

SUMMARY REPORT			
TRUST BOARD (IN PUBLIC)		4 October 2018	Agenda Number: 9
Title of Report	Quality Improvement Programme update		
Accountable Officer	Kate Shields, Chief Executive		
Author(s)	Ian Moyle-Browning, Head PMO – Quality Improvement		
Purpose of Report	Quality Improvement Programme update		
Recommendation	The Trust Board is Recommended to Receive the Report		
Consultation to Date	Presented at Quality Improvement Delivery Board 19/09/18		
Signed off by Executive	Kate Shields, Deputy Chief Executive	19/09/2018	
Reviewed by Executive Team	Quality Improvement Delivery Board	19/09/2018	
Reviewed by Board Committee (where applicable)	Quality Improvement Delivery Board	19/09/2018	
Reviewed by Trust Board (where applicable)	Trust Board	04/10/2018	
Date(s) at which previously discussed by Trust Board / Committee	Routine progress update provided for TMG, Quality Assurance Committee and Trust Board		
Next Steps	Quality Assurance Committee 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 planning cycle highlighting some areas of challenge.
- The Programme Level 1 KPI Dashboard outlines the performance of the Programme against the key project metrics for Aug 18. Trending arrows are included to provide a comparative view against July 18 data.

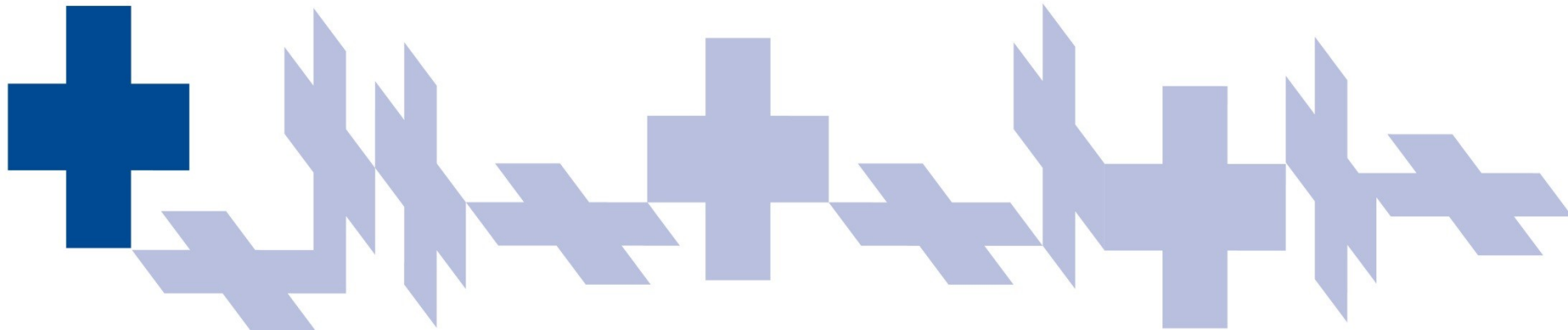
Disclosure Statement	
Equality and Diversity	n/a



Royal Cornwall Hospitals
NHS Trust

QIDB Workstream Reports

09:00 – 11:00: 19th September 2018



Progress being made

Safety Culture:

1. Revisions to updated ward accreditation progressing with these to be finalised by mid October
2. Good engagement from theatre sisters in enhancing qualitative audit process for safe site surgery
3. The pilot for the Butterfly scheme on Phoenix Ward has been completed. The scheme targets staff with enhanced education in relation to EOL care and looks to improvement the environment for example a side room is being re-furnished to support EOL care

Maternity:

1. SCORE Debriefing for teams
2. Recruitment to Birthrate plus posts
3. Local Maternity Service (LMS) plan top enhance community hubs. LMS midwife in post

Communication and Engagement:

1. Team Talk continues to be good platform for promoting Trust improvement work – maternity and critical care this month.
2. CEO engagement is getting positive response from staff.
3. Link up with culture and leadership workstream is gaining support.

