SUMMARY REPORT			
TRUST BOARD (IN PUBLIC)		**6 September 2018**	**Agenda Number: 09**
Title of Report	**Trust Quality Improvement Programme Update**		
Accountable Officer	Kate Shields, Chief Executive		
Author(s)	Programme Management Office		
Purpose of Report	**Quality Improvement Programme update**		
Recommendation	The Trust Board are recommended to: • Receive the update report		
Consultation to Date	Quality Improvement Delivery Board 14/08/18 Quality Assurance Committee 31/08/18		
Signed off by Executive		31.08.18	
Reviewed by Executive Team	Quality Improvement Delivery Board	14.08.18	
Reviewed by Board Committee (where applicable)	Quality Assurance Committee	31.08.18	
Date(s) at which previously discussed by Trust Board / Committee	Monthly update to Board routinely provided		
Next Steps	Trust Board to receive routine updates		

The Quality Improvement Update Includes:

- An Executive Summary of progress being made across all of the Workstreams within the Quality Programme. It also outlines the areas for continued focus over the next 30 day planning cycle highlighting some areas of challenge.
- To support this summary the Programme plan on a page illustrates a RAG rated view of delivery milestones across the Programme.
- The Programme Level 1 KPI Dashboard outlines the performance of the Programme.

QIDB Workstream Reports

14:00 – 16:30, 14th August 2018

Quality Improvement Programme Executive Summary (Aug 2018)

Progress being made

Tackling Delay:
- The Cardiology recovery plan is progressing well and KPIs are trending positively and overall open RTT pathways is reducing
- SAFER (series of interventions to ensure patients are discharged in a timely manner) Wave 5 launched to include WCH and SMH which will complete Trust wide implementation including the launch of SAFER bundle compliance register for Jr doctors supported by consultants

Strong Governance:
- Incident reporting amended to improve DoC compliance; form cannot be progressed without completing the DOC questions. Performance is below trajectory but has improved significantly on Jun performance.
- Clinical Governance metrics are now fully incorporated in the Divisional Dashboard and the revised Divisional Governance and Accountability Framework is in place
- Continued improvement is being realised month on month since march 18 baseline for closure of incidents with the June figure of 98

Safety Culture:
- All in-patient Wards have undergone Ward Accreditation with 2 Wards being awarded Gold and the rest scoring Silver and Bronze with no reds allocated. A review is now underway to outline the next steps and phases in order for the outputs of this rollout to now be monitored and improved
- The Safe Site Surgery revised Policy and Interventional Procedures policy for WHO is out for consultation and reporting fully electronic Briefing and Debriefing for remaining RCHT site has now gone live
- The first draft of the revised condensed theatre scheduling policy has been completed and testing of the pre operative assessment software has commenced with a planned implementation date of September 18

Maternity:
- Overall compliance to metrics remains high despite current vacancies
- Revised Midwifery Governance structure and TORs are now in place
- Head of Midwifery and Deputy Head of Midwifery Job Description complete for future recruitment

Comms and Engagement:
- Updates have been published on the Trust Website to improve awareness and understanding of the QI programme. This will continue to be developed with stories to make the programme more accessible and engaging
- A revised Trust board and Senior leaders attendance approach at safety huddles has been devised with direct leadership from the senior nursing team which is being implemented now
- The new Staff App has been launched providing a valuable new channel of staff engagement and will be used to engage staff with Quality Improvement and harness ideas for future improvement

Culture and Leadership:
- 2 day Mediation Training has been delivered to two cohorts of staff with a further four sessions booked throughout the year and cohort 4 of the Lead Programme is about to complete with 38 participants booked

Continued focus

Tackling Delay:
- Driving forward completion of Speciality level Harm Review SOPs is a Programme priority with the delivery of the SOPs being managed through the medical leadership and the Clinical Harm review panel to drive clinical engagement. The workstream is reviewing internal resource to drive forward the Harm Reviews owing to recent team changes
- The Ophthalmology recovery plan remains a priority area with a number of improvement summits planned/completed to further refine recovery plans. Group job planning and continued recruitment to key positions (e.g. medical, nursing and booking staff) continues

