

SUMMARY REPORT		
TRUST BOARD (IN PUBLIC)	07 June 2018	Agenda Number: 09
Title of Report	Quality Improvement Programme update	
Accountable Officer	Kate Shields, Deputy Chief Executive	
Author(s)	Programme Management Office	
Purpose of Report	Quality Improvement Programme update	
Recommendation	The Trust Board is recommended to: <ul style="list-style-type: none"> <li>Receive the revised Quality Plan Scope</li> </ul>	
Consultation to Date	Presented at: Quality Improvement Delivery Board 21/05/18 Quality Assurance Committee 22/05/18	
Signed off by Executive	Thomas Lafferty Director of Corporate Affairs	15/05/2018
Reviewed by Executive Team	Quality Improvement Delivery Board Trust Management Group	21/05/2018 23/05/2018
Reviewed by Board Committee (where applicable)	Quality Improvement Delivery Board	21/05/2018 and 31/05/18
Reviewed by Trust Board (where applicable)	Trust Board	07/06/18
Date(s) at which previously discussed by Trust Board / Committee	Monthly update to Board routinely provided	
Next Steps	Trust Board to receive routine updates	

#### The Quality Improvement Update Includes:

- The update provides a summary of progress thus far, current project delivery and progress against milestones.
- There is a recognition by the Executive team and our EY partners, that the scope and scale of the programme may inhibit delivery against some key priorities.
- A series of meetings have been conducted to review the current programme. The QIDB was re-scheduled for Monday 21<sup>st</sup> May 18 to continue a formal stocktake with all SROs present. SRO recommendations will be presented at QIDB on the 31<sup>st</sup> May 18 to formally conclude the stock take and outline the revised and streamlined programme moving forwards.
- There are some key concern areas in the QIP from this month's delivery report.
  - Governance. The workstream has made great strides in ensuring the correct systems and processes are in place to conduct the required work around SI's, incident management and Duty of Candour. That said the KPI's continue to be red and the view is that further progress will not be made without a "hard re-set" to embed the daily operational management by front line staff in the Divisions. A proposal was

presented to QIDB on 21<sup>st</sup> May 18 to outline how clinical staff will provide daily oversight of patients at risk or who have suffered harm and how we ensure we conduct the right care processes to ensure we continue to keep patients safe and comply with the legal requirements for Duty of Candour.

2. Ophthalmology. The backlog position of ophthalmology continues to grow, and further analysis is required to ensure the safety of patients against two further SI's reported for April 18.

## Quality Improvement Programme Executive summary

### Strong Governance

- Duty of Candour Performance Framework is now in place with a performance of 18% (improved from last month 11%) however this must now receive increased operational focus to drive improvement against the trajectory
- All potential notifiable incidents are now tracked and a retrospective escalation process to executive level is in place to complete DoC for any non compliant incidents. This process is designed to drive compliance therefore its impact on performance will need to be closely monitored over the next few weeks
- The Divisional Governance Improvement Plan has commenced with a baseline assessment of divisional governance maturity against the core CQC key lines of enquiry which will inform the rapid improvement to be made to Divisional Governance over the next month

### Tackling Delays

- A significant reduction in Adult out of Hours discharges for non clinical need (12 in March reduced to 3 in April) has been witnessed as a result of enforcing the newly revised SOP
- SAFER (series of interventions to ensure patients are discharged in a timely manner) wave one (4 Medical Wards) & wave two (4 further Wards Medical and Surgical) implemented
- There is a worsening position in Ophthalmology which is creating challenges to the management and effectiveness of the Co- Efficient Score

### Culture & Leadership

- The Culture and Leadership plan has been shared for consultation and the Workstream is addressing resource issues to re-baseline a number of missed milestones

### Engagement & Communication

- Video on duty of candour launched with now 94% of staff saying that have recently seen information on duty of candour

### Safety Culture

- Ward Accreditation programme has commenced with positive engagement from the ward teams. 6 wards have been assessed so far achieving either bronze or silver
- Across the six areas assessed for Ward Accreditation documentation, observation of practice and staff knowledge are significantly scoring lower and will need to be the area of focus
- The ED Safety Checklist is now live 24/7 in ED in majors and resus with 61% of patients this month having a checklist completed

### Maternity

- Positive progress continues with MEOWS compliance at 96%. A report outlining a phased reduction in auditing requirements will be presented to the May Maternity Governance meeting
- The engagement with the IMPROVEWELL application continues with 93 users now in the service and a number of improvement ideas being taken forward

## Next Steps for the Programme

- Over the last two weeks the Programme leadership have been undertaking a stocktake of the Programme to revise the priorities for delivery. There is a recognition that the programme is too large and has become un-focussed
- A process will take place with the Executives to determine the priorities and the appropriate scope and scale of the programme
- The future of the Programme will be built around addressing key performance and further work will be undertaken to review Governance delivery