

To: The Board

For meeting on: 24 November 2016

Agenda item: 7

Report by: Adam Sewell-Jones, Executive Director of Improvement

Report on: Improvement report

Introduction

1. This paper provides a summary of improvement highlights across the organisation in October 2016 and November 2016.
2. The Board is requested to note the information provided within the report.

Part 1: Leadership & Development

Well-led framework

3. As part of the further development and alignment of our respective regulatory and oversight regimes, NHS Improvement and the Care Quality Commission (CQC) have been working together on a refreshed joint well-led framework, which can in future form the basis both for the Leadership and Improvement Capability theme in the Single Oversight Framework (SOF) and for CQC's assessment of the well-led question. We are making good progress towards agreeing a shared structure of questions, characteristics, and good practice which will form the basis of both the well-led framework and the CQC inspection of the well-led question, and an updated operational methodology which supports this. We plan to issue a joint consultation on the proposed well-led framework in mid-December.

National Improvement and Leadership Development Strategic Framework

4. We are now hoping to launch the Strategic Framework at the beginning of December. Work is continuing to develop the communications plan for launch and the implementation plan for the work itself.

Culture and Leadership Programme

5. Following the launch of the culture diagnostic tools in September the team have continue to promote the toolkit as well as to seek feedback from providers as to its content and usability. We have presented the work at a number of events and forums such as The Kings Fund Annual conference and the Greater Manchester HRD network. The team have now commenced work on supporting pilot trusts through Phase two, which will see them develop their leadership strategies. We will be seeking to publish guidance on developing the strategy, building momentum internally and exploring options on resources that will assist in delivery.

Advancing Change and Transformation (ACT) Academy

6. 14 cross-system teams (over 100 participants from 46 organisations) have begun on the Transformational Change through System Leadership (TCSL) programme. It commenced with the successful launch of a pilot learning management system designed to work alongside the programme, allowing greater interaction between attendees with their peers and with faculty and with the first series of face-to-face workshops also held.
7. The Royal College of Physicians has awarded CPD points for our Quality, Service Improvement and Redesign (QSIR) Practitioner and Fundamentals programmes as well as for our TCSL programme, recognising the potential benefits for doctors as well as managers and other clinicians from these programmes. This adds to our accreditation from the Institute of Healthcare Managers and the Royal College of Nursing.

The Q Initiative

8. NHS Improvement and the Health Foundation jointly fund and lead the Q Initiative, a large-scale initiative to connect and support people with improvement expertise across the UK.
9. The Q Initiative was established in 2015 and the first 231 members co-designed the programme last year over a series of three community events. In September 2016, a second tranche of members was announced, bringing the total to 447 members and recruitment is now gathering pace. A further wave of recruitment, for individuals working in the South West, the West of England and the North East and North Cumbria is now open (November 2016), with further waves planned for the New Year.

Demand and Capacity Programme

10. A cost and benefits analysis undertaken by the economics team shows that with recurrent savings of £35m annually, better coordinated demand and capacity through planning could save the NHS approximately £208m by 2020/21. To address this issue, a small jointly funded programme has been set up by NHS England and NHS Improvement to embed demand and capacity modelling skills in local health economies.
11. The team has delivered a number of training courses, including a three-day training course delivered jointly with the University of Surrey, focusing on demand and capacity theory. Courses have been attended by NHS colleagues from trusts, CCGs and regional teams at NHS England and NHS Improvement. Since January 2016 more than 1,100 colleagues have attended the training sessions. The vision of the national Demand and Capacity Programme Team is to create a pool of 300-400 trainers embedded in local health economies, who will provide training and support on demand and capacity modelling locally to enable operational demand and capacity planning.

Part 2: Operational Improvement

'Red to Green' Initiative

12. The Midlands and East team is launching an improvement programme to support implementation of the 'red to green' initiative across the region's acute trusts. 'Red to Green' was created by Dr Ian Sturgess, NHS Improvement Senior Quality Improvement Adviser; and is a visual management system to assist in the identification of non-value adding time during a patient's hospital stay. Applicable to inpatient wards in both acute and community settings, this approach is used to reduce internal and external delays as part of the SAFER patient flow bundle. The approach has demonstrated resonance with clinical and managerial teams as a simple method to reduce unnecessary waiting times for patients.
13. A number of hospitals are already successfully utilising the approach, for example the Ipswich Hospital NHS Trust and Colchester Hospital University NHS Foundation Trust. There is a high level of interest from other trusts keen to adopt this approach as a means of improving patient care and achieving the 4 hour A&E standard.

Reducing the data collection burden in A&E

14. As part of the Emergency Care Improvement Programme, analytical tools are provided to help clinicians and managers understand better where to focus their improvement efforts. Online analytical tools consider a wide range of metrics about emergency care including patient flow, bed availability and delayed transfers of care. A new project has been carried out - with help from the Information Technology team - to automate the way in which data is uploaded electronically. This streamlines the process, reduces the burden on trusts and also means that more up-to-date, live status updates are available on emergency care to help clinicians and managers review progress and act on the information straight away.

