Sherwood Forest Hospitals **NHS**

NHS Foundation Trust

Quality Committee Paper

Subject:	Advancing Quality Programme Update	**Date:** 31/08/17
Prepared By:	Elaine Jeffers, Deputy Director of Governance & Quality Improvements	
Approved By:	Paul Moore, Director of Governance & Quality Improvements	
Presented By:	Paul Moore, Director of Governance & Quality Improvements	

Purpose			
To provide the quarterly update on the Advancing Quality Programme to the Board of Directors		**Decision**	
		Approval	
		Assurance	x

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

1. Executive Summary:

The Advancing Quality Programme (AQP) Report provides the Board of Directors with an update on the progress being made and identifies key risks and issues.

2. Background:

The AQP comprises 3 specific sections:
- The new Advancing Quality Programme Workstreams (8)
- The CQC Regulatory Requirements following the 2016 CQC Inspection
- The legacy actions from the 2014/15 CQC Inspections (QIP)

The management of the 3 sections is set out below:

2.1 CQC Regulatory Requirements

The CQC Regulatory Requirements to address the 'Must do' and Should do' actions following the CQC Inspection in July 2016 have been a key component in the development of the AQP. There are 32 actions in total, 29 (90.63%) of which are currently Green (completed) with the remaining 3 (9.38%) actions rated amber (off track) all of which have recovery action planned. The 3 amber rated actions are:

Reference	Action	Comments
2M.1.5	To develop an electronic method of recording Deprivation of Liberty orders to replace the current paper-based process	Manual recording and tracking of Deprivation of Liberty Orders in place. Further work is being developed on a portal and will be followed up through NHIS.
2S.6.1	Review of ED nurse staffing to ensure that there are the correct staff in place across the 24/7 period with the correct skills and knowledge to safely care for children.	Joint pilot with ward 25 continues and provides daily paediatric RN and consultant on a late shift.
2S.6.2	Review of ED nurse staffing to ensure that there are the correct staff in place across the 24/7 period with the correct skills and knowledge to safely staff the resuscitation area	Business case presented and partially approved to increase staffing during the night period. Further detail and staffing review being undertaken to present to CN and DoF re nurse staffing increases during the day.

Following the CQC/Trust Engagement meeting on 24th July it was agreed that the CQC team would not formally be reviewing the Regulatory Section of the AQP as achievement of actions will be determined at the next CQC Inspection.

2.2 Residual QIP Actions:

The Board will recall that there were 18 residual CQC 2015/16 Actions remaining at 31/03/17. These actions all sat within the Safety Culture Programme of the QIP. Following further scrutiny of these remaining actions the AQP Programme Board agreed that they should be incorporated into the most appropriate AQP work stream – namely the Patient Safety Culture and Mortality programmes. This has been completed and the relevant programme updated.

3. Programme Governance:

The Advancing Quality Programme is now well established across the organisation. An explanatory presentation outlining the drivers and rationale for the AQP has been delivered to numerous staff groups across the organisation. This has given staff a deeper understanding of the programme and where they can engage, contribute and get involved.

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 overall programme and the driver for the significant improvements made to patient care. The same rigour continues to be applied to the development and implementation of the AQP.

Appendix 1 outlines the governance and reporting arrangements. The cyclical nature of confirm and challenge at workstream level, progress reporting and internal oversight by the Advancing Quality Programme Board with ongoing assurance through the Quality Committee culminating with a quarterly achievement report to the Board of Directors has been maintained.

4. Progress to date:

The Advancing Quality Programme Board has met monthly from April 2017. The Terms of Reference clearly set out the membership and roles and responsibilities of programme sponsors (Executive Directors) and action/project leads.

Following the 'Confirm and Challenge' meetings a Highlight Report, per Programme, setting out progress to date, risks and key milestones is presented at the AQP Board for further scrutiny, support, advice and challenge.

Appendix 2 provides a summary of progress made across each of the 8 programmes. Please note the change of name of Programme 6 from 'Discharge' to 'Safe Transfers of Care' (agreed by the Advancing Quality Board on 01/08/17)

5. Recommendations:

The Board of Directors is asked to consider the progress and advise on any further action required over and above those that are set out in the AQP.