

REPORT TO THE NORFOLK HEALTH OVERVIEW & SCRUTINY COMMITTEE	
Date	6 th December 2018
Title	Quality Improvement Programme (QIP) status update
Author(s)	Professor Nancy Fontaine, Chief Nurse Rosemary Raeburn-Smith, Programme Director for Quality Improvement Jane Robey, Head of Improvement
Purpose	To provide Norfolk Health Overview & Scrutiny Committee with an update on progress to achieve the Quality Improvement Plan
Summary including	To update on the improvement actions being taken, under the leadership of the Chief Nurse, to progress the Quality Improvement Programme.
Key Performance Issues/Risks	<p>Progress towards delivery of the 82 CQC Recommendations. In October, of the 82 Must do & Should do actions, we have :</p> <ul style="list-style-type: none"> • 5 (7%) Blue (Evidence reviewed and action completed) • 4 (6%) Red (Overdue action not on track) • 28 (42%) Amber (At risk of delivery) • 25 (37%) Green (On track to deliver) <p>The Performance Dashboard The Performance Dashboard is in its last stages of development, and almost fifty discrete metrics are now included within it. Some metrics relate to multiple recommendations.</p> <p>Routine Provider information Return (RPIR) request The CQC Routine Provider information Return (RPIR) request was received by the Trust on 16th October; the deadline for submission of the completed return was 6th November. Our submission was returned within this deadline.</p> <p>Safety Week and External Reviews</p> <ul style="list-style-type: none"> • During the week commencing 10th December the Trust will be holding a Quality Week. An external company, Enable East, will undertake the peer review across the Trust. • During the weeks of 10th & 17th December, a team from NHSi will meet with the Divisional Triumvirates and Board Members to undertake interviews in preparation for the CQC Well Led assessment.

Unannounced Clinical reviews

In preparation for a CQC visit in Quarter 4 we have arranged a series of Unannounced Clinical reviews. These have been arranged across the Trust to take place in November & December.

Communications

At the beginning of November we launched a newsletter, 'Sharing The Learning', which informs staff about the quality improvement programme. A variety of communication channels are being employed, to ensure that we reach as many staff and service users as possible.

Key Indicator Progress

During October 2018 progress has been made in the following areas:

Area of focus	Baseline period and value	Latest period and value
Hospital Standardised Mortality Ratio (HSMR) <i>This ratio indicates a better result if the value is low</i>	April 2016 - 113.7	July 2018 – 94.9
Incident Reporting <i>The larger value indicates a Safe learning organisation.</i>	August 2016 – 1,366	Sept 2018 - 1,668
Mandatory Training	August 2016 - 73.8%	Sept 2018 - 83.6%
Non-medical appraisals	August 2016 - 59.3%	Sept 2018 - 76.6%
Deprivation of Liberty standards (DOLS) training	April 2018 - 40%	Sept 2018 – 82.9%
Mental Capacity Act (MCA) training	April 2018 - 52.2%	Sept 2018 - 83.0%

Capacity Planning

In the short term, we have prepared our winter plan for 2018/19 based upon learning from prior years and from reviewing national best practice guidance. The winter plan was developed in conjunction with the wider Norfolk system.

In the medium term, we have several schemes already underway to increase capacity; these include:

- Positron Emission Tomography PET CT – opens March 2019
- Quadram Institute – opens December 2018
- Interventional Radiology Unit & 4th Cath Lab – opens November 2019
- Cromer Development – opens summer 2020

Further schemes are in development.