Agency staff and locums

15. During October the Agency Intelligence Team (AIT) provided direct support and site visits to five trusts that were identified by their regional teams as priorities. In the coming months the AIT intends to roll out a specific interventional support package to trusts that are in a SOF category of '4' and that are identified by their region as likely to benefit from support with their agency processes and compliance. The team will also roll out an improved package of reporting, allowing more intelligence-led assessment of the performance of trusts and frameworks, and flagging up issues at an earlier stage. This is all intended to support NHS Improvement to build on progress made in the year since the agency rules were introduced, which has seen £600m saved as a result of acting on this issue.

Patient Safety Collaborative Programme (PSCP)

16. The PSCP was established in 2014 as a result of the Berwick Report. The patient safety team fund and support the programme centrally, and it is the largest patient safety programme in the world. Working as part of the PSCP, the fifteen Patient Safety Collaboratives (PSCs) across England have been established to deliver a system-wide, locally owned and led improvement programme with the innovation and expertise of the Academic Health Science Networks.
17. While a major focus of the programme has been to reduce harm, the primary driver is to improve safety within the context of improving the culture and leadership of patient safety, improving measurement for improvement, team work and psychological safety. Shared learning is a key output of the programme in terms of the benefits it brings to the wider system. During

2016/17, NHS Improvement's patient safety team has been working with the PSCs to establish an adoption and spread strategy across England and in parallel establish a central measurement unit to support the evidence for change and impact.

Maternal and Neonatal Health QI Programme

18. As part of the Maternity Transformation Programme, the patient safety team are leading on the design and delivery of a country wide programme to improve the safety of maternal and neonatal care. The programme will be formally launched at a national event during February 2017 taking a breakthrough series approach and scaling up to all 136 Trusts with maternity units during the lifetime of the programme.

Mental Health Improvement work

19. In support of the Single Oversight Framework, we have worked with Norfolk and Suffolk FT to help their movement from special measures / inadequate, and with Avon and Wiltshire Partnership to assist with their CQC visit. Further work has been undertaken with Southern Health and its improvement plan, along with other challenged Mental Health trusts.
20. As part of the 5 Year Forward View we have worked on mortality, Mental Health payment by results, and are working with CQC to shape the report on learning from mortality.

North A&E Improvement Programme

21. The north team has convened a small programme team, under the executive leadership of Lyn Simpson and Andrew Foster (CEO, Wrightington, Wigan and Leigh) to design and deliver a region wide A&E improvement programme. The programme is based on the IHI Breakthrough Series Collaborative Framework, a proven methodology for delivering step change in improvement which has been adapted to be delivered over 90 days (three learning sessions held 30 days apart). In addition to the IHI methodology, the programme utilises theory of constraints (to support trusts to identify the current 'bottlenecks' in their processes) and complexity theory (to support trusts to understand how to improve the system in partnership with key stakeholders such as ambulance trusts, local CCGs and primary care).

22. As we progress through the programme we will deepen our understanding (through data analysis and testing) of where the system is currently creating the barriers to improvement through the adoption of incentives or penalties that have unhelpful unintended consequences. We will require support to reset some of the incentives and the payments in order to deliver system wide improvements.

Stop the Pressure: Reducing Pressure Ulcers

23. Following the success of improvement collaboratives in falls and enhanced care, the Nursing Directorate is launching the National 'Stop the Pressure' Campaign on 14 November. Building upon the tools, knowledge and skills of the Midlands & East campaign in 2012, the Stop the Pressure campaign will be rolled out nationally to support organisations improve pressure ulcer outcomes through promotion of best practice, measurement and improvement tools, achieved sector-wide collaboration. A national steering group will be launched, chaired by the Chief Nurse of Derby Teaching Hospitals NHS Trust, Cathy Winfield. The Tissue Viability community is highly motivated by this approach, as such we will have a strong social media engagement strategy to ensure everyone can access the support.

End of Life Care

24. The NHS Improvement nursing fellow has visited 20 Trusts during 2016 which received 'inadequate' or 'requires improvement' ratings in their CQC inspections for End of Life Care (EOLC). These trusts were able to talk through their EOLC plans and seek advice and support. The Trusts have attended two workshops in October where good practice was shared and an introduction given on quality improvement methodology. At these events we launched a collaborative to continue to improve EOLC, and which will enable opportunities to share best practice, regular protected time for trusts to review/evaluate their approaches and improvement plans and facilitation of buddying arrangements and peer visits between trusts in relation to end of life care themes

Infection, Prevention & Control

25. On 8 November, the Secretary of State for Health addressed an infection control summit announcing Government plans to halve the number of gram-negative bloodstream infections by 2020, with a particular focus on E.coli infections – which represent 65 per cent of gram-negative infections. To tackle these infections, the Government's plans include the appointment of a new national infection lead in Dr Ruth May, more money for hospitals making the most progress in reducing infection rates thanks to a new quality premium, and an

independent CQC inspection regime focusing on infection prevention based on new data on e-coli rates in hospitals and in the community

26. To achieve these plans Ruth May is establishing a programme team, with the support of Public Health England to ensure delivery. The new plan is the latest step in the pledge to tackle antimicrobial resistance and prevent risk to patient safety.