

Board of Directors Meeting in Public - Cover Sheet

All reports **MUST** have a cover sheet

Subject:	Strategic Priority 1 – Delivery Programme update		Date: 31 st January 2019	
Prepared By:	Yvonne Simpson, Associate Chief Nurse			
Approved By:	Suzanne Banks, Chief Nurse, Dr Andy Haynes, Medical Director			
Presented By:	Suzanne Banks, Chief Nurse, Dr Andy Haynes, Medical Director			
Purpose				
This paper will provide assurance on the continued work of Strategic Priority 1 and the continuous of the delivery within the Trust.			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	
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		X		
Risks/Issues				
Financial				
Patient Impact	X			
Staff Impact	X			
Services	X			
Reputational				
Committees/groups where this item has been presented before				
Executive Summary				
<p>Strategic Priority 1 – to provide outstanding care to our patients through the Advancing Quality Programme, and has continued to embed a number of the key actions. This paper will provide an update on each element of this plan.</p> <p>1. Enhance our overall Patient Safety Culture: This workstream is embedded, with the final element to implement Schwartz Rounding, which was to maximise and facilitate learning opportunities for the wider organisation, this has been implemented. The Trust has had two Schwartz Rounding completed and a further training session is planned for the 16 January 2019.</p> <p>2. Implement a mobile clinical digital platform that as part of the overall digital strategy gives healthcare professionals and carers access to all the data, information and knowledge they need in real-time: This workstream is partially embedded. The Trust has rolled out Nerve Centre and NEWS2 has been updated in December 2018, and there have been no reported issues with implementation. There remain two amber actions within this workstream: 1. There continues to be some incidents around Information Governance from handover sheets, mostly from within the surgical division. Many areas have moved to e-handover but some wards are continuing to print off handover sheets. 2. There remains the ongoing issue with the Emergency Department and SystmOne and there continues to be ongoing communication between the Clinical Application Team and the suppliers</p>				

to resolve this issue.

3. Consistently undertake and improve our mortality reviews:

This workstream is **embedded**, and there is significant evidence of good mortality reviews within the divisions which are reported up to the Mortality Surveillance Group.

4. To ensure safe medicine prescribing:

This workstream is **partially embedded** and there remain two actions which are **green** which continue to be monitored for sustainability:

1. The action to ensure all patients who present with an Acute Kidney Injury are reviewed at 72 hours to ensure medication is appropriately held or restarted, this is monitored monthly through the Deteriorating Patient Group.

2. To prevent Antimicrobial Resistance by reducing the inappropriate use of Tazocin and Carbopenems (Meropenem). The Antimicrobial Pharmacist reports the usage of antibiotics monthly to Infection Prevention & Control Committee and the Trust remains one of the lowest users of Carbopenems in the East Midlands.

5. Work towards ensuring an effective, safe service across our Hospital 24/7, including ensuring care is safe out of normal working hours and at weekends and that patients can access routine services 7 days per week where appropriate:

This workstream is **embedded**. From April 2019 this will be reported monthly to the Board of Directors, updating and assuring on the Clinical Standards.

6. Improve the discharge experience for all patients and ensure that they return to the most appropriate place of residence at the right time, with the right information, appropriate equipment and a clear plan of any required next steps:

This workstream remains **partially embedded**. There is one **amber** action which is to undertake a review of all discharges reported to the Trust as 'unsafe' to drive improvements and changes in practice. These continue to be monitored through the weekly Governance Huddle, highlighted by the Head of Safeguarding and Head of Governance. There are two **green** actions:

1. To implement the Standards for 'Communication of patient diagnostic test results on discharge from hospital', this work is continuing with support from a local General Practitioner.

2. To work with external stakeholder groups and partners to ensure the consistency of the Discharge process across our partner communities, this work is continuing within the wider health economy.

7. To provide an equal emphasis on mental health as well as physical health:

This workstream remains **partially embedded**. There is one **amber** action which is to work in partnership with the Nottinghamshire Health Community Partnership NHS Trust to agree appropriate pathways for those patients who present with Mental Health needs. There has been significant work taken forward on this action, as the Trust has developed a Service Level Agreement with Nottinghamshire Health Community Partnership NHS Trust to support the Mental Health needs of our patients. We have a substantive role for a Mental Health Nurse Specialist which is supporting the communication between the Trusts, and the mental health needs of our patients. The Trust is part of the Integrated Care System Mental Health workstream which will support the mental health needs of patients across the health economy.

8. Ensure we provide effective Patient Information for every patient that comes into contact with our services:

This workstream is **embedded**