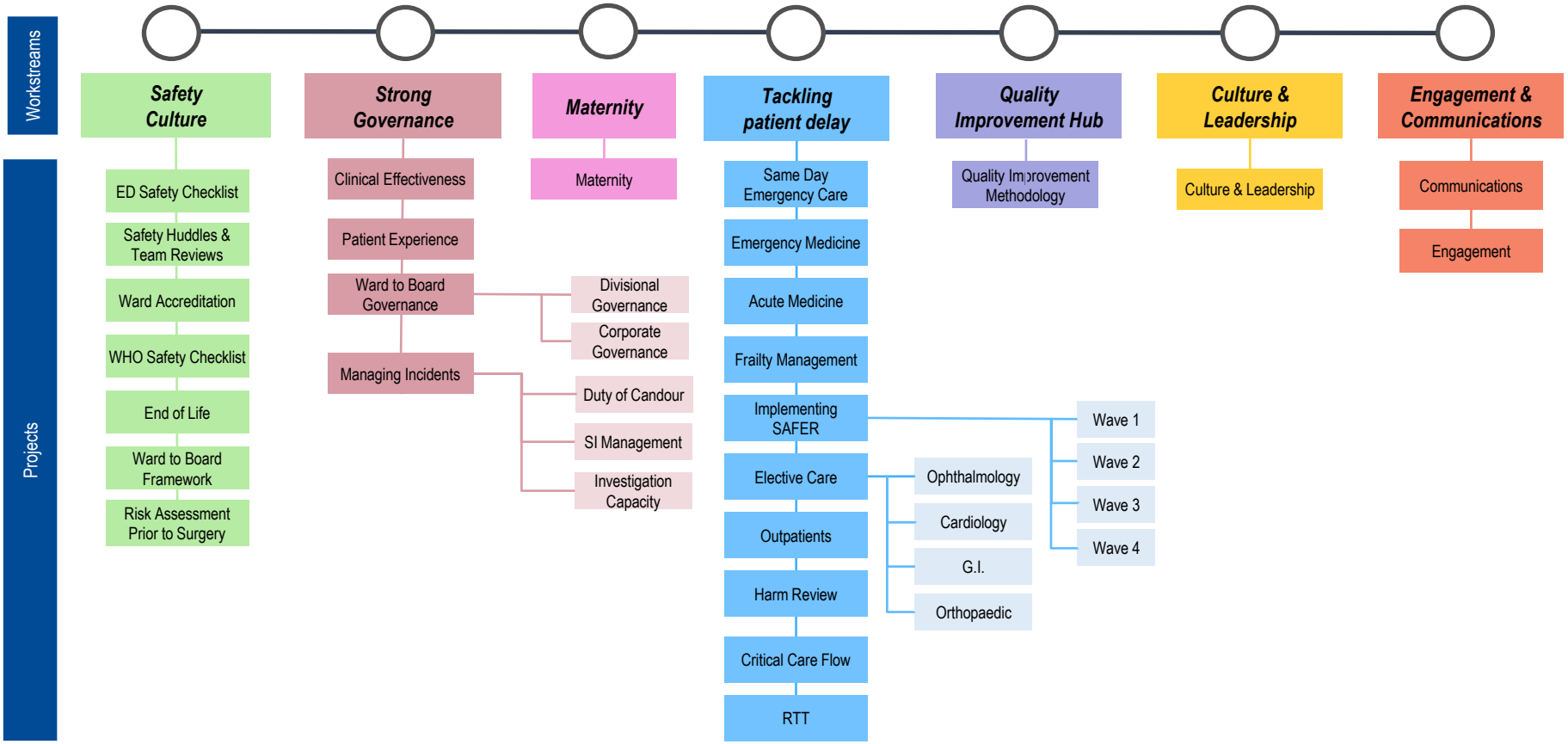
The Trust Improvement Programme

The Trust Improvement Programme was launched in January 2018 to improve care and services for the local population. The following slides provide an overview and summary of the progress by July 2018 on the three core priorities Safety Culture (including maternity); Tackling Patient Delay; and Strong Governance. The enabling workstreams Culture & Leadership; Communications & Engagement; and the Quality Improvement Hub support the delivery of the priority projects.



