Sherwood Forest Hospitals NHS
NHS Foundation Trust

Workstream Overview report

QIP Workstream:	Executive Lead:	Workstream Lead:
1. Leadership	Interim Chief Executive Officer Peter Herring	Annette Robinson

Overall BRAG	Reporting Period:	Action BRAG rating analysis					
		B	R	A	G		Total actions in Workstream
Green - Completed / On track to deliver by target date	March 2016	0	1	0	24	0	25

Key

- Delivered and embedded so that it is now day to day business and the expected outcome is being routinely achieved. This has to be backed up by appropriate evidence.
- Has failed to deliver by target date/Off track and now unlikely to deliver by target date.
- Off track but recovery action planned to bring back on line to deliver by target date.
- Completed / On track to deliver by target date.
- Blue subject to CQC confirmation.

Work stream action owners continue to progress actions and remain on track to meet completion dates.

Exception Report: Red / Amber Actions				
Action (Number then action narrative)	**Target Completion Date**	**Status**	**Explanation for RAG rating**	**Expected completion date**
1.2.2 - Enhance Divisional clinical governance arrangements and appoint to five clinical governance leads.	31.12.15		DCG posts remain unfilled in Medicine and Emergency and Urgent Care; Chief Operating Officer and Medical Director exploring support from Nottingham University Hospitals.	31.3.16

Risk/Issue to Highlight to QSIB	Mitigating Action	Status
None		

Recommendations Regarding Delivered and Embedded Actions

Action (Number then action narrative)	Blue Action Form Submitted? Yes / No	Comments
1.3.1 - Establish a revised performance management mechanism across all divisions and the corporate function	Yes	

1.4.1 - Undertake leadership capability gap analysis against Trust priorities	Yes	
1.5.4 - Establish an effective programme for Non-Executive Directors and Executive Directors to gain assurance across the Organisation	Yes	

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Workstream Overview report

QIP Workstream:	Executive Lead:	Workstream Lead:
2. Governance	Director of Governance Paul Moore	Yvonne Simpson

Overall BRAG	Reporting Period:	Action BRAG rating analysis					
		B	R	A	G		Total actions in Workstream
GREEN – Completed / On track to deliver by target date	March 2016	1	0	0	31	18	50

Key

- Delivered and embedded so that it is now day to day business and the expected outcome is being routinely achieved. This has to be backed up by appropriate evidence.
- Has failed to deliver by target date/Off track and now unlikely to deliver by target date.
- Off track but recovery action planned to bring back on line to deliver by target date.
- Completed / On track to deliver by target date.
- Blue subject to CQC confirmation.

Exception Report: Red / Amber Actions

Action (Number then action narrative)	Target Completion Date	Status	Explanation for RAG rating	Expected completion date
2.1.10 – Quality Governance Unit established	31/12/2015		Programme Director agreed should be green in light of actions completed	29/02/2016
2.2.4 – Develop an appropriate suite of report formats for reporting on risk management	30/11/2015		Programme Director agreed should be green in light of actions completed	17/02/2016
2.5.14 – With support from the Post Graduate Dean of HEEM develop a bespoke support package for ED to address issues on lack of leadership out of hours, disconnect between ED and the rest of the trust, and inappropriate e-referral from the ED.	31/03/2016		Programme Director agreed should be green in light of actions completed	03/03/2016

Risk/Issue to Highlight to QSIB	Mitigating Action	Status
2.2.1; 2.2.2; 2.3.1 - The Director of Governance has articulated that risk management is immature and divisional teams are not engaged with the risk process.	The Director of Governance has commenced 'Good Governance Masterclasses' across the Trust to ensure that all our senior managers understand and engage in the effective management of risk.	This has been identified as a risk to embedding not to delivery
2.6.4 – DBS checks internal audit demonstrated that we were not meeting our standard. We have therefore not sustain/embedded our practice.	An escalation meeting with the Director of Governance and Interim Director of Human Resources has been arranged to highlight the risk to the Quality Improvement Plan	This has been identified as a risk to embedding not to delivery
2.1.9 – The Clinical Governance Lead for Women & Children's Division has identified that additional resources are requirement to embed this action	The Divisional General Manager has, in budget setting , identified the resources required by the CG Lead, and is currently reviewing bank administrative support	This has been identified as a risk to embedding not to delivery

