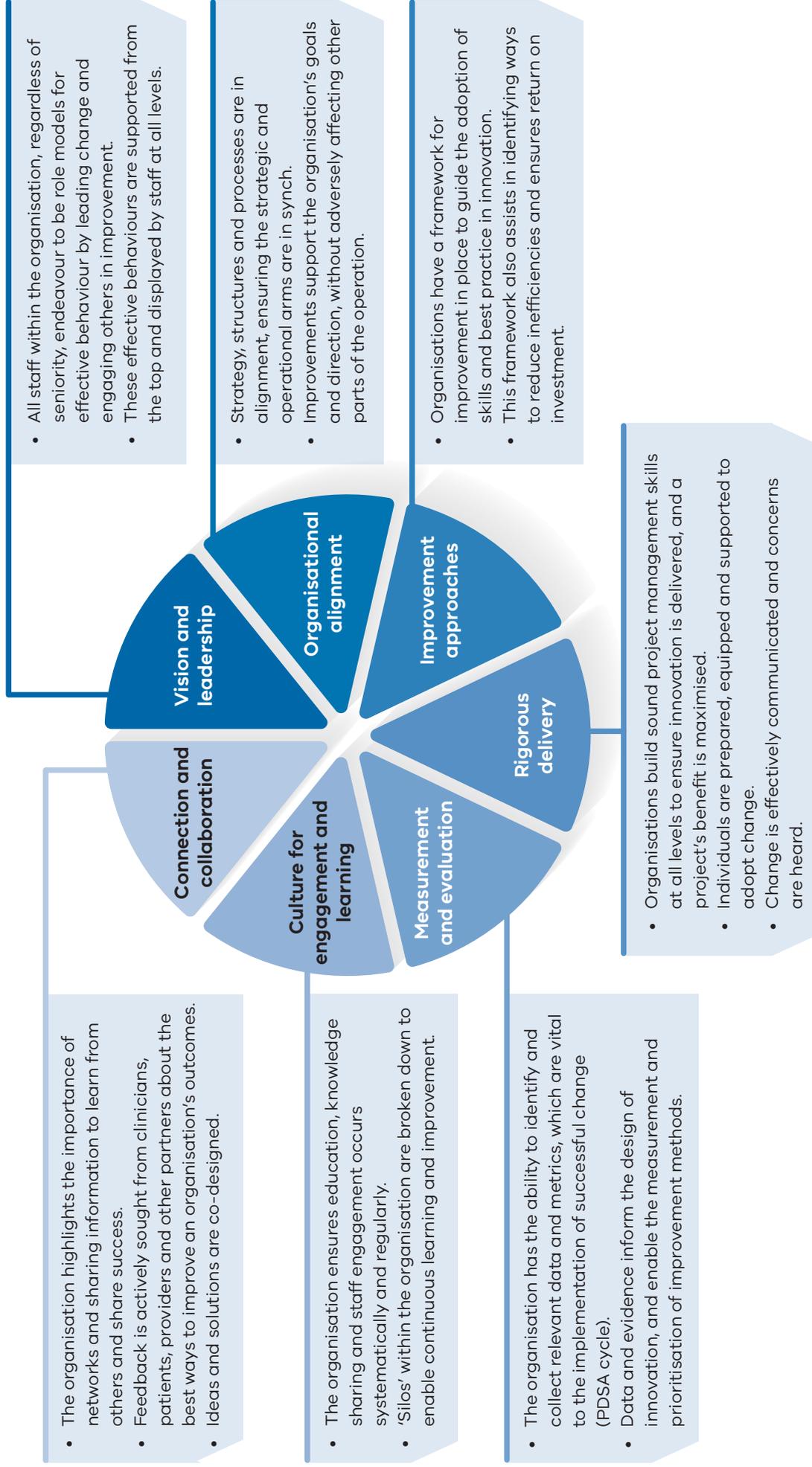
- boards and senior leaders who accept personal responsibility for improvement, and who themselves develop expertise in improvement science
- the use of an established improvement method, supported by training all staff and leaders in this method
- a commitment to listening to, and learning from, the experiences of patients and carers, and including them in the design and delivery of innovations in care
- the continual encouragement of ideas, and reduction of fear in expressing those ideas in the workplace
- total engagement of the organisation in the design and redesign of internal work practices and processes
- knowledge hubs enabling the sharing of innovation, tools, research and projects
- training that targets emerging leaders and next-generation innovators
- managers who are actively involved in innovation, and are role models for innovative behaviour
- clinical leadership, teamwork and engagement at all levels, together with high quality management support
- regular, transparent tracking and reporting of progress in delivering innovation and improvement goals.

