Trust Improvement Plan

December 2017

“Working together to provide outstanding care”
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Foreword

Royal Cornwall Hospitals NHS Trust needs to make rapid and sustained improvement.

The message is clear from our regulators, staff and patients that progress in recent years has been insufficient and collectively we have been too slow to respond to concerns.

That is not to say that there has been no progress. Our staff can be proud of service improvements in important areas such as cancer and paediatric care, investment in the latest diagnostic and treatment technology, leadership in research and innovation and new facilities such as the new cancer support centre and birth unit in Truro.

Patient feedback remains overwhelmingly positive and the community support for the caring staff in all our hospitals is outstanding.

However, we must acknowledge that despite the best efforts of our staff we are not achieving the high standards of care we set for ourselves or that our community rightly expect. In October 2017, the Care Quality Commission (CQC) rated the Trust overall as ‘Inadequate’ and issued a Section 29A Warning Notice requiring urgent actions.

The Trust Board is determined that the publication of the CQC October 2017 inspection report is a watershed moment for the organisation and that our response will be the foundation for a fundamentally different approach to quality improvement.

The Care Quality Commission inspection reports provided the detail and focus for the immediate improvement actions but the Trust Board ambition for Royal Cornwall Hospitals goes beyond meeting required standards and responding to the CQC reports.

The Trust Board had identified before the CQC inspections in 2017 the need to improve leadership, culture and patient outcomes and work is well underway to set a different course for the organisation.

We have a clear vision ‘Working together to provide outstanding care’ and we want to develop a Trust Improvement Programme that will create a high performing, outstanding organisation of which our staff and community can be proud.

The Trust Improvement Programme will establish a clear structure and programme management approach to provide clarity of purpose and ensure progress is based on evidence and best practice. We will establish a ‘Quality Improvement Delivery Board’ to monitor performance and provide assurance to the Trust Board, external regulators and all our stakeholders.

In this document we set out the governance arrangements to deliver the Trust Improvement Programme, the immediate actions we have taken to meet the Care Quality Commission Section 29A requirements to ensure safe care and then our approach from December 2017.

To develop our Trust Improvement Programme we have listened to those within and outside our organisation and we will continue to involve all of our partners and stakeholders in our improvement journey to ensure we deliver outstanding care at Royal Cornwall Hospitals.

Jim McKenna
Chairman

Kathy Byrne
Chief Executive
Introduction

The Royal Cornwall Hospitals NHS Trust is the main provider of acute and specialist care services in Cornwall and the Isles of Scilly. It serves a population of around 430,000 people, a figure that can increase significantly with visitors during the busiest times of the year. The Trust employs approximately 5,000 staff and has a budget of approximately £380 million.

The Trust has teaching hospitals status and works in partnership with the University of Exeter Medical School and the University of Plymouth Faculty of Health and Social Work. The Trust is continually developing its clinical services and is committed to maximising the range of specialist care that can be offered locally. The Trust has a growing reputation for research and innovation.

Over the past ten years, Royal Cornwall Hospitals has made many important service and environmental improvements but it has also struggled with financial and leadership instability that has affected the consistent delivery of high quality care. In October 2017, the Care Quality Commission rated the Trust overall as ‘Inadequate’ after a period of unsatisfactory progress and the time is therefore right to establish a sustained and structured approach to quality and safety through a Trust Improvement Programme.
In October 2017, the Care Quality Commission (CQC) rated Royal Cornwall Hospitals NHS Trust ‘Inadequate’. This rating was the result of two separate inspections of the Trust’s core services, conducted in January 2017 and July 2017. The CQC rated six of the Trust’s core services ‘Inadequate’, one service ‘Requires Improvement’ and two services ‘Good’. The CQC stated that the overall reasons for the Trust ‘Inadequate’ rating were:

“We had serious concerns that systems to assess, monitor, and mitigate risks to patients receiving care and treatment were not operating effectively. We also had concerns that governance systems and processes were not operating effectively.”

The CQC has held concerns about progress at Royal Cornwall Hospitals NHS Trust for some years and the October 2017 inspection reports provided a clear message that improvement at the Trust had not been sufficient and the organisation as a whole had been too slow to act on concerns raised.