Recommendations Regarding Delivered and Embedded Actions

Action (Number then action narrative)	Blue Action Form Submitted? Yes / No	Comments
2.1.3 – Establish a revised Board Assurance Framework that is aligned to the Quality Improvement Plan	Yes	
2.1.7 – Develop enhanced Quality Improvement Plan which reflects identified risks	Yes	
2.1.15 – Establish monthly Confirm and Challenge meetings with Improvement Director and QIP Programme Director	Yes	
2.1.16 – Identify and secure 'Best in Class' expertise/capacity to support delivery of QIP	Yes	
2.3.2 – Understand and analyse the strategic risk register to the	Yes	

principal risks identified on the BAF		
2.7.1 – Review our CQC registration to ensure all activities/services provided by the Trust are registered with the Care Quality Commission	Yes	
2.7.2 – Submit an application for the Trust to be registered to undertake regulated activity of the assessment or treatment of persons detained under the Mental Health Act 1983	Yes	

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Workstream Overview report

QIP Workstream:	Executive Lead:	Workstream Lead:
3. Recruitment & Retention	Interim Director of HR Graham Briggs	Annette Robinson

Overall BRAG	Reporting Period:	Action BRAG rating analysis					
		B	R	A	G		Total actions in Workstream
Green - Completed / On track to deliver by target date	March 2016	0	1	1	13	0	15

Key

- Delivered and embedded so that it is now day to day business and the expected outcome is being routinely achieved. This has to be backed up by appropriate evidence.
- Has failed to deliver by target date/Off track and now unlikely to deliver by target date.
- Off track but recovery action planned to bring back on line to deliver by target date.
- Completed / On track to deliver by target date.
- Blue subject to CQC confirmation.

Workstream actions progressing to timescales.

Exception Report: Red / Amber Actions				
Action (Number then action narrative)	**Target Completion Date**	**Status**	**Explanation for RAG rating**	**Expected completion date**
3.1.5 Develop Medical Consultant job plans to reflect revised on-call arrangements and operational expectations	31/03/2016		Dates to review new job plans scheduled for review early March. Project team confident will deliver by 31.3.16. Interim Advisor to Executive Medical Director proposed first quarter 16/17 will refine for efficiency purposes. Executive Lead advises of risk will not achieve target date; will update after first reviews 3rd & 4th March 2016. Requested gap analysis and trajectory to be completed. Underlying causes; agreement of Job Planning Framework at LNC and lack of pace to progress.	31/03/2016
3.5.4 CQC Must do: Ensure that at least one nurse per shift in each clinical area (ward/department) within the children's and	31/03/2016		Additional places facilitated on 17.3.16 EPLS course to train / update staff to ensure compliance. Assurance from Safeguarding Lead Nurse, MIU Matron and ED Lead Nurse if	31/03/2016

young people's service is trained in advanced paediatric life support or European paediatric life support.			attendees pass course the wards/ depts will have sufficient numbers to ensure one EPLS trained nurse per shift. Parameters set on Health Roster to commence on next roster cycle post 19.3.16 course to facilitate rostering compliance.	

Risk/Issue to Highlight to QSIB	Mitigating Action	Status
None		

Recommendations Regarding Delivered and Embedded Actions

Action (Number then action narrative)	Blue Action Form Submitted? Yes / No	Comments
3.1.1 All medical vacancies to have a named Head of Service responsible for managing the recruitment plan	Yes	
3.1.2 Assign a named Head of Service responsible for managing the recruitment plan for every Medical vacancy – including challenge whether the post can be fulfilled by alternative methods such as ANP or Nurse Consultant.	Yes	
3.1.3 Weekly recruitment performance monitoring report to ET covering all categories of staff; including KPIs such as time to recruit and numbers of candidates that were lost	Yes	
3.6.1 Evaluate current exit interview data and process and make improvements	Yes	