Safety Culture Projects

ED Safety Checklist

Project Aim

By December 2018, 95% of patients in A&E will have gone through the Emergency Department Safety Checklist to standardise care and improve the experience and outcomes for patients.

Achievements

- ✓ED Safety Checklist completed for use based on best practice standards
- ✓Implementation of ED Safety Checklist in Resus and Majors underway
- ✓ED Safety Checklist for May is on trajectory with 61% completion despite increased challenges in ED with flow over the last month.

Key Performance Measures	Target
100% of staff trained in ED Safety Checklist	100%
95% patients overall in Majors, Resus & Paediatrics have completed ED Safety Checklist by December 2018	95%
Overall Royal Cornwall Hospital Trust ED Safety Checklist compliance	>80%
Vital signs measured on admission to ED	>80%
NEWS Score measured hourly	>80%
ECG reviewed by Medical staff within 30 minutes of ECG	>80%
Next of kin aware within 2 hours of admission	>80%

Next Steps

Month 3 submission and local review of performance data

Ward to Board Framework

Project Aim

Revised ward to board key nursing metrics to be in place by July 2018

Achievements

- ✓Electronic dashboard system created by information team

Next Steps

- Revised Ward to Board Key Performance Indicators and Framework approved by Trust Board
- Ward to Board Framework to go live.

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Ward Accreditation

Project Aim

- All in-patient wards, plus maternity wards and the Emergency Department to start the designed accreditation process by July 2018
- Implement a clear accountability framework from ward to board for care at ward level
- Revised ward to board key nursing metrics to be in place by July 2018
- Increased teamwork through the promotion of peer review and shared learning through the ward accreditation process

Achievements

✓Finalised Ward Accreditation framework approved

✓Ward accreditation underway in all wards

Key Performance Measures	Target
9 out of 10 patients will say they have confidence in decisions about their condition or treatment by January 2019	90%
50% reduction in in-patient complaints by January 2019	
95% of patients would recommend our care to our friends and family by Jan 2019	95%
In top 25% Trusts of the NHS Safety Thermometer	
100% in-patient wards(including maternity and ED) undergo ward accreditation by 30th June	100%

Next Steps

Once all Wards have been accredited an evaluation will take place regarding how best to develop accreditation further across the organisation.

WHO Safety Checklist

Project Aim

To ensure the World Health Organisation surgery safety checklist is reliably undertaken in all theatre areas

Achievements

✓Daily electronic management of checklist commenced at West Cornwall Hospital on 5 Steps to Safer Surgery

✓Safe Site Surgery Group established

✓Staff engagement on Safety, Communication and Operational Reliability across all Theatre sites

Key Performance Measures	Target
WHO Surgical Safety Checklist Compliance	100%

Next Steps

- Go-Live for electronic management of safety checklist at all sites
- Review effectiveness through patient safety walkrounds
- Review the audit tool for safety huddles, briefing and de-briefing
- Full surgical safety checklist system Go-Live within Maternity theatres

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End of Life

Project Aim

- To improve staff understanding of End of Life Care
- To implement an effective governance framework to support the delivery of the End of Life Strategy
- To recruit to the current specialist Palliative / End of life team in order to provide a seven day service and strengthen working relationships with Cornwall Hospice
- Undertake national Care Dying Audit

Achievements

- ✓Newsletter introduced that includes learning from incidents / complaints
- ✓Completed action plan for End of Life Care improvements
- ✓Lead Practitioner recruited – integrated End of Life services (Strategic Clinical Lead End of Life Care)

Key Performance Measures	Target
Number dying at place of choice	95%

Next Steps

- Review fast track discharges at 12 midday and 4pm bed meetings
- Complete report on End of Life hospital avoidance measures
- Conduct analysis of training needs

