

Board of Directors: 11.01.2017

Agenda Item: Bo.1.18.16

Moving to Good

Presented by:	Donna Thompson Director of Governance Corporate Affairs/Deputy Chief Executive	Author:	Tanya Claridge Assistant Director of Governance and Risk
Previously considered by:	N/A		

Key points	Purpose:
1. This paper provides an overview for the Committee in relation to the Trust's engagement with NHS Improvement's 'Moving to Good Programme'	To note and gain assurance

Executive Summary:
The Foundation Trust must ensure that they have appropriate mechanisms in place to satisfy the Care Quality Commission's (CQC) fundamental standards.

Financial implications:
Yes – Income & Expenditure

Regulatory relevance:

Monitor:	Risk Assessment Framework
	Quality Governance Framework
	Code of Governance

Equality Impact / Implications:	<p>Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p>
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Other:	CQC fundamental standards
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Strategic Objective: <i>Reference to Strategic Objective(s) this paper relates to</i>	To provide outstanding care for patients
	To be in the top 20% of NHS employers
	To deliver our financial plan and key performance targets
	To be a continually learning organisation
	To collaborate effectively with local and regional partners

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1. Introduction

Bradford Teaching Hospitals NHS Foundation Trust has been identified by NHS Improvement in the North Region as currently having a CQC rating of 'requires improvement', and which has the potential to achieve a 'good' or 'outstanding' rating in 2017/18. As a result the Trust has been invited to participate in a 'Moving to Good' programme.

The NHS Improvement in the North Moving to Good Programme, is provided in partnership with the Advancing Quality Alliance (AQuA). The 'Moving to Good' programme offers a series of four learning and sharing events, running between October 2017 and March 2018, supported by the offer of site visits and on-line learning opportunities, to be defined by the members of the collaborative. The learning events will be co-delivered between NHS Improvement in the North in partnership with AQuA (the Advancing Quality Alliance) and focus on providing practical support, with the agenda developed by and for the members, to ensure that the programme meets the needs of the Trusts participating. Throughout the programme there will be an emphasis on learning from each other, through networking and sharing of good practice.

2. Underpinning principles of the programme

The programme is designed so that Teams will engage in a learning network collaborative focusing on the characteristics of High Reliability Organisations including safety, the Well Led Framework and 'Developing People – Improving Care' underpinned by a continuous quality improvement approach.

The participating organisations are invited to attend four face to face events and associated action periods, as well as an ignition phase and scale and spread phase. Typically this sort of learning network lasts 6 to 9 months.

NHS Improvement required strong senior executive support and full engagement for the programme. Each Organisation has ten places at each event and the composition should include executive commitment and participation from Chief Executive, Chief Operating Officer, Director of Nursing, Medical Director and at least one Non-Executive Director, in addition to senior sub-Board level staff to lead on implementation.

In addition, the programme requires board and sub-board (implementation level) input in an integrated approach with internal organisational commitment and capacity and will create an interactive platform for the development of sustainable improvement, helping organisations thinking about developing a sustainable QI culture, using the 'Developing People – Improving Care' Framework'.

The programme includes the following elements:

- Learning from organisations who have demonstrated success in moving to 'Good' or who are seen as 'outstanding' by CQC – predominantly through the use of case studies.
- Opportunity to use peer to peer learning, in an 'all learn all share' approach. Although, there will be a structured element to the Action Learning Events, there will be facilitated interactive opportunities for the organisations to share and develop solutions to the real challenges they are facing in moving to 'Good'.
- Capture of key learning as a means of knowledge curation as an output of the programme – Each Web Ex will be recorded and can be shared to those parties unable to attend. A summary of the action learning events will be capture through graffiti walls, team feedback and other mechanisms including film.

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3. Aims of the programme

- To support identified organisations 'requiring improvement' to improve the quality of their services and subsequently improve their corporate CQC to 'Good' by June 2018.

Each participating organisation identifies their own success criteria for participation in the programme and measure how much improvement we are making against these goals.

In addition, the following have been identified by NHS Improvement:

- Support organisations with the work they are already doing to improve the quality of the services and subsequently their assessment against corporate CQC ratings (1 year).
- Enable the start of an organisation's quality improvement journey, recognising the importance of building a culture and system for continuous improvement and becoming a learning organisation (3-5 years).
- Each organisation will be supported to identify tangible measures of success for their own organisation's participation which will be measured throughout the programme.

4. Our Progress

A range of executive and senior staff have attended two learning events, one focusing on the 'well led domain' and one on 'safety'. A range of actions were agreed and are being embedded into the business as usual activities of the Trust. These include:

- The development of a Strategy for Continuous Improvement (this will be presented to the Quality Committee in January 2018. This will articulate, integrate and contextualise all the improvement work that is happening in the Trust.
- The NHS Improvement 'Mapping our ProgRESS in a day' event on the 6th December 2018. A summary of this day and its outcome can be found in Appendix 1.

5. Next steps

There are two further learning events in January and February 2018. Once these events have been completed those attending the events will ensure that all the learning is embedded within the Trust through the review of our strategies and our business as usual activities.

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Appendix 1: ProgRESS in a day

Introduction

ProgRESS is an established programme within the Trust, which is used to help us to identify any risks, areas where there are opportunities for change and improvement, or where we may have good practice which we can learn from in relation to the fundamental standards of quality and safety. NHS IMPROVEMENT agreed to support this review process and provide expert reviewers.

The ProGRESS day was designed so that a review of several core services in their entirety could be undertaken, along with focused reviews on specific domains used by the CQC, for instance safety and responsiveness.

It was hugely beneficial that NHSI was able to support this focussed day of reviews and the team from NHSI was supplemented with 28 reviewers from across the Trust and from our external partners.

The work done on this day provided essential information for us to support our focus on delivering outstanding care for our patients. A summary is provided in the table below. A detailed paper will be presented to the Quality Committee in January 2018.

Area	Status	Assurance level		Outcome
Palliative Care	Complete	Confidence		
Paediatrics	Complete	Limited confidence		Review of safe and effective domains required
Critical care		Confidence		
Theatres	Complete	Little/no confidence		Quality Summit Jan 2018
Patients and people	Complete	Patient journey	Little/no confidence	A focus on individualisation of care planning in EPR and after risk assessments.
		Patient experience	Confidence	
		Staff perception	Limited confidence	The management of emergency situations and use of DoLs requires review and intervention
Governance – Maternity	Complete	Confidence		
Governance – Medicines Management	Requires further review	Not rated		
Governance – IPC	Complete	Confidence		
Governance - Estates	Requires further review	Not rated		