SUMMARY REPORT			
TRUST BOARD		**1 February 2018**	**Agenda Number: 07**
Title of Report	**Trust Improvement Plan – January 2018 Update**		
Accountable Officer	Kate Shields, Deputy Chief Executive		
Author(s)	Garth Davies, Associate Director Communications & Engagement		
Purpose of Report	The purpose of the report it to provide a progress update on the delivery of the Quality Improvement Plan.		
Recommendation	**The Board is recommended to:** • Review progress to date and provide feedback on next steps.		
Consultation Undertaken to Date	The report is derived from updates to the Quality Improvement Delivery Board and Programme Management Office. Further detailed reports are provided to the Quality Assurance Committee.		
Signed off by Executive Owner	30.1.2018	Deputy Chief Executive	
Reviewed by Executive Team	31.1.2018	Trust Management Group	
Reviewed by Board Committee (where applicable)	-	-	
Reviewed by Trust Board (where applicable)	-	-	
Date(s) at which previously discussed by Trust Board / Committee	Trust Improvement Plan first presented at Trust Board in December 2017.		
Next Steps	The Programme Management Office will work with Senior Responsible Officers for each workstream to develop detailed project plans and key performance indicators. Detailed updates on the CQC Section 29A Warning Notice progress will also be provided for the next Trust Board meeting.		

Executive Summary

- The Trust has begun to implement all the changes required by the Care Quality Commission (CQC), prioritising those set out in the Section 29A Warning Notice.
- An inspection by the CQC team in January indicates improvement has been made in many areas but still more to do on deeper issues such as safety culture and governance.
- The Trust has established a Programme Management Office to oversee the

Improvement Plan, engaging external expertise (EY) for the initial set up and delivery.

- A governance framework and reporting structure has been established to track progress, reporting into the Quality Improvement Delivery Board and ultimately Trust Board.
- Each of the work programmes has identified a Senior Responsible Officer for the projects under each priority. We still need to identify clinical leads for every project and agree final measures and outcomes for patients.
- Staff engagement is underway on many of the programmes of work and the projects making good early progress include 'Ward accreditation', 'Safety huddles' and 'Medical leadership'.

Financial Risks	Funding has been provided to secure external support and set up the Programme Management Office and infrastructure. The ongoing costs and any funding requirements for each project have not yet been defined.
Key Risks	• The Trust Improvement Programme has been subject to delays due to capacity within the organisation during significant winter pressures and the appointment of external support. EY and the Programme Management Office are now in place but the capacity within the organisation under current operational pressures remains a risk to timely delivery. • There are a high number of demands on staff within the organisation and wide range of actions required by the CQC alongside the Trust Improvement Programme. Clear prioritisation and a structured programme is essential to mitigate the risks to timely delivery. • The ongoing costs and any funding requirements to deliver individual projects have not yet been defined and may cause cost pressures.
Disclosure Statement	There is no data or statistics within this report with all information provided a summary of progress provided to the Quality Improvement Delivery Board.
Equality and Diversity Statement	There are no specific adjustments required currently, however all planned activity will be monitored to meet Equality and Diversity requirements.