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Workstream Overview report

QIP Workstream: 4. Personalised Care	Executive Lead: Chief Nurse Suzanne Banks	Workstream Lead: Val Colquhoun					
Overall BRAG GREEN – Completed/On track to deliver by target date	**Reporting Period:** March 2016	**Action BRAG rating analysis**					
		B	R	A	G		Total actions in Workstream
		0	2	1	25	2	30

Key

- Delivered and embedded so that it is now day to day business and the expected outcome is being routinely achieved. This has to be backed up by appropriate evidence.
- Has failed to deliver by target date/Off track and now unlikely to deliver by target date.
- Off track but recovery action planned to bring back on line to deliver by target date.
- Completed / On track to deliver by target date.
- Blue subject to CQC confirmation.

Exception Report: Red / Amber Actions

Action (Number then action narrative)	Target Completion Date	Status	Explanation for RAG rating	Expected completion date
4.4.4 - All frontline clinical staff complete Basic Level 1 training on End of Life Care	31/03/2016		High risk in delivery due to insufficient resources to support training. Exploring options to commission additional capacity. Whilst nursing compliance via mandatory training is increasing 73% completed in February and 80% predicted end of March the Medical staff compliance requires improvement. To address this Medical E-Learning training has been developed and the launch date to be confirmed.	30/04/2016
4.4.5 – Appropriate Specialist Nurses and End of Life champions complete advanced training on End of Life care	31/03/2016		The training review of specialist nurses and end of life champions has commenced to identify what training is essential and or desirable for their respective posts.	30/04/2016
4.4.1 – End of Life Care Ensure there is a review the hours of service provided by the specialist palliative care team to	30/04/2016		Hampshire confirmed to support SFH with a peer review to look at specialist services currently provided. The review has yet to commence and terms of	31/05/2016

consider a face to face service available seven days a week Ensure there is a service level agreement for the provision of specialist palliative care to minimise the risks associated with this service being withdrawn.			reference to be agreed. The business case has separated out 1. The internal core team in the Trust 2. The financial implications 3. The external requirements EOL team to expand on the business case for the Commissioners to include data supporting improving EOL care and services, highlighting standing issues and system wide solutions. The internal service specification can be addressed however the external service specification requires further consideration and influence by their stakeholders.	

Risk/Issue to Highlight to QSIB	Mitigating Action	Status
None		

Recommendations Regarding Delivered and Embedded Actions

Action (Number then action narrative)	Blue Action Form Submitted? Yes / No	Comments
None		

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Workstream Overview report

QIP Workstream: 5. Safety Culture	Executive Lead: Medical Director Andy Haynes	Workstream Lead: Yvonne Simpson					
Overall BRAG GREEN - Completed / On track to deliver by target date	**Reporting Period:** March 2016	**Action BRAG rating analysis**					
		B	R	A	G		Total actions in Workstream
		4	4	0	57	10	75

Key

- Delivered and embedded so that it is now day to day business and the expected outcome is being routinely achieved. This has to be backed up by appropriate evidence.
- Has failed to deliver by target date/Off track and now unlikely to deliver by target date.
- Off track but recovery action planned to bring back on line to deliver by target date.
- Completed / On track to deliver by target date.
- Blue subject to CQC confirmation.

Exception Report: Red / Amber Actions

Action (Number then action narrative)	Target Completion Date	Status	Explanation for RAG rating	Expected completion date
5.1.1 – Establish a Patient Safety Culture Team with clinical lead and project support team to drive the programme of work	31/01/2016		The Medical Director has identified key persons to undertake the role of Clinical Lead and Programme Manager, and a role specification has been drawn up to go for interim project managers if required. NUH have offered their support from the 1 April 2016.	30/04/2016
5.1.2 – Establish resource requirements (patient safety champions, clinical lead, full-time project manager), programme structure, objectives and timeline	31/01/2016		The Medical Director has identified key persons to undertake the role of Clinical Lead and Programme Manager, and a role specification has been drawn up to go for interim project managers if required. NUH have offered their support from the 1 April 2016.	30/04/2016
5.2.1 – All divisions will have a senior Clinical Governance Lead with responsibility to ensure	31/01/2016		Two divisions remain without a Clinical Governance Lead, and we are now discussing with Nottingham University	As per Leadership plan