The report also highlights the importance of networks and learning from others, the role of outside experts and consultants to support innovative thinking and ideas, and combining work on leadership and improvement to develop and support staff's innovation capability.

A similar theme emerged from a University of Melbourne report in 2013 which found organisations that successfully innovated were those in which employees had the opportunity, encouragement and inclination to contribute to innovative outcomes, where innovation is reflected in the organisation's strategy and leadership and leaders are role models for innovative behaviour.

Best practice approaches to building capability for innovation and improvement have been implemented in some of the world's leading healthcare innovation institutions and healthcare providers, such as the NHS in the UK and the Institute for Healthcare Improvement (IHI) in the USA. While models of innovation support vary across jurisdictions, building capability is a critical component of all innovation, improvement and transformation approaches. Common elements are identified in Figure 1 on the following page.

∞ **Figure 1: Key characteristics of organisations with strong innovation capability**



SECTION 2: PRIORITY AREAS FOR INVESTMENT

Priority areas for investment

To build and grow capability for innovation and improvement in Victoria's health sector, many supportive elements need to be considered and implemented, including:

- development of leadership skills in individuals and teams across all levels of an organisation
- development of an organisational environment and culture that supports improvement and innovation
- support for innovation projects, particularly where innovation capability is low, to ensure successful solutions can be scaled and sustained
- access to best practice approaches, through sharing improvement and innovation beyond the boundaries of individual organisations.

To achieve this, four key priority areas have been identified to scale and sustain innovation and improvement capability across Victoria.

These are:

1. leadership development
2. building organisational capability
3. project capability support
4. best practice and collaboration.

BCV is committed to delivering a range of activities under the four priority areas, all of which have the common objective of embedding innovation and improvement capability across the Victorian health system, to enable the delivery of optimal patient outcomes and experiences. There will be a three-year phased roll out, depicted in Table 1.

Table 1: Phased BCV strategy rollout

| | Foundation year (2016–17) | Year 1 (2017–18) | Years 2 and 3 (2018–20) |
|---|---|--|---|
| Priority area | <i>Establishing the foundation</i> | <i>Creating environments for success</i> | <i>Embedding innovation capability</i> |
| Leadership development | Pilot leadership development activities at multiple staff levels | Develop a leadership development framework representative of stakeholder needs Continue to pilot programs aligned to the framework | Sustain and expand programs and activities within leadership framework |
| Building organisational capability | Establish baseline capability through planning process and measurement | Support organisations to develop a plan for building organisational innovation capability and address identified gaps Complemented with improvement support for organisations Mentoring and coaching | Sustain annual organisational planning and development Expand mentoring and coaching Structured staff placements in other health services or industry (experience-based learning) |
| Project capability support | Intensive support for funded projects and collaborations | Sustain support for funded projects Improvement support for projects provided by BCV coaches | Sustain and scale beyond BCV projects |
| Best practice and collaboration | Establish knowledge-sharing platforms, including networking events and online training, resources and tools Develop strategic partnerships Establish BCV advisory committees – emerging leaders clinical advisory committee and consumer advisory committee | Sustain and scale knowledge sharing platforms Expand online training, resources and tools Establish communities of practice Share approaches and practices across the system Annual improvement and innovation event Clinician engagement in innovation strategy (with Safer Care Victoria) Consumer engagement in innovation guideline (with Safer Care Victoria) | Sustain Expand communities of practice |

Leadership development

'If we are serious about creating a culture of high quality care across our health system then leadership is critical, and leadership development needs to focus on how teams and organisations can foster and embed an environment that places continuous improvement and innovation at the heart of everything they do.'