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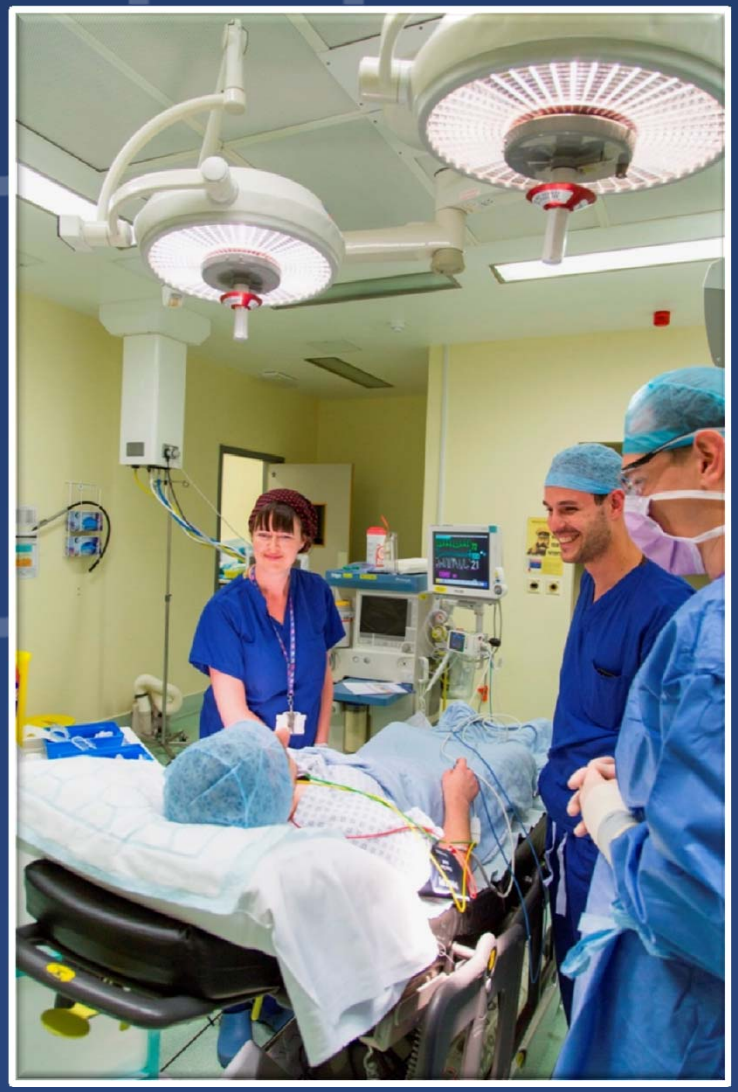
Royal Cornwall Hospitals NHS
NHS Trust



Trust Improvement Plan: January 2018 Update

Care + Compassion | Inspiration + Innovation | Working Together | Pride + Achievement | Trust + Respect

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Summary of progress in January 2018:

