

# Board of Directors Meeting

**Subject:** Quality Improvement Plan Update  
**Date:** Tuesday, 22 December 2015  
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## Executive Summary

The Board of Directors agreed the Quality Improvement Plan on 26 November 2015 and received information regarding the governance arrangements for delivery.

The Trust has completed the review cycle for December, the purpose of this report is to provide an update to Board on the progress of delivering the Quality Improvement Plan.

The Quality Improvement Plan Overview Dashboard attached identifies that of the 285 actions detailed within the Plan, 272 are rated as Green (On Track), 1 is rated as Amber (off track but has a plan to recover the position) and 12 actions are rated as Red (have failed to deliver to agreed timescales/are off track and unlikely to deliver to the agreed date).

As identified above, the majority of actions are on track to deliver (272), however, there are now 12 actions rated as Red. There are 6 new Red actions which are predominantly within the Governance Workstream and relate to the need to agree an appropriate Risk Management Strategy and the associated actions aligned with this, there is one action (2.1.7) which related to the development of the Quality Improvement Plan which has moved from Red to Green as the plan has been agreed by Board. The 6 Red actions from the previously agreed Quality Improvement Plan remain as Red.

The Workstream Executive Leads have recommended that 22 actions are embedded and should be rated as blue. 15 of these have been considered by the Quality Committee as detailed within the attached report and 7 are reported directly to the Board. The breakdown by Workstream is as detailed below:

- Governance – 9
- Personalised Care – 1
- Safety Culture – 5
- Timely Access – 6
- Newark – 1

Workstream leads have been assigned to the Workstreams in order to provide project management support and co-ordinate regular updates to the Quality Improvement Plan and draft associated reports. Handover arrangements are being completed to ensure a seamless transfer of knowledge from the external support that has been utilised to date to the in house team.

## Recommendation

The Board is asked to:

- note the Quality Improvement Plan update as indicated within the Overview Dashboard
- Approve the updated Quality Improvement Plan

<ul style="list-style-type: none"> <li>• Consider and agree the workstream recommendations for embedded actions</li> <li>• Consider and agree the Quality Committee recommendations for embedded actions</li> </ul>	
<b>Relevant Strategic Priorities (please mark in bold)</b>	
<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.