Director, Department of Health and Human Services

'Staff participation in leadership programs and quality improvement, from all levels of the organisation, provides opportunity for the greatest impact.'

Director, regional health service

Priority area: Leadership development

Leadership capability is critical to high performance. Leadership can be developed, supported and improved, and is a key driver of optimal patient outcomes and experiences. For the health system to meet future challenges, it needs to transition from a focus on fostering technical leaders to developing leadership (teams of leaders) that engages, empowers and influences staff.

BCV supports the NHS Leadership Academy principles of leadership² and considers effective leaders to be those who:

- continuously emphasise safe, high-quality and compassionate care
- offer supportive, available, empathic, fair, respectful, compassionate and empowering leadership
- promote participation and involvement, and ensure the staff 'voice' is encouraged, heard and acted on across the organisation, and provide practical support for staff to innovate within safe boundaries

- promote continuous development of the knowledge skills and ability of staff, in order to improve the quality of patient care, safety, compassion and the patient experience
- consistently encourage, motivate and reward innovation and introduce new and improved ways of working.

BCV will offer a range of leadership development programs focused on improving organisational leadership for innovation and supporting the next generation of systems leaders. These leadership development programs will incorporate experience-based learning opportunities, including fellowships and mentoring, to expose leaders to best practice innovation and improvement at a systems level. BCV will have an increased focus on the collective nature of leadership, looking to instil the qualities of good leadership into teams, organisations and system structures, not just individuals.

² NHS Leadership Academy 2016, *Better leaders, better healthcare: 2016 programme guide*, NHS Leadership Academy, London.

Actions: Leadership development

| Activity | Target audience |
|---|---|
| <ul style="list-style-type: none"> Development of a leadership development framework that is representative of sector needs | Sponsors and future participants of leadership programs |
| <ul style="list-style-type: none"> Development of an improvement scholars program that couples the development of key leadership and influencing skills with improvement science methodology | Mid to senior staff within the sector |
| <ul style="list-style-type: none"> Development of an alumni program for leadership program participants to establish and support peer networks and knowledge sharing | All participants of leadership programs |
| <ul style="list-style-type: none"> Co-design and pilot a leadership coaching program | Executive teams in rural or regional services |
| <ul style="list-style-type: none"> Development of a leadership program evaluation framework to inform the continuous improvement and outcome management of offerings | Safer Care Victoria |

| Outcomes | Indicators | Timeline |
|--|---|--|
| Clear leadership development pathways applicable to different career stages within the sector | Programs that are designed to align with development needs and pathways relevant to sector participants | 2018 |
| Targeted improvement work with demonstrable outcomes relating to quality and safety challenges in the system | Increased application of improvement science methodology in the delivery of quality and safety improvement initiatives within services | Program to be piloted in 2018 |
| Strengthened peer networks and increased knowledge sharing | Ongoing participation and support from participants, with evidence of knowledge shared and further application of skills developed through the programs | Design to commence in 2018 involving participants from 2017 programs |
| Strengthened leadership with the ability to share learnings more broadly | Improvements in organisational culture and strengthened leadership teams at participating services | 2018 |
| Program design improved and developed in alignment with the desired leadership development outcomes | The ability to demonstrate that the investment in programs is the best possible value for funding | Early 2018 |

Building organisational capability

'Teaching executives what a lean organisation looks like and providing a skillset for executives to lead this approach would be valuable. The capability framework needs to be for everyone in the organisation and expectations should be built into position descriptions and hospital policies.'

Project manager, regional health service

Priority area: Building organisational capability

Creating an innovation and improvement-orientated culture in organisations is critical to embed, sustain and grow capability. It requires systems, structures, resources and processes within health services to operate collectively, and promotes behaviours and a culture that fosters innovation and improvement.

Leadership is a critical component to building organisational capability. A connected leadership team that is committed to the values and behaviours that form the culture to drive innovation and improvement is essential. Innovative leaders provide safety for staff to test new ideas, take measured risks and learn from failures.