The CQC issued the Trust with a Section 29A Warning Notice with immediate improvements required by 30 November 2017. The broad areas for improvement included:

- Safety culture, particularly in maternity and surgery.
- Treatment delays, particularly in cardiology and ophthalmology.
- Governance of Serious Incidents in terms of reporting, investigating and learning.
- Sufficient levels of staff and skills to meet patient needs.
- Effective systems to ensure equipment and patient records were safe.

The Trust leadership team has taken the CQC assessment very seriously and has acted upon all the immediate requirements to ensure safe services.

The Trust Board is determined that the publication of the CQC October 2017 inspection report is a watershed moment for the organisation and that our response will be the foundation for a fundamentally different approach to quality improvement.

### Care Quality Commission findings

#### CQC ratings of our services at Trust level

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<thead>
<tr>
<th>Registered services</th>
<th>January</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent &amp; Emergency</td>
<td>Requires improvement</td>
<td></td>
</tr>
<tr>
<td>Medical care</td>
<td>Inadequate</td>
<td></td>
</tr>
<tr>
<td>End of life care</td>
<td>Inadequate</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>July</td>
<td>Overall</td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>Inadequate</td>
<td></td>
</tr>
<tr>
<td>Critical care</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Maternity &amp; gynaecology</td>
<td>Inadequate</td>
<td></td>
</tr>
<tr>
<td>Children &amp; young people</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Outpatients &amp; diagnostics</td>
<td>Inadequate</td>
<td></td>
</tr>
<tr>
<td>End of life care</td>
<td>Inadequate</td>
<td></td>
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<table>
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<tr>
<th>Domains</th>
<th>RCHT Overall</th>
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<tbody>
<tr>
<td>Safe</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Effective</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Caring</td>
<td>Good</td>
</tr>
<tr>
<td>Responsive</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Well-led</td>
<td>Inadequate</td>
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<tr>
<td>Overall</td>
<td>Inadequate</td>
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Our response and approach to quality improvement:

The Trust Board is clear that it is responsible and accountable for quality and safety improvement. Trust Board and senior leadership instability was a clear factor in slow progress at Royal Cornwall Hospitals and over the past 18 months we have now established a team of permanent directors.

Stability at director level has also enabled greater stability at divisional level with a team of Clinical Directors and Associate Directors appointed to lead service improvement. Leadership development sessions, strategic workshops and a ‘Quality Summit’ with all the senior leaders working together has been central to developing our Trust Improvement Programme.

The Trust Board had identified before the CQC inspections in 2017 the need to improve leadership, culture and patient outcomes. It was evident from performance information and regular staff feedback that there was a lack of confidence in the Trust’s approach to improvement, and engagement with the clinical workforce required significant attention. The Care Quality Commission inspection reports provided the detail and focus for the immediate improvement actions but the Trust Board ambition for Royal Cornwall Hospitals goes beyond meeting required standards and responding to the CQC reports.

We have a clear vision ‘Working together to provide outstanding care’ and we want to develop a Trust Improvement Programme that will create a high performing, outstanding organisation of which our staff and community can be proud.

We know we have made excellent progress in recent years where we have applied focus, co-ordination and rigour to delivery. We also know that this progress has been sporadic and inconsistent in the absence of a methodical and sustained approach to quality improvement.

The Trust Improvement Programme will establish a clear structure and programme management approach to provide clarity of purpose and progress based on evidence and best practice. A ‘Quality Improvement Delivery Board’ will monitor performance and provide assurance to the Trust Board, external regulators and all our stakeholders. To develop our Trust Improvement Programme we have listened to those within and outside our organisation. We held a ‘Quality Summit’ with our partners and senior organisational leaders and hosted engagement events with over 500 members of staff to define our priorities and approach. We have taken on board the views of patients and our regulators to ensure that the programme’s outcomes will meet expectations and deliver outstanding care at Royal Cornwall Hospitals.