Safety Huddles / Team Reviews

Project Aim

To standardise the quality improvement meeting methods across the Trust, allowing all staff members to contribute to a safety focused meeting each day

Achievements

- ✓Completed Trust wide scoping of Safety Huddle and Team Review process

Key Performance Measures	Target
Safety Huddles – Audit of twice daily delivery	100%
Team Reviews – Individual team Reflexivity Questionnare	
NHS Staff Survey Question – Key Finding KF7 – Percentage of staff able to contribute to improvements at work	70% (national average)

Next Steps

- Establish Task and Finish Group to standardise Safety Huddle framework
- Standard Operating Procedure for revised safety handover approved by Chief Nurse Clinical Cabinet
- Launch of standardised framework and Standard operating procedure for the organisation

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Maternity

Project Aim

To address the Care Quality Commission Section 29a requirements and independent review which includes, Managing the Deteriorating Obstetric Patient, High Dependency Obstetric Patients, Second Obstetric Theatre, Neonatal, Resuscitation Checklist, Maternity Safety Huddle, Maternity Patient Flow, Still birth Review Process, opening visiting on the post natal ward, leadership arrangements.

Achievements

- ✓ Modified Early Obstetric Warning Score (MEOWS) monthly audit results built into Maternity Dashboard and reported to Maternity Governance Group
- ✓ Steady improvement for MEOWS compliance across all units since February 2018 and no deterioration incidents
- ✓ The 5 clinical guidelines covering High Dependency Unit obstetric women & deteriorating patient reviewed & approved by Trust Guideline Group
- ✓ Documentation audit result, Delayed Transfer of Care and Home Birth Risk Assessment report reported to Maternity Governance Group
- ✓ Phase 1: Obstetric Theatre formal 30 day staff consultation plan completed to improve care
- ✓ Expert review of high risk inductions undertaken
- ✓ Diagnostic for maternity flow completed to improve care and experience
- ✓ NHS Resolutions proposed submission presented to Trust Board of Directors
- ✓ Haemorrhage guideline amended
- ✓ Complete Debriefing on Academic Health Science Network SCORE survey results to improve staff engagement and care
- ✓ National Maternity Team initial visits completed with positive feedback received. They will provide support to the overall maternity plan.

Key Performance Measures	Target
Number of adverse incidents related to emergencies in the community	100%
Compliance with documentation standard (MEOWS)	95%
Compliance with documentation standard (All)	85%
Mandatory Training Compliance in Acute Maternity Staffing	95%

Next Steps

- Review MEOWs guideline
- Continue focus on cultural and improvement work with structured plan for maternity services
- Revised midwifery risk management structure in place

Tackling Patient Delay Projects

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Acute Medicine

Project Aim
To ensure medical patients are seen in a timely way by the right specialist clinician(s)

Achievements
- ✓ A new Medical Model is improving same day emergency care and hospital flow with the following phases:
- ✓ Phase 1 - clinical specialty ownership within 24 hours of patient arriving
- ✓ Phase 2 – Medical Assessment Unit operational to ensure fast treatment
- ✓ Phase 3 – increase physician capacity to better manage demand and tackle delay in hospital

Key Performance Measures	Target
Average Length of Stay on medical specialty wards	4.6
% of medical take with 0 length of stay	38%
% of patients on Acute Medicine Unit with a length of stay <48 hrs	95%

Next Steps
Put in place comprehensive weekday and weekend on-call arrangements for high quality 24/7 care

Frailty

Project Aim
The project aims to ensure frail patients avoid unnecessary harm through extended length of stay in an acute hospital. This is to be achieved through the timely identification of frail patients, effective coordination of the multi-disciplinary team and enhancing communication with community frailty services to support acute discharge.

