

Board of Directors Meeting

Report

Subject: Quality Improvement Plan (QIP)
Date: Thursday 30 April 2015
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Executive Summary

Introduction:

The Trust has been in special measures since July 2013. The Care Quality Commission visited our hospitals 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 (QIP) (Version 12).

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:

The QIP (version 12 – 22 April 2015) has:

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

The Quality Improvement Plan is improving, as more actions have been completed, and as the QIP demonstrates the decrease in the number of Red rating actions (0), and the increase in the number of completed actions.

There has been demonstrable progress made within the organisation. Some of these outputs include :

- Management of medicines, in which we have seen a reduction in omitted critical medications from 5% to 1.75%
- Improvements within our WHO checklist in which 4 out of 5 domains are scoring above 90%
- A 60% increase in referrals to our Critical Care Outreach Team and full set of observations completed in 98% of instances
- Introduction of a new 'Maintenance 500' reporting system, with a revised medical devices policy.
- A large shift in relation to organisational learning with many new ways of working introduced which include; learning boards in all clinical areas, new Grand Rounds for Nurses and AHP's, a shared learning event in March, monthly safety briefings to staff and a learning and sharing report presented to Quality Committee.
- New guidance for staff to care for end of life patients with compassion and dignity, with over

800 front line staff trained in End of Life Care during 2014/15.

Recommendation

- Note and discuss the current position of the Quality Improvement Plan version 12.0
- Note the improvements to the Quality Improvement Plan and the outcomes that are being achieved. .

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	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