

## Public Board of Directors

<b>Subject:</b>	Advancing Quality Programme Report	<b>Date:</b> 29/11/18		
<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>	Dr Andy Haynes, Executive Medical Director			
<b>Purpose</b>				
To provide an update on the Advancing Quality Programme to the Board of Directors		<b>Approval</b>		
		<b>Assurance</b>		
		<b>Update</b>	x	
		<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 21 <sup>st</sup> November 2018				
<b>Executive Summary</b>				
<p>The purpose of this report is to provide the Board of Directors with an update on progress against the Quality Strategy, including Campaign Five - the 'Should Do' Action Plan following the 2018 Care Quality Commission Inspection.</p> <p><b>Board members are asked to:</b></p> <ul style="list-style-type: none"> <li>• Note the content of the Report</li> <li>• Note the evidence presented to support delivery of the actions from campaigns one to four, as approved by Quality committee</li> <li>• Note the evidence presented to support delivery of the actions from campaign five - the CQC Should Do Action Plan, as approved by 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, Safety Culture and Digital work streams and those identified within the four Campaigns of the Quality Strategy 2018/21.</p>				

1.2 Following the report to the September Quality Committee each action within the four campaigns has been reviewed with the medical Director 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. There are six actions from campaigns one to four for approval by Quality Committee in November 2018. They are:

- Action 2.1 Falls
- Action 2.7.1, 2.7.2 and 2.7.3 Safe Staffing
- Action 3.7 NICE Guidance
- Action 3.9 CAS Alerts

1.4 The full Quality Strategy (QIP Document) (Campaigns 1-4) is available within the Reading Room

## **2. Care Quality Commission (CQC) – ‘Should Do’ Action Plan**

2.1 Evidence is being collated for the CQC ‘Should Do’ Action Plan to demonstrate that a number of actions within the plan are now completed. The relevant ‘Blue Forms’ will be presented to the January Quality Committee for final approval. The current Action Plan is attached at Appendix One.

2.2 There are five actions from campaign five – CQC Should Do Action plan for approval by Quality Committee in November. They are:

- 5.02 Mental Health
- 5.09 Controlled Drug Storage
- 5.12 Mental Health Assessment Response Time
- 5.19 Risk Register
- 5.28 Weekly Cleaning Schedules

2.3 The Should Do Action Plan, including a progress update will be shared with the CQC at the Engagement meeting scheduled for 28 November.

## **3. Assurance Process**

3.1 A Dashboard indicating progress is under development and will be presented as part of this Report from the November Quality Committee onwards. The latest version of the Dashboard is attached at Appendix Two.