Our Trust Improvement Programme is based on the themes and priorities that emerged from the Care Quality Commission inspections and our work with stakeholders over the course of the past 12 months. The immediate focus has been on the CQC actions required in the Section 29A Warning Notice and from December 2017 this will evolve into a long term, sustainable programme that will deliver results for patients.

Our Trust Improvement Programme three priorities:

- Safety Culture: Evidence based practice to keep patients safe.
- Strong governance: A well-led, learning organisation with patient at the centre.
- Tackling patient delay: Eliminate patient delay in the pursuit of safety.

We have also identified three enabling work programmes to support our improvements. These are:

- Culture and leadership
- Communication and engagement
- A Quality Improvement Hub

In the next chapters we will set out the governance arrangements to deliver the Trust Improvement Programme, the immediate actions we have taken to meet the Care Quality Commission Section 29A requirements and then our approach from December 2017.

The Trust Improvement Programme will evolve over time and by January 2018 we will establish the ‘Quality Improvement Delivery Board’, the programme management structure and confirm the specific projects under each priority and enabling work programme with clear metrics and the leaders responsible for delivery.

From January 2018, the full Trust Improvement Programme will be underway and we will provide regular progress updates to the Trust Board and on our public website.
Delivering the Trust Improvement Programme: Governance Structure

**External Groups**
- CQC
  - Frequency: Monthly
  - Document requirements: Programme Dashboard and Risk Register, Quality Improvement Plans, Exception Report (as required)
- NHSI and Single Oversight Group
  - Frequency: Monthly
  - Document requirements: Programme Dashboard and Risk Register, Quality Improvement Plans, Exception Report (as required)

**Internal Groups**
- Quality Assurance Committee
- Trust Board
- Quality Improvement Delivery Board
  - Frequency: Monthly
  - Chair: Jim McKenna
  - Document requirements: Programme Dashboard, Programme Risk Log, Summary / Exception Report
  - Priority workstreams
    - Frequency: Fortnightly
    - Document requirements: Dashboards, Highlight reports, Action Plans and Action Logs

**Board Committees**
- Frequency: Bi-monthly

**Safety Culture**
- Project 1
- Project 2
- Project 3
- Project 4

**Strong Governance**
- Project 1
- Project 2
- Project 3
- Project 4

**Tackling patient delays**
- Project 1
- Project 2
- Project 3
- Project 4

**Enabling Workstreams**
- Culture and Leadership
- Engagement and Communications
- Quality Improvement Hub
## Delivering the Trust Improvement Programme: Roles and Responsibilities

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
<th>Membership</th>
<th>Frequency</th>
<th>Control</th>
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</thead>
<tbody>
<tr>
<td><strong>Trust Board</strong></td>
<td>Ultimate decision making forum and accountable for the organisation</td>
<td>Trust Board</td>
<td>Monthly</td>
<td>Review of papers/reports produced by Quality Improvement Delivery Board</td>
</tr>
<tr>
<td><strong>Quality Assurance Committee (QAC)</strong></td>
<td>Oversight of the Programme by the QAC membership to seek assurance from the Quality Improvement Delivery Board, to provide support for key decisions and to consider risk/issue escalation and exception reporting</td>
<td>Trust Board Directors</td>
<td>Monthly</td>
<td>Programme Highlight report prepared from outputs of the Quality Improvement Board. Programme Risk and Issue Log reviewed (delivered by Programme Director)</td>
</tr>
<tr>
<td><strong>Quality Improvement Delivery Board</strong></td>
<td>Key decision making forum for the Programme. Maintains co-ordination of the delivery of the programme/holds priority workstreams to account</td>
<td>Senior Responsible Officer (SRO) - Deputy Chief Exec Programme Director Programme Manager Finance Lead Clinical Lead Workstream Leads</td>
<td>Monthly (There will be a Programme Team meeting held fortnightly in-between Boards)</td>
<td>Co-ordinated by Programme Director and Clinical Lead. Highlight reports collated from all workstreams (Responsibility of Programme Manager)</td>
</tr>
<tr>
<td><strong>Priority Workstreams</strong></td>
<td>A project or collection of projects which come together to deliver change in a particular area. The workstream must have a SRO, clinical lead and patient voice. Workstreams complete a Project Initiation Document (PID) to outline the project/s and a delivery plan where all progress against milestones is tracked/held to account. Workstreams will report up to the Quality Improvement Delivery Board</td>
<td>Project Manager Workstream SRO Clinical Lead Finance Lead Human Resources Lead Patient representation</td>
<td>Fortnightly</td>
<td>Co-ordinated by Workstream Project Manager Initial project charter and Project Initiation document completed Workbook completed monthly Fortnightly Highlight Report submitted to Quality Improvement Delivery Board</td>
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# Delivering the Trust Improvement Programme: Roles and Responsibilities