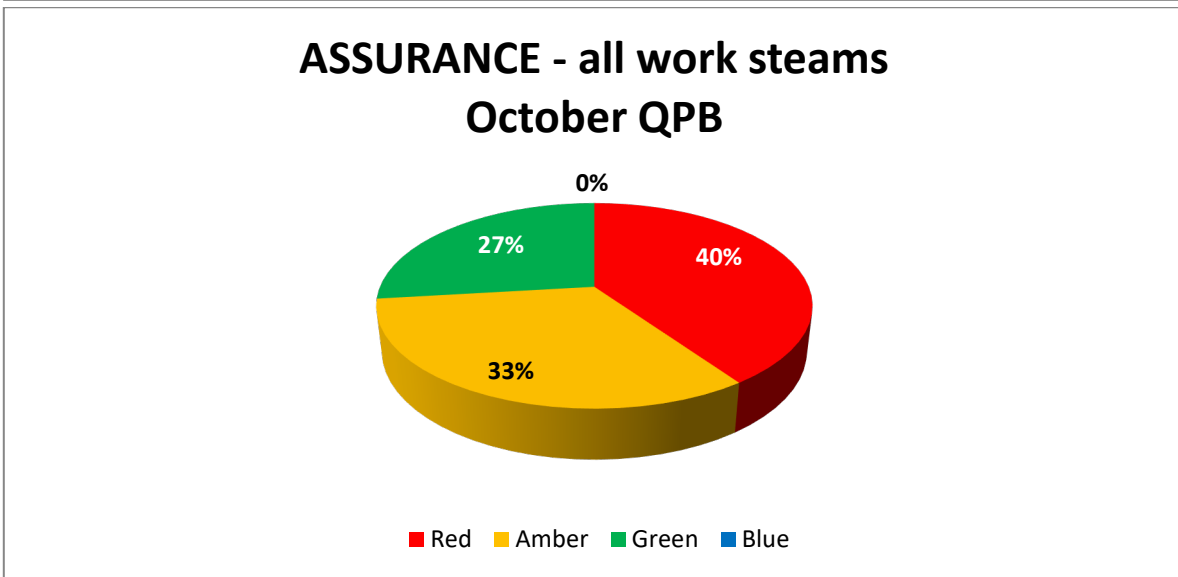
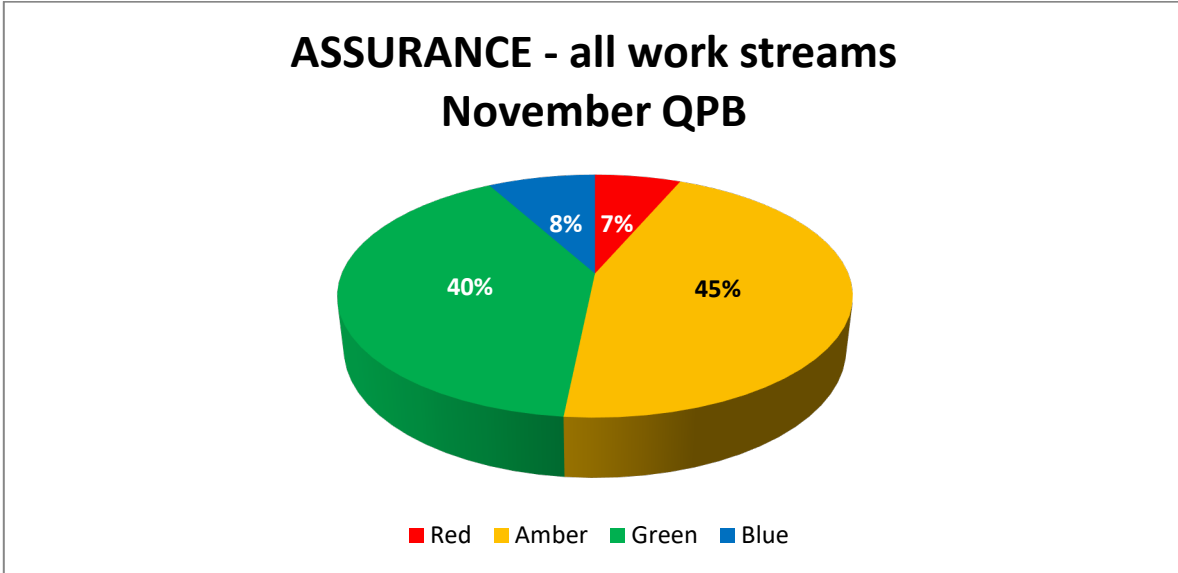
Action Required
(✓)

FOR DISCUSSION

1. Progress towards delivery of the 82 CQC Recommendations.

The pie charts below show the level of current assurance in respect to achieving the 82 recommendations and embedding sustainable improvement.

