

## Board of Directors

<b>Subject:</b>	Advancing Quality Programme Report	<b>Date: 27/09/18</b>		
<b>Prepared By:</b>	Elaine Jeffers, Deputy Director of Governance & Quality Improvement			
<b>Approved By:</b>	Dr Andy Haynes, Executive Medical Director			
<b>Presented By:</b>	Elaine Jeffers, Deputy Director of Governance & Quality Improvement			
<b>Purpose</b>				
To provide an update on the Advancing Quality Programme to the Board of Directors			<b>Approval</b>	
			<b>Assurance</b>	x
			<b>Update</b>	
			<b>Consider</b>	
<b>Strategic Objectives</b>				
<b>To provide outstanding care to our patients</b>	<b>To support each other to do a great job</b>	<b>To inspire excellence</b>	<b>To get the most from our resources</b>	<b>To play a leading role in transforming health and care services</b>
x	x	x	x	x
<b>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
		x		
<b>Risks/Issues</b>				
<b>Financial</b>	There may be some financial cost associated with the delivery of programme actions – will be identified and seek approval as required			
<b>Patient Impact</b>	Delivery of the programme will have a positive impact on the safety and quality of care delivered to patients			
<b>Staff Impact</b>	Delivery of the programme will have a positive impact on the experience of staff to deliver high quality, safe care to patients			
<b>Services</b>	Delivery of the programme may impact on service delivery and may necessitate service re-design and reconfiguration			
<b>Reputational</b>	Delivery of the programme will significantly improve the internal and external reputation of the Trust			
<b>Committees/groups where this item has been presented before</b>				
Quality Committee				
<b>Executive Summary</b>				
<p>This report summarises the progress to date with the Advancing Quality Programme (AQP). The Advancing Quality Programme is monitored through the Advancing quality Oversight Group chaired by the Executive Medical Director with further executive leadership from the Chief Nurse, Chief Operating Officer and the Director of Strategy and Planning.</p> <p><b>The Board of Directors are asked to:</b></p> <ul style="list-style-type: none"> <li>Note the content of the Report</li> <li>Note the inclusion of the 37 CQC ‘Should Do’ Actions to the Quality Strategy as set out in Campaign 5</li> <li>Agree the ongoing assurance of progress through the Quality Committee</li> </ul> <p><b>1. Update on progress</b></p> <p>1.1 Progress continues to be made across all areas of the programme, including achievement against actions within the Safeguarding, Dementia and Safety Culture Work streams and those identified within the four Campaigns of the Quality Strategy 2018/21.</p>				

- 1.2 The report provided to the September Quality Committee confirmed that each action within the four campaigns has been reviewed to acknowledge progress to date and agree further actions where required.
- 1.3 Evidence to support delivery of actions has been agreed with each action owner and is being collated for submission to Quality Committee when believed to be sufficient to demonstrate that improvements are embedded and sustained.
- 1.4 It should be noted that where achievement has already been attained additional action has been agreed. For example: *Campaign Two: Care is Safer – Key Outcome 2.1 Achieve high reliability of risk assessment and effective care planning for all patients at risk of falls.* AQOG have agreed to focus on two specific cohorts of patients – those experiencing more than one fall during their admission and those falls resulting in long-bone fractures.

## **2. Assurance Process**

- 2.1 The AQP Oversight Group has adopted the assurance methodology employed through the Quality Improvement Programme (QIP) with regards to the presentation of evidence to the Quality Committee – i.e. *the 'Blue Form'*. An example form is attached at Appendix One – *'Campaign 3: Care is Clinically Effective: Key Outcome 3.4 – Mortality'*. The form demonstrates the evidence to support continued achievement and is hoped provides sufficient assurance to the committee that the Trust has a well-embedded and sustainable performance with regards to HSMR and mortality review processes.
- 2.2 The evidence presented to the Quality Committee was accepted and the 'Blue Form' updated.
- 2.3 It is proposed that a number of 'Blue Forms' will be presented to each Quality Committee for assurance from November 2018.
- 2.4 A Dashboard indicating progress is under development and will be presented as part of this Report from the November Quality Committee onwards. An example of the Dashboard is attached at Appendix Two.

## **3. Care Quality Commission (CQC) – Action Plan**

- 3.1 The 2018 CQC Inspection Report did not identify any breaches of regulation necessitating the development of a 'Must Do' Action Plan. There were 37 'Should Do' actions identified throughout the Report all of which require to be addressed and improvements monitored.
- 3.2 The AQP is deemed to be the most effective mechanism for setting out the necessary key outcomes and success measures thus Campaign Five has been added to the Quality Strategy. The current Advancing Quality Programme Document, incorporating Campaign Five – CQC 'Should Do' actions is attached at Appendix Three.
- 3.3 Progress against each of these actions will be monitored through the AQP Oversight Group, Trust Governance and Performance Frameworks, in addition to providing a progress update to CQC colleagues at the regular CQC Engagement meeting.
- 3.4 Progress against Campaign Five will also be a specific section of the AQP Report to each Quality Committee and as such will be reported to the Board of Directors via the Quality Committee Report.
- 3.5 Campaign Five will support the ongoing assessment and improvement work for the Trust in the forthcoming preparations for the 2019 CQC Inspection.