

To: The Board

For meeting on: 26 July 2018

Agenda item: 9

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 aligned to the conditions in Developing People, Improving Care (DPIC), which we have committed to being the guiding framework for our improvement and leadership development activities.
2. The Board is requested to note the information provided within the report.

Condition 1: Leaders equipped to develop high quality local health and care systems in partnership

Leading for Improvement Conference

3. The Improvement Directors Network helped to shape the third annual Improvement Conference held on 6 July 2018 and aimed at board members and senior leaders to help strategically develop, lead and sustain quality improvement cultures within their organisations.
4. Delegates heard from keynote speakers Mary Dixon-Woods and Rev Steve Chalke MBE as well as provider executives and clinicians who are taking strategic, organisation-wide approaches to embed a culture of continuous improvement whilst engaging staff, inviting patients to join the improvement drive, and keeping quality and safety front and centre.
5. Feedback has been overwhelmingly positive; the data will be used to shape our improvement offer to our providers.

Midlands and East Non-Executive Director Networking Event

6. The Midlands and East Region held its first networking event for Non-Executive Directors in Birmingham on 7th June 2018.
7. The event evaluated positively and the intention is to run sessions on a six-monthly basis with design input from NEDs, to ensure the subjects covered are most relevant to them.

Condition 2: Compassionate, inclusive and effective leaders at all levels

Aspiring Chief Operating Officers (COO) Programme

8. The programme identified the top 25 candidates from a high-quality field of around 130. Offers for unsuccessful applicants are being identified to ensure we retain sight of high calibre individuals for future initiatives.

Aspiring Chief Executive Officers (CEO) programme

9. We participated jointly with the NHS Leadership Academy (NHSLA) and NHS Providers in the interviewing of shortlisted applicants for the third cohort of the Aspiring CEO programme which will commence in September 2018.

The Aspiring Medical Director (MD) Programme

10. The programme, jointly delivered with the NHSLA and Faculty of Medical Leadership and Management, has helped create a regional support system for emerging leaders and develop the talent pool for new MD appointments. The first cohort will complete in October 2018 and be offered another tier of support.

Elective Care Essentials Programme

11. The first pilot has now commenced with 18 participants. The programme aims to improve the knowledge and expertise amongst NHS managers about the key components of an elective care infrastructure underpinning sustainable delivery of RTT, cancer and diagnostics. The final face to face session at the end of July 2018 will be followed by evaluation to assess ongoing delivery of programme.

Senior Women's Internship Programme

12. The successful candidates for the programme have now been matched with the companies who will host their six-month secondment. They are BAe Systems, Qinetiq, HSBC and Tarmac or Arcadis (final details to be confirmed)

Condition 3: Knowledge of improvement methods and how to use them at all levels

The 'Vital signs' programme

13. The programme commenced in June 2018 and will work with seven trusts over a three-year period. The trusts are: East Lancashire Hospitals; Doncaster & Bassetlaw Teaching Hospitals; Derby Teaching Hospitals; Dudley Group; Hillingdon Hospitals; Royal Surrey County Hospital; Plymouth Hospitals with Livewell SW CIC.
14. All staff and non-executive directors in trusts will be engaged in this improvement work over time. The initial focus will be on 'visioning' with the senior leadership teams and training them to support their staff to identify improvement opportunities and implement change.

Improving patient flow – Royal Berkshire NHS Foundation Trust

15. The South Region has been working closely with Royal Berkshire NHS Foundation Trust to enable a systematic review of stranded patients as well as working to develop internal professional standards, roles and responsibilities in respect of patient flow together with a clear escalation policy.
16. To ensure sustainability and build resilience for winter we are co-running workshops for matrons, ward managers and consultants to help with a focus on improving patient flow by adopting a dynamic discharge reduces patient harm mindset in line with both SAFER and Red2Green principles.
17. There has been a recorded improvement in all key metrics against the same period in 2017/18 since the team started supporting in April 2018.
18. Support will gradually be withdrawn over the coming weeks and responsibility and risk for continuing this will lay with the Trust executive team.

