

# Assurance Report on Quality Improvement Plan

**Subject:** Quality Improvement Plan Update for Board of Directors  
**Date:** Wednesday, 6 July 2016  
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## Executive Summary

The Board of Directors agreed our Quality Improvement Plan on 26 November 2015. The QIP combines the Trust's existing Quality Improvement Plan with actions to address matters highlighted by Health Education East Midlands (HEEM), and the requirements of the Care Quality Commission. The QIP also encapsulates the action being taken to address the CQCs' enforcement actions.

This paper provides the Board and Sub Committees with an update on the progress of delivering the Quality Improvement Plan (QIP).

There are currently 287 actions over 10 Workstreams. Good progress continues to be made to deliver the plan. Following confirm and challenge meetings held during May 2016, there are 172 (59.93%) actions embedded (54 are subject to verification by the Care Quality Commission); 103 (35.89%) actions are completed or remain on track to be completed as planned; and 2 (0.70%) actions behind plan. There are 10 (3.48%) actions superseded by the Long Term Partnership.

The really positive news is that Section 31 conditions, relating to Sepsis, imposed by the CQC were lifted on Tuesday 31 May 2016.

Position at month ending June 2016, following consideration by the Boards Assurance Committees. (This data is subject to the Boards final approval).

Workstreams	Number of actions	Red	Green		Amber	Blue	Green/Blue	Grey
		Off Track	Completed	On track	Off track	Embedded	Embedded subject to External confirmation	Actions superseded by Long Term Partnership
Leadership	24	-	5	-	-	15	-	4
Governance	51	-	14	1	-	5	31	-
Recruitment & Retention	15	-	6	-	-	7	-	2
Personalised Care	30	1	15	1	-	9	4	-
Safety Culture	75	1	32	-	-	41	1	-
Timely Access	41	-	3	-	-	19	18	1
Mandatory Training	6	-	3	-	-	3	-	-
Staff Engagement	12	-	4	1	-	5	-	2
Maternity	23	-	13	-	-	10	-	-
Newark	10	-	1	4	-	4	-	1
<b>Total Number</b>	<b>287</b>	<b>2</b> (0.70%)	<b>96</b> (33.45%)	<b>7</b> (2.44%)	<b>-</b> (0.00%)	<b>118</b> (41.11%)	<b>54</b> (18.82%)	<b>10</b> (3.48%)

All ongoing actions have been reviewed in detail. This paper summarises the position in each Workstream, and recommends 43 actions are approved for marking as embedded.

There are 2 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:

- Personalised Care - 1
- Safety Culture – 1

Of the 2 actions reported above, 2 continue as red from last month and are subject to monthly scrutiny. These are within the following Workstreams:

Workstreams	Action
Personalised Care	4.4.5 Appropriate Specialist Nurses and End of Life champions complete advanced training on End of Life care.
Safety Culture	5.3.26 Extended Critical Care Outreach (CCOT) support to give access until 02.00 hours on a daily basis and utilising Vital Pac real-time monitoring as appropriately

There were 3 other actions reported as Red last month where the BRAG rating has changed. These are:

Workstreams	Action	BRAG
Personalised Care	4.4.1 End of Life Care	Green
	4.4.4 All frontline clinical staff complete Basic Level 1 training on End of Life Care	Green
Safety Culture	5.2.1 All divisions will have a senior Clinical Governance Lead with responsibility to ensure issues of concern are highlighted, escalated and acted on	Green

The Workstream Executive Leads have recommended (and been agreed by the board subcommittee's approval) that 43 actions are embedded and should be rated as blue. Reports from the board assurance committees will be presented as follows:

Committee	Number of Actions recommended to be considered and embedded
Organisational Development & Workforce	15
Quality Committee	16
Board of Directors	12
Total	43

The breakdown of the blue (embedded) submissions by Workstream is as detailed below:

Workstream	Number of blue (embedded) submissions
Leadership	10
Governance	3
Recruitment & Retention	3
Personalised Care	3
Safety Culture	5
Timely Access	6
Mandatory Training	2
Staff Engagement	3
Maternity	6
Newark	2

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 5.16.2).
- Consider and agree the Workstream recommendations for embedded actions.
- Consider and agree the Quality Committee and Organisation Development & Workforce Committee recommendations for embedded actions.

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

<b>Ensure the highest standards of safe care are consistently delivered by, and for, individuals, teams and departments</b>	<b>Ensure that patients experience the very best care, building on good practice and listening and learning from both negative and positive feedback and events</b>
<b>Provide timely access to diagnosis, treatment and care when people need it and safely reduce the time patients spend in hospital</b>	<b>Raise the level of staff engagement through strong leadership, communication, feedback and recognition</b>
<b>Reduce the scale of our financial deficit by reducing costs, improving utilisation of resources and productivity, and achieving best value for money</b>	<b>Work in partnership to keep people well in the community, and enable them to return as soon as they are ready to leave hospital</b>
<b>Develop and implement a programme of work in conjunction with Nottingham University Hospital NHST to create a new combined organisation</b>	

<b>How has organisational learning been disseminated</b>	
<b>Links to the BAF</b>	
<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