- The Trust has begun to implement all the changes required by the Care Quality Commission (CQC), prioritising those set out in the Section 29A Warning Notice.
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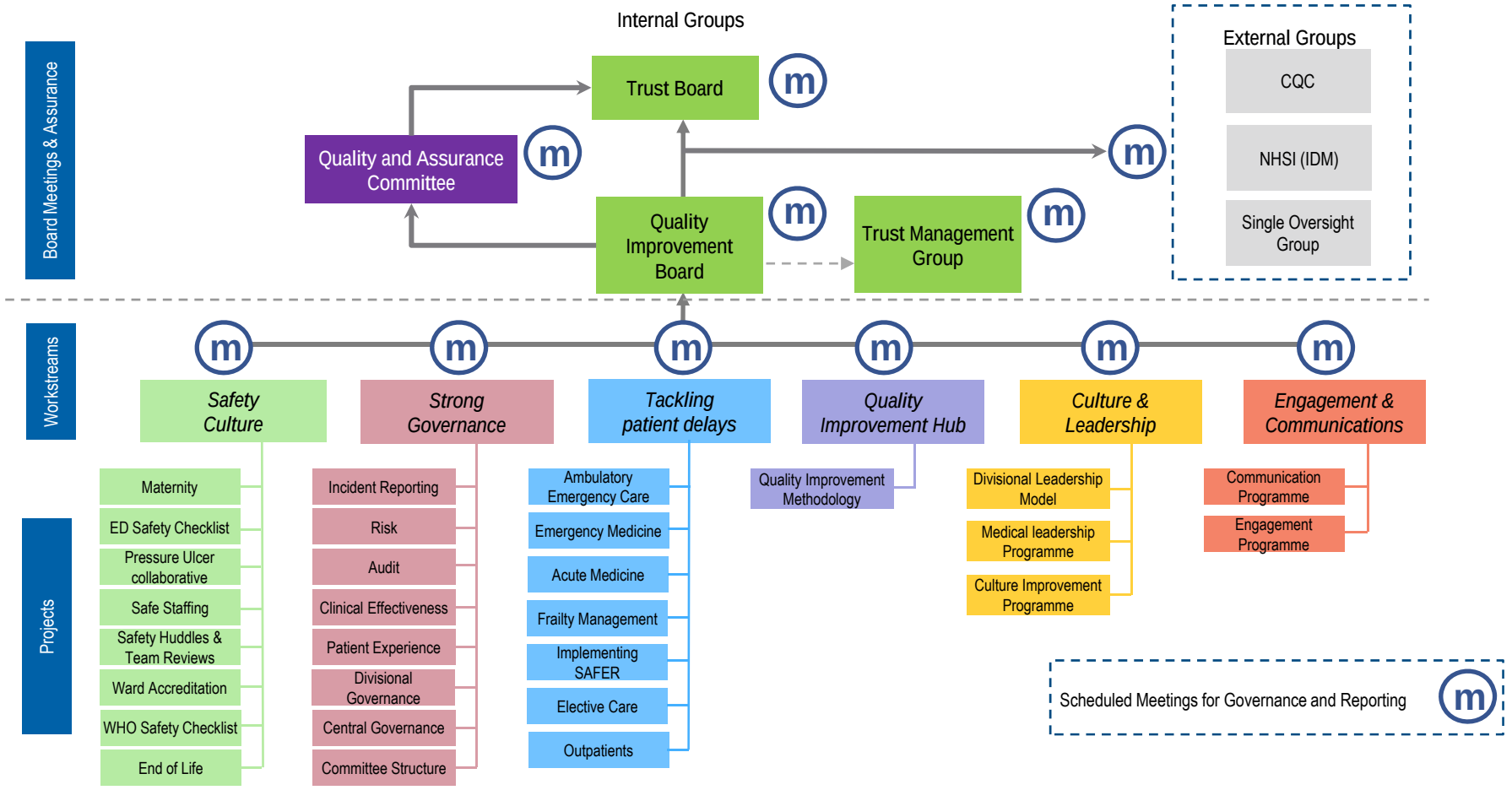
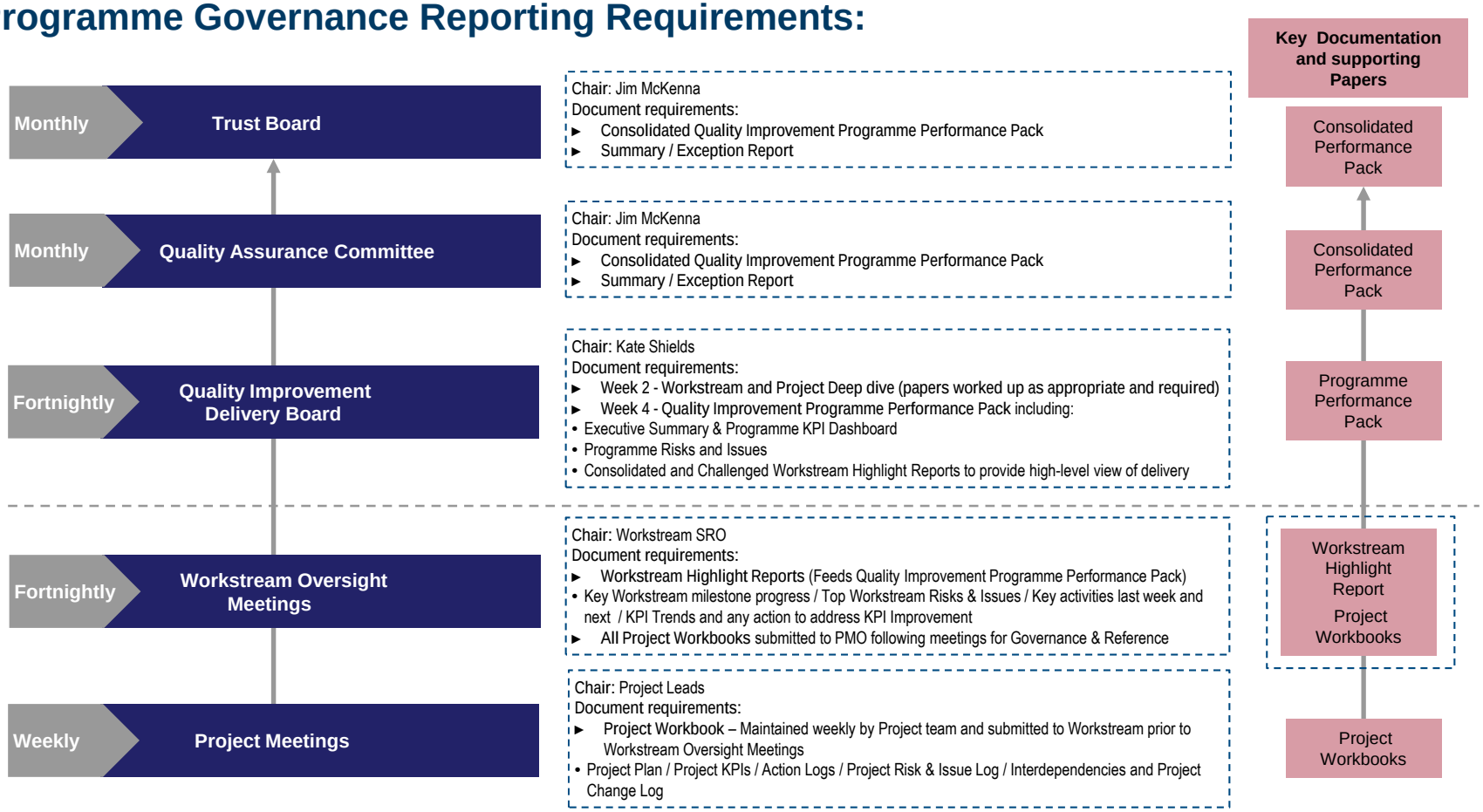
- Staff engagement is underway on many of the programmes of work and the projects making good early progress include ‘Ward accreditation’, ‘Safety huddles’ and ‘Medical leadership’.