Quality, Service Improvement and Redesign (QSIR)

19. An event was held on 5 June 2018 where accredited associates had the opportunity to meet, network and hear from experts on different topics.
20. Within the last year our 84 QSIR associates have had c.1600 attendances on their programmes with demand continuing to increase to join this community and to gain the ability to build local improvement capability whilst having the benefits of national networks and expertise.
21. 80 candidates sat the virtual assessment on 5 July 2018 for the next QSIR College cohort. Those that pass will go on to teaching assessments in October 2018 in the hope of accreditation at the start of December 2018.

Rosamund Snow Community

22. We delivered two webinars over the past six weeks for the community of patient leaders, involving an NHS member of staff and a patient each presenting separately; one on co-production in mental health initiatives and the second on the role of regulation in improvement and how patients can be involved,

Condition 4: Support systems for learning at local, regional and national levels

Emergency Care Intensive Support Team (ECIST)

23. The ECIST modified operating model will focus on the 2018/19 national ambitions to:
 - a. reduce by 25% the number of patients with hospital stays over 20 days
 - b. reduce 4-hour A&E breaches amongst non-admitted emergency patients
 - c. tackle inappropriate 'corridor care' of patients
24. Subject matter experts produced the recent national 'Guide to reducing long hospital stays' supported by conferences, workshops, social media and videos.
25. The Emergency Care Improvement Programme (ECIP) has now successfully concluded, with its cohort of trusts being the only group not to have seen a performance decline between the winters of 2016/17 and 2017/18.

Reducing Inappropriate Out of Area Placements in Mental Health Services

26. NHS Improvement and NHS England jointly held a learning and improvement event on 19 June 2018 to support the reduction and eventual elimination of out of area placements (OoAPs) for mental health services
27. Feedback demonstrated a clear requirement for more peer-to-peer support and facilitated learning. In response, regional teams are now developing a six-month improvement collaborative that will provide this support.

Moving to Good

28. The nationally commissioned and regionally delivered Moving to Good programme supports systems for learning at local, regional and national levels.
29. The North region are working with several systems to support a move to Good at their next Care Quality Commission inspection. Once finalised and agreed they will form the basis for bespoke support offers, and progress towards achievement will be reported to the programme team and monitored monthly.
30. It is anticipated the majority of the programme will be delivered by the end of November 2018 with a summit event in March 2019.

31. The main risk to success is the operational pressure within participating organisations leading to non-participation. Risk is being mitigated by reducing all programme activity over the winter months (December through to February).

Action on A&E

32. Action on A&E is a major collaborative improvement programme run across the North region aimed at supporting health and care systems to make improvements to local urgent and emergency care pathways.
33. The programme has built up a network of over 1200 members, all of whom work, in some capacity, across urgent and emergency care in the North region.
34. The main theme is promoting whole system working, with each A&E Delivery Board required to take on a specific improvement project aimed at supporting one high impact action theme relating to urgent and emergency care.
35. The programme will be supporting over 35 improvement projects across the North region through the course of 2018.

Clinicians RTT eLearning pilot

36. An initial pilot tested an eLearning package for clinical staff involved in RTT pathway management in North and London region. Following feedback, the Intensive Support Team is now looking to develop a web based solution which can be shared across all regions for development of a refined learning system for clinical staff in management of RTT locally.

Condition 5: Enabling, supportive and aligned regulation and oversight

Making Data Count

37. Over the past six months, work has been undertaken with boards to introduce a different approach to looking at data. To date we have worked with eight trusts across community, mental health, integrated and ambulance.
38. Feedback from sessions has been consistently positive and all have agreed to change their reporting format and a number have already done so. Feedback from those that have already changed has been that conversations at board meetings have been more focussed on important issues that merit attention.
39. A key element of the work includes replaying some of the trusts' own data in an alternative format and demonstrating how different the conversation can be.
40. Currently, over 30 trusts have expressed interest in having a board session and increasingly requests are being received to run joint sessions with STPs.
41. Plans are currently in place to up-skill regional colleagues to be able to deliver board data sessions. These sessions will build on the recent publication

Making Data Count which has been very well received by the NHS.
<https://improvement.nhs.uk/resources/making-data-count/>

Arm's Length Body (ALB) Task and Finish Group

42. We are leading the work on the ALB Task & Finish group on Organisational Development, with a focus on the three pledges committed to in Developing People – Improving Care. This will look at management and leadership development offers; staff awareness of the behaviours set out for those engaging with providers; using the staff survey to seek feedback on the organisation's improvement culture; and the role staff recognition can play in the promotion of a compassionate and inclusive culture.