Achievements
- ✓ Same Day Emergency Care (SDEC) supporting identification and fast treatment of frail patients
- ✓ Additional therapists recruited to the Frailty Multidisciplinary team and joint board round covering the SDEC unit & first 72hrs of admission (across Royal Cornwall Hospital)
- ✓ Improved frailty service with consistent presence of multi-disciplinary team in the Emergency Department & Older Persons Assessment & Liaison unit (OPAL) on weekdays
- ✓ 14 OPAL beds identified on Acute Medical Unit
- ✓ Designated consultant for OPAL beds with twice daily board rounds
- ✓ Consultant nurse working to establish ‘crisis response teams’ across Cornwall

Key Performance Measures	Target
Frailty Average Length of Stay	7.06
% Frailty cohort admissions with 0 length of stay	25%
Average length of stay in an OPAL bed	TBC

Next Steps
- Extend consultant cover for OPAL until October 18
- Refocus frailty projects to initial 72 hours and include integrated older peoples services
- Reduce Stroke Mortality through acute Stroke Pathway redesign

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Same Day Emergency Care

Project Aim

To improve access to Same Day Emergency Care (SDEC) to ensure fast treatment and reduce activity in the Emergency Department. Improve patient experience, satisfaction & flow, enabling patients to return home the same day. Reduce overnight admissions and pressure on acute and community inpatient wards.

Achievements

- ✓ Medically expected pathway implemented through SDEC to maximise opportunity for same day care and reduce delay in diagnostics
- ✓ Multi-disciplinary team established including Acute GP, Acute Medics, Emergency Medicine and support services to ensure patients see right person first time
- ✓ Primary care streaming process improved so that more people seeing primary care practitioner – from an average of 85 to 100 per week
- ✓ Official launch of refurbished Same Day Emergency Care Unit on 14th June 2018
- ✓ Number of patients seen in the unit on weekdays increased from 15 to 25 on average from May to June 2018
- ✓ Average number of patients with a zero length of stay increased from 24 in March to 26 in May (June to date average 27)

Key Performance Measures	Target
SDEC Streaming Activity (per week)	80
SDEC activity (% of medical take) Inc. AGP	35%
Proportion of patients with a 0 length of stay	38%

Next Steps

- Out of hours GP relocating to SDEC unit which will increase capacity and improve patient flow
- Identify and implement opportunities for SDEC to deliver maximum capacity over winter (phase 2)

Emergency Medicine

Project Aim

To improve patient care in the Emergency Department (ED) by reducing crowding, patient waiting and ensuring the right patients are treated in the right place

Achievements

- ✓ 'Ten principles for effective emergency care at RCHT' agreed and signed off by clinical specialties
- ✓ Recruitment of additional clinicians in July to enhance Emergency Department (ED) decision making and overnight service
- ✓ Consultant led Rapid Assessment and Treatment (RAT) trialled using quality improvement methodology, following Get It Right First Time (GIRFT) review
- ✓ Two hourly board round and escalation process implemented to reduce waiting times
- ✓ Escalation policy agreed to reduce handover delays (average 12.18 mins April 18 to average 10.14 mins May 18)

Key Performance Measures	Target
4 Hour standard wait	95%
% time to triage less than 15 minutes	95%
% time to treatment less than 60 minutes	50%
% decision to admit less than 3 hours	90%

Next Steps

- Further analysis of patient waiting data to determine next actions
- Middle grade doctors leadership and resilience training completed

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Cardiology

Project Aim

To see all patients at or before their to be seen by date, increase day case activity through alternative pathways and remove all backlogs for diagnostics within Cardiology. Develop non-consultant led services to provide a sustainable long-term solution to the consultant resource and capacity shortfall.

Achievements

- ✓ Implantable cardioverter-defibrillator (ICD) capacity increased to tackle delay
- ✓ Work with sub contracted partners to treat long waiting patients
- ✓ 10th Consultant post approved by Royal College of Physicians and advertised which will increase capacity
- ✓ Business case completed and approved for the development of the second radial lounge which will improve patient services
- ✓ Review of outpatient booking processes completed with recommendations being implemented
- ✓ In-patient echocardiogram 7 day services implemented April 18 with full capacity available in September 18
- ✓ Investment in Physiology and Nurse led services approved

Key Performance Measures	Target
Routine outpatients: within 7 weeks	100%
Urgent outpatients: within 2 weeks	100%
Echo's 99% within 6 weeks	99%
Angiogram s within 18 weeks	100%

Next Steps

- Implementation of Percutaneous Coronary Intervention day case service
- Live Cardiology Radar module developed and implemented to improve services

GI Surgery

Project Aim

To improve quality and safety by eliminating delay and reducing the impact of medical outliers in surgical beds.

