

Board of Directors Meeting

Report

Subject: Quality Improvement Plan (QIP)
Date: Thursday 26 March 2015
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Executive Summary

Introduction:

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 11).

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

Within the QIP we have separated our improvements under 18 High Level Actions. Each high level action contains many individual actions. Regular updates are provided on NHS Choices.

Quality Improvement Plan:

- 64 are rated Blue (Action fully completed)
- 55 are rated Green (Action on track to complete in line with completion date)
- 50 are rated Amber (Progress being made towards completion of the action or overdue on completion)
- 5 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 5 red RAG rated actions which sit within the 'effective' domain. These are related to

- Our C difficile performance
- Our ED performance
- Adult safeguarding
- Mortality
- HEEM visit

The Quality Improvement Plan is improving, as more actions have been completed. Section 12 has now been completed and will be monitored in sustain and review and reported 3 monthly to the Board. There has been significant increase in the number of new actions that have been added to the plan as action owners identify new areas that is important to monitor on the Quality Improvement Plan.

There has been two new key actions added to the Quality Improvement Plan:-

- Safeguarding (key action 17)
- Infection Prevention & Control (key action 18 – formerly key action 10.5)

Recommendation

- Note and discuss the current position of the Quality Improvement Plan version 11.0
- Note the red RAG rated actions in the 'effective' domain
- Note the two new key actions to the Quality Improvement Plan.

Relevant Strategic Objectives (please mark in bold)

1. To consistently deliver safe, effective high quality care achieving a positive staff and patient experience	2. To eliminate the variability of access to and outcomes from our acute and community services
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. To provide efficient and cost effective services and deliver better value and healthcare	

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	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