The activities under this priority area expand on previous approaches, and are designed to encourage health services and their staff to get a better sense of what an innovative organisational culture looks and feels like. Health services will be supported to develop plans to address organisational capability gaps and provide targeted coaching where appropriate. The *Organisational Strategy for Improvement Matrix (OSIM)* tool will assist with this process. BCV will facilitate staff placements to experience other organisations improvement approaches and encourage staff to translate their learnings to inform their own health service approaches to improvement and innovation.

Building organisational capability: how it might work in practice

A health service is interested in driving change at the organisational level, to ensure innovation and improvement is 'business as usual' for its staff across all levels. Innovation has recently become a strategic priority for this organisation, and BCV are approached to provide advice and direction.

BCV team members work collaboratively with the quality improvement and innovation team and executive director they report to, guiding them through the use of the *Organisational Strategy for Improvement Matrix tool*. This tool enables health organisations to measure its capability to instigate, drive and sustain a continuous improvement and innovative approach.

Administering the tool provides the opportunity for the health service to recognise its capability strengths and also identify gaps or areas of weakness. Orientation programs and training programs are then aligned to support the areas requiring further development (gaps). Measuring and monitoring organisational capability also becomes a planned regular annual occurrence, enabling the health service to track its progress over time.

Encouraged by the early results from focusing on the *Organisational Strategy for Improvement Matrix tool* findings, the health service becomes interested in doing further work in this area to strengthen its strategic planning. BCV provides support to the health service to develop an annual innovation and improvement plan, which is designed to address any capability gaps and give staff a better sense of what an innovative culture could look and feel like in their organisation. BCV also provides some examples of other health services' innovation and improvement plans from comparable health services around the state and nationally.

The health service sends the executive sponsors of the capability work to a BCV workshop on developing annual innovation and improvement plans, where they are provided with the skills and knowledge required to facilitate the development and actioning of the plan in their own organisation. At the workshop, BCV connects them with staff from another health organisation with a more mature level of innovation capability, which they can contact and meet with for support and advice. BCV also works with the executives to set up a short-term work placement for their staff to gain experience and exposure to the innovation and improvement methods used by the other health service.

By looking at capability for innovation and improvement at an organisational level, and actively participating in knowledge sharing with other organisations, health services are on their way to creating a culture that encourages continuous improvement and innovation.

Actions: Building organisational capability

| Activity | Target audience |
|--|---|
| <p>Support for health services to develop an annual innovation and improvement plan and measure progress:</p> <ul style="list-style-type: none"> • Tools and templates utilised, e.g. OSIM tool, to identify gaps and measure progress • BCV will produce and publish a synthesis of the individual health service plans online for transparency/knowledge sharing • Health services are encouraged to include the plan in their 'Statement of priorities' • BCV workshop for executive sponsors on administration of OSIM and developing an annual innovation and improvement plan • Tailored support from BCV and the BCV system improvement specialist for individual services (as required) | <p>Executive leadership teams Organisational development areas of health services Local innovation specialists Executive sponsors (responsible for capability development and performance improvement, such as Organisational Development team/Chief Operating Officer)</p> |
| <p>Web-based professional development programs:</p> <ul style="list-style-type: none"> • Webinars, short (micro-training) and longer web based training modules based on face to face leadership programs • Promoted particularly to rural health services • Live streaming/playback of training and events • Available on BCV website | <p>Health sector staff, particularly rural and remote services</p> |
| <p>Capability building through staff engagements, placements, and immersions in other organisation cultures:</p> <ul style="list-style-type: none"> • Facilitate 'at-coalface' walks to see sites first hand and gain an understanding of other organisational innovation and improvement approaches – and to test different models • Staff placements in other health services and/or industry to experience another organisational approach and bring back ideas to help build capability in their home organisation (based on identified areas of organisational capability development) • Case studies for website | <p>Executive directors Directors (clinical and management) Health service innovation and improvement leads Junior doctors, nurses and allied health</p> |
| <p>Continuing professional development for innovation and quality improvement experts:</p> <ul style="list-style-type: none"> • Targeted training to support health service innovation and improvement experts to maintain skill level and enthusiasm, facilitate networking and share best practice (up to 4 days a year) | <p>Local innovation specialists Quality improvement managers</p> |