Achievements

- ✓ Recruited and appointed two additional consultant surgeons which will increase the number of operations we can provide
- ✓ Implement new software to monitor time to senior clinical review for those patients coming to St Mawes Lounge
- ✓ Elective Orthopaedic beds have been moved from Theatre Direct to the new Constantine Ward, which will support GI Surgery throughput on Theatre Direct
- ✓ A new abscess pathway has been researched and developed, ensuring that patients get their emergency operation quickly and without unnecessary stays in hospital.
- ✓ We regularly review patients who are waiting a long time for their operation, ensuring that no additional harm is experienced.

Key Performance Measures	Target
Number of SI's relating to delay in treatment	0
52 week waits	7
West Cornwall Hospital session utilisation	95%

Next Steps

- Implement the new abscess pathway
- New GI surgeons will start work in the summer
- We will identify the next emergency pathway to be researched and developed

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Ophthalmology

Project Aim
To complete a full demand and capacity review for Ophthalmic services.
To review and improve processes and practices for new patients and those being followed up.

Achievements
- ✓ Implementation of Ophthalsuite imaging system. This one-stop system allows for improved efficiency within clinics.
- ✓ Glaucoma surveillance model reviewed and implemented to reduce the requirement of face to face clinic for stable patients therefore freeing up capacity

Key Performance Measures	Target
Routine outpatients: within 8 weeks	100%
Urgent outpatients: within 4 weeks	100%
Coefficient 100% < 1.5%	1.5%
Surveillance backlog within 14 days	14 days

Next Steps
- Set up booking team with new fail safe officer, full control & oversight to improve patient flow
- Deliver the full demand and capacity report in conjunction with system partners
- Wok with sub-contracted partners to treat long waiting patients
- Implement our new patient pathway improvement plans

Orthopaedics

Project Aim
The aim of this project is to split hot (urgent) and cold (planned) operating to tackle delay in Trauma and Orthopaedics and increase planned activity.

Achievements
- ✓ A new ward, the Constantine ward is now in use for planned orthopaedic operations that need to be done at Royal Cornwall Hospital. Training is underway to enable these types of operations to be done at St Michael's Hospital.
- ✓ Our project is aligned with the new Shaping Our Future Muscoloskeletal pathway and is supported by the National Get It Right First Time (GIRFT) team
- ✓ Preparations are underway for a new emergency hand service, which shorten wait times and reduce the need to stay in hospital
- ✓ Preparations are underway for a new trauma assessment service whereby trauma staff will be based in Emergency Department to enable patients to get their treatment sooner
- ✓ Plans are underway to expand orthopaedic capacity at St Michael's Hospital which will include the creation of new ensuite single rooms

Key Performance Measures	Target
Increased elective activity at SMH	+4.5 session P/W
Remove night time hand operating	0 at night
Reduce Orthopaedic RCH Hip/Knee LOS	<6 Days

Next Steps
- Trauma Assessment service and hand service goes live
- Complete the training to enable increased complex operations at St Michael's Hospital
- Deliver the expanded orthopaedic capacity at St Michael's Hospital

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SAFER

Project Aim

The SAFER care bundle aims to consistently blend the 5 elements (Senior review, Accurate Expected Date of Discharge, Flow, Early discharge, Review) to achieve best practice and achieve the cumulative benefits of improved patient safety, reduced length of stay and improved flow.

