



MEETING TITLE Trust Board		MEETING DATE 30/05/2017	
TITLE of PAPER	Quality Improvement Plan	PAPER REF	5.3
STRATEGIC OBJECTIVE	Ensure continuous service improvement and innovation Provide a safe and caring service which demonstrates an efficient use of resources		
PURPOSE OF THE PAPER	This paper updates Trust Board on final draft of the Quality Improvement Plan arising from the 2016 CQC inspections.		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input type="checkbox"/>
AUTHOR / LEAD	Karen Warner, Deputy Director Quality and Nursing	ACCOUNTABLE DIRECTOR	Steve Page Executive Director of Quality, Governance & Assurance
DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper): CQC Quality Compliance Plan actions agreed with local teams and support services as required. The plan is being monitored via the Quality Improvement Group, PTS Governance Group and other relevant committees.			
PREVIOUSLY AGREED AT:	Committee/Group: Not Applicable	Date	
RECOMMENDATION	The Trust Board is asked to approve the Quality Improvement Plan.		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality and Diversity Implications		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission		1: Safe 2: Effective 5. Well led	
NHSI Single Oversight Framework		1. ALL	

1. PURPOSE/AIM

- 1.1 This paper updates Trust Board on final draft of the Quality Improvement Plan arising from the 2016 CQC inspections.

2. BACKGROUND/CONTEXT

- 2.1 As part of its routine programme of scheduled inspections, the CQC inspectors visited the Trust in September and October 2016 to carry out a follow up inspection in all YAS services including NHS 111.

- 2.2 The overall rating for the Trust is 'Good'.

- 2.3 All of our services demonstrated significant improvement since the CQC's inspection in January 2015 and we are also pleased that the CQC has highlighted a number of areas of outstanding practice. These include:

- our Red Arrest Team providing senior clinical support for patients who suffer a cardiac arrest
- partnership working to improve integrated urgent and emergency care across the region
- the introduction of palliative care nurses in our NHS 111 call centres to support end-of-life care
- Clinical developments within our Hazardous Area Response Team (HART).

- 2.4 Areas for improvements including 'must-dos' and 'should dos', have been incorporated into the Quality Improvement Plan.

- 2.5 Discussions with stakeholders in the Quality Summit held in April 2017 has also informed the Improvement Plan.

- 2.6 The Quality Improvement plan will address improvement issues highlighted in the report and also support the journey from 'Good' towards 'Outstanding'.

3. PROPOSALS/NEXT STEPS

- 3.1 Actions outlined in the plan are already under way and a number have been completed.

- 3.2 The Quality Improvement team will work manage the ongoing delivery of the plan on a daily basis and work with the action leads to help deliver timely completion of all actions.

3.3 The plan will be monitored against actions monthly by the Quality Improvement Working Group and the PTS Governance Group. These groups will also feedback monthly to TMG. Assurance reports will be provided on a quarterly basis via the Quality Committee.

4. RISK ASSESSMENT

4.1 A risk has been identified and is placed on the Trust Risk Register - *If we do not have adequate processes in place then we may not achieve compliance against the agreed CQC standards resulting in lack of regulatory compliance.*

4.2 Risk is assigned to and monitored by Head of Quality Improvement.

5. RECOMMENDATIONS

5.1 The Trust Board is asked to approve the Quality Improvement Plan.

6. APPENDICES/BACKGROUND INFORMATION

6.1 CQC Quality Compliance Action plan