| Outcomes | Indicators | Commence |
|--|--|----------|
| Health services recognise the importance and benefits of planning for capability development | Number of plans developed Improved OSIM assessments | 2017–18 |
| Health services have access to programs to develop capability for innovation and improvement | Number of participants/health services in online programs | 2017–18 |
| Health services learn from and support each other to develop innovation and improvement capability | Number of placements undertaken Participant and host feedback/learnings | 2018–19 |
| Skills, capabilities and enthusiasm of local innovation and quality experts is maintained | Number of program participants Feedback from participants | Ongoing |

Project capability support

'There's an opportunity to find projects that have been successful in individual settings, and scale them to be system-wide.'

Representative from a primary health network

'The biggest benefit would be from ensuring project outcomes, methodologies and tools are available across organisations.'

CEO, regional health service

Priority area: Project capability support

Robust knowledge and skills in innovation and improvement methodologies are vital to identifying and addressing problems in health services, while building individual and team capability to deliver and sustain project benefits.

Health service innovation and improvement projects (including collaboratives and partnerships) provide an ideal opportunity for individuals and teams across all levels and disciplines within a health service to apply proven methodologies.

It is essential that teams and organisations are supported to ensure innovation and improvement projects have the best chance of being effectively implemented, evaluated and, if they are found to be successful, sustained over time. This methodology supports spread and scale, resulting in tangible improvements at a statewide level.

These new project capability support activities will be targeted towards BCV-funded innovation projects initially, being further expanded to support other innovation projects over time.

Project capability support: how it might work in practice

BCV calls for expression of interests to apply for improvement and innovation project funding, as part of BCV's Innovation Fund. The fund was established to assist the health sector to identify, scale and embed innovation effectively.

A team from a health service successfully submit an innovation project application to BCV. Their project is aimed at addressing an identified area for improvement in their health service. They partner with other local health organisations, with the intent of spreading proven, effective project outcomes and solutions to benefit their whole region.

To support the project team to develop a business case, they attend a BCV workshop on evaluation. The workshop is led by the BCV coaches, and is attended by all innovation project teams progressing from expression of interest to business case phase. The interactive workshop steps through project evaluation methodologies and considerations for evaluation planning during the business case phase. There are multiple breakout sessions, and by the end of the day, the team have a draft evaluation plan for their project, which will contribute to their final business case.

The workshop presents a great opportunity for like-minded peers to network and discuss their project concepts, and they find another project team working on a similar improvement problem in a larger health service. The team also catches up with their allocated BCV project officer who is in attendance.

Throughout the course of each of the project phases, the team are supported by BCV with a range of capability building offerings. Access to training for project team members is provided, and they attend a suite of workshops, including problem solving, data and analytics and sustainability.

Further individualised support and advice is provided in real time to the project lead by the BCV coaches and BCV project officer, as a variety of unplanned issues and questions arise during the project that require expert guidance to navigate.

By the health service team having a range of project capability supports, both general and individualised for their identified area for improvement, their project outcomes and solutions are more likely to be successfully scaled and sustained over time.