Outline Programme Governance:



Programme Governance Reporting Requirements:



CQC 29A Warning Notice Update:

- The Care Quality Commission (CQC) inspection team made an unannounced visit to the Trust from 16 to 18 January, primarily to review our progress on the Section 29A Warning Notice. It may be several weeks before their formal report is published.

- We know from preliminary feedback that we have made good progress in areas such as cardiology, critical care and the paediatric area of the Emergency Department but that there is still a lot of work required to embed changes in areas such as maternity and surgery as well as solve the deeper issues on our safety culture and governance arrangements.

- The areas identified by the CQC as still requiring significant improvement match the priorities and projects within the wider Trust Improvement Plan so we know we are on the right track.

- The CQC once again commended our open and honest staff and we are building a strong relationship with the CQC, working closely with their team and our external partners to make the necessary improvements.

Trust Improvement Programme Priorities – summary of progress:

Safety Culture:

- Clinical leads have been identified for all the safety culture projects, staff engagement is underway and teams are setting the key performance indicators.

Tackling Patient Delay:

- Leads have been identified for all the projects and work is underway on changes to the medical model but work still to do to agree the scope and key performance indicators for the other projects.

Strong Governance:

- Leads not yet identified for all the projects and work still to do to agree the programme scope and key performance indicators.

Culture and Leadership:

- Leads identified for all the projects and a Medical Engagement Survey complete which will form the basis of the next phase of work.

Communication and Engagement:

- Leads not yet identified for all the projects but staff engagement is underway to help define the scope of the programme and key performance indicators.

Quality Improvement Hub:

- Leads not yet identified and work still to do to agree the scope of the programme.

Next steps:

- The focus has been on completing the CQC Section 29A Warning Notice actions and must now evolve to include the wider Trust Improvement Programme longer term projects.
- The Programme Management Office has been established and will provide the infrastructure and rigour to complete Project Initiation Documents and key performance indicators in the next month.
- Each project will identify a lead and clinical lead as well as steering groups as appropriate. The focus in the next month will be to define the programme scope, identify the delivery team and engage staff in each project.
- In February, we will begin a comprehensive campaign that ensures effective communication and engagement on the Trust Improvement Programme – celebrating and sharing success.
- By the end of February, we will report publicly our progress against the key performance indicators for each programme of work.