Board of Directors Meeting

Subject:	**Quality Improvement Plan Update**
Date:	**Thursday, 28 April 2016**
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Lead Director:	**Paul Moore, Programme Director – Quality Improvement Plan**

Executive Summary

The Board of Directors agreed our Quality Improvement Plan on 26 November 2015. This paper provides an update on the progress of delivering the Quality Improvement Plan following the April review cycle.

There are currently 288 actions over 10 Workstreams. Good progress continues to be made to deliver the plan. Following confirm and challenge meetings held during April 2016, there are 102 (35.4%) actions embedded (61 are subject to verification by the Care Quality Commission); 174 (60.4%) actions are completed or remain on track to be completed as planned; and 12 (4%) actions behind plan.

Position at month ending April 2016, following consideration by the Boards Assurance Committees. (This data is subject to the Boards final approval).

Workstreams	Number of actions	Red	Green		Amber	Blue	Green/Blue
		Off Track	Completed	On track	Off track	Embedded	Embedded subject to External confirmation
Leadership	25	1	18	3	-	3	-
Governance	51	-	19	5	-	2	25
Recruitment & Retention	15	1	7	3	-	4	-
Personalised Care	30	3	17	3	-	4	3
Safety Culture	75	5	37	4	-	12	17
Timely Access	41	1	12	1	-	11	16
Mandatory Training	6	-	2	4	-	-	-
Staff Engagement	12	1	9	2	-	-	-
Maternity	23	-	17	3	-	3	-
Newark	10	-	2	6	-	2	-
Total Number	**288**	**12** *(4.17%)*	**140** *(48.61%)*	**34** *(11.81%)*	**-** *(0.00%)*	**41** *(14.24%)*	**61** *(21.18%)*

There are 12 actions rated as Red (have failed to deliver to agreed timescales/are off track and unlikely to deliver to the agreed date) as detailed below:

- Leadership – 1
- Recruitment & Retention – 1
- Personalised Care - 3
- Safety Culture – 5
- Timely Access – 1
- Staff Engagement - 1

Of the 12 actions reported above, 9 continue as red from last month and are subject to monthly scrutiny.   These are within Leadership and relate to Divisional Clinical Governance Leads, Recruitment & Retention Workstream and relate to Consultant Job Plans, Personalised Care Workstream relating to End of Life Training, Safety Culture Workstream relating to establishing a Safety Culture Team and resource requirements, all divisions have a senior Clinical Governance Lead, Paediatric Resuscitation & Emergency Management (PREM) trollies and the extended hours of Critical Care Outreach Team (CCOT) and Timely Access Workstream relating to teaching all clinical staff on RTT and reconciliation.

The 3 new red actions are within Recruitment & Retention and relate to ensuring at least one nurse in each clinical area within Children's and Young People's Service is trained in Advanced Paediatric Life Support or European Paediatric Life Support, Personalised Care relating to End of Life Service review and Staff Engagement regarding developing an innovate approach to staff suggestions on how they are achieved and celebrated. There was 1 action reported as Red last month is now rated as green – this relates to Consultant Job Plans.

The Workstream Executive Leads have recommended (and been agreed by the board subcommittee's approval) that 14 actions are embedded and should be rated as blue. Reports from the board assurance committees will be presented at the meeting - 14 have been considered by the Quality Committee.

The breakdown of the blue (embedded) submissions by Workstream is as detailed below:

Governance – 3
Personalised Care – 5
Safety Culture – 2
Timely Access – 2
Maternity - 2

A copy of the report that has been uploaded on NHS Choices and the Trusts Internet is contained within the reading room for information.

Recommendation

The Board of Directors is asked to:
- note the Quality Improvement Plan update as indicated within the Overview Dashboard
- Approve the updated Quality Improvement Plan (version 3.1)
- Consider and agree the workstream recommendations for embedded actions
- Consider and agree the Quality Committee/Organisation Development & Workforce/Finance Committee recommendations for embedded actions

Relevant Strategic Priorities (please mark in bold)

To consistently deliver a high quality patient experience safely and effectively	**To develop extended clinical networks that benefit the patients we serve**
To eliminate the variability of access to and outcomes from our acute services	**To provide efficient and cost-effective services and deliver better value healthcare**
To reduce demand on hospital services and deliver care closer to home	

Links to the BAF and Corporate Risk Register	
Details of additional risks associated with this paper *(may include CQC Essential Standards, NHSLA, NHS Constitution)*	Failure to deliver the Quality Improvement Plan to the agreed deadlines could lead to further regulatory action being taken by the Care Quality Commission
Links to NHS Constitution	N/A
Financial Implications/Impact	Potential for further regulatory action.
Legal Implications/Impact	Potential for further regulatory action by the CQC.
Partnership working & Public Engagement Implications/Impact	
Committees/groups where this item has been presented before	Quality Improvement Board Quality Committee
Monitoring and Review	Quality Improvement Board Sherwood Forest Hospitals Oversight Group
Is a QIA required/been completed? If yes provide brief details	QIAs will be undertaken for actions as required.