Current Status of Action Plan and first level assurance



BLUE	The recommended sustainable improvement has been delivered and clearly evidenced, and ‘signed off’ by the Evidence Group
RED	Limited progress has been made towards delivering the recommendation, and there is a significant risk that we may not achieve a sustained improvement by our desired deadline.
AMBER	Some progress has been made and evidenced towards achieving the recommendation, but there is a risk that we may not achieve a sustained improvement by our desired deadline.
GREEN	Substantial progress has been made and evidenced towards achieving the recommendation, and we are on track to achieve the sustained improvement by our desired deadline.

2. Performance Dashboard

Our Performance Dashboard is in its last stages of development, and almost fifty discrete metrics are now included within it. Some metrics relate to multiple recommendations.

An automated data collection process is in place. This went well for November QPB (the inaugural collection), which was very encouraging. A supplementary process will be launched shortly to collect narrative commentary.

3. Routine Provider information Return (RPIR) request

The CQC Routine Provider information Return (RPIR) request was received by the Trust on 16th October; the deadline for submission of the completed return was 6th November. Our submission was returned within this deadline, and included our self-assessment against the five CQC domains of Safe, Effective, Caring, Responsive and Well Led for all core services.

4. Safety Week and External Reviews

During the week commencing 10th December the Trust will be holding a Quality Week. An external company, Enable East, will undertake a peer review across the Trust. They will review Emergency Department, Medicine, Surgery (including critical care), Maternity and also look at some cross cutting themes including, Governance structures, Safeguarding/MCA/DoLS, Mental health/learning disability, equipment checks and medicines management (including medicines storage checks), uniform compliance and infection control.

Feedback from this review will take place in The Gooch Lecture Theatre at NNUH from 10:00 to 12:00 on Friday 14th December 2018.

During the weeks of 10th & 17th December, a team from NHSi will meet with the Divisional Triumvirates and Board Members to undertake interviews in preparation for the CQC Well Led assessment.

5. Unannounced Clinical reviews

In preparation for a CQC visit in Quarter 4 we have arranged a series of Unannounced Clinical reviews. These have been arranged across the Trust to take place in November & December. We will visit Wards and Departments across the Trust and will also visit some off site clinical areas. Feedback will be given to the clinical areas and Divisions on actions required. In the meantime, six internal unannounced visits will take place in the weeks leading up to Safety Week. The first of these unannounced inspections took place on November 6th in Critical Care. The inspection was overwhelmingly positive, and feedback and learning/action points were shared immediately with the ward team.

6. Communication Plan

In order to highlight the importance of the quality improvement programme to staff, patients and visitors, we have utilised various communication routes and approaches, including the following:

- An all staff email was sent from the Chief Nurse and Medical Director announcing the launch of our new improvement newsletter "Sharing the Learning"
- A banner on the intranet homepage promotes the Sharing the Learning newsletter
- Laminated posters promoting the newsletter are in every lift, ward and department, and printed copies are available in every ward and department
- Large A1 posters in the Exec cut-out frames are positioned at key entrances

- A Sharing the Learning screensaver is in place
- There are promotional table toppers in the main restaurant
- Numerous posts have been made via social media
- Large displays are positioned at three key locations (including the two main atria)

The “Sharing the learning” newsletter includes the latest progress updates on our Quality Improvement Plan and improvement project case studies. A screenshot of the inaugural edition is shown on the following page.

