

Board of Directors Meeting in Public - Cover Sheet

Subject:	Advancing Quality Programme Update	Date: 22/02/2018		
Prepared By:	Paul Moore, Director of Governance & Quality Improvement			
Approved By:	Paul Moore, Director of Governance & Quality Improvement			
Presented By:	Paul Moore, Director of Governance & Quality Improvement			
Purpose				
To provide the quarterly update on the Advancing Quality Programme to the Board of Directors			Approval	
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care to our patients	To support each other to do a great job	To inspire excellence	To get the most from our resources	To play a leading role in transforming health and care services
X	X	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				
N/A				
Executive Summary				
<p>The Advancing Quality Programme Report outlines the progress made in the year to date in each workstream, drawing to the Board's attention to the achievements made and, if necessary, any specific risks or concerns.</p> <p>Overall, the Advancing Quality Programme (AQP) Board were satisfied and pleased with the progress made in the year to date. In particular, the implementation of Nervecentre has been very successful. Also, the arrangements to introduce Structured Judgement Review as part of the mortality review process is progressing as planned. The AQP Board were pleased to note that plans to address safeguarding and mental health improvement actions have recovered and are progressing well.</p> <p>There are number of specific challenges that colleagues are working to overcome:</p> <p>Patient Safety Culture Technical issues with staff receiving the PASCAL survey in Maternity – in connection with NHS mail - has impeded completion of PASCAL in Maternity. The Team are working towards a 40% response rate in order for the results to be statistically relevant and meaningful. The AQP</p>				

Board received assurance that this response rate could be met and that every effort is being made to facilitate responses. The risks identified to engagement and communication, and also working knowledge of PASCAL, are currently being mitigated.

Implementation of Nervecentre

The team expected to have completed the implementation of Paediatrics at the time of report and by this time have started implementation in the Emergency Department. However, slippage on this and additional resources required to implement the Paediatric Module has pushed the final timeline for the Emergency Department to beyond Easter. The AQP Board considered that, on balance, this has not had a detrimental effect on the overall programme and means the roll out in the Emergency Department can occur at a less pressured time. We remain on course to conclude the overall implementation of Nervecentre by September 2018.

Mortality Review Process

The Board of Directors will note that arrangements exist for reporting learning from deaths under separate cover. It was noted that raw mortality in December and January increased putting pressure on the completion of the mortality review tool by staff. The reviews thus far have indicated early involvement of the patient and their families in ceilings of care discussions is one of the main areas of learning identified, and action in this regard is being led by the Medical Director. The AQP Board were advised that definitive national guidance is expected imminently in respect of how to involve bereaved families in the learning from deaths process, which we hope will assist in providing the best possible support to all those involved.

Safe Medicines Prescribing

The AQP Board noted the EPIFFANY Project is now completed and we await the analysis and report from the University of Nottingham. In addition, medical input into the proceedings of the Medicines Safety Group has increased; two doctors regularly attending. Wards 43 and 44 have been identified as pilot sites for accelerating improvement in relation to medication incidents. Concern was expressed that no representative was available at the meeting to account for the progress of this workstream; the AQP Board noted that current performance in respect of review of antimicrobial prescriptions by a senior doctor within 72 hours of admission is not in line with expectations. This will be taken up separately with the workstream lead.

Hospital 24/7

No report was made available for the AQP Board to review. However, post meeting enquiries have indicated that the Trust continues to make steady progress and remains in a strong position across providers in the East Midlands area. It was agreed that extra time will be set aside at the next meeting of the AQP Board to review and capture more directly the progress in this workstream.

Safeguarding & Mental Health

The Dementia Strategy development has been delayed slightly due to staff sickness. A draft is now available and due to be ratified at the Dementia Steering Group meeting to be held in February 2018. Due to technical reasons the AQP Board agreed to a 1 month extension to incorporate safeguarding metrics into the Quality Dashboard presented to PSQB. The 'Think Family' safeguarding strategy has been prepared and, at the time of report, a dissemination plan had been enacted to communicate across the organisation.