Actions: Project capability support

| Activity | Target audience |
|---|--|
| <p>Project development and implementation support for innovation projects that are funded by BCV:</p> <ul style="list-style-type: none"> • Access to basic training <ul style="list-style-type: none"> – Problem solving, project management, change management, systems thinking, data and analytics, business case development • Introduction workshop for BCV funded projects <ul style="list-style-type: none"> – One day information session for teams on expectations, process, evaluation, etc. – All day workshops on problem solving, project management, change management, evaluation and sustainability training for projects as required • Facilitate coaching/mentoring for BCV funded projects from innovation project alumni and other high performing services | <p>Project teams Other staff involved in delivering the change</p> |
| <p>Problem-solving workshops:</p> <ul style="list-style-type: none"> • Facilitate workshops to address common problems | <p>Health sector participants relevant to problem and involved in change Clinical networks</p> |
| <p>Collaborative improvement projects:</p> <ul style="list-style-type: none"> • Support BCV focus areas • Participants will work together, share ideas and focus on system-wide innovations in conjunction with service-based projects to explore and address performance issues • Data driven, capability building approach • Build capability and experience in working across the system | <p>Health services</p> |
| <p>Improvement support, as requested – prioritised for BCV funded projects and collaboratives:</p> <ul style="list-style-type: none"> • Offer a range of supports including: <ul style="list-style-type: none"> – Linking to other services that have completed similar projects – guidance on improvement approaches – coaching for diagnosis and solutions development – sustainability – advice on building individual and organisational capability | <p>Project teams</p> |

| Outcomes | Indicators | Commence |
|--|---|----------------|
| <p>Innovation project teams are supported to maximise the success of the project</p> <p>Relationships developed across project teams</p> | <p>Number of successful innovation projects</p> <p>Number of innovation approaches sustained following project completion</p> <p>Feedback from project teams on support provided by BCV</p> | <p>Ongoing</p> |
| <p>Common issues are discussed and solutions identified; best practice approaches are shared</p> <p>Strengthened relationships</p> | <p>Number of participants</p> <p>Feedback from participants</p> <p>Solutions identified and implemented</p> | <p>Ongoing</p> |
| <p>Improvement is achieved in the target area</p> <p>Capability for innovation is built within organisations</p> <p>Networks are built</p> | <p>Improvement in participating health services with demonstrable impact on system-wide performance</p> <p>Ongoing networks/communities of practice</p> | <p>Ongoing</p> |
| <p>Improvement projects are provided expert support to succeed</p> | <p>Number of projects supported</p> <p>Feedback from project teams</p> <p>Quantifiable improvements realised</p> | <p>2017–18</p> |

Best practice and collaboration

'BCV can assist in bringing best practice from the sector to all services, enabling connections to be made.'

Executive director, regional health service

'Learning from others across the sector is really important.'

Representative from a primary health network

Priority area: Best practice and collaboration

Collaboration and promoting a knowledge sharing culture assists in scaling and sustaining innovative practice. BCV will establish knowledge-sharing platforms, including online training, tools and networking events, and facilitate cross-organisational partnerships. This will encourage the sharing of best practice information and assist organisations to connect and hear about one another's innovation approaches and lessons learnt.

Collaboration across disciplines and sectors has been shown to be effective at generating better ideas, solutions and decision making. BCV will strengthen existing relationships within the Department of Health and Human Services, alumni, BCV advisory committees (consumer and

emerging leader clinicians), and develop new partnerships with organisations within health and other industries, including universities and research institutions. These partnerships offer a sound platform to access new and different skills, knowledge and experiences, further contributing to better health outcomes in the community.

The activities in this priority area extend the reach of previous programs across the entire sector, focusing on capability building for innovation and improvement. They also seek to deepen relationships with clinical networks, utilising them to spread best practice, in addition to enhancing existing relationships between BCV and the health sector, both nationally and overseas.

Best practice and collaboration: how it might work in practice

At a BCV workshop on developing annual innovation and improvement plans, staff members from health services across Victoria have the opportunity to meet with peers who are also working on improving their organisation's capability for improvement. They share their experience using the *Organisational Strategy for Improvement Matrix* tool to identify their strengths and areas they need to address.

Following the workshop, they go to the BCV website to see how others have addressed similar capability gaps in their organisations. They identify similar health organisations from their region which have been able to successfully improve their identified capability gaps.

They arrange to speak on a regular basis via teleconference and develop an informal network. They discuss innovation and improvement practice, ask questions of one another and share their approach and experience in implementing their annual innovation and improvement plans.

It soon becomes clear that collaboration and knowledge sharing among this new network leads to better outcomes and experiences for patients. Individuals, teams and departments are motivated and invested in the idea of generating innovation and improvements in the delivery of care at their health service and in their regional community.