Sharing the learning



Front page

Latest Improvement news

Medicine Division

Children's Emergency Department

Surgical Division

Theatre improvement project

Women's and Children's Division

Children's Emergency Department

Clinical Support Services Division

Patient Experience Improvements in Radiology

Oversight and Assurance Group

Oversight and Assurance Group meetings

Schwartz Rounds

Latest OW

Serious Incident Group

Serious Incident Group

Online Poll

How do you prefer to access online information?

- On my mobile
- On my Desktop
- On my Laptop or Tablet
- All of the above

Welcome to Sharing the learning

Dear Colleagues,

Welcome to our first Sharing the learning newsletter where you will find the latest progress updates on our Quality Improvement Plan and improvement project case studies some of which may be useful for your own area :

You will see that the logo for our improvement work is urging us all to be improvers, to work together and be collaborative so that we can deliver the Quality Improvement Plan and achieve an outstanding quality standard. We believe that in five years that the cultural and clinical transformation work which is underway will achieve this goal and we need as many people as possible to be involved in our #JourneyToOutstanding to make this happen.

We have a consolidated Quality Improvement Programme (QIP) and associated action plan which includes the recommendations made by the CQC from the June report, and those from the King's Fund 'Organisational Diagnostic Review' report. We are committed to embedding a continuous quality improvement culture and capability at the Trust to enable the achievement of the QIP in full.

If you are not already involved in an improvement project at NNUH please email BeOutstanding@NNUH.nhs.uk to find out how your team can take part.



Professor Erika Denton, Medical Director and Professor Nancy Fontaine, Chief Nurse

Further Information

See [here](#) for the latest information on the CQC approach to inspections.

Social Media



Prof Nancy Fontaine
[@DrNancyFontaine](https://twitter.com/DrNancyFontaine)

Reduce variation, learn from mistakes & [#sharelearning](#) through improved communication [#Safetyhuddles](#)



[@NNUH_i](https://twitter.com/NNUH_i)

FollowingFollowing [@NNUH_i](https://twitter.com/NNUH_i)

So proud of [@Norwichowl](https://twitter.com/Norwichowl) [@ipswichgrove](https://twitter.com/ipswichgrove) [@NedAldus](https://twitter.com/NedAldus) [@sepsismaggie](https://twitter.com/sepsismaggie) presenting the huge progress made to mental health care in our acute environment over the last 10 months at today's [@NNUH](https://twitter.com/NNUH) OAG with external partners. Their positivity, honesty, buzz and drive for the future is amazing!

