

Trust Board of Directors

Thursday 27TH November, 2014

Quality Improvement Plan (QIP)

1.0 Introduction

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). There are a number of significant achievements of which I would like to draw your attention to:

- The work undertaken to improve Medicine Engagement and the work undertaken to develop and implement a medical engagement strategy (section 4.1).
- The demonstrable improvement in haemodynamic observation recording through the support of VitalPAC (Section 4.2.1)
- The appointment of a Head of Practice Development and eight Practice Development Matrons in driving the delivery of the Quality Improvement Plan (Section 4.3)
- Our progress with governance and in particular risk management through the appointment of a Risk Manager (Section 5.9)

- The evidence of us wishing to learn about ourselves through our Quality Summit, 'Mock CQC Visit and 'Out of Hours Assurance' (Section 6.0)
- The activity undertaken in relation to safer medicine management (Section 8.0)
- The developments to improve end of life care at our Trust.(Section 14.0)

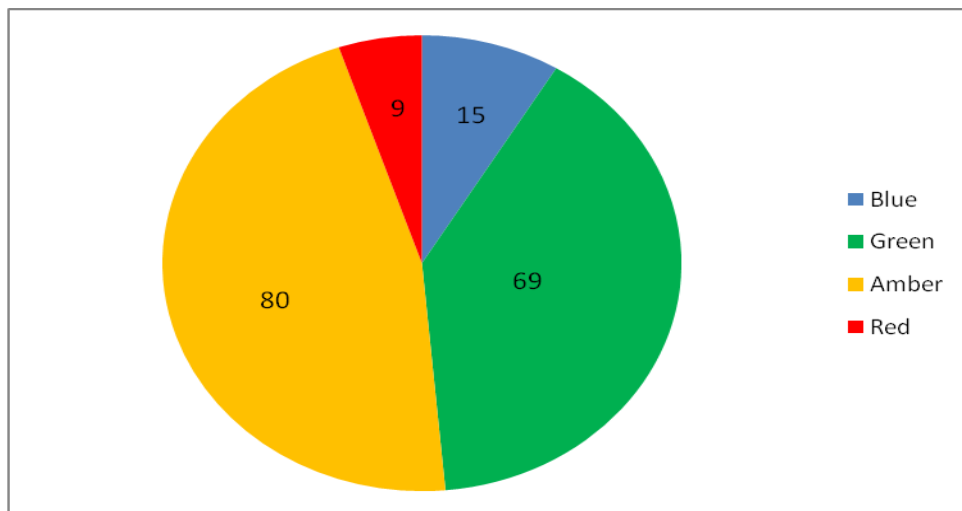
Following the November Trust Board this progress report will be shared with our external stakeholders including the CCG and the CQC.

2.0 Specific progress against our Quality Improvement Plan (QIP).

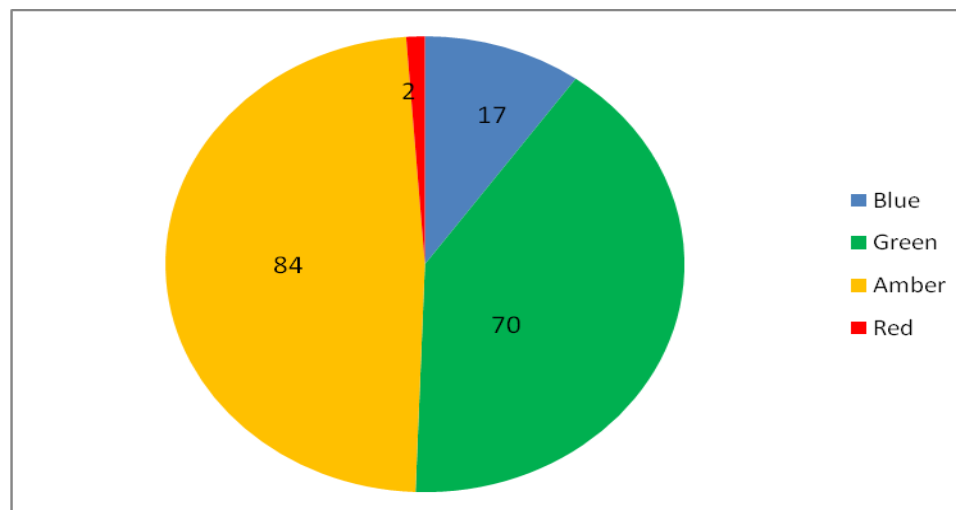
Within the QIP we have separated our improvements under 16 High Level Actions. Each high level action contains many individual actions. There are a total of 173 lines within the plan.

October 30th to November 22nd progress – all actions

30th October 2014



24th November 2014



Blue	Green	Amber	Red
Action fully completed	Action on track to complete in line with completion date	Progress being made towards completion of the action or overdue on completion	No progress is being made or progress is not expected to be made due to barriers

Movement

- 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:

Appendix 2 provides a more detailed synopsis in relation to all the improvement lines which had a completion date of 30th November 2014 or have moved within their RAG assessment. The QIP has been updated to reflect the RAG ratings and the commentary. October to November NHS choices return has been included within Appendix 3. The RAG rating on the November NHS choices return reflects the October 30th QIP.

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.

Susan Bowler

Executive Director of Nursing & Quality