Achievements

- ✓ Strategic education sessions led by nursing – junior doctors, therapy, etc conducted across Trust to maximise impact of SAFER
- ✓ Improved confidence in utilising Criteria Led Discharge to improve flow
- ✓ Staff compliance register in place across all wards to ensure concept understood and compliance is monitored
- ✓ Daily audit on wards with 16 SAFER key performance measures to drive compliance
- ✓ Consistent afternoon board round to drive flow for following day
- ✓ Regular Expected Date of Discharge staff updates commenced to highlight accurate patient picture

Key Performance Measures	Target
% of discharges before 1pm	50%
4 hour standard wait	95%
Pulled patient before 11am	TBC
Average Length of Stay for stranded patients	0

Next Steps

- Review SAFER ward compliance
- Review learning and agree second phase of SAFER implementation
- Develop Medical, therapy and flow engagement plan
- Commence stranded patient review – (proposal for adoption circulated)
- Roll out SAFER for the clinically stable patient (onward Care)

Outpatients

Project Aim

Improve the clinical and administrative processes that underpin outpatient activities. We will improve productivity and efficiency of the outpatient service and manage demand at the source of referral.

Achievements

- ✓ An Information Library has been purchased and is currently being rolled out across services. This will promote self-management and reduce appointments that are information only.
- ✓ An Outpatient Strategy has been agreed that incorporates GPs, secondary and primary care called 'Valuing Patients Time' and a draft Terms of Reference has been produced. This strategy incorporates the use of new technology for the transformation of Outpatients in Cornwall.

Key Performance Measures	Target
Reduction in Routine outpatient waits	TBA
Reduction in Urgent outpatient waits	TBA
Reduction of follow up activity	TBA
Hospital appointment avoidable cancellation <6 weeks	0

Next Steps

- Review the clinical and administrative process for outpatients and investigate the introduction of electronic systems
- Complete a capacity and demand review of all clinics
- Investigate the implementation of electronic vetting

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RTT

Project Aim

The aim of this project is to improve the Trust wide Referral To Treatment (RTT) times and ensure patients are safe while on waiting lists. We will reduce the number of people waiting 52 week waits by half from the March 2018 position.

Achievements

- ✓ The Surgical Improvement Plan is in place which will improve RTT performance, and reduce the number of patients waiting over 52 weeks
- ✓ Recovery plans for priority specialties have been developed and submitted to NHS Improvement for review
- ✓ Various subcontracts are under negotiation for endoscopy, GI surgery, cataract surgery and Dermatology
- ✓ Patients contacted for all elective 52 week+ waits

Key Performance Measures	Target
Percentage of incomplete pathways within 18 weeks	92% (National target)
Number of 52 week waits	102 (Mar 19)

Next Steps

- Review of NHSI feedback on RTT recovery plans and act on any recommendations
- Performance Management of recovery plans

Harm Reviews

Project Aim

The project aims to establish a uniform and consistent process for harm reviews in all specialties across the Trust including data collection, recording outcomes and reporting actions.

Achievements

- ✓ Trust level Standard Operating Procedure (SOP) has been completed, ratified and published
- ✓ Standardised form for data input when a harm review has been completed has been developed, piloted and made accessible via intranet
- ✓ Cornwall IT Services now in final stage of developing an intranet based system linked to Patient Administration System for recording and retrieval of harm reviews data, to go live by end of July 2018
- ✓ Template for specialty level SOPs circulated to clinical directors, specialty leads and directorate managers
- ✓ Initial desk top reviews completed for some specialties (GI Surgery, Gastroenterology)
- ✓ Development of specialty SOPs in progress across all specialties - first drafts have been completed in ophthalmology, Trauma & Orthopaedics and general surgery

Key Performance Measures	Target
100% of required harm reviews completed	100%

Next Steps

- SOP for clinical harm reviews in each specialty completed
- Results of clinical harm reviews across all specialities available for review and quality assured by the clinical speciality lead

Strong Governance Projects

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Ward to Board Governance

Project Aim

- To improve the Divisional Governance Framework to establish a sustainable and robust system of accountability and assurance.
- To facilitate the successful implementation of the Quality Improvement Plan
- To establish a Wared to Board Trust accountability framework
- To improve divisional performance assurance for Quality
- To define divisional clinical governance priorities, risks and improvement actions in alignment with the Trust.