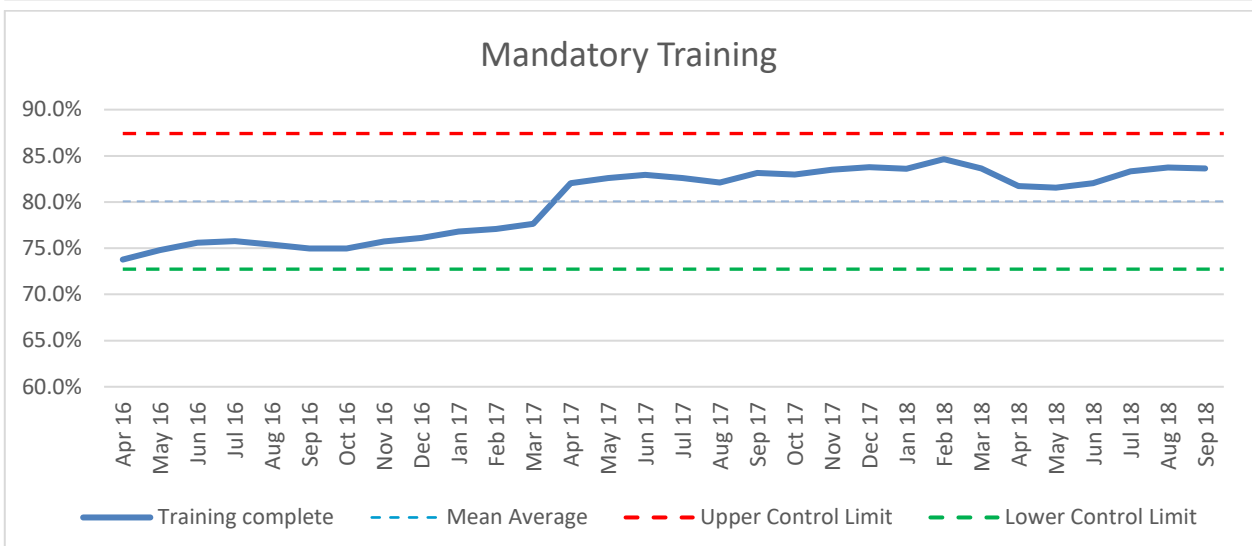
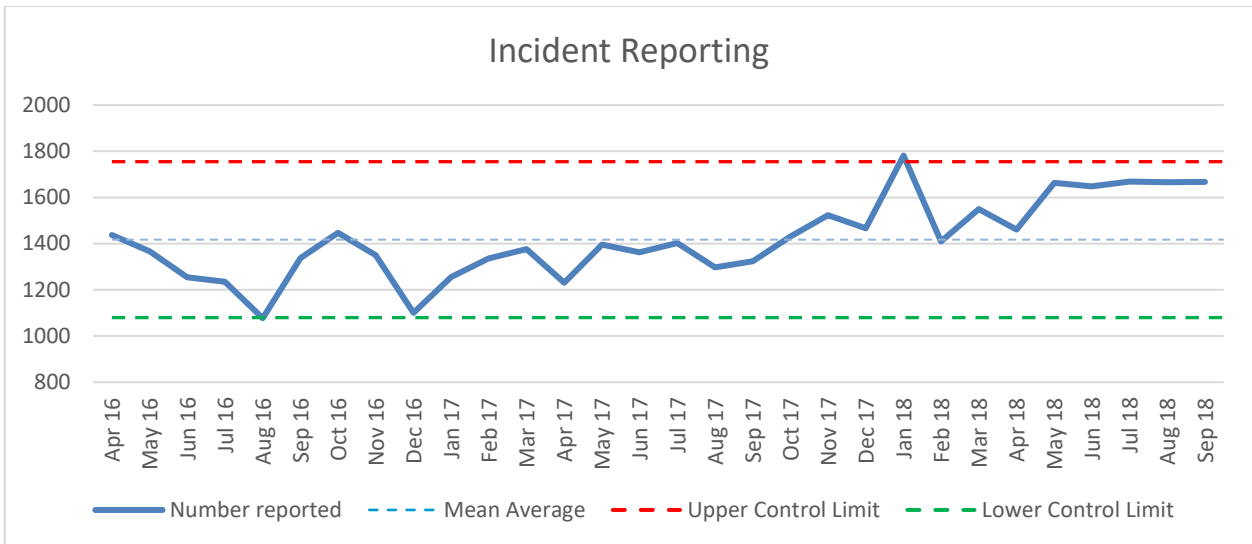
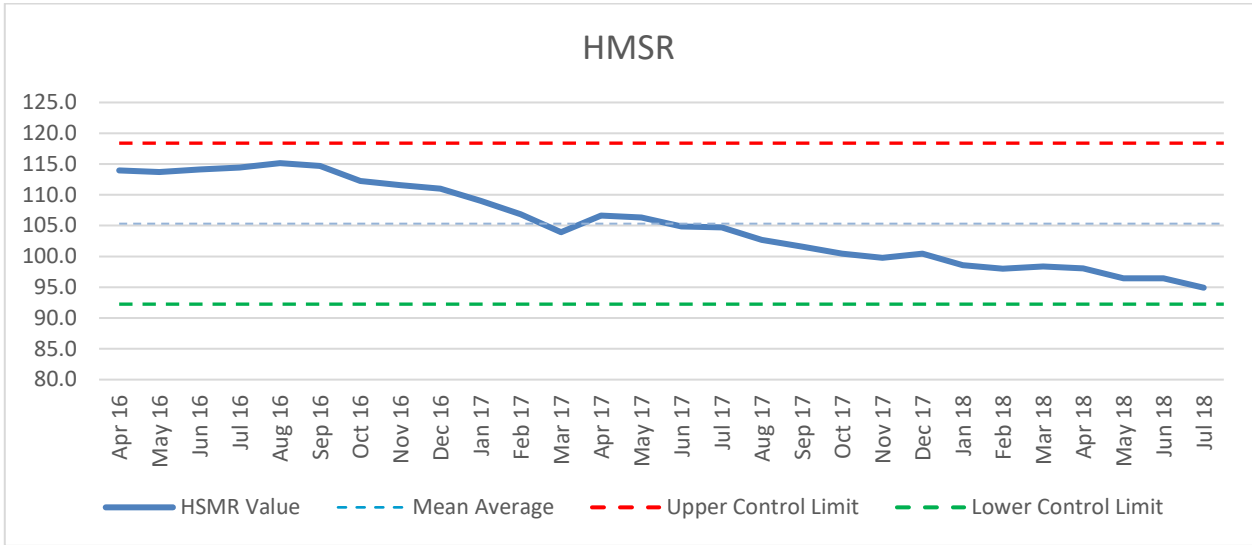