issues of concern are highlighted, escalated and acted on			Hospitals for support	
5.3.26 – Extended Critical Care Outreach (CCOT) support to give access until 02.00 hours on a daily basis and utilising Vital Pac real-time monitoring as appropriately	31/10/2015		The CCOT rota is currently unsustainable due to vacancies and long term sickness. Therefore, the extended CCOT hours have been delayed.	30/04/2016
5.6.7 – Anywhere not utilising resus trolleys to have quality assurance solution similar to that implemented with trolleys	29/02/2016		PREM trolleys have been procured by the 29 February and the content is still to be decided by the Resuscitation Department. Quality Assurance of the trolleys will not be similar until the Trust has moved Paediatric areas across to the PREM trolleys	31/03/2016

Risk/Issue to Highlight to QSIB	Mitigating Action	Status
5.3.16 – Sepsis presentation included in locum induction; 5.3.19 – Sepsis update added to 'Green Card' checklist for Agency Nurse induction	These actions are being monitored through the Sepsis Taskforce Group. However, the evidence of locum medics and nurses induction is currently not consistent.	This has been identified as a risk to embedding not to the delivery of the action

Recommendations Regarding Delivered and Embedded Actions

Action (Number then action narrative)	Blue Action Form Submitted? Yes / No	Comments
5.2.4 – Develop electronic proforma in to which mortality review data is directly input by the reviewing clinicians	Yes	
5.2.10 – Coding team being strengthened with appointments to vacant clinical coding manager post and creation of new clinical coding auditor/trainer post	Yes	

5.3.10 – Weekly review of ITU admissions for Sepsis Screening and Bundle compliance	Yes	
5.3.11 – A presentation of key facts on Sepsis, screening and Sepsis 6 Bundle given to all senior clinical staff to cascade to all front line clinical staff with signed registers to acknowledge staff have received the presentation via handover and board rounds	Yes	
5.3.12 – Sepsis presentation slides communicated to all clinical areas via Learning Boards	Yes	
5.3.13 – Teaching at induction for all new junior doctors	Yes	
5.3.14 – Teaching session to all doctors in F1 & F2 grades on Sepsis, Fluid Management and Acute Kidney Injury	Yes	
5.3.15 – Presentation to Medical Grand Round, Patient Safety Briefing, Joint Medical and Surgical Grand Round	Yes	
5.3.17 – Sepsis and Fluid Management included in induction for all nurses	Yes	
5.3.18 – Sepsis and Fluid Management included in Student Nurse Orientation Day	Yes	
5.4.2 – Continue the 'deep clean' programme of wards at Kings Mill	Yes	
5.4.6 - Establishing a county-wide c-diff task and finish group to implement a strengthened approach to infection, prevention and control.	Yes	

5.4.7 – All patients with hospital acquired infection (starting with c-diff and MRSA) will have a RCA undertaken within 72 hours of diagnosis. A cause and action reported submitted immediately to the Executive Team	Yes	
5.4.11 – Establishing and implementing clear escalation procedures to the Medical Director and Nurse Director when breaches to IPC policy are repeatedly observed	Yes	
5.5.1 – Specific issue of medicines being kept outside of pharmacy – controlled areas, leading to some medicines falling out of date – identified and resolved with medicines brought back into controlled storage areas	Yes	
5.5.2 – Introduce monthly trolley checks by pharmacy team	Yes	
5.5.3 – Patient Group Direction policies have been updated and implemented in Newark	Yes	
5.5.6 – Develop approach to monitoring room temperatures in medicine storage area in Mansfield	Yes	
5.6.11 – Review process for disposal of pacemaker devices removed from deceased patients	Yes	

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Workstream Overview report

QIP Workstream:	Executive Lead:	Workstream Lead:
6. Timely access	Interim Chief Operating Officer – Jon Scott	Kim Ashall

Overall BRAG	Reporting Period:	Action BRAG rating analysis					
		B	R	A	G		Total actions in Workstream
Green – Completed / On track to deliver by target date	March 2016	8	1	0	20	12	41

Key

- Delivered and embedded so that it is now day to day business and the expected outcome is being routinely achieved. This has to be backed up by appropriate evidence.
- Has failed to deliver by target date/Off track and now unlikely to deliver by target date.
- Off track but recovery action planned to bring back on line to deliver by target date.
- Completed / On track to deliver by target date.
- Blue subject to CQC confirmation.

