

SUMMARY REPORT		
TRUST BOARD (IN PUBLIC)		2 August 2018
Agenda Number: 09		
Title of Report	Quality Improvement Programme update	
Accountable Officer	Kate Shields, Chief Executive	
Author(s)	Programme Management Office	
Purpose of Report	Quality Improvement Programme update	
Recommendation	The Trust Board are recommended to: <ul style="list-style-type: none"> • Receive the update report 	
Consultation to Date	Quality Improvement Delivery Board 18/07/18 Quality Assurance Committee 24/07/18	
Signed off by Executive	Kate Shields, Chief Executive	18/07/2018
Reviewed by Executive Team	Quality Improvement Delivery Board	18/07/2018
Reviewed by Board Committee (where applicable)	Quality Improvement Delivery Board	18/07/2018
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:

- An Executive Summary of progress being made across all of the Workstreams within the Quality Programme since the 21st of June 18. It also outlines the areas for continued focus over the next 30 day planning cycle highlighting some areas of challenge.
- To support this summary the Programme plan on a page illustrates a RAG rated view of delivery milestones across the Programme from May until the end of July 18 outlying what has been completed and what remains outstanding prior to the 31st of July 18.
- The Programme Level 1 KPI Dashboard outlines the performance of the Programme against the key project metrics for June 18. Trending arrows are included to provide a comparative view against May 18 data.

Progress being made	Continued focus
<p>Tackling Delay:</p> <ul style="list-style-type: none"> • SAFER (series of interventions to ensure patients are discharged in a timely manner) Wave 5 launched to include WCH and SMH which will complete Trust wide implementation • An Ophthalmology Whole System Workshop was undertaken on the 12/07/18 with outputs to provide stability for the service and address the current capacity gaps prior to the Quality Summit • A Draft Harm Review SOP for ophthalmology, dermatology, urology and gynaecology has now been produced and presented at the clinical harm review panel 13/07/18 • Following QIDB 04/07/18 a number of the project aims are being refined to focus delivery for example the Outpatient project is now aligned to the recent national direction for reconfiguration with short term milestones in place to tackle outcomes and unrecorded attendances <p>Strong Governance:</p> <ul style="list-style-type: none"> • Clinical Governance metrics are now fully incorporated in the Divisional Dashboard and the revised Divisional Governance and Accountability Framework is in place • Continued improvement is being realised month on month since march 18 baseline for closure of incidents with the June figure of 109 now ahead of the planned trajectory for improvement with a 80% consistent reduction in overdue incidents in the last 4 weeks • Improvement has also been seen in delivery of '24 hour' reports with an improved percentage of compliance rising by 33% • The Delay to 24 hr report has continued to reduce from on average 20 days to 4 days and the reduction in appointing Investigating Officers from 33 to 2 days and been sustained through June <p>Safety Culture:</p> <ul style="list-style-type: none"> • All in-patient Wards have undergone Ward Accreditation with 2 Wards being awarded Gold and the rest scoring Silver and Bronze with no reds allocated. A review is now underway to outline the next steps and phases in order for the outputs of this rollout to now be monitored and improved • The Safe Site Surgery revised Policy and Interventional Procedures policy for WHO is out for consultation and reporting fully electronic Briefing and Debriefing for remaining RCHT site has now gone live • The first draft of the revised condensed theatre scheduling policy has been completed and testing of the pre operative assessment software has commenced with a planned implementation date of September 18 <p>Maternity:</p> <ul style="list-style-type: none"> • Revised Midwifery Governance structure and TORs are now in place • Head of Midwifery and Deputy Head of Midwifery Job Description complete for future recruitment <p>Comms and Engagement:</p> <ul style="list-style-type: none"> • A revised Trust board and Senior leaders attendance approach at safety huddles has been devised with direct leadership from the senior nursing team which is being implemented now • The new Staff App has been launched providing a valuable new channel of staff engagement and will be used to engage staff with Quality Improvement and harness ideas for future improvement <p>Culture and Leadership:</p> <ul style="list-style-type: none"> • 2 day Mediation Training has been delivered to two cohorts of staff with a further four sessions booked throughout the year and cohort 4 of the Lead Programme is about to complete with 38 participants booked 	<p>Tackling Delay:</p> <ul style="list-style-type: none"> • The focus for driving forward the completion of Speciality level Harm Review SOPs is a Programme priority with the delivery of the SOPs being managed through the medical leadership and the Clinical Harm review panel to drive clinical engagement • Work is ongoing with the Frailty project to further understand the link to community services and admission conversion rates in order to tackle the length of stay for Frail patients and refine the scope of the project • The SAFER project will now move into the second phase of implementation to drive forward the review of Ward SAFER compliance across the Trust • A review of all RTT recovery plans against NHSI feedback is due for delivery on the 31/07/18 where the plans will be revisited and matured to drive further improvement <p>Strong Governance:</p> <ul style="list-style-type: none"> • The increased resource and 'Hard Rest' continues to deliver improvement however ongoing monitoring is required to assess progress for the wider programme against the immediate priorities. For example 60 working days final report submitted to Commissioners has deteriorated to 16% compliance for the month of June which must now improve • An additional post holder will continue to focus on Duty of Candour with the clearance of the backlog undergoing review inline with proactive current management and a 12 month risk based retrospective review • An alternative process for engaging Investigating Officers will be continued to be reviewed and agreed at the Clinical Governance Committee to outline a more sustainable solution moving forward to address the current lack of overall capacity within the Trust <p>Safety Culture</p> <ul style="list-style-type: none"> • A review of the ED Safety Checklist compliance is being undertaken now by the Operational Lead as performance and ability to sustain audit requirements are proving a challenge. Interim measures and recruitment are underway to support audit requirements until a longer term solution is in place • The End of Life project will continue to address delays in discharge to improve the number of those dying at place of choice through Bronze Command as the current June figure was recorded at 55%. This is largely due to a change in contract for Package of Care therefore reassignment to alternative providers is now out to market with Workshops being undertaken to identify gaps and solutions. Wards have also been asked to identify fast track patients as medically fit on the Swift Plus board again to provide higher visibility so that appropriate escalation can be made <p>Maternity</p> <ul style="list-style-type: none"> • Workstream plan continues to be developed with the integration of LMS following the NHSI review • Overall compliance to metrics remains high despite current vaccines however future QA audits by Chief Nurse will continue to drive compliance for document standards and mandatory training respectively • A continued focus will remain on cultural improvement and refining the risk management structure <p>Comms and Engagement</p> <ul style="list-style-type: none"> • External recruitment has now commenced and the future engagement and communication plan will now undergo a review before being developed for the next 90 days • The workstream will continue close liaison with the PMO and developing next steps for the QI Hub in order to effectively engage all staff and provide focused communications as the Programme transitions into its future state <p>Culture and Leadership</p> <ul style="list-style-type: none"> • The draft Culture and Leadership Strategy and Plan will now undergo refinement following review at the People and Organisational Development Committee on the 19/06/18 prior to submission to the Trust Board