

Board of Directors

Meeting

Report

Subject: Quality Improvement Plan
Date: Thursday 27th November 2014
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Executive Summary

The Chief Inspector of Hospitals inspected our Trust in April 2014 and published its findings on the Care Quality Commission (CQC) website in July 2014. The inspector reviewed care at all our hospital sites, and identified that in all areas our staff were caring and compassionate. However, in their judgement they identified a number of areas where improvements were required and made a number of recommendations to support this improvement. The updated Quality Improvement Plan was presented to the October Trust Board.

Since the visit of the Care Quality Commission (CQC), the feedback at the July Quality Summit and the arrival of the Improvement Director, Gill Hooper the Trust has undertaken a significant amount of improvement activity to support the delivery of continuous quality improvements and sustainable change (Appendix 1).

Within the QIP we have separated our improvements under 16 High Level Actions. Each high level action contains many individual actions. There are a total of 173 lines within the plan.

- 1) No actions have deteriorated within the RAG rating
- 2) One action have moved from Amber to Blue
 - 1.5 Ensure current and the new public governors elected in October are inducted into the Trust through a robust induction process and by attending planned Governor training events. Clarifying the role and duties of governors and how this differs from the role of Non-Executive Directors
- 3) One action has moved from Green to Blue
 - 4.5 Introduce a Risk Assessment form which can be used to capture clinical & non-clinical risks. This form will be contained within the Risk Management Procedure
- 4) One action has moved from Red to Green
 - 6.4.3 Monitor ED escalation plan daily and review issues weekly at Capacity and Flow meeting

- 5) Six actions have moved from Red to Amber
- 4.9 Establish a Risk Committee reporting to TMB
 - 5.11 Explore the option of implementing learning boards for every clinical area
 - 6.6 Ensure there are sufficient numbers of qualified, skilled and experienced nursing staff at all times within the Medical Wards
 - 6.8.4 Recruitment of Radiologists
 - 9.3 Consent practices and completion of WHO checklist
 - 15.1 Secure a system which meets NHS England FFT requirements , provides user friendly survey methods whilst providing a real time reporting system which drills down to individual wards and departments
- 6) One action has moved from Amber to Green
- 4.4 Create a supporting Risk Management Procedure which will also serve as a training hand-out:

The Trust has provided a more detailed comprehensive return to NHS Choices which clearly articulates the improvement within month. All of this information has been shared with our regulator Monitor.

Recommendation

The Trust Board is requested to note:

- The improvement activity that has been undertaken by the Trust within a short period of time, acknowledging the commitment and work of our staff to lead and implement these changes.

The progress and amendments to the Quality Improvement Plan and the improved submission to NHS Choices.

Relevant Strategic Objectives (please mark in bold)	
Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	BAF 1.3, 2.1, 2.2 2.3, 5.3, 5.5 Mortality on corporate risk register
Details of additional risks associated with this paper (may	Failure to meet the Monitor regulatory requirements for governance- remain in significant breach.

<i>include CQC Essential Standards, NHSLA, NHS Constitution)</i>	Risk of being assessed as non-compliant against the CQC Essential standards of Quality and Safety
Links to NHS Constitution	Principle 2, 3, 4 & 7
Financial Implications/Impact	Potential contractual penalties for failure to deliver the quality schedule
Legal Implications/Impact	Reputational implications of delivering sub-standard safety and care
Partnership working & Public Engagement Implications/Impact	This paper will be shared with the CCG Performance and Quality Group, CQC and Healthwatch.
Committees/groups where this item has been presented before	Monitor have received a copy of NHS Choices and Appendix 1
Monitoring and Review	Monitoring via the quality contract, CCG Performance and Quality Committee & internal processes
Is a QIA required/been completed? If yes provide brief details	No