Exception Report: Red / Amber Actions				
Action (Number then action narrative)	**Target Completion Date**	**Status**	**Explanation for RAG rating**	**Expected completion date**
6.5.11 Teaching session to all clinical staff on RTT and reconciliation	31/10/15		A number of clinical staff still require training on RTT	30/04/2016

Risk/Issue to Highlight to QSIB	Mitigating Action	Status
6.3.1 CCG's ability to implement single assessment for DST's/HNA's as an electronic process	Raised as a concern to Exec Director at both CCG and SFH	
Ability of operational staff to action changes during busy times	Continue to offer support from PMO as necessary.	

Recommendations Regarding Delivered and Embedded Actions

Action (Number then action narrative)	**Blue Action Form Submitted? Yes / No**	**Comments**
6.1.1 – re-allocate emergency department resources based on seasonal demand and optimise for efficiency	Yes	
6.1.4 – Clear signage and information available and accessible in the ED	Yes	
6.5.2 Complete Overdue Review Patients Incident Investigation	Yes	
6.5.3 – review of OPD RTT and booking processes by IST	Yes	
6.6.4 – Establish a bi-monthly outpatient improvement board with review of summary level outpatient information (dashboard)	Yes	

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Workstream Overview report

QIP Workstream:	Executive Lead:	Workstream Lead:
7. Mandatory Training	Interim Director of HR Graham Briggs	Annette Robinson

Overall BRAG	Reporting Period:	Action BRAG rating analysis					
		B	R	A	G		Total actions in Workstream
Green – Completed / On track to deliver by target date	March 2016	0	0	0	6	0	6

Key

- Delivered and embedded so that it is now day to day business and the expected outcome is being routinely achieved. This has to be backed up by appropriate evidence.
- Has failed to deliver by target date/Off track and now unlikely to deliver by target date.
- Off track but recovery action planned to bring back on line to deliver by target date.
- Completed / On track to deliver by target date.
- Blue subject to CQC confirmation.

Workstream group continue to progress actions and remain on track to meet completion dates.

Exception Report: Red / Amber Actions				
Action (Number then action narrative)	**Target Completion Date**	**Status**	**Explanation for RAG rating**	**Expected completion date**
None				

Risk/Issue to Highlight to QSIB	Mitigating Action	Status
None		

Recommendations Regarding Delivered and Embedded Actions

Action (Number then action narrative)	Blue Action Form Submitted? Yes / No	Comments
None		

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Workstream Overview report

QIP Workstream:	Executive Lead:	Workstream Lead:
8. Staff Engagement	Interim Chief Executive Officer Peter Herring	Annette Robinson

Overall BRAG	Reporting Period:	Action BRAG rating analysis					
		B	R	A	G		Total actions in Workstream
Green - Completed / On track to deliver by target date	March 2016	0	0	0	12	0	12

Key

- Delivered and embedded so that it is now day to day business and the expected outcome is being routinely achieved. This has to be backed up by appropriate evidence.
- Has failed to deliver by target date/Off track and now unlikely to deliver by target date.
- Off track but recovery action planned to bring back on line to deliver by target date.
- Completed / On track to deliver by target date.
- Blue subject to CQC confirmation.

Work stream actions progressing and remain on track to meet completion dates. External OD Specialist commenced 1.2.16 to lead on actions.

