

Meeting Title	Board of Directors		
Date	7.11.19	Agenda item	Bo.11.19.34

Our Quality Plan 2019/22

Presented by	Tanya Claridge, Director of Governance and Corporate Affairs		
Author	Tanya Claridge, Director of Governance and Corporate Affairs		
Lead Directors	Bryan Gill, Chief Medical Officer Karen Dawber, Chief Nurse		
Purpose of the paper	This paper provides the the Quality Plan 2019/22 including the implementation strategy approved by the Quality Committee.		
Key control	This paper is a key control for the objectives to provide outstanding care for patients and to be a continually learning organisation		
Action required	For approval		
Previously discussed at/ informed by	Consultation: - Quality Committee (30 October 2019) - Lets Talk Together events (2018/19) - Council Governors (Assurance and Quality Priorities)		
Previously approved at:	Committee/Group	Date	
	Quality Committee	30 October 2019	
Key Options, Issues and Risks			
The Quality Committee approved the Quality Plan 2018/19 in January 2018. It subsequently received a report on the progress with the plan in April 2019, and at that point agreed an extension to that plan until the end of September 2019.			
Analysis			
During 2018/19 and following the organisational restructure in April 2019 and the publication of key national strategy documents, the plan has been reviewed and revised to take into account the views of our staff at Let’s Talk Together Events and through development of the Clinical Business Unit Accountability framework, our Quality Committee (at its meeting in April 2019) and our Council of Governors (at meetings to discuss ‘what quality means’ and also ‘what assurance means’). In addition all Board Committees received a presentation in relation to the ‘virtuous cycle of assurance’ to support the change in their terms of reference and also the development of this plan and the Trust’s assurance framework.			
Strategies on which this plan depends, including our Digital and patient experience strategies have been widely consulted upon.			
The Quality Committee approved the plan (which includes the implementation strategy) at its meeting on 30 October 2019.			
The Committee recognised that there needs to be an intense period of socialisation to implement this plan over the next 3 months, including roadshows, presentations and direct work with the Clinical Burisness Units and specialties. This area of work will be led by the Chief Medical Officer and the Chief Nurse.			
Our Quality Plan 2019/22 is attached at Appendix 1 of this report.			
Recommendation			
The Board of Directors is asked to note the report.			

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Strategic Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant)
<input checked="" type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework
<input checked="" type="checkbox"/> Code of Governance <input checked="" type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: (All) Choose an item.
Care Quality Commission Fundamental Standard (All) : Choose an item.
NHS Improvement Effective Use of Resources (All) : Choose an item.
Other (please state):

Relevance to other Board of Director's Committee:

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(please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>