

**BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS TO BE HELD ON WEDNESDAY 25 MAY 2011**

<p><b>QUALITY STRATEGY DEVELOPMENT PLAN</b></p>
<p><b>ACTION</b></p> <p>The Trust Board are asked to approve the plan for the development of the quality strategy.</p> <p>The Board are asked to discuss and agree the monitoring arrangements for the project plan.</p> <p>The plan is intended to reflect the quality strategy proposal approved by the Trust Board on 22<sup>nd</sup> February, 2011.</p>
<p><b>BACKGROUND</b></p> <p>At its meeting on the 23 February a proposal for the development of a Quality Strategy was presented and approved by the board.</p> <p>A detailed plan for the strategy has been developed and a top level summary is set out attached.</p>
<p><b>DETAILS OF THE PLAN</b></p> <p>The key details identified in the plan include the following:</p> <ul style="list-style-type: none"> <li>• It is proposed that a completed strategy and project plan is developed for approval by Trust Board in November 2011.</li> <li>• The original paper identified the need for wider engagement and involvement in the development of the strategy and project plan. <ul style="list-style-type: none"> <li>○ The plan identifies the need for a Board seminar session to identify core quality objectives for the organisation.</li> <li>○ As a result of this, a wider process of consultation and development is proposed involving staff teams, users and carers, governors and agencies, this will be used to develop more specific actions and tasks to incorporate in the strategy.</li> </ul> </li> <li>• The plan proposes the establishment of a 'Quality Strategy Project group' which will be a short life group responsible for co-ordination of the plan and identified work streams. This group will take a lead in ensuring that the wider external requirements (eg Monitor Quality Governance Framework) are identified and fully addressed in an integrated way.</li> <li>• The development of a comprehensive base line assessment of all services is identified to run concurrently with the development of the strategy, although elements from these will interact. The plan sets out a process which will be completed by the end of December, although it is recognised that outcomes from this work may be reported at an earlier stage.</li> <li>• The development of ward to board dashboards reports is also incorporated as a core strand of the plan. This work will be undertaken over the next 3 months with identified components reported to Board each month as part of the Clinical Governance report. This will also reflect issues identified by the Monitor Quality Governance Framework.</li> </ul>
<p><b>RISKS</b></p> <ul style="list-style-type: none"> <li>• The key risks identified against the plan relate to the following: <ul style="list-style-type: none"> <li>○ Allocation of appropriate resources to support the work: These are to be reviewed against the current restructuring.</li> <li>○ Impact of wider organisational changes: It is recognised that this work will be undertaken at a time of significant change to the organisation and the involvement of staff is significant to its success.</li> </ul> </li> </ul>
<p><b>BOARD DIRECTOR SPONSOR:</b> Dee Roach, Executive Director of Quality Improvement and Patient Experience</p>
<p><b>APPENDIX: 1</b></p> <p><i>Please see Project Plan Attached</i></p>