Subject:	Advancing Quality Programme	Date: 05/12/19	
Prepared By:	Elaine Jeffers, Deputy Director of Governance & Quality Improvement		
Approved By:	Dr David Selwyn, Deputy Medical Director		
Presented By:	Dr David Selwyn, Deputy Medical Director		

Purpose			
To provide an update on the Advancing Quality Programme to the Board of Directors	Approval		
	Assurance		x
	Update		x
	Consider		

Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
x			x	x

Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		x		

Risks/Issues				
Financial	There may be some financial cost associated with the delivery of programme actions – will be identified and seek approval as required			
Patient Impact	Delivery of the programme will have a positive impact on the safety and quality of care delivered to patients			
Staff Impact	Delivery of the programme will have a positive impact on the experience of staff to deliver high quality, safe care to patients			
Services	Delivery of the programme may impact on service delivery and may necessitate service re-design and reconfiguration			
Reputational	Delivery of the programme will significantly improve the internal and external reputation of the Trust			

Committees/groups where this item has been presented before
An update is provided to the Quality Committee at each meeting

Executive Summary

The purpose of this report is to provide the Board of Directors with an update on progress against the Quality Strategy, Campaigns one to five inclusive. The report highlights the position as at 20 November 2019 following approval of two blue actions from Campaign Five at the November Quality Committee.

Each action within the five campaigns has been reviewed with the Deputy Medical Director and Chief Nurse through the Advancing Quality Programme Oversight Group to acknowledge progress to date and agree further actions where required.

The full Quality Strategy (QIP Document) (Campaigns 1-5) for 2019/20 is available within the Reading Room.

Board are asked to:
- Note the content of the Report
- Progress made since the report to the Board in September 2019
- The identification of further actions relating to falls, theatre safety and mortality
- The approvals of two actions from Campaign Five

1. Advancing Quality Programme (AQP) – Campaigns One - Five

1.1 Table One records the performance position against the five campaigns of the Advancing Quality programme following final approval by the Quality Committee on 20 November 2019.

1.2 The AQP Oversight Group noted the following movement in the RAG ratings for the actions within the programme:

- The total number of actions within the overall programme has increased from 63 to 76. This is due to the addition of new measures since the last Quality Committee Report. It is therefore not possible to make a direct comparison re RAG ratings; however there have been the following positive changes to actions since the report presented to board in September 2019.

- No new red actions identified
- A decrease from 11 to 7 red actions (positive)
- An increase from 23 to 24 amber actions (neutral)
- An increase of 18 actions rated as green (positive)
- An increase of four actions approved as blue (positive)
- No change to the 1 grey action in Campaign Five. This action related to difficulties in the access to the Rapid Response Psychiatric Practitioner (RRLP) service and related information at Newark Hospital. Since the last report there has been further progress in our ability to access mental health clinical information thus a proposal will be put to the AQP Oversight Group to amend this rating to Green at the meeting on 03/12/19.

Campaign	Red	Amber	Green	Blue	Grey
	Action Needed	Action Agreed	On Track	Embedded	Unable to progress
Campaign 1 - A Positive Patient Experience	4	1	11	0	0
Campaign 2 - Care is Safer	1	5	9	0	0
Campaign 3 - Care is Clinically Effective	2	7	4	2	0
Campaign 4 - We Stand Out	0	8	2	0	0
Campaign 5 - CQC Should Do Actions	0	3	8	8	1
Totals	**7**	**24**	**34**	**10**	**1**

Table One

1.3 The Advancing Quality Programme Oversight Group continues to meet each month, chaired by the Deputy Medical Director.

1.4 Pre-identified action owners are invited to present evidence to either demonstrate progress or present the case for closure of an action due to full achievement.

2. CQC Should Do Action Plan – Campaign Five

2.1 Steady progress is being made on the actions within Campaign five, much of which relates to evidence collection to support sustainability.

2.2 In line with a more robust engagement meeting with the Trust CQC relationship manager the CQC Should Do Action Plan is now discussed as part of the core business of the

meeting. The current version has been submitted to CQC on 22 November to support the planning process for the forthcoming inspection.

3. Assurance

3.1 The Advancing Quality Programme Oversight Group met on 08/10/19 and 12/11/19 where further progress has been noted. This was reflected in the report to the Quality Committee on 20/11/19.

3.2 The Oversight Group provides the opportunity for robust discussion and challenge around the evidence presented to demonstrate achievement and progress. This provides Quality Committee with assurance that actions have been completed and are sustainable going forward.

3.3 Following the successful completion of a number of actions within the 2018/19 programme and the ongoing achievement demonstrated in the first two quarters of 2019/20 Quality Committee approved the addition of the following new actions:

- 1920.1.03 - Educate and train staff to adopt the principle of co-design in care Planning – KPIs from the Quality Improvement Strategy have been added to the AQP as follows:

  o Evidence of visible and meaningful service user and community co-design in improvement - Baseline information on current user engagement obtained from services

  o To promote a just culture at SFH in response to errors, as this has been linked with improved quality (specifically mortality rates) as evidenced by moving services closer to the industry mean PASCAL score for 'response to errors' by 2023 - Develop a Human Factors strategy for SFH

  o Safe, staff focused forums are in place to share experiences of working in healthcare; Schwartz Rounds are a nationally evidenced approach to promoting staff well-being - 6 Schwartz Rounds held at KMH, in order to test the process, with full evaluation of outputs

  o Deliver PASCAL Safety Culture Programme within agreed areas, in order to build on the understanding of the organisation's safety climate - Continue to support the Safety Culture work in Theatres

  o Deliver PASCAL Safety Culture Programme within agreed areas, in order to build on the understanding of the organisation's safety climate - Re-visit Safety Culture programme on the 29 SFH wards

  o In line with the SFH QI Capability Model, all SFH staff to have Service Improvement training as part of an inclusive approach, in order to promote knowledge, understanding and confidence in taking forward improvement - 50% of staff have received 'bronze level' Service Improvement training, in line with the SFH Capability Model

  o In line with the SFH QI Capability Model, all SFH staff to have Service Improvement training as part of an inclusive approach, in order to promote knowledge, understanding and confidence in taking forward improvement - 25% of staff have received 'silver level' Service Improvement training, in line with the SFH Capability Model

- To promote the 'organic' development of 'improvement hubs' led by frontline staff, in order to equip and empower staff to lead improvement - To support 4 trial 'improvement hubs' in order to test and learn from the model

- To have an Improvement Knowledge Management system in place to optimise staff experience and knowledge, and to capture improvement activities across the organisation in order to learn from successes and failures, and to recognise staff efforts - To source and launch a suitable platform that is user friendly, accessible and fit for purpose

- To actively co-create and promote improvement networks e.g. the Human Factors Community of Practice, both within and outside of SFH - Effective Human Factors Community of Practice. Evidence of other Improvement networks

- 1920.2.01 - Falls
  - Improve the outcomes for repeat fallers - Collect baseline data for repeat fallers

  - Improve the outcomes for falls resulting in long bone fractures - Collect baseline data for falls resulting in long bone fractures (%)

3.4 Board should note that any action deemed to be embedded must have been sanctioned by the Oversight Group prior to final approval at Quality Committee.

4. The following actions were approved as embedded by Quality Committee on 20 November 2019:

- 1920.5.12 - The provider should consider improving the ward environments to make them more suitable for patients living with dementia.

- 1920.5.16 - The provider should ensure cleaning schedules are readily available in all areas to ensure consistency of standards.

Elaine Jeffers
Deputy Director of Governance & Quality Improvement
Board of Directors
December 2019