Exception Report: Red / Amber Actions				
Action (Number then action narrative)	**Target Completion Date**	**Status**	**Explanation for RAG rating**	**Expected completion date**
None				

Risk/Issue to Highlight to QSIB	Mitigating Action	Status
None		

Recommendations Regarding Delivered and Embedded Actions

Action (Number then action narrative)	Blue Action Form Submitted? Yes / No	Comments
None		

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Workstream Overview report

QIP Workstream: 9. Maternity	Executive Lead: Medical Director Andy Haynes	Workstream Lead: Yvonne Simpson					
Overall BRAG GREEN – Completed/On track to deliver by target date	**Reporting Period:** March 2016	**Action BRAG rating analysis**					
		B	R	A	G		Total actions in Workstream
		0	0	0	23	0	23

Key

- Delivered and embedded so that it is now day to day business and the expected outcome is being routinely achieved. This has to be backed up by appropriate evidence.
- Has failed to deliver by target date/Off track and now unlikely to deliver by target date.
- Off track but recovery action planned to bring back on line to deliver by target date.
- Completed / On track to deliver by target date.
- Blue subject to CQC confirmation.

Exception Report: Red / Amber Actions

Action (Number then action narrative)	Target Completion Date	Status	Explanation for RAG rating	Expected completion date
9.2.5 – Work with Trust Communication team to provide maternity information leaflets in languages other than English	31/12/2015		We have reviewed our Patient Information Leaflets for Maternity, and we have had one leaflet translated into 4 languages other than English. Maternity Services are beginning to populate the website with web-links to national sites providing information for pregnant ladies, in languages other than English, within our local population. This action has been approved by the Programme Director to move to GREEN	22/02/2016
9.2.6 – Develop a business case for elective caesarean theatre list	31/03/2016		This action has been approved by the Programme Director to move to GREEN	31/03/2016

Risk/Issue to Highlight to QSIB	Mitigating Action	Status
9.2.1 – Women & Children's Division has been established with a Clinical Director, Head of Midwifery and Divisional Manager, however there is little business/administrative support assigned to the new division.	Interim administrative support has been sought from a local agency, and additional support is being sought from the Temporary Spend Office.	This has been identified as a risk to embedding not to the delivery of the action
9.3.6 – Since November 2015 there has been 3 Serious Incidents in Maternity which have been related to cardiocograph, therefore this continues to be an on-going risk within Maternity.	In November 2015 following a Serious Incident the division increased the training of midwives to twice a year. The division changed the training to St George's, however there have been a further two Serious Incidents.	This has been identified as a risk to embedding not to the delivery of the action

Recommendations Regarding Delivered and Embedded Actions

Action (Number then action narrative)	Blue Action Form Submitted? Yes / No	Comments
9.1.1 – Review model of care to ensure optimum multi-disciplinary working within the division, across division and externally - Ensure women attending the termination of pregnancy clinic are seen by a diploma level qualified counsellor	Yes	
9.1.1 – Review model of care to ensure optimum multi-disciplinary working within the division, across division and externally – Ensure there is a designated consultant to take the lead for foetal medicine and the pregnancy day care unit	Yes	
9.3.1 – Create a Maternity Improvement Group with membership to include families, community groups and CCG with support and advice from Fiona Wise (Improvement Director) to oversee the Maternity Improvement Plan	Yes	

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Workstream Overview report

QIP Workstream:	Executive Lead:	Workstream Lead:
10. Newark	Director of Strategic Planning and Commercial Development Peter Wozencroft	Carl Ellis

Overall BRAG	Reporting Period:	Action BRAG rating analysis					
		B	R	A	G		Total actions in Workstream
Green - Completed / On track to deliver by target date	March 2016	2	0	0	8	0	10

Key

- Delivered and embedded so that it is now day to day business and the expected outcome is being routinely achieved. This has to be backed up by appropriate evidence.
- Has failed to deliver by target date/Off track and now unlikely to deliver by target date.
- Off track but recovery action planned to bring back on line to deliver by target date.
- Completed / On track to deliver by target date.
- Blue subject to CQC confirmation.

Exception Report: Red / Amber Actions				
Action (Number then action narrative)	**Target Completion Date**	**Status**	**Explanation for RAG rating**	**Expected completion date**
None				

Risk/Issue to Highlight to QSIB	Mitigating Action	Status
None		

Recommendations Regarding Delivered and Embedded Actions

Action (Number then action narrative)	Blue Action Form Submitted? Yes / No	Comments
None		