

# Board of Directors Meeting

**Subject:** Quality Improvement Plan Update  
**Date:** Thursday, 31 March 2016  
**Author:** Paul Moore, Programme Director – Quality Improvement Plan  
**Lead Director:** Paul Moore, 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 March review cycle.

The Quality Improvement Plan Overview Dashboard (attached) identifies that of the 287 actions detailed within the Plan, 218 are rated as Green (completed/on track), 2 are rated as Amber (off track but have a plan to recover the position) and 10 actions are rated as Red (have failed to deliver to agreed timescales/are off track and unlikely to deliver to the agreed date).

Of the 2 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  
Recruitment & Retention – 1  
Personalised Care - 2  
Safety Culture – 5  
Timely Access – 1

Of the 10 actions reported above, 5 continue as red from last month and are subject to monthly scrutiny, the 5 new red actions are within Recruitment & Retention Workstream and relate to Consultant Job Plans, Personalised Care Workstream relating to End of Life Training and Safety Culture Workstream relating to Paediatric Resuscitation & Emergency Management (PREM) trollies and the extended hours of Critical Care Outreach Team (CCOT). There are 3 actions reported as red and 2 actions reported as amber last month that missed the target completion date that are now rated as green – these relate to the new governance unit being established, risk reports forms for risk management, HEEM education, maternity information leaflets and development of a business case for elective caesarean theatre list.

The Workstream Executive Leads have recommended (subject to board subcommittee approval) that 31 actions are embedded and should be rated as blue. Reports from the board assurance committees will be presented at the meeting - 19 have been considered by the Quality Committee, 5 have been considered by the Organisation Development and Workforce Committee, 2 by the Finance Committee and 5 are reported directly to the Board. The breakdown of the blue (embedded) submissions by Workstream is as detailed below:

- Leadership – 3
- Governance – 5
- Recruitment & Retention - 4
- Safety Culture – 13
- Timely Access – 5
- Maternity - 3

Good progress is being made in delivering the actions identified within the Quality Improvement Plan.

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 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

**Relevant Strategic Priorities (please mark in bold)**

<b>To consistently deliver a high quality patient experience safely and effectively</b>	<b>To develop extended clinical networks that benefit the patients we serve</b>
<b>To eliminate the variability of access to and outcomes from our acute services</b>	<b>To provide efficient and cost-effective services and deliver better value healthcare</b>
<b>To reduce demand on hospital services and deliver care closer to home</b>	

<b>Links to the BAF and Corporate Risk Register</b>	
<b>Details of additional risks associated with this paper</b> <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i>	Failure to deliver the Quality Improvement Plan to the agreed deadlines could lead to further regulatory action being taken by the Care Quality Commission
<b>Links to NHS Constitution</b>	N/A
<b>Financial Implications/Impact</b>	Potential for further regulatory action.
<b>Legal Implications/Impact</b>	Potential for further regulatory action by the CQC.
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	

<b>Committees/groups where this item has been presented before</b>	Quality Improvement Board Quality Committee
<b>Monitoring and Review</b>	Quality Improvement Board Sherwood Forest Hospitals Oversight Group
<b>Is a QIA required/been completed? If yes provide brief details</b>	QIAs will be undertaken for actions as required.