

Board of Directors Meeting

Report

Subject: Quality Improvement Plan (QIP)
Date: Thursday 30th October 2014
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Lead Director: Susan Bowler – Executive Director of Nursing & Quality

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- all included within the enclosed Quality Improvement Plan (Appendix 1).

Previously the Trust had been inspected by both the CQC and Keogh and had responded through the development of individual actions plans. This quality improvement plan incorporates continuous improvement actions contained in the previously published Keogh and CQC improvement plans, even if they were not specifically mentioned by the Chief Inspector of Hospitals inspection.

Within the QIP we have separated our improvements under 16 High Level Actions. Each high level action contains many individual actions. The Trust Management Board will monitor progress of the whole plan before it is presented to each Trust Board meeting. We will provide regular updates on NHS Choices.

Of the 16 High level Actions:

- 5 are rated Green (Action on track to complete in line with completion date)
- 11 are rated Amber (Progress being made towards completion of the action or overdue on completion)

Of the 158 individual actions:

- 15 are rated Blue (Action fully completed)
- 64 are rated Green (Action on track to complete in line with completion date)
- 70 are rated Amber (Progress being made towards completion of the action or overdue on completion)
- 9 are rated Red (No progress is being made or progress is not expected to be made due to barriers)

The Improvement Director assigned to Sherwood Forest NHS Foundation Trust is Gillian Hooper, who will be acting on behalf of Monitor to advise, support and challenge the improvements process.

Recommendation

- Approve the Quality Improvement Plan
- Approve the Executive governance arrangements for monitoring & reporting

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
Details of additional risks associated with this paper (<i>may include CQC Essential Standards, NHSLA, NHS Constitution</i>)	Failure to meet the Monitor regulatory requirements for governance - remain in significant breach. Remain in special measures
Links to NHS Constitution	Principle 2, 3, 4 & 7
Financial Implications/Impact	None specifically but this interlinks closely to Better Together, CIP delivery and the Transformation programme
Legal Implications/Impact	Reputational implications of delivering sub-standard safety and care. Risk of civil and/or criminal action if further compliance issues are noted.
Partnership working & Public Engagement Implications/Impact	Better Together programme
Committees/groups where this item has been presented before	TMB, Quality Improvement Group, individual colleagues, CCG
Monitoring and Review	The Trust Management Board will monitor progress of the whole plan before it is presented to each Trust Board meeting
Is a QIA required/been completed? If yes provide brief details	No