

# Assurance Report on Quality Improvement Plan

**Subject:** Quality Improvement Plan Update for Board of Directors  
**Date:** Thursday, 26 May 2016  
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## Executive Summary

The Board of Directors agreed our Quality Improvement Plan on 26 November 2015. The QIP combines the Trust's existing Quality Improvement Plan with actions to address matters highlighted by Health Education East Midlands (HEEM), and the requirements of the Care Quality Commission. The QIP also encapsulates the action being taken to address the CQCs' enforcement actions.

This paper provides the Board and Sub Committees with an update on the progress of delivering the Quality Improvement Plan (QIP).

There are currently 287 actions over 10 Workstreams. Good progress continues to be made to deliver the plan. Following confirm and challenge meetings held during May 2016, there are 127 (44.24%) actions embedded (70 are subject to verification by the Care Quality Commission); 148 (51.57%) actions are completed or remain on track to be completed as planned; and 5 (1.74%) actions behind plan. There are 7 (2.44%) actions superseded by the Long Term Partnership.

Position at month ending May 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	Grey
		Off Track	Completed	On track	Off track	Embedded	Embedded subject to External confirmation	Actions superseded by Long Term Partnership
Leadership	24	-	14	1	-	5	-	4
Governance	51	-	17	2	-	4	28	-
Recruitment & Retention	15	-	8	2	-	4	-	1
Personalised Care	30	3	15	2	-	6	4	-
Safety Culture	75	2	35	2	-	14	22	-
Timely Access	41	-	9	-	-	15	16	1
Mandatory Training	6	-	4	1	-	1	-	-
Staff Engagement	12	-	7	2	-	2	-	1
Maternity	23	-	18	1	-	4	-	-
Newark	10	-	2	6	-	2	-	-
<b>Total Number</b>	<b>287</b>	<b>5 (1.74%)</b>	<b>129 (44.95%)</b>	<b>19 (6.62%)</b>	<b>- (0.00%)</b>	<b>57 (19.86%)</b>	<b>70 (24.39%)</b>	<b>7 (2.44%)</b>

All ongoing actions have been reviewed in detail. This paper summarises the position in each Workstream, and recommends 30 actions are approved for marking as embedded.

There are 5 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:

- Personalised Care - 3
- Safety Culture – 2

Of the 5 actions reported above, 5 continue as red from last month and are subject to monthly scrutiny. These are within the following Workstreams:

Workstreams	Action
Personalised Care	4.4.4 All frontline clinical staff complete Basic Level 1 training on End of Life Care
	4.4.5 Appropriate Specialist Nurses and End of Life champions complete advanced training on End of Life care.
	4.4.1 End of Life Care
Safety Culture	5.2.1 All divisions will have a senior Clinical Governance Lead with responsibility to ensure issues of concern are highlighted, escalated and acted on
	5.3.26 Extended Critical Care Outreach (CCOT) support to give access until 02.00 hours on a daily basis and utilising Vital Pac real-time monitoring as appropriately

There were 5 other actions reported as Red last month where the BRAG rating has changed. These are:

Workstreams	Action	BRAG
Leadership	1.2.2 Enhance Divisional clinical governance arrangements and appoint to five clinical governance leads.	Closed
Recruitment & Retention	3.5.4 Conduct a nursing skills audit of non-MAST clinical practice capacity. Address gaps through further training and or recruitment of staff with appropriate skills. Deploy and monitor training capability for each shift.	Green
Safety Culture	5.1.1 Establish a Patient Safety Culture Team with clinical lead and project support team to drive the programme of work	Green
	5.1.2 Establish resource requirements (patient safety champions, clinical lead, full-time project manager), programme structure, objectives and timeline	Green
	5.6.7 Anywhere not utilising resus trolleys to have quality assurance solution similar to that implemented with trolleys	Green
Timely Access	6.5.11 Teaching session to all clinical staff on RTT and reconciliation	Blue
Staff Engagement	8.4.4 Improve the staff suggestions on how they are actioned and celebrated.	Green

The Workstream Executive Leads have recommended (and been agreed by the board subcommittee's approval) that 30 actions are embedded and should be rated as blue. Reports from the board assurance committees will be presented as follows:

Committee	Number of Actions recommended to be considered and embedded
Organisational Development & Workforce	7
Quality Committee	18
Board of Directors	5
Total	30

It was noted at Quality Committee the positive work being carried out to continue the excellent progress being made on the QIP. There were two areas recognised as 'Good Practice' and these were in relation to the Personalised Care Workstream - Action 4.2.12 Develop and implement delirium pathway and, the Maternity Workstream – Action 9.3.2 Incidents are shared in the Labour Ward Forum to learn from the mistakes and used to better the procedures and processes – this relates to a MUM's Newsletter (Maternity Unit Memos).

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

Workstream	Number of blue (embedded) submissions
Leadership	2
Governance	6
Recruitment & Retention	1
Personalised Care	3
Safety Culture	8
Timely Access	4
Mandatory Training	1
Staff Engagement	2
Maternity	3

A copy of the report that has been uploaded on NHS Choices and the Trust's 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 5.16.2).
- Consider and agree the Workstream recommendations for embedded actions.
- Consider and agree the Quality Committee and Organisational Development & Workforce Committee recommendations for embedded actions.

### Relevant Strategic Priorities (please mark in bold)

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

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