Strong Governance:
- The increased resource and 'Hard Rest' continues to deliver improvement however ongoing monitoring is required to assess progress for the wider programme against the immediate priorities.
- The workstream will be presenting their plan to improve performance and associated resource requirements (especially in relation to I/O resources) to drive the plan forward.
- An more sustainable process for engaging Investigating Officers will be reviewed and agreed at Clinical Governance Committee to address the current lack of overall capacity within the Trust

Safety Culture
- A review of the ED Safety Checklist compliance is being undertaken now by the Operational Lead as performance and ability to sustain audit requirements are proving a challenge. Interim measures and recruitment are underway to support audit requirements until a longer term solution is in place
- The End of Life project will continue to address delays in discharge to improve the number of those dying at place of choice through Bronze Command and better and earlier identification of fit for discharge patients on the Swift board. Performance has dipped due to a change in contract for Package of Care. Workshops being undertaken to identify gaps and solutions and out to market for alternative providers

Maternity
- Future QA audits by Chief Nurse will continue to drive compliance for document standards and mandatory training respectively
- Workstream plan continues to be developed with the integration of LMS following the NHSI review
- Ongoing preparation for re-joining the regional and national safety collaboration
- A continued focus will remain on cultural improvement and refining the risk management structure

Comms and Engagement
- The workstream is updating its workplan for the next 90 days and updating KPIs in line with feedback from QIDB
- Work with the Culture and Leadership workstream to:
  - Establish a joint steering group supported by ToR and attendance to be reviewed at QIDB. This will help the workstreams exploit synergies and reduce the reporting/meeting burden and avoid duplication
  - Develop communications for staff to increase understanding and participation in QI programme
- The workstream will continue close liaison with the PMO and developing next steps for the QI Hub in order to effectively engage all staff and provide focused communications as the Programme transitions into its future state

Culture and Leadership
- Work closely with Comms and Engagement workstream on the areas described above.
- The draft Culture and Leadership Strategy and Plan will now undergo refinement following review at the People and Organisational Development Committee on the 19/06/18 prior to submission to the Trust Board

Programme Level 1 KPIs (Aug 2018)

Royal Cornwall Hospitals NHS Trust

Safety Culture	Maternity	Strong Governance	Tackling Patient Delay	Culture & Leadership *	Engagement & Comms *
100% of staff trained in ED Safety Checklist **(91%)**	No adverse incidents related to emergencies in the community **(1)**	Number of incidents not investigated and closed within 20 working days **(98)**	Average number of speciality Outliers **(32)**	* Vacancy rate (All staff) **(9%)**	* 51% of staff will say that "Communication between senior managers and staff is effective **(47%)**
95% Patients Overall in Majors, Resus & Paediatrics have a completed ED Safety Checklist by December **(64%)**	Compliance with documentation standards (MEOWS) **(96%)**	24 Hour Divisional Clinical Review from identification of potential SI received **(38%)**	Time to decision within 180 minutes **(62%)**	* Retention rate **(87%)**	* 51% of staff will be able to name 3 successful Trust Improvement projects. **(50%)**
Achieved 100% IP wards inc. maternity & ED undergo ward accreditation by 30/06/18 **(100%)**	Compliance with documentation standards (All) **(91%)**	All decisions on SI classification recorded on STEIS within 48hrs **(6%)**	Average length of stay of Frailty patients **(5.2 days)**	* Time to complete grievances **(7 Weeks)**	* 51% of staff will say that "Senior Managers act on staff feedback" **(48%)**
* Who Surgical Safety Checklist Compliance **(99.86%)**	Mandatory Training Compliance in Acute Maternity Staffing **(96%)**	60 Working Days Final report submitted to Commissioners **(14%)**	**NOT LIVE** 100% of required harm reviews completed	* Sickness rate **(4%)**	* 51% of staff will say that they have been to an engagement event or meeting on Trust Improvement programme. **(27%)**
* Number dying at place of choice **(55%)**		Evidence Duty of Candour completed **(54%)**	Critical Care Flow - Out of hours Discharges (adults) **(3)**		
			Cortical Care flow - Delayed Discharges >24hrs **(3)**		
			RTT 18 weeks **(81%)**		
			RTT Number of 52 week waits **(202)**		
			Theatre list confirmed by operative Surgeon **(71%)**		

