

To: The Board

For meeting on: 27 September 2018

Agenda item: 10

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 as 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

“Aspire Together” – Talent Management in the Midlands and East Region

3. We are working in partnership with NHS England, the NHS Leadership Academy and regional stakeholders to implement “Aspire Together”, a new approach to talent management in the Midlands and East Region.
4. The Regional Talent Board is focusing on three key priorities: shifting the culture to one of collaboration; ensuring visibility of talent across the region; and creating a diverse quality assures talent pool of future leaders
5. The application process opened on 7 September 2018 and the first assessment centre scheduled to take place on 12 November 2018.
6. At the time of writing 24 provider CEOs, 11 CCG Accountable Officers, 12 Chairs, and four Non-Executive Directors have registered to take part as assessors.

Transformational change through system leadership (TCSL)

7. There are circa 70 delegates registered from organisations in the Bristol and Bath area on the 26-27 September 2018 programme.

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

Staff Experience - compassionate leadership, workforce and patients together

8. A Health and Care Expo session hosted jointly by NHS Improvement and NHS England was fully subscribed over a week before the event. Presenters from three special measures trusts told their stories and reinforced why this work is so important for their organisations
9. Further, a webinar hosted by Prof. Michael West, King's Fund, and Jane Rook & Caroline Donovan from North Staffordshire Combined NHS Trust had over 160 people signing up for the recording and nearly 60 listening live.

Elective Care Essentials

10. This new programme has been developed to support operational managers responsible for elective care services to improve their knowledge and expertise regarding the key components of elective care that underpin and support sustainable delivery of RTT, cancer and diagnostic waiting times. It focuses on the effective application of learning in the workplace to support applicants in their job.
11. The pilot programme with 18 managers completed in July. Participants completed a self-assessment against a number of key aspects of elective care at the start of day one and rescored their assessment on day six. All participants showed an improvement in their self-assessed score post programme (average improvement +33) with one individual improving their score from 18 pre-programme to 87 post-programme.
12. Cohort One of the roll out programme starts at the beginning of October 2018 with a further 10 to follow between now and March 2020, at least one of which will be focused on cancer. We expect more than 260 operational managers to undertake the programme in that period.

Aspiring Chief Operating Officer programme

13. Commencing in mid-September, the cohort is 65% female and one third of the successful applicants are from a non-acute setting. Black and ethnic minority representation is less of a success story, with an application rate of 5% echoed by the rate in the final intake. The evaluation of the programme will include a focus on the marketing and application process to identify any lessons to be learned.

Bullying and Harassment

14. Looking at tackling clinician-to-clinician bullying and harassment, the aim of the programme is to develop a toolkit to assess current state, what progress has

been made and key areas to target. Data from the staff survey is currently being analysed to provide a more comprehensive picture of key areas to target. Regional workshops are planned for October 2018.

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

Costing Transformation Programme

15. This programme supports all trusts adopt patient level costing (PLC) - a standardised, detailed, higher quality approach to costing actual patient activity.
16. This year's voluntary collection of PLC from acute providers has concluded – with 79 trusts submitting cost data at patient level, significantly more than last year and on track to complete coverage for acute services in 2019. Rollout of PLC across non-acute services is also continuing this year.
17. In addition, a pilot is underway with one of the Integrated Care Systems to link together cost and activity data for a population, around clinically driven user stories – this will conclude in December 2018.

NICE into Action webinar series

18. Four monthly webinars starting in September 2018, from NHS Improvement, NICE and NHS England will help Allied Health Professionals (AHPs) to understand and engage with NICE's work, encourage structured approaches to implementing guidelines and support greater uptake of guidance.
19. The first webinar had over 800 people registered to attend.

Quality, service improvement and redesign (QSIR)

20. We will be running sessions on sustain and spread for our Pressure Ulcer and Falls collaboratives in September 2018.
21. A suite of six tools have been developed to support QSIR improvement projects which would be especially useful for dispersed teams.