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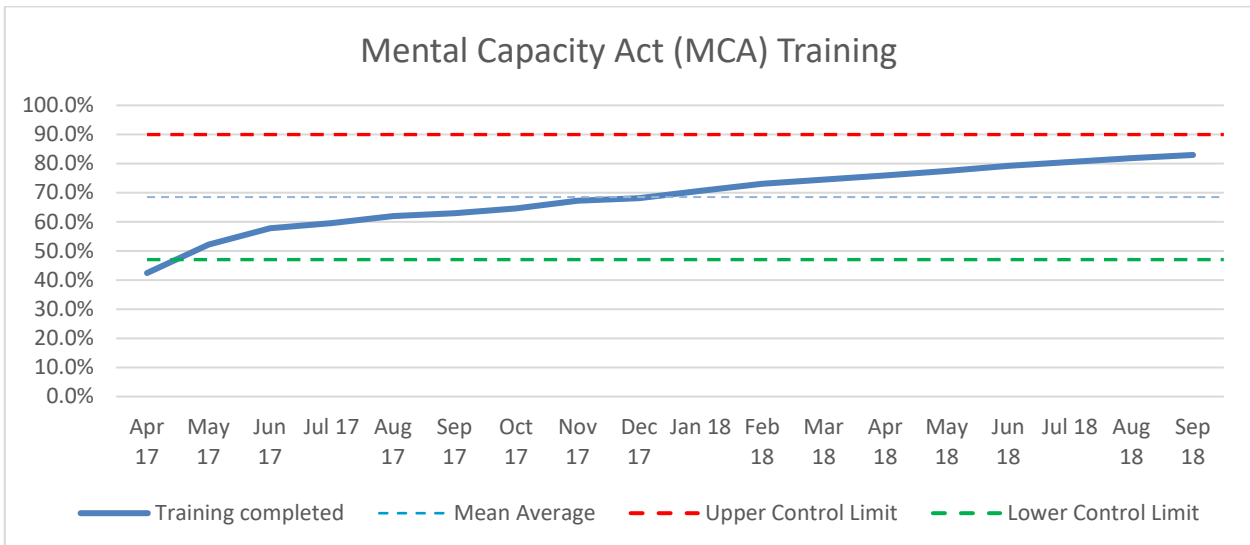
