# **Public Board Meeting**

# Report

Subject: Quality Improvement Programme Date: 2<sup>nd</sup> November 2016 Author: Elaine Jeffers Lead Director: Peter Herring

#### Executive Summary

The purpose of this paper is to outline the result of the review of those actions within the Quality Improvement programme (QIP) that had previously been agreed as either superseded by the Long-term Partnership arrangements with Nottingham University Hospitals NHS Trust (NUH) or were out with the control of this Trust to progress further.

A summary of the review can be found at Appendix 1.

At the Board of Director's Meeting on the 5 October 2016 it was agreed that as part of the October QIP cycle a further review of each 'Grey' action would be undertaken to determine whether any further action was necessary, particularly in light of the current delay.

As progress against the original 287 actions contained within the QIP was made it became apparent that there were a number of actions that could not be progressed further, either as full completion was dependent on ongoing work with external stakeholders i.e. commissioners or were subject to joint working arrangements as part of the proposed merger between SFH and NUH. These actions were identified as 'grey' within the QIP documentation.

At the end of the September QIP cycle the number of grey actions totalled 16. During the review of outstanding actions through the October QIP cycle each grey action was reviewed with the relevant Workstream Executive and Workstream Lead to determine what, if any further action was required. The outcome is summarised below:

#### Workstream 1: Leadership

5 x Grey actions – agreed no change to status

## Workstream 3: recruitment & Retention

2 x Grey action - agreed 1 x reverted to Green, 1 no change to status

Workstream 4: Personalised Care 1 x Grey action – agreed no change to status

**Workstream 6: Timely Access** 1 x Grey action – agreed reverted to Green

### Workstream 8: Staff Engagement

4 x Grey actions – agreed 1 x converted to Blue, 2 x reverted to Green, 1 no change to status

Workstream 9: Maternity

2 x Grey actions – agree 2 x reverted to Green

## Workstream 10: Newark

1 x Grey action – agree reverted to Green

Totals	BRAG	Sept position	Oct position
	Grey	16	8
	Green	0	7
	Blue	0	1

The embedded (blue) action within the Staff Engagement workstream was presented to and accepted by the Quality Committee as per the QIP governance process at the August meeting.

The 7 actions that have reverted to Green will now be included within the active actions of the relevant programme and managed as per the normal process.

The remaining 8 actions (Grey) are currently reflected on the QIP and will not be actively pursued as part of the monthly cycle going forward.

The paper seeks to stimulate a discussion around the continued inclusion of the Grey actions within the QIP in light of the future plans to subsume those remaining 'active' actions into an enhanced Trust Improvement Plan following receipt of the final CQC Report.

- The Board of Directors is asked to note and agree the decisions as outlined in the paper
- The Board of Directors is asked to agree the removal of the Grey actions from the QIP as part of the November cycle.

Relevant Strategic Priorities (please mark in bold)

Ensure the highest standards of safe care	Ensure that patients experience the very
are consistently delivered by, and for,	best care, building on good practice and
individuals, teams and departments	listening and learning from both negative and
	0 0
	positive feedback and events
Provide timely access to diagnosis,	Raise the level of staff engagement through
treatment and care when people need it and	strong leadership, communication, feedback
safely reduce the time patients spend in	and recognition
hospital	
Reduce the scale of our financial deficit by	Work in partnership to keep people well in
Reduce the scale of our financial deficit by reducing costs improving utilisation of	
reducing costs, improving utilisation of	the community, and enable them to return as
reducing costs, improving utilisation of resources and productivity, and achieving	
reducing costs, improving utilisation of	the community, and enable them to return as
reducing costs, improving utilisation of resources and productivity, and achieving	the community, and enable them to return as
reducing costs, improving utilisation of resources and productivity, and achieving best value for money	the community, and enable them to return as
reducing costs, improving utilisation of resources and productivity, and achieving best value for money Develop and implement a programme of work in conjunction with Nottingham	the community, and enable them to return as
reducing costs, improving utilisation of resources and productivity, and achieving best value for money Develop and implement a programme of	the community, and enable them to return as

How has organisational learning been disseminated	
Links to the BAF	



Sherwood Forest Hospitals NHS Foundation Trust

Financial Implications/Impact	
Legal Implications/Impact	
Partnership working & Public Engagement Implications/Impact	
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Committees/groups where this item has been presented before	