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<thead>
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<th>Frequency</th>
<th>Control</th>
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<tbody>
<tr>
<td><strong>Implementation (working) Group (and/or sub groups)</strong></td>
<td>Focuses on delivering the project outputs as agreed in the PID for the workstream. There may be one project (group) or several projects (sub groups). Activities are output focused and progress will need to feed in to the wider plan for the workstream. There will be a detailed delivery plan for all projects with agreed milestones and Key Performance Indicators</td>
<td>Project Manager, Clinical Lead, Finance Lead, Human Resources Lead, Trust Management Group representation</td>
<td>Fortnightly</td>
<td>Co-ordinated by Implementation Group Project Manager Initial Project Charter and Project Initiation document completed Workbook completed monthly Fortnightly Highlight Report submitted to Quality Improvement Delivery Board</td>
</tr>
<tr>
<td><strong>Programme Management Team</strong></td>
<td>Manages and co-ordinates the programme workstreams on a day to day basis and liaising with external links and Subject Matter Experts (SMEs) as required Oversees reporting and all documentation for the programme Tracks issues, risks and interdependences both within the programme and with other programmes</td>
<td>Programme Director and Manager, Senior Ops rep, PMO staff, Finance Lead, Communication and Engagement Lead, Business Intelligence Lead</td>
<td>Fortnightly (alternates with Quality Improvement Delivery Board)</td>
<td>Co-ordinated by Programme Manager Review Highlight reports from Workstream Leads Prepare Programme Board and QAC/Trust Board papers Maintain a Programme Dashboard and suite of reporting Maintain a risks, issues and escalation management process</td>
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Immediate Trust Improvement Actions:
CQC Section 29A Warning Notice

The immediate focus for our Trust Improvement Programme has been to respond swiftly and effectively to the Care Quality Commission (CQC) October 2017 inspection report and Section 29A Warning Notice.

We have categorised our actions against our three Trust Improvement Programme priorities and we will continue to track their success through the Quality Improvement Delivery Board.

Summary of CQC Section 29A Warning Notice Actions

### Safety Culture

#### Maternity Services

**Requirements:**
- Safe care for women at risk of deterioration, including community births.
- Safe staffing and skill levels for high dependency care.
- Safe theatre environment for maternity procedures.

**Actions:**
- Improved guidelines and system for identifying and managing women at risk of deterioration, including for community births.
- More midwives trained to provide high dependency care.
- Community Matron review of all community transfers into the main hospital on a daily basis.
- Second maternity theatre fully risk assessed against national standards and new Standard Operating Procedure to optimise usage.

#### Surgical Services

**Requirements:**
- Safety briefings always take place prior to the start of a case and theatre list.
- World Health Organisation Safer Surgery Checklists always take place prior to the start of a procedure.
- Safe process in place for assessing patients prior to surgery.

**Actions:**
- Standard format in place for daily theatre safety briefings led by the nurse in charge.
- New section in electronic patient record confirms the completion of World Health Organisation safety checklist with immediate action for non-completion.
- Work started to improve surgical bed capacity following review of on the day cancellations.
- Theatre Scheduling Policy to improve theatre booking and safety.
- Improved pre-assessment validation process to reduce the number of times patients have to attend hospital.

