

Oversight and Assurance Group – October Update

Introduction

Welcome to our latest progress updates on our Quality Improvement Plan at the Norfolk and Norwich University Hospital. The Quality Improvement Plan (QIP) was discussed at the October Oversight and Assurance Group (OAG) of external stakeholders with a focus on progress towards delivery of the CQC Recommendations.

Progress

During September 2018 a full review of the 82 recommendations in the CQC Report of 19th June 2018 was undertaken:

- Each recommendation now has an Outcome Statement and a set of Key Performance Indicators
- The original CQC advised (5th July 2018) completion dates have been used to assess progress
- Each recommendation has a date set for when the Outcome Statement will be achieved. These will be finalised for the November OAG
- Each recommendation has been aligned to a CQC Domain

To substantiate progress on the Improvement Plan actions, information is collated and checked by the Evidence Group. This Evidence Group includes Trust and External partners such as the Chief Nurse, Medical Director, NHSI Director of Improvement, Programme Director QIP, three Staff members, Governor, Patient representative, CCG representative and other partners as agreed. The Evidence Group reviews the evidence to assess suitability.

A full review of actions is currently being undertaken by the Senior Responsible Officers (SROs) to ensure that the actions being taken will fully address each recommendation.

The Quality Strategy

The Quality Safety Improvement Strategy and the Quality Improvement Plan have been drafted and will be reviewed by internal and external partners before publication in January 2019.

The Performance Dashboard

The 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.

Presentations

‘Deep dive’ presentations to the OAG demonstrated significant progress in improving patient experience in the CT/MRI Anaesthetic Bay and Leadership and Culture in the Surgical Division.

Improving the patient experience in the CT/MRI Anaesthetic Bay update included: more inpatient waiting area space, a better outpatient waiting area and reception space and development of the new role of Radiology Support Worker to support patients and improve their experience.

Leadership and Culture in the Surgical Division update included: Approach to leadership, “Leading with PRIDE” values-based training; 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; and quality improvements in theatres.

Conclusion

During the last four weeks there has been a refocus on what changes are required to meet the CQC 82 'Must do' and 'Should Do' recommendations. The teams have focused upon clarifying which outcomes are required, how these will be measured and evidenced, plus how internal and external partners will be assured that the Trust is delivering the desired changes and that these changes can be maintained.

The next OAG meeting is on 15th November where the deep presentations will focus on Urgent and Emergency Care and the Digital Strategy.