

Board of Directors Meeting

Report

Subject: Quality Improvement Plan (QIP)
Date: Thursday 29th January 2015
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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- all included within the enclosed Quality Improvement Plan (Version 9).

This report provides in-depth commentary against many of the actions and themes.

Within the QIP we have separated our improvements under 16 High Level Actions. Each high level action contains many individual actions. Regular updates are provided on NHS Choices.

Of the individual actions:

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

The main concern to highlight is that the 3 red rated items sit within the 'effective' domain. These are related to

- Our C difficile performance
- Our ED performance
- The implementation of a medical day case facility – this action is related to our ED performance as the identified area for a day case is being utilised to support additional non elective activity.

There is good progress with our QIP. The organisation has risen to the challenges and in a multi – disciplinary format come together to create new solutions to the problems posed. A number of task and finish groups e.g. Medicines and organisational learning have met regularly to define their strategies and develop the tools that would be welcomed by SFH staff. New learning boards are within the clinical environments, new policies and processes for medicine safety have been implemented, good recruitment of staff has occurred, particularly medical staff and overseas nurses, the introduction of practice development matrons and the successful implementation of a new patient experience team, resulting in sustainable complaint performance are some of the successes since our April 2014 CQC visit. There are still areas for further improvement including adult safeguarding and pathway development. More detail for these areas will be provided in Version 10. Assurance obtained via the recent non-executive Confirm and Challenge process has not been

included within this plan.

Recommendation

- Note and discuss the current position of the Quality Improvement Plan
- Identify areas of concern in relation to the recent confirm and challenge exercise that should be included / strengthened within Version 10.

Relevant Strategic Objectives (please mark in bold)

<p>1. To consistently deliver safe, effective high quality care achieving a positive staff and patient experience</p>	<p>2. To eliminate the variability of access to and outcomes from our acute and community services</p>
<p>3. To reduce demand on hospital services and deliver care closer to home</p>	<p>4. To develop extended clinical networks that benefit the patients we serve</p>
<p>5. To provide efficient and cost effective services and deliver better value and healthcare</p>	

Links to the BAF and Corporate Risk Register	Principal Risk 1 , 4 & 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 and QI meeting 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