

Board of Directors

Subject:	Advancing Quality Programme		Date: 05/03/2020	
Prepared By:	Elaine Jeffers, Deputy Director of Governance & Quality Committee			
Approved By:	Dr David Selwyn, Medical Director			
Presented By:	Dr David Selwyn, Medical Director			
Purpose				
To provide an update on the Advancing Quality Programme to the Board of Directors			Approval	
			Assurance	
			Update	x
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
x			X	x
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
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				
None				
Executive Summary				
<p>The purpose of this report is to provide the Board of Directors with an update on progress against the Quality Strategy, Campaigns one to five inclusive.</p> <p>The Advancing Quality Programme Oversight Group (AQPOG) on the first Tuesday of each month, providing a report on progress to each Quality Committee. The full Quality Strategy (QIP Document) (Campaigns 1-5) for 2019/20 is available within the Reading Room.</p> <p>Quality Committee are asked to:</p> <ul style="list-style-type: none"> • Note the content of the Report • Note the Local Indicator as agreed by the Council of Governors for inclusion within the 2019/20 Quality Account • Note to plan to fully review the 2019/20 position and agree actions for the 2020/21 Advancing Quality Programme. • The final QIP document supporting the AQP position as of 1 March 2020 is available in the reading room. 				

1. Update on progress (AQP)

1.1 Table one records the performance position against the five campaigns of the Advancing Quality Programme as reported to the Quality Committee in January 2020.

1.2 The AQP Oversight Group noted the following movement in the BRAG ratings for the actions within the programme:

- The total number of actions across the programme is 76.
- No new red actions have been identified since the last board report.
- One action in Campaign one moved from green to amber as agreed by the action owner as the action was awaiting the new executive directors to start in post to progress.
- Two actions in Campaign 5 were approved as blue at the January Quality Committee (see section 2).

Campaign	Red	Amber	Green	Blue	Grey
	Action Needed	Action Agreed	On Track	Embedded	Multiagency involvement
Campaign 1 - A Positive Patient Experience	4	2	10	0	0
Campaign 2 - Care is Safer	1	5	9	0	0
Campaign 3 - Care is Clinically Effective	2	7	4	2	0
Campaign 4 - We Stand Out	0	8	2	0	0
Campaign 5 - CQC Should Do Actions	0	3	8	8	1
Totals	7	23	33	12	1

Table One

1.3 Since the last report to the Board the Advancing Quality Programme Oversight Board has met on three occasions - 3 December 2019, 14 January and 4 February 2020. Evidence was presented from selected action owners where further assurance of progress had been requested. The meetings provided action owners with the opportunity to present evidence of achievement and sustainability.

1.4 The AQP Oversight Group agreed to suspend the production of the High Risk Medications Dashboard in favour of working on an identified selection of medicine-related projects. The key messages from the dashboard will be included within the regular reporting to the Patient Safety Quality Group while the AQP Oversight Group will focus on deep dives into specific issues surrounding a specified group of high risk medications.

1.5 The AQP Oversight Group noted the progress that had been achieved in relation to reducing length of stay. The Trust was within the top 20% of non-specialist, acute trusts nationally for length of stay in quarter one 2019/20. This is a significant achievement and demonstrates the Trust's dedication to appropriately reducing length of stay.

1.6 The action rated grey in table one: Action 1920.5.04 *'The provider should ensure further progress is made to agree protocols with the local Mental Health Trust in order for the Emergency Department (ED) to allow access to mental health notes for patients attending the department'*. Staff have not been able to routinely access the Rio System (Mental Health Patient System), which would support ED decision-making. Protocols are now in place to facilitate access to Rio data; however Quality Committee requested evidence of where this had been actioned prior to approval. The rating will be reassessed at the AQP meeting on 3 March.

2. Blue Form approval

2.1 The following actions were approved by Quality Committee at the January meeting:

- **1920.2.06** – Delivering harm-free care
- **1920.05.03** – The provider should consider installing a strip alarm in rooms used for psychiatric assessments to enable staff to summon assistance wherever they are in the room as per current guidance and not rely on the push button alarm currently installed.

3. 2019/20 Quality Account

3.1 Carl Miller and Kate Wright, Chief Allied Health Professionals attended AQPOG to discuss the inclusion of Quality priorities for the 2019/20 Quality Account.

3.2 Since the development of the Quality Strategy 2018/21 quality priorities have been selected from the campaigns in a bid to ensure we are focussing and reporting on key improvement areas.

3.3 As per standard practice the Trust must demonstrate improvement across three specific indicators for the 2019/20 Quality Account. One of these indicators (the local indicator) must be approved by the Council of Governors.

3.4 A selection of possible local indicators proposed to the January Quality Committee for discussion were:

- **1920.3.01** – Reducing overall length of stay
- **1920.4.03b** – Getting to the learning faster: response to serious incidents
- **1920.2.01c** - Improve the outcomes for falls resulting in long bone fractures

3.5 Following a debate a fourth indicator was suggested – *‘Preferred venue of care at end of life’*. The End of Life service has been a particular focus during the recent core services inspection by the CQC, thus the committee agreed it would be pertinent to include an AQP improvement indicator from this service.

3.6 A presentation outlining the process for the 2019/20 Quality Account was delivered to the Council of Governors on Tuesday 18 February where the suggested indicator was proposed. After much debate the Governors asked that their local indicator is *‘Inpatient mobility to reduce deconditioning and risk of falling’*. This was agreed. The metrics for this indicator will be further defined and included within the AQP and monitored via the usual route.

4. Next steps

4.1 The Advancing Quality Programme Oversight Group continuously evaluates its effectiveness to ensure the programmes remains dynamic and reflects the ongoing quality improvement opportunities.

4.2 A full review of the 2019/20 Programme will be undertaken at the March AQP Oversight Group meeting with a final position and plan for 2020/21 Programme presented to the Quality Committee on 18 March 2020.