The health service staff, through their new network, hear about BCV's annual event on healthcare innovation and improvement. They organise a local team to attend the event and submit an abstract for a poster presentation on their work addressing organisational capability gaps.

At the event, a world-leading industry innovation expert presents on sustaining improvements at the organisational level, and how peer collaboration is fundamental to achieving this. The expert also discusses the importance of culture and leadership in driving and sustaining innovation. One of the staff members from the health service gets the opportunity after the presentation to talk to the expert during a break and is joined by a BCV team member. They discuss how essential it is to create 'innovation leaders' at all levels of the organisation to create an environment that supports staff to put forward new ideas about their work processes, and empowers them with the skills, knowledge and permission to change the status quo.

The opportunities to collaborate and share knowledge, learn from others external to their own health service and from outside the health industry, can lead to the development of new ways of thinking about approaching, implementing and sustaining healthcare innovation and improvement.

Actions: best practice and collaboration

| Activity | Target audience |
|--|---|
| <p>World leading innovation events:</p> <ul style="list-style-type: none"> • At least one annual high profile event with world class presenter – provides a platform for networking and sharing best practice • Live streaming or play back available on BCV website | <p>Health services Health sector Clinical networks</p> |
| <p>Promotion of good practice:</p> <ul style="list-style-type: none"> • BCV website <ul style="list-style-type: none"> – Key tool for sharing best practice – Central repository of advice, templates, tools (e.g. OSIM), resources, research and evidence – Case studies of innovation projects • Platform for online collaboration • Annual improvement and innovation event (2017–18) <ul style="list-style-type: none"> – Two day event open to health services and broader sector participants on building innovation and improvement capability, featuring practical workshops for health workforce to drive change – Guest speakers, posters, workshops, networking – Showcase and sharing current best practice in Victoria | <p>Health services Health sector Clinical networks</p> |
| <p>Monash ARC project:</p> <ul style="list-style-type: none"> • Three-year research project in partnership with Monash University, Monash Health, Barwon Health, Eastern Health and Western Health • Examines impact of organisational entrepreneurship/redesign and develop tools, models, resources for services | <p>Health services</p> |
| <p>Partnerships to support building capability and sharing best practice:</p> <ul style="list-style-type: none"> • Within the department, embed a consistent approach to capability development and to promote improvement and innovation targeting: <ul style="list-style-type: none"> – clinical networks – workforce and sector planning – health service performance and programs – primary and community health – Safer Care Victoria – regional health organisations via existing forums • With primary/community health, including primary health networks • With tertiary institutions and other vocational training providers • With other innovation entities | <p>Directors of relevant areas of the department Regional health organisations Community health and other primary health providers Tertiary and vocational institutions Clinical networks</p> |
| <p>Engagement strategies (with Safer Care Victoria):</p> <ul style="list-style-type: none"> • Emerging Leaders Clinical Advisory Committee to develop clinician engagement strategy • Consumer Advisory Committee to develop a consumer engagement guideline for BCV and the health sector | <p>Clinicians Consumers</p> |

| Outcomes | Indicators | Commence |
|--|---|-----------------|
| <p>Innovation and improvement methodologies and best practice are disseminated across the health sector</p> | <p>Attendance and engagement at events Feedback from attendees</p> | <p>Ongoing</p> |
| <p>Innovation and improvement methodologies, best practice and lessons learnt are disseminated across the health sector Victorian best practice is showcased Attendees are inspired to pursue innovation and improvement projects Reward and recognition</p> | <p>Number of attendees at events Feedback from attendees Website hits (analytics) Participation in online forums Number and type of social media engagements at and post events</p> | <p>Ongoing</p> |
| <p>Understanding how redesign initiatives result in more scalable and sustainable innovations Practical frameworks, processes and resources</p> | <p>Contract completed to specifications Actionable learning applied in health services</p> | <p>Underway</p> |
| <p>World leading innovation expertise is shared New ideas and approaches are generated</p> | <p>Number of new partnerships developed Feedback from health sector organisations Feedback from Department of Health and Human Services</p> | <p>Ongoing</p> |
| <p>Clear approach is developed to guide engagement on capability building with clinicians</p> | <p>Practical strategy developed</p> | <p>Ongoing</p> |

SECTION 3: ENABLERS AND IMPLEMENTATION

Enablers

The following three enablers are essential to support the implementation of priority area activities:

1. Access to high quality tools and resources – the website, toolkit for projects, organisational assessment tools (including *Organisational Strategy for Improvement Matrix* tool), web-based training and leadership tools.