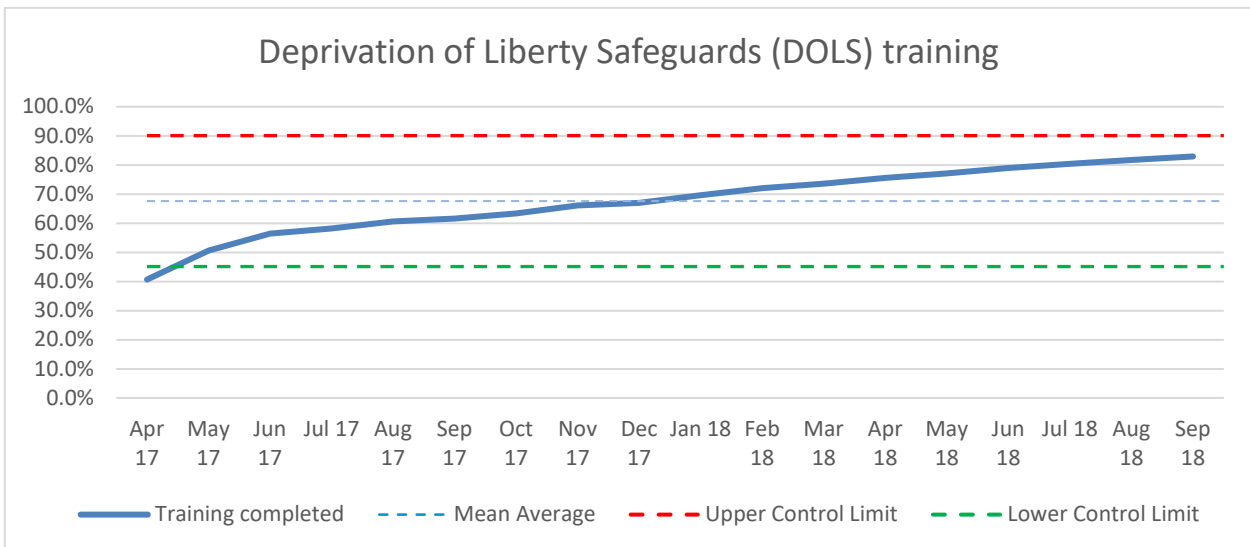
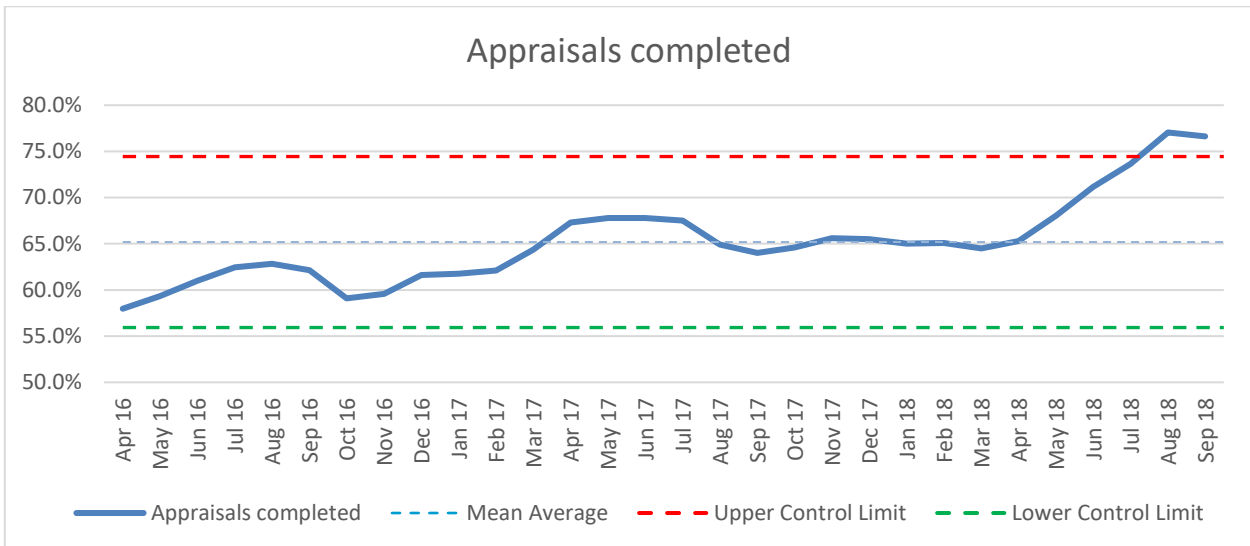
[@Jrobey](https://twitter.com/Jrobey)

