

Oversight and Assurance Group – September Update

Introduction

Progress on the Norfolk and Norwich University Hospital Quality Improvement Plan was discussed at the September Oversight and Assurance Group (OAG) of external stakeholders. Forty nine percent of the recommendations in the plan are assessed as being on track to deliver and sustain the desired improvements by the agreed deadline. Some of the areas where measurable progress is being made are as follows:

Area of Focus	Baseline Period and Value	Latest Period and Value
HSMR	April 2016 113.7	April 2018 98.1
Incident Reporting	August 2016 1.366	July 2018 1.669
Mandatory Training	August 2016 73.8%	August 2018 83.3%
Non-medical appraisals	August 2016 59.3%	August 2018 73.6%
Deprivation of Liberty Safeguards training	April 2018 40%	August 2018 80.4%
Mental Capacity Act training	April 2018 52.2%	August 2018 80.6%

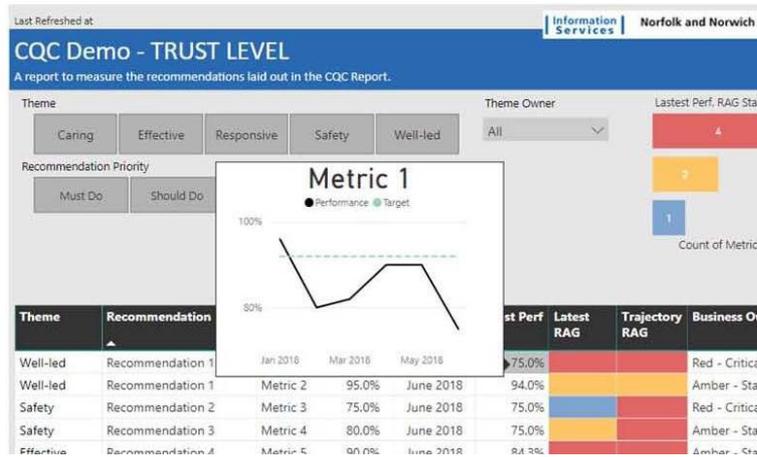
Assurance Framework

Our Assurance Framework is now in place. It includes clear, SMART, time-bound outcomes for each of the 82 CQC recommendations, written in plain English, so that ‘what success looks like’ can be easily articulated by all staff.

First level assurance is provided by the Improvement Managers, who meet regularly with action owners and gather evidence that the actions underpinning the recommendations are being completed. Going forward, second level assurance will be provided by the QI Assurance Group, a group comprising internal and external stakeholders, including the Chief Nurse, Medical Director, Programme Director for Quality Improvement, NHSi Improvement Director and external assessors from the OAG. This panel will review all of the collected evidence and determine if there is sufficient assurance that the desired improvement outcomes have been sustainably achieved. They will provide independent check and challenge, and will be the only body that can sign off a recommendation as being BLUE, i.e. ‘Complete and evidenced.’ The panel will also set the schedule for ‘health check’ reviews of BLUE recommendations if required (e.g. reassess in 3/6/9/12 months).

Performance Dashboard

Our Performance Dashboard is in its last stages of development, and will go live shortly. Once launched, it will be accessible to all staff members, and will provide visual, dynamic management information to enable us to track our progress. A ‘mock up’ of the dashboard is shown below.



Quality Strategy

The Quality Strategy is also being compiled, and will be reviewed by internal and external partners before publication in December 2018.

Safety Matters

We have launched a ‘Safety Matters’ campaign, which aims to create a social movement among our staff to improve all aspects of patient safety. A Serious Incident Group (chaired by the Medical Director or Chief Nurse whenever possible), meets every week day lunchtime. Attendance is mandatory for all divisions. The meetings review the SIs that have caused moderate harm or above since the last meeting, or any other lower graded incidents that are a cause for concern. The group also discusses ‘great catches’ that could have led to harm had they not been noticed in time. The meetings foster a culture of ‘appreciative enquiry’, which encourages staff to feel comfortable about reporting all incidents and ‘great catches’, because they provide an opportunity for learning and improvement.

Other initiatives include a ‘Say No to Pressure Ulcers’ campaign, the launch of FOAMed open access medical education in ED, and the launch of the Perfect Ward.

The Chief Nurse is working with Risk Management to carry out a comprehensive review of the Trust Risk Register. Divisional governance and risk officers will be participating in this process and there will be Risk Management training to relevant staff. The Governance positions in Medicine and Surgery have now been filled, and there are now eight Governance roles across the Divisions. These Leads will play a key role in promoting a safety first culture, and disseminating and best practice learning across all staff groups.

Presentations

‘Deep dive’ presentations to the OAG demonstrated significant progress in Leadership and Culture and Improving End of Life Care.

Leadership and Culture update included : Approach to leadership, Staff Survey results from 2017, the King’s Fund Review, “Leading with PRIDE” values-based training for line managers, and training in ‘human factors’ which focusses on optimising performance through better understanding the behaviour of individuals, their interactions with each other and with their environment.

The Improving End of Life Care update included: Review of “do not attempt cardiopulmonary resuscitation’ (DNACPR) forms , review of Mental Capacity Assessment and Deprivation of Liberty Safeguarding process and its documentation, mandatory training for all staff in End Of Life Care and completion of syringe driver competencies, appointment of a non-executive director and patient representation to the End Of Life Steering Group .

Deep dives for the next OAG meeting which is on 18th October are Diagnostic Imaging CT / MRI, Anaesthetic and Bed Bays and Surgery Immediate Action and Early Outcomes.