

# Public Board Meeting

## Report

**Subject:** Quality Improvement & Assurance Programme Update  
**Date:** Wednesday 25<sup>th</sup> January 2017  
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### Executive Summary

#### 1. Executive Summary

The purpose of this paper is to outline the structure of the Quality Improvement and Assurance Programme (QIAP) designed to identify and monitor those major change programmes that will transform the care delivered to our patients and support the journey from Good to Outstanding.

In essence it is expected to be much more thematic in nature with an increased focus on the transformation of the care provided. It will take account of both external and internal intelligence around the safety and quality of care delivery but also importantly meet the needs of the Sustainability and Transformation Plan and the Strategic Priorities of the Trust.

#### 2. The Quality Improvement and Assurance Programme – Governance arrangements

It is widely recognised across the Trust that the rigorous process that was developed to manage the QIP was integral to the successful delivery of the programme. The same rigour will be applied to the development and implementation of the new QIAP.

It is proposed to retain the cyclical nature of confirm and challenge at individual programme level, progress reporting and internal oversight will be provided by a Programme Board, constituted of the Improvement Programme Executive Sponsors and Programme Leads facilitated by the programme Director with support from the programme Management Office. Assurance of delivery will be through the Quality (Assurance) Committee on a monthly basis culminating with a quarterly report to the Board of Directors.

#### 3. The Quality Improvement and Assurance Programme– Structure

The structure of the programme is set out below:

**Section 1** - The residual actions from the 2015/16 QIP have been transferred to the new QIAP to ensure that the evidence required to demonstrate that the remaining actions have been fully embedded into practice and are not 'lost' during the transition period.

Work has continued to ensure that these actions are completed and evidence provided to demonstrate that the actions are fully embedded into the day to day operations of the Trust. 9 actions were presented to the Quality Committee on the 18<sup>th</sup> January and approved.

In addition a full review of those actions that have been embedded throughout the programme to provide assurance that the monitoring controls remain appropriate and fit for purpose and that the required outcomes from the completed actions and associated benefits

to patients, their carers and staff are still in place is currently underway and will be presented to the Board of Directors in March 2017.

**Section 2** – This tab records those actions that were specifically highlighted as a ‘Must Do’ or ‘Should do’ from the 2016 CQC Report. Progress against these actions will be discussed and monitored as part of the regular monthly CQC engagement meeting. This section was approved by the Trust CQC Relationship Manager on Tuesday 17<sup>th</sup> January 2017.

**Section 3** – This is the area where all new change programmes are being recorded. The second draft QIAP identifies 10 Quality Improvement Work Programmes, the detail of which is currently being worked up and agreed with the Executive Sponsor and the Programme Lead.

These programmes have been identified through the Strategic Priorities of the Trust as articulated in the Trust Operational Plan 2017/18 and 2018/19, in addition to initiatives that have been highlighted through other internal intelligence.

Progress on Section 3 will be monitored on a monthly basis through the QIAP Programme Board and included within the QIAP monthly Report to the Quality Committee.

A full summary report will be provided to the Board of Directors in the last month of each Quarter through 2017/18.

The initial 10 programmes are as follows:

1. Patient Safety & Theatre Culture
2. Implementation of Nerve Centre
3. Mortality Review
4. Senior Review of Medication
5. Hospital 24/7
6. Discharge
7. 7/7 service provision
8. Management of patients with Mental Health needs
9. Management of patients with Learning Disabilities
10. Patient Information

**Section 4** - It is proposed that this section is where any organisational learning can be recorded to demonstrate how the Trust has learned and changed practice where required to improve the care provided to patients and their families. This section will be the repository for future programmes of work.

The challenge we face is how we improve our ability to support timely and relevant information flows across the Trust reporting structures to ensure the accurate capture of intelligence, both internal and external that will clearly identify future opportunities and areas for improvement.

### **Recommendation**

The Board of Directors is asked to:

- Note the content of the paper
- Agree the Governance and frequency proposal

Relevant Strategic Priorities (please mark in bold)	
Ensure the highest standards of safe care are consistently delivered by, and for, individuals, teams and departments	Ensure that patients experience the very best care, building on good practice and listening and learning from both negative and positive feedback and events
Provide timely access to diagnosis, treatment and care when people need it and safely reduce the time patients spend in hospital	Raise the level of staff engagement through strong leadership, communication, feedback and recognition
Reduce the scale of our financial deficit by reducing costs, improving utilisation of resources and productivity, and achieving best value for money	Work in partnership to keep people well in the community, and enable them to return as soon as they are ready to leave hospital

How has organisational learning been disseminated	
Links to the BAF	
Financial Implications/Impact	
Legal Implications/Impact	
Partnership working & Public Engagement Implications/Impact	
Committees/groups where this item has been presented before	