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

Learning Disability

22. A new national data collection will be launched this month asking trusts to measure themselves against new Learning Disability Improvement Standards for NHS Trusts and associated metrics. This element of the work is being carried out in partnership with the NHS Benchmarking Network.
23. The standards are the first of their kind and are set to break new ground in terms of understanding how we identify, measure and create the conditions for improvement; from assurance, to delivery, through to patient experience.

Employee Health and Wellbeing Improvement Programme

24. 73 trusts have been selected to receive direct improvement support between April and Sept 2018 with 36 trusts already having received their data packs.
25. We will now review the improvement plans from the 25-intensive support and accelerator trusts and identify improvement support to implementation plans and launch the ambulance cohort improvement collaborative.

NHS People Strategy – Doctors in Training Programme

26. Terms of Reference for the programme were approved in August 2018 and include the establishment of a new programme board with an independent chair. The first programme board meeting is scheduled for 26 September 2018
27. A focussed implementation of one of the six principles for doctors in training, previously piloted in a region, is currently being explored for the cohort of doctors in training who rotate in November 2018. It is anticipated that wider implementation will commence from February 2019

Collaboratives

Allied Health Professionals supporting flow

28. Trusts have been invited to undertake a 90-day national collaborative utilising a blended learning methodology. The overarching aims are to support the reduction in the percentage of beds utilised by patients experiencing 21+ lengths of stay following an emergency admission.
29. The collaborative was significantly over-subscribed, with 50 “expressions of readiness” submitted and therefore a second cohort has been planned.
30. There is a shared ambition to roll out the collaborative in 2019 through a regional approach.

Closing the gap

31. 19 mental health providers are participating a new structured improvement programme to improve the physical health of people with a serious mental illness in line with the Mental Health Five Year Forward View.
32. Thus far trusts have been actively communicating outside of the collaborative forming support networks. The collaborative ends in October 2018.

Maternal and Neonatal Health Safety

33. We have undertaken a safety culture survey of around 89 trusts in Wave 1 and 2 of the collaborative. The results from the safety culture survey will be used to inform and support local improvement work in maternity and neonatal services
34. Themes and insight from the safety culture surveys across these 89 trusts will be analysed in an executive summary report with anonymised data in Q3 and shared across the system
35. Learning from safety culture surveys will be shared through the 20+ Local Learning Systems that have been established across England to support the local maternity systems

Children, Young People & Transition

36. A collaborative to improve transition is being developed and will include both physical and mental health services. We will be working with NHS England to involve commissioners in the collaborative's work across community and inpatient services.

Condition 5: Enabling, supportive and aligned regulation and oversight

Supporting challenged providers and those in special measures

37. A new Associate Improvement Director role has been created to support challenged providers and those in special measures for reasons of quality. This role allows for a more flexible response, alongside the Improvement Directors
38. This is a 12-month pilot with the first individual coming into post in October 2018. These roles enable us to build the capacity of the cohort of Improvement Directors whilst also enabling greater responsiveness to requests for support. It may also be helpful in succession planning in that the breadth of skills and experience needed to become an Improvement Director has proved difficult to recruit to through the standard recruitment processes and the new role will provide the possibility of a career pathway into the Improvement Director role.

Emergency Care Improvement Programme (ECIP) 2 – Deployment of SitRep Data from Ambulance Trusts to A&E Dashboard.

39. The programme aims to provide the Winter Preparedness Control Room with as much data as possible through the collection of daily SitRep data as well as near real time data dashboards from acute and ambulance trusts.
40. Currently 10 of the 11 Ambulance trusts are live and automated and sending daily data using the BI scheduler (automation) software.
41. NHS 111 data from the NHS Digital Pathways team is sent to NHS Improvement as a 15-minute refreshed feed, which is also being incorporated into the National A&E dashboard.

42. The aim is to have a cohort of 20 acute trusts providing real time data by the end of September 2018.
43. The model is currently an alpha version and is in testing with a small group of trusts. The expectation is that the tested model should be available to trusts around mid-October 2018.