Sherwood Forest Hospitals **NHS**

NHS Foundation Trust

Board of Directors Meeting

Subject:	**Quality Improvement Plan Update**
Date:	**Thursday, 25 February 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 actions contained within the Plan following the February review cycle.

The Quality Improvement Plan Overview Dashboard (attached) identifies that there are now 287 actions detailed within the plan. The two additional actions contained within the Governance Workstream relate to the Section 10 letter regarding CQC registration issues which have now been actioned.

Of the 287 actions detailed within the Plan, 231 are rated as Green (completed/on track to delivery by target date). Of the 231 Green rated actions – 154 have been completed and evidence is being collected to demonstrate they are embedded, the remaining 77 actions are being progressed for completion by the agreed delivery date. A total of 196 actions have now been completed or completed and embedded – 68% of all actions.

There are 6 actions rated as Amber (off track but have a plan to recover the position), these were discussed in detail during the 1:1's with the Improvement Director and Programme Director and information was provided demonstrating assurance that activities were planned to bring these actions back on track to deliver by the agreed delivery date.

There are 8 actions rated as Red (have failed to deliver to agreed timescales/are off track and unlikely to deliver to the agreed date) as detailed below:

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

Of the 8 actions reported above, 5 continue as red from last month and are subject to monthly scrutiny, the 3 new red actions are within the Safety Culture Workstream and relate to establishing and resourcing the Safety Culture Team, and the appointment of Divisional Clinical Governance leads. There are 2 actions that were reported as red last month that missed the target completion date that are now rated as green – these relate to the Board Assurance Framework that was approved at the Board of Directors last month and establishing the Critical Care Outreach Team until 02:00 daily which is now in place as described within the Quality Improvement Plan.

The Workstream Executive Leads have recommended (subject to board sub committee approval) that 15 actions are embedded and should be rated as blue/blue-green. The Quality Committee (report attached) supported the recommendation that 12 actions should be rated as blue/blue-green, one action was deferred at the request of the Programme Director/Executive Lead to enable further evidence to be collated. There are 3

actions recommended directly to the Board as being embedded. The breakdown of the blue (embedded) submissions by Workstream is as detailed below:

- Governance – 4
- Personalised Care - 1
- Safety Culture – 8
- Timely Access – 1
- Newark - 1

Good progress is being made in delivering the actions identified within the Quality Improvement Plan. The focus of the coming month will be on:

- Developing and implementing a communications strategy to ensure the celebration and sharing of successes.
- Developing an audit and assurance process, demonstrating sustainability of the improvements made.
- Reviewing the embedded actions with a view to ensuring all actions are embedded by 30 September 2016 at the latest.

A copy of the report that has been uploaded on NHS Choices and the Trusts Internet is contained within the reading room for information.

Recommendation

The Board of Directors is asked to:
- note the Quality Improvement Plan update as indicated within the Overview Dashboard
- Approve the updated Quality Improvement Plan (version 4.1)
- Consider and agree the workstream recommendations for embedded actions
- Consider and agree the Quality Committee recommendations for embedded actions

Relevant Strategic Priorities (please mark in bold)	
To consistently deliver a high quality patient experience safely and effectively	**To develop extended clinical networks that benefit the patients we serve**
To eliminate the variability of access to and outcomes from our acute services	**To provide efficient and cost-effective services and deliver better value healthcare**
To reduce demand on hospital services and deliver care closer to home	

Links to the BAF and Corporate Risk Register	
Details of additional risks associated with this paper *(may include CQC Essential Standards, NHSLA, NHS Constitution)*	Failure to deliver the Quality Improvement Plan to the agreed deadlines could lead to further regulatory action being taken by the Care Quality Commission
Links to NHS Constitution	N/A

Financial Implications/Impact	Potential for further regulatory action.
Legal Implications/Impact	Potential for further regulatory action by the CQC.
Partnership working & Public Engagement Implications/Impact	
Committees/groups where this item has been presented before	Quality Improvement Board Quality Committee
Monitoring and Review	Quality Improvement Board Sherwood Forest Hospitals Oversight Group
Is a QIA required/been completed? If yes provide brief details	QIAs will be undertaken for actions as required.