Culture and Leadership:

1. First draft of outline Organisational Development plan written and currently being shared with Executives for checking in context with wider activity for maximum impact
2. Increasing local activity seen throughout social media on informal events for staff to come together to build better working relationships which will improve patient care

Strong Governance:

1. Quality Governance Committee: delivering Incident Management & Learning outputs to QAC from September 2017.
2. 24/hr reports/SI declaration – improved from 18% to 43%. Delay reduced from 20 to >5days.
3. 72 hr performance improved from 6% to 19%.
4. Significant Duty of Candour performance improvement made 95% achievement

Tackling Delay:

1. Cardiology – 10th substantive consultant post recruited 07/09 and NHS Locum started 11/09 for a period of 4 month to increase elective and outpatient capacity in Cardiology
2. KSP agreements in place - limited availability for September - October dates being confirmed covering staff gaps
3. Ophthalmology – substantive gaps recruited to which will help increase capacity

Continued focus

Safety Culture:

1. Progressing business case to purchase order and defining project phase for implementation of Meridian electronic solution. Meridian are suggesting this is a 6/52 timeline. Timelines to be added to project workbook when known.
2. Finalising peer review audit process and testing phase through October 2018
3. The pilot ward is currently undergoing its evaluation which is due to be complete by 21st September to inform the next roll-out phase.

Maternity:

1. Score Debriefing with report to October Governance Meeting
2. HOM Recruitment interview date confirmed for 3rd October 2018
3. Staff engagement work will continue through quarter 2

Communication and Engagement:

1. Staff engagement events and feedback on actions
2. Continue engagement on Quality Improvement Hub to establish form, function and priorities
3. Communication team resource and capacity

Culture and Leadership:

1. Refine activity and performance measures for the wider OD plan – which incorporates all three key enabling work streams so that critical activity complements and drives the three priorities
2. Aspiring Clinical Leaders development planning with FMLM so that we have a wider pool of clinical talent to draw on as required
3. Staff survey preparations underway to maximise our Trust response rates and ensure colleagues know what work has already happened to respond to previous feedback
4. Strengthen all divisional representation at the enabling work stream steering group so that we have a wider representation of staff and divisions to inform work we need to do.

Strong Governance:

1. IO capacity shortfall continues. 30 o/s SI without IO. This has been reduced to 15 and additional resource is been put in place to reach zero.
2. Shared Leading (Patient Safety) development of newsletter and Divisional template: to be launched in October. Supported by review of all outstanding SI actions.
3. Duty of Candour: Duty of Candour Champions to be launched September with e-learning and Divisional/Speciality Board training sessions

Tackling Delay:

1. A revised plan for Clinical Harm Review roll out shared with Clinical Harm Review Panel, harm reviews to be completed in phases to address backlog and then embed as business as usual
2. AEC Acceleration Programme commenced, visit scheduled for 29/10 from AEC Network to assess service, feedback due 2 weeks afterwards
3. Frailty – Nurse Consultant for Elder Care involved in the project which will help link into wider system, focus is on managing front door activity

Programme Level 1 KPIs August Data

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 (0)	Number of incidents not investigated and closed within 20 working days (98%)	Average number of speciality Outliers (37)	Vacancy rate (All staff) (11.5%)	51% of staff will say that "Communication between senior managers and staff is effective" (35%)
95% Patients Overall in Majors, Resus & Paediatrics have a completed ED Safety Checklist by December (78%)	Compliance with documentation standards (MEOVS) (96%)	24 Hour Divisional Clinical Review from identification of potential SI received (43%)	Time to decision within 180 minutes (65%)	Retention rate (87%)	51% of staff will be able to name 3 successful Trust Improvement projects. (57%)
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 (19%)	Average length of stay of Frailty patients (6.17 days)	Time to complete grievances (6 Weeks)	51% of staff will say that "Senior Managers act on staff feedback" (28%)
Who Surgical Safety Checklist Compliance (99.81%)	Mandatory Training Compliance in Acute Maternity Staffing (96%)	60 Working Days Final report submitted to Commissioners (11%)	NOT LIVE 100% of required harm reviews completed	Sickness rate (3.88%)	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 (54%) <i>19/35 – 15 Missed Opportunities</i>		Evidence Duty of Candour completed (78%)	Critical Care Flow - Out of hours Discharges (adults) (7)		
			Cortical Care flow - Delayed Discharges >24hrs (2)		
			RTT 18 weeks (81%)		
			RTT Number of 52 week waits (199)		
			Theatre list confirmed by operative Surgeon (74.9%)		

Key:

Positive change
 Negative change

Red = 12 Amber = 6 Green = 11	Movement since last report: Improved = 12 Worsened = 8 Unchanged = 10 Not updated = 0
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