I really enjoyed yesterday's [@NNUH](https://twitter.com/NNUH) Clinical Leaders Forum. It's exciting to be part of the [#J20](https://twitter.com/J20), and to be taking small but mighty improvement steps. I never tire of hearing the great work that's being done by our fab palliative care team to deliver outstanding End of Life Care.

7. Key Indicator Progress

Some of the areas where measurable progress is being made are shown in the following charts.





8. Capacity Planning – short term winter planning 2018/19

In the short term, we have prepared our winter plan for 2018/19 based upon learning from prior years and from reviewing national best practice guidance. The winter plan was developed in conjunction with the wider Norfolk system.

- **Additional Beds**
 - Installation is underway for a temporary Modular Ward, which will provide an additional 8 beds. The target date for completion is December 2018
 - We plan to also open existing escalation space, by opening and establishing currently closed beds and beds that are currently being used for research or as non-clinical space across medicine and surgery. This should release a further 45 beds.

- **Discharge Suite and Discharge Processes**
 - Space for 20 seated patients plus 8 bed / stretch patients awaiting ambulance transport
 - On track for completion in mid-December
 - We are working to reduce the length of stay for 'Super Stranded' patients (over 21-days in hospital) in accordance with latest national guidance
 - We are focusing our clinical & operational processes to enable discharges to occur earlier in the day

- **Additional ED cubicles**
 - Plans are in place to expand the Rapid Assessment and Treatment (RATs) area to 8 spaces, allowing a maximum ambulance off-load capacity of 32-patients / hour
 - The capital costs (circa £1.2m) have been funded by NHSE
 - We are on track for completion by 14th December 2018

- **Virtual Ward Trial 'NNUH @ Home'**
 - We have engaged a third party provider to establish a 30-bed virtual ward for patients living in a 15-mile radius of NNUH
 - The proposed 9-month trial would allow NNUH and system partners to assess what a sustainable model could look like in future – either to be run in house or in partnership
 - The principle underpinning the trial is that patients requiring sub-acute care but occupying a bed (e.g. long term antibiotic therapy, complex wound dressings, multiple insulin dose administration etc.) would remain the responsibility of their NNUH consultant but would receive this care at home
 - This is a relatively common model across the NHS.
 - The pilot has a 12-week mobilisation timescale.

- **Older Person's Emergency Department (OPED) extension**
 - OPED opened in December 2017; despite a challenging winter, fewer patients over 80yrs of age were admitted to NNUH
 - The service currently runs until 5pm. This scheme looks to extend it until 8pm weekdays and at the weekend, linked to demand
 - Recruitment of staff has commenced

9. Capacity Planning – medium term

In the medium term, we have several schemes already underway to increase capacity; these include:

- Quadram Institute – opens December 2018
- PET CT – opens March 2019
- IRU & 4th Cath Lab – opens November 2019
- Cromer Development – opens summer 2020

Further schemes are in development include:

- A Diagnostic and Assessment Centre. This is part of a £69m STP priority capital bid, in association with JPUH and QEHKL.
- Turnstone court, which involves the development of two day-case theatres at Norwich Community Hospital
- Renal Dialysis to be provided in the community (with car parking)
- Multi-storey Car Park (funded through charitable funds)
- Nuclear Medicine (£2m) – expansion of key cancer service
- Breast Imaging expansion – to enhance one stop clinics for suspected cancers

10. Conclusion & Recommendations

The Norfolk Health Overview & Scrutiny Committee are asked to note these actions.