#### Staffing and skill levels

**Requirement:**
- Sufficient numbers of staff with the skills, knowledge and experience to meet patients’ needs.

**Actions:**
- Safe staffing levels reviewed twice daily.
- Daily ward checklist to ensure escalation when there are safe staffing concerns.
- Required competencies clearly defined in each inpatient area to provide high standards of care.
- Improved tracking of vacancies, retirees, turnover and annual retention to inform recruitment activity and reach vacancy cap target of 6% by July 2018.
Equipment checks

**Requirement:**
- Safe and effective system in place to ensure that equipment is of good repair, has been serviced, maintained, tested or calibrated across the whole organisation.

**Actions:**
- All medical equipment will be tagged and registered on a central register by April 2018.
- Additional technician in place to service equipment, with a focus on high risk areas.
- Additional staff to monitor third party contracts and maintain service records.
- Monthly maintenance reports provided to all divisional leaders and associated risks overseen by the Medical Devices Group.

Fracture clinic waiting room

**Requirements:**
- Ensure the fracture clinic waiting room is a sufficient size to accommodate the needs of patients who need to elevate limbs safely or comfortably.
- Ensure children are safe with a separate waiting area.
- Ensure a safe environment for fracture clinic patients.

**Actions:**
- New seating provides patients with space to elevate limbs safely and comfortably.
- Completed a safeguarding assessment of the fracture clinic and created a dedicated waiting room area for children.
- Changed the booking process for the fracture clinic to ensure that children are booked in slots from 9am to 10am.
- We assessed the environmental and infection prevention and control audits of the fracture clinic area and will rectify the concerns raised by April 2018.

Patient records

**Requirement:**
- Safe and effective systems are in place to ensure that patient records are kept safe and confidentiality is maintained at all times.

**Actions:**
- Reviewed, updated and implemented our policy to Manage Information and Records.
- Intensive monitoring on the storage and security of patient records.
- Agreed dedicated patient record storage facilities for every inpatient area by 31 January 2018.
**Strong Governance**

**Serious Incidents**

**Requirement:**
- Safe and effective system in place for identifying, reviewing, grading and learning from Serious Incidents and associated harm.

**Actions:**
- Eliminated the backlog of overdue Serious Incidents by 30 November 2017.
- Streamlined incident reporting system to remove any delay in decision-making, grading and status of incidents.
- Daily clinically-led central triage of all reported incidents.
- External review of the integrated risk management system, Datix, with improvements starting in December 2017.
- Staff training programme underway on incident reporting, grading, route cause analysis and Duty of Candour.
- Distributed updated guidance on Serious Incidents and Never Events.

**Staff grievances**

**Requirement:**
- Effective system and process to address poor behaviour, grievances and performance management related issues.

**Actions:**
- Weekly reviews by the Employee Relations team. Better data now available to help reduce the time taken to close cases from 18 weeks to 8 weeks.
- Improved disciplinary policy to reduce delay and the number of people involved in the process. The grievance policy will be reviewed by April 2018.
# Tackling Patient Delay

## Cardiology

**Requirements:**
- Safe and effective system in place for monitoring and managing non-admitted cardiology patients.
- Safe and effective system for reporting 24 hour cardiac recording tapes and echocardiograms to reduce backlog and associated risks.

**Actions:**
- All patients on new and follow up waiting lists have been clinically vetted and escalated if required.
- Significant reduction in number of patients waiting over 18 weeks for new outpatient appointment.
- The number of patients waiting longer than 1 month past their to be seen by date has reduced by approximately 40% since April 2017.
- Cardiology continues to deliver average wait times for urgent and routine appointments compared with other NHS Trusts.
- Investment to recruit the additional cardiology staff required has been agreed.
- Backlog of echocardiograms has been reduced as of October 2017. Echocardiogram performance has improved to 98% completed within 6 weeks.
- Backlog of cardiac recording tapes has been eliminated as of October 2017.
- Standard Operating Procedure has been developed to ensure waiting for analysis does not exceed 4 weeks.

## Ophthalmology

**Requirement:**
- Safe and effective system in place for monitoring and managing non-admitted ophthalmology patients.

**Actions:**
- Detailed review of ophthalmology to assess services.
- Introduced a three stage waiting list risk stratification and harm review process to improve care.
- Changed the working model to increase nurse-led clinics.

