

# Board of Directors Meeting

# Report

**Subject:** Quality Improvement Plan (QIP)  
**Date:** Thursday 26 February 2015  
**Author:** Susan Bowler / Yvonne Simpson  
**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 (Version 10).

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:

- 49 are rated Blue (Action fully completed)
- 60 are rated Green (Action on track to complete in line with completion date)
- 37 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 continues to be good progress and a tremendous amount of work happening in relation to the QIP as described within this report. Adult safeguarding has been included within the plan, with external support currently being sought to strengthen the team. The medical engagement work continues to progress with a plan to undertake a culture assessment across the organisation in March/April 2015.

Medicine safety and medicine security continues to have a high profile with audit results demonstrating good improvements. The Trust is currently auditing its practice as part of the national safety thermometer. This will enable the trust to compare itself to other organisations. Comparing our internal data against the Trusts who have submitted into the national database demonstrates we are in a very positive position for medicine administration

<p><b>Recommendation</b></p> <ul style="list-style-type: none"> <li>• Note and discuss the current position of the Quality Improvement Plan</li> <li>• Identify areas of concern in relation to the recent confirm and challenge exercise that should be included / strengthened within Version 11.</li> </ul>
--

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

<b>Links to the BAF and Corporate Risk Register</b>	Principal Risk 1 , 4 & 5
<b>Details of additional risks associated with this paper</b> <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
<b>Links to NHS Constitution</b>	Principle 2, 3, 4 & 7
<b>Financial Implications/Impact</b>	None specifically but this interlinks closely to Better Together, CIP delivery and the Transformation programme
<b>Legal Implications/Impact</b>	Reputational implications of delivering sub-standard safety and care. Risk of civil and/or criminal action if further compliance issues are noted.
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	Better Together programme
<b>Committees/groups where this item has been presented before</b>	TMB, Quality Improvement Group, individual colleagues, CCG
<b>Monitoring and Review</b>	The Trust Management Board and QI meeting will monitor progress of the whole plan before it is presented to each Trust Board meeting
<b>Is a QIA required/been completed? If yes provide brief details</b>	No