Achievements

- ✓Standardised Divisional Reporting Agreed – Agendas, Terms of Reference launched and reporting cycle agreed.
- ✓Revised Assurance Map setting out divisional accountability for clinical governance.
- ✓Quality Governance Group: enabling joined up Executive; management, consultant and nursing quality governance decisions.

Key Success Measures

Improved alignment, recognition and delivery of Quality Priorities.

Improved reporting to the Board.

Improved Quality Planning process.

Revised Clinical Strategy.

Next Steps

A revised Divisional governance accountability and reporting framework will be in place with revised quality governance performance indicators proposed in July 2018

Patient Experience

Project Aim

Care Opinion is a place where you can share your experience of health or care services, and help make them better for everyone.
The aim of the project is to roll out Care Opinion across the Trust:

- By the end of Q3, every service in the Trust should have a lead who can respond to feedback left on Care Opinion so that all feedback is responded to from the service to which it applies
- By the end of Q2, 75% of all feedback to be responded to directly by the service

Achievements

- ✓Care Opinion rollout agreed at Patient Experience Group
- ✓1,212 stories told; 87% response rate; 58 staff listening

Care Opinion
What's your story?

Key Success Measure

75% of all feedback to be responded to directly by the service

Next Steps

- Training and comms launched for the 1st wave roll out of Care Opinion to the following areas:
  - Emergency Department
  - Maternity
  - Ophthalmology
  - Clinical Imaging
- Evaluation and learning from 1st wave roll out
- Wave 2 roll out to West Cornwall Hospital and St Michael's Hospital in August

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Managing Incidents

Project Aim

- Significant improvement in identification, management and learning from incidents, specifically Serious Incidents and Never Events
- Comply with and learn from Duty of Candour.

Achievements

- ✓Datix / incident reporting support sessions commenced
- ✓Guidance and training in place
- ✓Trust & Divisional governance and performance management
- ✓Learning from Incidents newsletter to be published
- ✓Delay in appointment of Investigating Officers significantly reduced (90%).
- ✓Reduced the incident backlog by 85%.

*Key Performance Measures
All incidents addressed within 20 working days
Potential Serious Incidents receive clinical review in 24 hours, with decision in 48 hrs
Investigating Officers appointed within 3 working days
Root Cause Analysis Investigation Reports completed within 60 days.
All Duty of Candours completed and learned from.
All Serious Incident actions captured, shared and learned from.

Next Steps

- Elimination of all incident backlogs above.
- Learning programme (Trust/Division) embedded and communicated.
- Datix/system improvements embedded.
- Governance structure (and performance reporting) to ensure sustainability.
- Investigation resource and process improved.

Clinical Effectiveness

Project Aim

- The RCHT applies the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients.
- Establishment of a framework of informing, changing and monitoring clinical practice.

Achievements

- ✓Strategy and organisation-wide framework for Clinical Effectiveness in place, putting in place the foundations upon which improvements in care will be accelerated.
- ✓Published Clinical Effectiveness plan for improvements now established and commenced.
- ✓Significant increase in resources available to focus on Clinical Effectiveness.
- ✓Divisional Harm Review process in place in order to ensure all patients waiting for treatment are kept safe.

Next Steps

- Embed the changes in the governance of Clinical Effectiveness to ensure that the organisation is delivering improvement.
- Launch Clinical Effectiveness Improvement Plan: Clinical Audits evidencing clear improvement in the quality of care, organisation-wide learning from mortality is strengthened.
- Strengthen the degree to which all disciplines of Clinical Effectiveness are embedded and supported by active clinical engagement.
- National learning and other NHS Trusts embedded into Trust culture.

Trust Improvement Programme Update - August 2018
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Review Date August 2020
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