Key:

⇧ Positive change

⇩ Negative change

Red = 14 Amber = 6 Green = 9	Movement since last report: Improved = 8 Worsened = 7 Unchanged = 3 Not updated = 10

* Updated July results have not yet been received for this workstream/KPI

Royal Cornwall Hospital Quality Improvement Programme Plan
30 Day cycles

Version 0.5 (updated 3rd August 2018)

Delivery Status

Backwards Look			Forwards Look			
Complete	Missed no new date	Original Date Missed	Complete	At Risk	On Track	Original Date Missed
01/01	~~01/01~~	01/01	01/01	01/01	01/01	01/01

QIDB 18/07/18 | **QIDB 01/08/18** | **QIDB 14/08/18** | **QIDB 03/09/18** | **QIDB 19/09/18**

Maternity

Maternity

- Trust now using EMBRACE tool HOM needs to QA process and report through Maternity Governance Group — 31/07
- Incorporate actions from Birth rate plus into overall Quality Improvement Plan — 07/08
- Business Case Submitted & Approved for revised Midwifery Risk Management Structure — 31/07
- Phase 2: 30 day staff consultation period completed — 20/07
- Phase 3: The 5 Nursing Staff fully integrated into Theatre Team and Roster — 30/07
- Complete Debriefing Maternity Teams on AHSN SCORE Survey Results — 31/07
- SCORE Report and action plan added and reported to Maternity Governance Group — 31/07
- Close down report to Maternity Governance Group from HOM recommending to return MEOWS monitoring to audit cycle as per guideline — 31/08
- Completion of Documentation Audit Plan — 31/08
- Vision for maternity services signed off by LMS and RCHT Trust board of directors — 31/09
- Interim audits on all 5 guidelines completed and presented to the Maternity Governance Group — 31/07
- 3/12 review by Maternity Governance Group of Equipment Register compliance as to whether to reduce frequency of reporting — 30/07

Safety Culture

ED Safety Checklist

- 13/07 — Month 3 submission and local review of performance data
- Month 4 submission and local review of performance data — 17/08
- Month 5 submission and local review of performance data — 14/09

Ward to Board Framework

- Present revised ward to board KPIs for SRO sign off — 31/07
- Ward to Board Framework live — 17/09

Ward Accreditation

- 06/07 — All in-patient wards have undergone ward accreditation
- Evaluation Report of Ward Accreditation for inpatient wards submitted to Trust Board5 — 30/09

WHO Safety Checklist

- Start AHSN Score survey — 31/07
- 01/07 — Go-Live for reporting fully electronic Briefing & Debriefing 2nd Hospital Site
- Close AHSN SCORE survey — 31/08

End of Life

- Consultation process completed for Seven day working — 01/08
- Learning form incidents process introduced — 27/07
- Fast Track discharges reviewed at 12 and 4 bed meetings via RCHT bed state — 30/08
- Training Needs Analysis approved by EOL group — 14/09

Safety Huddles / Team Reviews

- Standard Operating Procedure for revised Safety Handover approved by Clinical Cabinet — 01/08
- Standardised framework for Theatre Safety Huddles launched with supporting SOP — 01/08

Risk Assessment Prior to Surgery

- First draft of revised and condensed theatre scheduling policy completed
- Commence testing of pre operative assessment software

Strong Governance

Managing Incidents

Duty of Candour

- Completion of new Duty of Candour Datix section and data capture. — 31/07
- Retrospective programme of 17/18 DoC review complete — 01/09
- Duty of candour champions developed and launched — 14/09
- Concise incident reporting pilot — 30/09

SI Management

- 01/07 — Clinical Governance metrics fully incorporated in Divisional Performance Dashboard
- 50% reduction in 24/48/72 hr non-performance from March — 01/08
- Learning Newsletter to be developed — 31/07
- Revised CG website and intranet support live — 29/07