BCV will source or develop tools and resources and make them available to the health sector to support innovation and improvement capability. These will be available primarily on the website, and will be updated as best practice develops or new information is discovered.

2. Facilitating ongoing sector engagement in innovation – via the website, email and newsletters, social media, case studies and engagement with stakeholders and strategic partners.

BCV will work closely with Safer Care Victoria (SCV), the Victorian Agency for Health Information (VAHI) and Health Services Policy and Commissioning (HSPC), and maintain ongoing engagement and support of alumni of innovation fund projects and training programs.

3. Using data and analytics – monitor trends in patient outcomes, service system performance, share useful data and analysis with the health sector to support evaluation and improvement, and report on key performance indicators.

Data and evidence from other sources will be obtained, where this may provide benefit to health services and other health providers and share these on the website. This includes health system data, as well as other innovation and improvement evidence, evaluation, research, best practice and methodology information.

Implementation

Roles and responsibilities

Building innovation and improvement capability in Victoria's health services will be driven by BCV (with SCV) and requires commitment and support from a range of parties. The roles and responsibilities of key stakeholders are outlined below.

BCV will:

- lead the implementation of the strategy
- maintain the website as the key repository of innovation and improvement capability information
- monitor progress against the strategy and update on performance in regular reports to the minister
- provide necessary resources to support the implementation of the strategy
- engage with partners on the delivery of the strategy
- collaborate with partners within and outside the Victorian health sector in order to facilitate the sharing of new ideas and best practice
- continue to undertake research and disseminate information about approaches that promote best practice innovation and improvements in healthcare
- review the strategy annually in line with wider strategic priorities.

Relevant areas in the Department of Health and Human Services will be:

- encouraged to work with BCV to provide access to relevant information, networks and data to support capability building in organisations (BCV will support approaches to improvement activity).

Participating health services and organisations will be asked to:

- support staff at all levels of the organisation to engage with training, programs and events
- use the tools and resources provided (as required) to improve organisational capability
- provide feedback and data about its services, tools and resources to inform assessment of capability building in the sector.

Alumni of leadership courses and innovation and improvement projects will be asked to:

- share innovative practices with BCV and other health services
- work within their health service to embed innovation and improvement capabilities.

Strategic partners

BCV will strengthen existing relationships and develop new partnerships to implement the strategy. Key partners include:

- consumers, patients, carers and families via the BCV Consumer Advisory Committee
- clinical networks (SCV), VAHI, HSPC
- health services, primary health networks, community health
- other health sector participants
- industry
- universities and vocational education and training institutions
- the Department of Health and Human Services
- experts
- alumni.

Measuring impact

Mechanisms will be put in place to evaluate the impact of the strategy over the next three years.

Output indicators

The following measures will capture the utilisation of BCV services outlined in the strategy and the quality of those services:

- sector and the department partner experience survey results
- participation rates and feedback on capability programs
- sector engagement via website use and events.

Outcome indicators

The following measures will show the impact the strategy is having on capability for innovation and improvement in the sector:

- improved organisational capability rating measured using the *Organisational Strategy for Improvement Matrix* tool (enables health services to monitor their ability to instigate, drive and sustain improvement as a key aspect of operational excellence)
- health sector understanding of and engagement with improvement and innovation, measured through partner surveys
- People Matters surveys; in particular, indicators in relation to opportunities for professional development and creativity, customer satisfaction, performance improvement and clear organisational direction
- proportion of BCV-funded projects realising anticipated benefits
- increase in quality of innovation projects, measured by the percentage of innovation projects delivered and sustained.

SECTION 4: REFERENCES

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