## Patient flow in Critical Care Unit

**Requirement:**
- Reduce delayed discharges and high occupancy rates on Critical Care Unit.

**Actions:**
- New Standard Operating Procedure to improve discharge process and agreed clinical pathways to reduce length of stay.

## Access to surgical services

**Requirement:**
- To achieve the incomplete pathway referral to treatment times for all of the surgical specialties.
- Ensure patients requiring emergency or cancer surgery are not delayed unnecessarily.

**Actions:**
- Recovery plan for referral to treatment times.
- Established a harm review panel with external partners to manage potential harm to patients with excessive waits.
- Clinician recruitment programme in range of specialties to tackle delay.
- Emergency patient monitoring screen and software developed and installed to manage the emergency list.
- Additional full day theatre list every Friday to accommodate additional emergency patients.
Trust Improvement Programme:

From December 2017 onwards

From December 2017, we will sustain and track the immediate improvements we have put in place following the Care Quality Commission (CQC) inspection reports.

Our ambition for Royal Cornwall Hospitals goes beyond though meeting required standards and responding to CQC reports. Our vision is to provide ‘outstanding care’ and our Trust Improvement Programme from December 2017 onwards will build the foundations for a high performing, outstanding organisation of which our staff and community can be proud.

To achieve our vision we have established three Trust Improvement Programme priorities and three enabling work programmes. Within each priority and work programme will be specific projects with clear objectives to provide outstanding services.

The specific projects and evaluation metrics will be defined by January 2018 and we will establish the ‘Quality Improvement Delivery Board’ to track and provide assurance on delivery.

In establishing our projects and metrics we will look at best practice and ensure that our teams have the skills, methodology and tools to succeed. We will work with partner organisations and seek ‘buddy arrangements’ such as the one agreed with Royal Devon and Exeter NHS Foundation Trust to equip our teams with the very best support.

In this section we set out the high level aims, actions and measures for the next phase of our Trust Improvement Programme. We will publish detailed objectives, work programmes and metrics in January 2018.
Safety Culture

Patient safety is our highest priority and at the heart of our quality improvement strategy. We will create an organisation where every individual and team puts safe, evidence based practice above all else.

Aim for all services:
- We will adopt best practice to keep patients safe from avoidable harm.

Actions for all services:
- Daily safety briefings will take place in every team, involving the full range of professionals.
- Every individual will be supported to challenge poor practice and leaders will expect to be challenged on issues of patient safety.
- We will establish an ‘Always Event’ culture where teams specify what practice and behaviour should always happen to keep patients safe.
- We will identify and spread best practice such as a ward accreditation programme on safe practice.
- We will ensure safe staffing and skill levels.
- We will prioritise investment in programmes and equipment that keep patients safe.

Measuring success for all services:
- We will publish a single set of safety metrics.
- We will track staff survey results on safe care.
- We will track patient survey results on safe care.
Strong Governance

Strong governance will underpin our Trust Improvement Programme with a focus on good clinical leadership and responsive learning within clinical teams. We will use data and evidence intelligently to improve patient outcomes.

Aim for all services:
- We will be a well-led, learning organisation that places the patient at the centre of care.

Actions for all services:
- We will explain in plain English what we mean by good governance and provide clarity on structures and responsibilities.
- We will ensure the heart of governance is in clinical services and not detached from day to day practice.
- We will establish protected time for multi-disciplinary governance meetings.
- We will establish structures and mechanisms to openly share learning from incidents.
- We will rationalise our use of information, including patient outcome data and patient experience feedback, to drive improvement.

Measuring success for all services:
- No never events.
- High reporting culture, low levels of harm.
- Serious Incident report completion and learning will be swift.
Tackling Patient Delay

Unnecessary patient delay is the root cause of many of the problems within the NHS today. We want to create an organisation that is intolerant of any patient delay that has an impact on the safety and quality of care.

**Aim for all services:**

- We will eliminate patient delay at every stage of care in the pursuit of safety.

**Actions for all services:**

- We will promote a working culture that is intolerant of patient delay and in the face of every barrier asks ‘why or why not?’