Current here 14th Aug 2018

QIDB 18/07/18 | QIDB 01/08/18 | QIDB 14/08/18 | QIDB 03/09/18 | QIDB 19/09/18

Strong Governance

Investigation Capacity

Clinical Effectiveness

- Publish Clinical Effectiveness Strategy — 22/07
- Revised clinical effectiveness improvement plan underway (to be approved at July clinical effectiveness committee) — 31/07
- Active engagement of Divisions in CE workstream — 31/08

Ward to Board Governance

Divisional Governacne

- 01/07 — Completed assessment and mapping of current Divisional risks and priorities submitted to Board sub committees
- 01/07 — Divisional Quality Governance workshop held

Corporate Governance

- Agreed Board Improvement plan for Corporate Governance — ~~17/07~~

Patient Experience

- 1st Wave Rolled Out (July) RCH areas ED/Maternity /Ophthalmology/Clinical Imaging — 31/07
- Every service in the Trust has a lead who can respond to feedback left on Care Opinion — 29/06
- 3rd wave rolled out (september), RCH Divisions of Surgery and CSCS — 06/09

Tackling Delay

Elective Care

Cardiology

- LIVE Cardiology RADAR module implemented — 31/07
- Day Case PCI implemented — 31/07
- Cardiology investment plan implementation — 28/09
- Physiology ILR service implemented — 28/09

Ophthalmology

- Capacity and demand complete to support service right size options (Ophthalmology / Glaucoma surveillance) — 20/07
- Ophthalmology Quality Summit held — 30/07

GI

- NEW KSP contract set up to increase capacity — 18/07

Orthopaedics

- SMH Expansion group: workstream set up, estates quote received — 30/08
- Trauma Hand Service went live — 16/08
- Trauma Assessment Service went live — 20/08
- Business case signed off — 31/08
- Higher Care preparations completed — 30/09
- Preparations complete for SMH expansion — 30/09

Frailty Management

- Consultant Attendance at community MDT in Penzance — 20/07

Acute Medicine

- Weekday cover arrangements in place — 30/07

Emergency Medicine

- Drill down performance 'waits to be seen' analysis completed to understand contributory factors and any trends and next actions — 30/07

SAFER

- 02/07 — Implement and launch SAFER Wave 5 5 to incorporate WCH & St Michaels for Trust wide implementation
- 01/08 — Reset SAFER to further drive and Embed concept
- Stranded Patient Review — 31/07
- Commence SAFER audit at weekends – to reflect differing challenges — 20/07

Current here 14th August 2018

QIDB 18/07/18 | QIDB 01/08/18 | QIDB 14/08/18 | QIDB 03/09/18 | QIDB 19/09/18

Tackling Delay

Outpatients

Same Day Emergency Care

- Out of Hours GP relocating to SDEC Unit — 23/07
- Finalise Phase 2 action plan — 20/07
- Agreement on which further opportunities to develop including links to urgent care workstreams — 01/09

Harm Review

- SOP for clinical harm reviews in each 'prioritised' specialty complete — 31/07
- Report on progress of clinical harm reviews prepared for presentation at Quality Assurance Committee and Trust Management Group — 20/07
- Initial Metrics (Harm Review Kpi) available for review through performance reporting framework — 30/08
- Specialty level harm review SOP's in place across all specialties — 30/08
- Dates by which 'desktop' reviews will be completed agreed by each specialty — 31/08
- Desktop Reviews to be completed in all specialties — 26/09
- Results of clinical harm reviews across all specialties available for review and QA by the clinical lead — 26/09
- Results of initial clinical harm reviews in specialties presented at Clinical Harm Panel — 26/09

Critical Care Flow

- Investment request submitted to increase bed capacity — 31/07

RTT

- Review of NHSI feedback on RTT recovery plans — 31/07
- KSP and GI contracts agreed — 31/07

Culture & Leadership

Culture & Leadership

- Trust Behaviour Framework re-launched — 01/08
- 12/07 — Cultural and Leadership module of the Managers passport launched
- Revised Policy and Process for staff to 'Speak Up' in place — 31/08
- The Trust has a Talent Management and Succession Planning Strategy in place — 31/09

Engagement & Comms

Workstream

Communications

Engagement

- 06/07 — Review engagement programme to gauge success against metrics
- 01/07 — Trust Board / Senior leaders attendance at safety huddles scheduled

Currently here 14th Aug 2018