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Meeting:	Quality Improvement Board								
Meeting Date:	12 Ap			Agenda item: 7		7			
Report Title:	Compliance Plan Update								
Author:	Louise Notley; Director of Patient Safety								
Executive Sponsor:	Caroline Shaw: Chief Executive Officer								
Implications									
Link to key strategic									
	D(s) this recommendation aims to support]								
KSO1	KSO2		KSO3	KSO4	KSO5		KSO6		
Safe and	Modernise			Partnership	Healt	Healthy lives			
compassionate	hospital		Staff	working, clin	ical staff		Investing		
care	and estate		engagement	and financial	, patier	nts	in our staff		
Board assurance	KS01	sustainability							
framework	KSO4								
Significant risk	2592, 2643, 2244, 2915, 2199, 2757, 392, 2989, 2849, 2853								
register									
	Y/N	If Yes state impact/ implications and mitigation							
Quality	Y Risks in relation to the quality of care that patient's receiv						, as well as		
		the quality of patient experience, are aligned to KSO 1.							
Legal and	Y	Y Risks in relation to potential legal and regulatory action faced by the							
regulatory	Trust (particularly in relation to CQC enforcement notices) are a						are aligned		
Financial	to KSO 1.								
Assurance route	N None identified								
Previously considered by:	None								
Executive summary	l								
Action required:									
[highlight one only]	Арр	roval	Information	Discussion	Assurance	Review			
Purpose of the	The purpose of this report is to inform the Quality Improvement Board of:								
report:	• The overall progress against the 35 actions within the Trust's 2022/23								
	Co	Compliance Plan (CP) following publication of the Trust's February 2022							
-			pection report						
Summary of Key		Following publication of the CQC Inspection findings, this report details the progress against the actions during March 2022 as the Trust transitioned from its 2021/22 IQIP to the new 2022/23 Compliance Plan.							
issues:									
	115 20								
	Prior to the transition into the 2022/23 Compliance Plan, the 2021/22 IQIP had								
		closed 57 (69%) of its actions which demonstrates sustained progress.							
	The Compliance Plan includes all the Open Must and should Do actions from								
		the 2021/22 IQIP and the 13 new Must and Should Do actions from the latest CQC report. All 35 actions within the 2022/23 CP have deadlines built into the							
	Forwa	ard Pla	in and include a	KAG status an	d narrative up	date by ex	ception.		
	Tho T	The Trust was required to submit its plan to address the COCI finding with its							
	The Trust was required to submit its plan to address the CQC's findings within 3 weeks of publication of the CQC Inspection Report. Therefore the review and approval by both the Executive Team and all members of the Quality Forum (now Quality Improvement Board) has been completed outside the standard reporting timetable, but still in line with the Trust's governance								
	arran	arrangements. The Board of Directors formally approved the Compliance Plan							

	at their Public meeting on 05 April 2022.					
	In March, 2 actions were submitted and approved for closure to the Evidence Assurance Group (EAG) relating to culture and engagement.					
	The report notes the emerging risk as a result of the sustained increase in operational pressures and its potential impact on the progress of this improvement work. In addition unrelenting operational pressures as a result of the COVID-19 pandemic across the N&W system and the National Level 4 incident being declared in December.					
Recommendations	The Quality Improvement Board is asked to note:					
	a) The transition from 2021/22 IQIP to the 2022/23 Compliance Plan					
	b) The 2021/22 IQIP closure position for Month 12					
	c) The current 2022/23 Compliance Plan position as at Month 0					
	d) The potential impact of the significant operational pressures on action					
	progress					
Acronyms	KSO – Key Strategic Objective					
	CQC – Care Quality Commission					
	EAG – Evidence Assurance Group					
	IQIP – Integrated Quality Improvement Plan					
	CP – Compliance Plan					