- We will establish working practice that takes into consideration the needs of every patient waiting for our care whether on a waiting list or within the hospital.

- We will invest in admission services to provide earlier senior clinical triage to prevent delay.

- Nurse led, structured ward rounds will be established in every inpatient area to support timely discharge.

- We will redesign outpatient and end of life services to prevent unnecessary hospital attendance.

**Measuring success for all services:**

- We will meet the emergency access 4 hour standard.

- We will reduce delayed transfers of care.

- Patients leaving hospital will be home for lunch.

- Patients will not experience delay in our care.
Culture and Leadership

The Trust Improvement Programme will not succeed without the right leadership skills and improvement culture in place. We will invest in our leaders at every level to provide outstanding services.

**Aim for all services:**
- We are all empowered to lead the improvement of services for our patients.

**Actions for all services:**
- Use NHS Improvement Culture & Leadership framework to develop long term organisational strategy.
- Work with the Faculty of Medical Leadership and use the evidence based Management Medical Engagement Scale to strengthen medical leadership.
- Continue internal leadership development programme with the third cohort starting in January 2018.
- Establish a talent identification and development programme.

**Measuring success for all services:**
- Strong, visible clinical leadership will deliver better outcomes for patients
- Staff survey responses will evidence greater confidence in Trust leaders.

Communication and Engagement

Engaging our workforce and the wider community in the Trust Improvement Programme is critical to its success. We want our frontline staff to be leading the improvements and translating their ideas into action. We will utilise all available communication channels to celebrate success and spread good practice.

**Aim for all services:**
- We will all feel involved in quality improvement and can talk proudly about the care we provide.

**Actions for all services:**
- We will use new channels and change our communication approach to make communication relevant and timely.
- We will conduct meaningful engagement so that we listen and demonstrate that we act on feedback.
- Communication and engagement activities will focus only on the improvement priorities.
- We will involve a wide range of staff and professions to shape and deliver communication and engagement activities.
Measuring success for all services:
➤ Staff feedback and surveys will evidence good communication and engagement activities.
➤ Evidence that communication and engagement activities support the delivery of the Trust priorities.

Quality Improvement Hub
The Quality Improvement Hub will provide the expertise, methodology and tools to improve care quality. In the past our quality improvement approach has been diffused and inconsistent and we will now provide the resource and the budget to sustain improvement.

Aim for all services:
➤ We will have the structure, capability and capacity to deliver innovative, high quality care.

Actions for all services:
➤ Establish an agreed, simple quality improvement methodology.
➤ Train more staff in quality improvement methodology.
➤ We will provide specialist support for leaders at all levels to innovate and adopt best practice.
➤ We will protect clinical time for quality improvement.

Measuring success for all services:
➤ The Trust Improvement Programme priorities and measures will be delivered.
Next steps

We have set the foundations for the Trust Improvement Programme. We have established our priorities, our approach and governance arrangements to work together to provide outstanding care.

The immediate focus for improvement has been the Care Quality Commission requirements and from December 2017, the Quality Improvement Delivery Board will track progress on the CQC actions as well as establish the forward looking Trust Improvement Programme.

By January 2018, we will have in the place the programme management structure and confirm the specific projects under each priority and enabling work programme with clear metrics and the leaders responsible for delivery.

From January 2018, the full Trust Improvement Programme will be underway and we will provide regular progress updates to the Trust Board and on our public website. Finally, we know that partnerships and engaging our stakeholders will be critical to our success. Royal Cornwall Hospitals cannot succeed as an organisation without the support and involvement of our health and social care partners or without the voice of our patients at the heart of our work.

We will work through the Shaping Our Future programme to ensure our Trust Improvement Programme aligns with the transformation underway across the health and care system. We want clinicians and practitioners from partner organisations to help shape our improvement journey and we will work to ensure that these colleagues are included in defining and delivering specific projects.

Our vision is ‘Working together to provide outstanding care’ and we are clear that this means involving the whole community in our improvement journey and drawing on expertise locally, nationally and internationally to establish the very best practice and patient outcomes at Royal Cornwall Hospitals NHS Trust.