Patient Information

The AQP Board were content to rate the overall workstream green in light of the progress made. The AQP Board agreed to a small extension (to the end of March 2018) to the production of the proposed Policy on the Development and Distribution of Patient Information; this is to allow for more detailed process mapping and consultation with stakeholders to take place. The improvement needed to develop the Trust's website in order to make it easier for service users to access information, in a format and language that meets their needs, is now

underway with the support of NHIS. This work is at an early stage of implementation and at the present time is concentrating on the Trust's homepage.

Quality Strategy

The AQP Board received a draft of the Trust's proposed Quality Strategy. Members gave their widespread support to the direction, clarity of vision, and the priorities selected for improvement work as set out in the document. Further consultation will now take place with senior leaders and other stakeholders, including the Board of Directors, prior to formally inviting the Board to approve the Strategy at their meeting to be held in March 2018.

The Board of Directors are invited to:

- Consider and note progress to date; and
- Advise on any further action required by the Board to strengthen delivery of the Advancing Quality Programme.

Appendix 1

Advancing Quality Programme

Programme	Problem Statement	Delivery to Date	Success Measure	Workstream Rating Overall
Patient Safety Culture		Building our safety culture to advance Patient Safety Management:		
	Improvements required to foster a safety culture where staff across the multi-disciplinary team work together to identify and celebrate good practice and have a constant and active awareness of the potential for things to go wrong. To work towards an 'open culture' where all staff understand the connection between what they do, how that impacts patient safety, and in which staff feel empowered to learn and initiate improvements from incidents and near misses.	<ul style="list-style-type: none"> The programme continues to make progress most actions are on track to deliver within the agreed timescales. Some technical issues have reduced the number of responses for the Pascal Survey within Maternity. A change in the process has been identified to increase the numbers to 40% response rate or more. Schwartz Rounds training has been completed and the next steps are being planned. Associate Director of Service Improvement for Patient Safety Culture appointed and due to start in March 2018. The risks to the workstream are being mitigated. 	<p>Success of this programme will be measured through improvements in Pascal Patient Safety Culture results identified at the point of re-audit (planned for 2018).</p> <p>The initial domains for improvement are:</p> <ul style="list-style-type: none"> Perception of Senior management by staff Non-punitive response to errors 	A
Nervecentre	Problem Statement:	Deliver and realise the benefits of Nervecentre to further enhance care and minimise risk associated with sudden an unexpected clinical deterioration		Rating
	Delays in escalation of deteriorating patients through both recognition and communications have been identified as a common theme contributing to actual/potential harm, unplanned admissions to ITU and increased length of stay.	<ul style="list-style-type: none"> The overall programme continues to make good progress with some actions delivered ahead of agreed timescales. The delivery of a Nervecentre ED product will be implemented in Q1 2018/19. This is behind the original timescale of year end due to slippage of the implementation of the Paediatric module. 	<ul style="list-style-type: none"> Early indicators are that there have been a positive improvement in a number of factors within the Digital Maturity Index (DMI) 	G

Mortality	Problem Statement:	Identify and eliminate avoidable factors associated with inpatient mortality		Rating
	<p>We need to implement systems, policies and processes that support the effective and timely review of all deaths that occur in hospital to maximise learning opportunities.</p>	<ul style="list-style-type: none"> The overall programme continues to make progress. The use of the electronic Mortality Review Tool continues to mature; December 2017 and January 2018 saw higher levels of raw mortality putting pressure on the completion of MRT. It is clear that clinical teams are carrying out mortality reviews and we are working towards agreed completion goals. Training and support to Clinical Teams in the effective application of Structured Judgement (Case Record) methodology continues. Dr Lobo has been attending Specialty Mortality Meetings to offer further advice, support and guidance. 	<ul style="list-style-type: none"> Q3 saw a decrease of 30% in the review of all deaths from the Q2 performance of 84% to 54% in Q3. Of the 729 deaths reviewed year to date 2% (19) were considered to have contributory or avoidable factors 	A
Safe Medicine Prescribing	Problem Statement:	Reduce risk associated with medications by focusing on senior review and controls for managing high risk medicines		Rating
	<p>We do not have assurance that all medication incidents are reported in the Trust and improvements are required to ensure learning from incidents is shared appropriately and in a timely fashion. Antimicrobial resistance is a national NHS issue and so within the Trust we need better assurance that our antimicrobial prescribing is being reviewed in a timely fashion by the senior medical team and actions are taken. We must ensure patients receive the correct medication when admitted to hospital by ensuring timely and accurate medicines reconciliation.</p>	<ul style="list-style-type: none"> The overall programme continues to make progress with all actions on track to deliver within agreed timescales. The Epiffany project has finished. The university are not planning a second set of training sessions. We are awaiting the final report. 	<p>A number of measures have been put in place to increase the incidence of medication incidents across the organisation. Ward 25 (Paediatrics) in particular are being held up as exemplar practice due to the progress and improvements they have made.</p>	G

