

Board of Directors Meeting

Subject: Quality Improvement Plan Update
Date: Thursday, 28 January 2016
Author: Karen Fisher, Programme Director – Quality Improvement Plan
Lead Director: Karen Fisher, Programme Director – Quality Improvement Plan

Executive Summary

The Board of Directors agreed our Quality Improvement Plan on 26 November 2015. This paper provides an update on the progress of delivering the Quality Improvement Plan following the January review cycle.

The Quality Improvement Plan Overview Dashboard (attached) identifies that of the 285 actions detailed within the Plan, 252 are rated as Green (completed/on track), 4 are rated as Amber (off track but have a plan to recover the position) and 8 actions are rated as Red (have failed to deliver to agreed timescales/are off track and unlikely to deliver to the agreed date).

It is pleasing to note that the majority of actions are on track to deliver (252), and there are a growing number of actions being agreed as embedded. All of the actions that are on track to deliver were subject to a detailed review this month by the Programme Director and Improvement Director to ensure plans are in place to deliver to agreed dates.

Of the 12 red actions reported to board last month – 7 remain red, together with a new red action relating to the maternity workstream. As a result of activities being completed later than the originally agreed completion date and information being provided to evidence this, 4 red rated actions reported last month have moved to green status with the agreement of the Programme Director. One of the red actions has moved directly to blue status (subject to board approval) given the evidence presented demonstrating it had been embedded.

The 8 remaining red actions are spread across 5 workstreams as detailed below:

- Leadership – 1
- Governance – 3
- Safety Culture – 1
- Timely Access – 2
- Maternity – 1

The Workstream Executive Leads have recommended (subject to board subcommittee approval) that 23 actions are embedded and should be rated as blue. Reports from the board assurance committees will be presented at the meeting - 11 have been considered by the Quality Committee, 4 have been considered by the Organisation Development and Workforce Committee, 2 by the Finance Committee and 6 are reported directly to the Board. The breakdown of the blue (embedded) submissions by Workstream is as detailed below:

- Governance – 7
- Safety Culture – 1
- Timely Access – 14
- Maternity - 1

<p>The Quality Improvement Plan review process achieved a smooth transition this month from external support to internal workstream and programme management resource. The workstream leads, together with core programme management office resource provided good support to Workstream Executive Leads in updating the Quality Improvement Plan and developing the appropriate reports. Thus providing sustainable programme management arrangements.</p>	
<p>Recommendation</p> <p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • note the Quality Improvement Plan update as indicated within the Overview Dashboard • Approve the updated Quality Improvement Plan (version 3.1) • Consider and agree the workstream recommendations for embedded actions • Consider and agree the Quality Committee/Organisation Development & Workforce/Finance Committee recommendations for embedded actions 	
<p>Relevant Strategic Priorities (please mark in bold)</p>	
<p>To consistently deliver a high quality patient experience safely and effectively</p>	<p>To develop extended clinical networks that benefit the patients we serve</p>
<p>To eliminate the variability of access to and outcomes from our acute services</p>	<p>To provide efficient and cost-effective services and deliver better value healthcare</p>
<p>To reduce demand on hospital services and deliver care closer to home</p>	

<p>Links to the BAF and Corporate Risk Register</p>	
<p>Details of additional risks associated with this paper <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i></p>	<p>Failure to deliver the Quality Improvement Plan to the agreed deadlines could lead to further regulatory action being taken by the Care Quality Commission</p>
<p>Links to NHS Constitution</p>	<p>N/A</p>
<p>Financial Implications/Impact</p>	<p>Potential for further regulatory action.</p>
<p>Legal Implications/Impact</p>	<p>Potential for further regulatory action by the CQC.</p>
<p>Partnership working & Public Engagement Implications/Impact</p>	
<p>Committees/groups where this item has been presented before</p>	<p>Quality Improvement Board Quality Committee</p>
<p>Monitoring and Review</p>	<p>Quality Improvement Board Sherwood Forest Hospitals Oversight Group</p>
<p>Is a QIA required/been</p>	<p>QIAs will be undertaken for actions as required.</p>

completed? If yes provide brief details	
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