

Trust Board of Directors

Thursday 30th October, 2014

Quality Improvement Plan (QIP)

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.

Who is responsible?

During the development of this action plan we have mapped our current committee and reporting structures (Appendix 2). As each high level action contains many individual actions (158 actions) each High Level Action will be overseen by a lead Executive supported by the following Committees.

Number	High Level Action	Lead Committee	Executive Lead
1	Recruitment and retention of a credible and competent Board of Directors equipped with the skills to deliver the strategic priorities of the Trust	Rem Committee overseen by SID	Chairman
2	Our culture is focused on delivering 'Quality for All' and staff feel valued and empowered to do an excellent job and proud to work for our trust.	OD & Workforce Committee	Executive Director of Human Resources
3	Implement our leadership strategy with appropriate focus at divisional and service lines to support our leaders to deliver the strategic objectives	OD & Workforce Committee	Executive Director of Human Resources
4	Ensure Trust Risk Management processes are robust including appropriate identification of risks,	Risk Committee	Chief Executive Officer

	incidents, mitigation and learning at all levels in the organisation		
5	Ensure that staff receive appropriate and timely feedback from incidents and complaints and that actions taken and lessons learnt are shared across the divisions to improve quality and safety	Clinical Governance & Quality Committee	Executive Director of Nursing
6	Build safe and effective staffing levels with escalation processes to meet unpredicted demand	OD & Workforce Committee (supported by Nursing Workforce Group)	Executive Director of Human Resources
7	Ensuring equipment maintenance programmes are fully compliant and operate systems to identify, assess and manage risks relating to the health, welfare and safety of service users and others	Risk Committee supported by Medical Device & Equipment Group	Chief Executive Officer
8	Improve the systems and processes for the storage and administration of all medicines. Reduce the incidence of medicine omissions	Clinical Governance & Quality Committee	Executive Medical Director
9	Ensure patient records are appropriately maintained in line with Trust policy and legislative requirements	Risk Committee (supported by Records Management Group)	Chief Executive Officer
10	Ensure the processes for the recognition of deteriorating patients are robust and appropriately acted upon	Clinical Governance & Quality Committee (supported by Patient Safety Group)	Executive Director of Nursing (Executive Medical Director)
11	Ensure safe, appropriate and timely flow of patients from admission to discharge, with the support of good bed management and discharge processes .Achieving and sustaining all 3 -18 ww pathways	Corporate Performance Meeting	Director of Operations
12	Improve delivery of mandatory and targeted training for staff	OD & Workforce Committee	Executive Director of Human Resources
13	Strengthen the processes to enhance staff performance; ensuring the availability of skilled and competent staff	OD & Workforce Committee	Executive Director of Human Resources
14	Improve the effectiveness and responsiveness of services through the use of evidence based clinical pathways	Clinical Governance & Quality Committee (supported by	Executive Medical Director

		Clinical Audit & Effectiveness Group)	
15	Increase patient feedback by collating a higher level of Family and Friends responses.	Clinical Governance & Quality Committee (supported by Patient Experience Group)	Executive Director of Nursing
16	End of Life Care is responsive to the needs of our patients (and their carers), delivered by competent, knowledgeable staff who respect and meet individual preferences.	Clinical Governance & Quality Committee (supported by End of Life Steering Group)	Executive Director of Nursing

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.

Following approval of the executive governance arrangements, each specific action line will be assigned to a committee. The agenda, workplan and terms of reference of those committees will clearly state their responsibilities in terms of monitoring and escalation processes. Going forward they will assess and confirm their evidence and provide a RAG rating to the Lead Committee.

The Executive Director of Nursing & Quality will be the Executive Sponsor, with each high level action being assigned to an Executive Lead (note; High Level Action 1 is jointly owned by the Chairman and CEO). Project Management support for the Executive Sponsor is being sought.

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.

Current status

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 Trust Board is asked to:

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

Susan Bowler

Executive Director of Nursing & Quality