Hospital 24	Problem Statement:	Reduce variability in outcomes for patients admitted to hospital as an emergency regardless of day of the week		Rating
	<p>To reduce variation in outcomes (mortality, patient experience, length of stay and readmission rates) for patients admitted to hospital as an emergency.</p>	<ul style="list-style-type: none"> The Trust continues to implement the National Clinical 7 Day Standards and submit the required Audit information. The Trust is performing better than other Trusts in the East Midlands. The Trust submitted the required Self-Assessment Documentation to NHS England and is awaiting feedback. There has been a continued focus on Hospital Out Of Hours with all Qualified staff in place. Hospital Out of Hours Policy was ratified by the Deteriorating Patient Group in October 2017 and is published on the Trust Intranet site. The Task Management module of Nervecentre was launched on 16th October to support the Out of Hours teams. The implementation team in conjunction with the skilled HOOH team has led to excellent adoption by wards. A Medical Lead has been identified to assist with the integration and development of collaborative working out of hours. Work on going to look at integrated handover for all specialties using electronic handover - Derby has been approached as theirs has been held up as good practice. Weekend 24 hour working has commenced and has evaluated well – further discussion is being held around additional support required for cover for twilight which has been agreed in principle but requires further work to operationalise. 	<p>The implementation of the Nervecentre Task Management for the Hospital Out of Hours team has seen an immediate increase in the number of escalation alerts</p> <p>The Hospital Out of Hours team are working closely with the Nervecentre Implementation team to understand the detail under the alerts and develop a mechanism to ensure that the team are directed to and can prioritise the most appropriate patient</p>	<p>G</p>

Safe Transfers of Care	Problem Statement:	Improve the safety, quality and experience for service users when being transferred between care providers - both internally and externally		Rating
	To reduce the risk to patient harm when transferring care across care providers.	The Safe Transfers of Care Programme has been incorporated into the wider 'Patient Flow' Programme.		
Safeguarding & Mental Health	Problem Statement:	Deliver safe, seamless care for those admitted to hospital as an emergency who are learning disabled or have ongoing mental health needs		Rating
	We need to implement systems, policies and processes that support and enable staff to identify and respond to the care needs of patients with Safeguarding and Mental Health problems or Learning disabilities.	<ul style="list-style-type: none"> The overall programme continues to make progress with all actions on track to deliver within agreed timescales. There is a delay in Dementia Strategy development due to specialist nurse sickness. A draft has now been written and will go to the dementia steering group in February for ratification. The DOLS audit was completed and a short, medium and long term strategic plan is being developed to move this area forward, learning from the audit findings and liaising with the local authority. Discussion around development of Think Family training developments has taken place, a new programme has been agreed and the training strategy revised. The Think Family Safeguarding strategy has been printed and a dissemination plan is being agreed . The Mental Health Nurse has completed her induction and is developing a work plan with the Head of Safeguarding. 	<p>A key feature of both the 2015 and 2016 CQC Inspection reports was the training compliance and associated understanding of front-line staff with the Mental Health Act (MHA), Mental Capacity Act (MCA) and application of DoLs.</p> <p>The Safeguarding Team provide comprehensive training to support this requirement and current compliance can be found at Appendix 3.</p>	A

Patient Information	Problem Statement:	Empower and engage service users by improving the quality of and access to patient information		Rating
	How can we provide accurate accessible information to patients at the right time?	<ul style="list-style-type: none"> • The overall Programme continues to make progress with five out of the eight actions already completed and/or embedded. • The patient information policy is still to be agreed and disseminated with promotion and guidance. The date for this has been put back to 31 March 2018. • The new Trust website now has NHIS support identified and work will begin in the 2017/18 financial year. 	343 Patient Information leaflets have now been reviewed and are available to access through the Trust SharePoint Site	G