

**To:** The Board

**For meeting on:** 30 March 2017

**Agenda item:** 6

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

**Report on:** Improvement report

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### **Introduction**

1. This paper provides a summary of Improvement highlights across the organisation in February and March 2017.
2. The Board is requested to note the information provided within the report.

### **Elective Care**

3. In partnership with Midlands and East regional colleagues, the Elective Care Intensive Support Team have developed and delivered a full day workshop to NHS Improvement and NHS England delivery and improvement teams, focused on improving their understanding of elective care and providing them with a framework around which to base performance discussions with providers. We launched the key lines of enquiry which covers policies, processes, governance structures, data and assurance for both RTT and cancer, and used them to structure discussion on the key questions to ask when discussing performance and what good looks like. The event was attended by approximately 50 people and feedback received was very positive.

### **Improvement Capability Building**

4. Recent workshops / speaking events run by the Advancing Change and Transformation (ACT) Academy include: supporting the Nursing Directorate with sessions on measurement for improvement and a WebEx for Quality, Service Improvement and Redesign (QSIR) College executive sponsors, with two sponsors telling of the significant impact that our QSIR Programme has had upon their trusts. Further work is being done to capture the case studies to share with the NHS. A well-received workshop on innovation was set up with Professor John Bessant, with invited colleagues attending from the Improvement and Nursing Directorates and NHS England.

5. A Quality, Service Improvement and Redesign Practitioner (QSIR P) cohort commenced in January 2017 with over 100 participants, both clinicians and managers, from trusts supported by the Emergency Care Improvement Team.
6. The ACT Academy is running another QSIR P cohort of a similar size which includes participants from systems who participated on our Transformational Change through System Leadership programme. There have been more than 300 further attendances on these programmes between February and March 2017.
7. The ACT Academy has designed an internal NHS Improvement offer of four days on a specially adapted QSIR programme. 100 members of staff have registered for the programme. NHS Improvement staff have also been offered the opportunity to attend 'Insights to Transformational Change', a two day interactive workshop, that provides an overview of the key concepts, practices and techniques used in guiding complex, multi-stakeholder change.

### **London urgent and emergency care collaborative programme**

8. The London regional team is taking an innovative approach in the development and implementation of its emergency care improvement programme. It is seeking to learn from approaches to change that have been most effective in the past, in order to embed improvements in services for patients for winter 2017/18 and beyond. Key to the delivery of this approach has been very close partnership working with NHS England, supported by a 'virtual PMO' across the two regional teams, to ensure aligned system management.
9. The first wave of the collaborative programme will be mobilised by June 2017, in order to deliver benefits to patients for winter 2017/18 and will need to deliver 'quick wins' but also to embed sustainable improvement, and it is therefore conceived as a minimum two year programme. NHS Improvement staff will be at the heart of the programme, providing hands-on support and expertise to organisations, learning from experts in the field, and modelling system working.

### **Patient Experience Headlines Tool**

10. Providers are currently using the data within the Patient Experience Headlines tool, published by the Nursing Directorate in December 2016, to support improvement. An evaluation of the impact of this tool will be commencing in April 2017.

### **National Safe Staffing Improvement Resources**

11. On 15 March 2017 the Nursing Directorate published two further improvement resources for safe sustainable and productive staffing in district nursing and mental health services. They can be viewed via the following links:

Safe, sustainable and productive staffing in district nursing services:  
<https://improvement.nhs.uk/resources/safe-staffing-district-nursing-services>

Safe, sustainable and productive staffing in mental health services:  
<https://improvement.nhs.uk/resources/safe-staffing-mental-health-services>

12. The engagement period will run for just over six weeks until 28 April 2017. A communication plan is in place for the launch and two specific events are being held in April for face-to-face feedback.

### **Quality Improvement Maternity**

13. The three year Quality Improvement programme for Maternity was launched on 28 February 2017. The focus of the programme is on improving safety for maternity and neo-natal care and there are 44 trusts that have been selected for wave one, which will commence in April 2017.

### **Infection Prevention and Control**

14. Following the Secretary of State announcement on 8th November 2016, to reduce health care associated Gram-negative blood stream infections by 50% by March 2021, NHS Improvement, ALBs and cross sector partners are co-designing and developing an IPC Improvement resource for Infection Prevention.
15. A letter is due to go out to providers this month, to update on the national programme objectives and delivery plan. In April, the Nursing Directorate will be publishing the IPC improvement resource to disseminate good practice. The resource will evolve as they understand the most effective interventions and learn from best practice. The Nursing Directorate will provide trusts and CCGs their trajectories to achieve a 10% reduction in E.coli during 2017/18 to enable them to access quality premium and ask trusts to develop and submit an improvement plan setting out how they will contribute to achieving the E.coli reduction in 2017/18.

### **Learning Disability**

16. The Nursing Directorate has completed development of the learning disability improvement exchange, as a dedicated area within the revised NHS Improvement Hub. In addition we have supported preparation and implementation of the Provider Improvement standards for learning disability. The standards are currently out to consultation and these will be rolled out across regions by April 2017.

### **Quality Special Measures**

17. Work continues across NHS Improvement to support the trusts in special measures and those which are at risk of moving into special measures. This remains a high priority for Ministers. Some notable successes in recent weeks

have been the exiting from special measures of Barking, Havering and Redbridge University Hospital NHS Trust and of East Kent Hospitals University NHS Foundation Trust, although East Kent has moved into financial special measures. An announcement is also expected on Medway NHS Foundation Trust. We are now at the noteworthy point where more trusts have exited than are currently in special measures.

### **Seven Day Hospital Services**

18. NHS Improvement is now leading work to support trusts to deliver seven day hospital services. By 2020/21 all acute trusts must ensure that at least 90% of patients admitted as an emergency have access to services that meet priority clinical standards - phased implementation means that 25% of trusts need to have implemented the standards by April 2017 and 50% by April 2018. The clinical standards are intended to ensure patients receive the same level of consultant assessment and review, diagnostic tests and consultant-led interventions every day of the week.
19. Ensuring this programme is on course requires NHS Improvement staff supporting trusts to develop new ways of working, as well as encouraging a greater appreciation of how the improved availability of services can improve both patient flow (bringing more days from red to green) and staff working lives. Regional NHS Improvement leads, and NHS England colleagues, are developing a close working knowledge of how consultant rosters and diagnostic services are organised in each trust, and ensuring communications to the workforce are clear and consistent. There has been steady progress over the last few months, and we expect the results of the next survey of trusts, in April 2017, to be encouraging.
20. NHS Improvement has recently published a number of seven day service resources on its website. These include video case studies describing seven day services from the perspective of different staff groups (medical, nursing, pharmacy etc).