Quality for all

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						Active Actions	Assurance Actions	Long Term Partnership Actions
		R	A	G	B	B G	Grey	15	5	4
GREEN - Completed/ On track to deliver by target date	May 2016	0	0	15	5	0	4	Total Actions in Workstream: 24		

Key

- 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.
- 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.
- Blue subject to CQC confirmation.
- Actions superseded by Long Term Partnership.

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	Closed / to be removed – see action 5.2.1	May 2016 update: On-going discussions and potential solutions continue to be explored with NUH for the vacant positions in Medicine and Emergency & Urgent Care.	31.5.16

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
1.4.4 Develop an on-going programme of Medical Leadership	Yes	

1.5.1 Revised Board Development programme at a collective and individual level which includes effective assurance and governance disciplines and the assignment of NEDS to Execs for effective delivery of sub-committees	Yes	

Actions Superseded by Long Term Partnership (LTP)

Action (Number then action narrative)	**Rationale**
1.1.1 Refresh the Trust strategy in light of the direction agreed with regulators and stakeholders.	Action superseded by LTP. It is not appropriate to refresh the Trust strategy in light of the LTP. Short term immediate priorities were developed to reflect the LTP and agreed by Board February 2016. The merger and new organisation will determine the future strategy.
1.1.2 Develop a revised compelling strategic narrative	Action superseded by LTP. It is not appropriate to develop a revised compelling strategic narrative in light of the LTP. Therefore short term immediate priorities were developed to reflect the LTP and agreed by Board February 2016. These strategic priorities are the strategic narrative during the LTP transition period. The new organisation will determine the future strategy and therefore the strategic narrative.
1.1.3 Develop and deliver a deployment plan to communicate and engage with staff, patients and visitors, in relation to strategy	Action superseded by LTP. Trust strategy superseded by LTP approach. Short term immediate priorities developed and implemented which reflect the LTP; communicated at staff engagement sessions and team briefings. Due to the LTP a separate SFH strategy for patients and the public is not appropriate therefore actions stayed.
1.5.5 – Robust utilisation of strategic partners to develop peer support programme for specific Non-Executive assurance visits.	Action superseded by LTP. Effective peer support partnerships were established with Non-Executives at NUH. However, due to the LTP tender process the partnerships were suspended to avoid any conflict with other potential LTP's. As part of the NUH merger, some of the NED's may form part of the new board going forward.

Quality for all

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					
		R	A	G	B	B G	Grey
GREEN - Completed/ On track to deliver by target date	May 2016	0	0	19	4	28	0

Active Actions	Assurance Actions	Long Term Partnership Actions
19	32	0

Total Actions in Workstream
51

Key

- 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.
- 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.
- Blue subject to CQC confirmation.
- Actions superseded by Long Term Partnership.

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
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
2.1.10 – New Quality Governance Unit	Yes	
2.4.1 – Develop a Duty of Candour Strategy for the Organisation which is aligned to Governance	Yes	

and risk work plans so that open and transparency is business as usual		
2.5.2 – Develop a new set of pathways to support the improved interaction and decision making processes between these departments and publish on the intranet	Yes	
2.5.11 – Inappropriate patient care in the Emergency Department, such as where patients had had an interventional procedure in the department for fractures but had not had an x-ray. Trainees felt that the patients were not always properly assessed and were being sent to T&O to 'rule out' a fracture. Ensure that correct x-ray protocols are in place and are being followed.	Yes	
2.5.12 – To address concerns relating to lack of trainees supervision, over booking of clinics and absence of local protocols. Ensure that the Trust develops and implement detailed action plan for concerns raised in Ophthalmology	Yes	
2.5.13 – Create a new and standardised approach to Junior Doctors Forums. Ensure trainees are able to raise concerns quickly and safely and feedback to trainee's actions taken on any issues raised.	Yes	

Actions Superseded by Long Term Partnership (LTP)

Action (Number then action narrative)	**Rationale**
None	

Quality for all

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Workstream Overview report

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

Overall BRAG	Reporting Period:	Action BRAG rating analysis						Active Actions	Assurance Actions	Long Term Partnership Actions
		R	A	G	B	B G	Grey	10	4	1
GREEN - Completed/ On track to deliver by target date	May 2016	0	0	10	4	0	1	Total Actions in Workstream: 15		

Key

- 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.
- 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.
- Blue subject to CQC confirmation.
- Actions superseded by Long Term Partnership.

Exception Report: Red / Amber Actions

Action (Number then action narrative)	Target Completion Date	Status	Explanation for RAG rating	Expected completion date
3.5.4 Conduct a nursing skills audit of non-MAST clinical practice capacity. Address gaps through further training and or recruitment of staff with appropriate skills. Deploy and monitor training capability for each shift. CQC Must do: Ensure that at least one nurse per shift in each clinical area (ward/department) within the children's and young people's service is trained in advanced paediatric life support or European paediatric life support.	31/03/16	Green	May Update: Met with Ward 25 Managers in April and rotas reworked; now have 1 EPLS trained nurse per shift from 25.4.16 to 03.07.16. Contingency plan in place for any unplanned absences of EPLS trained nurse. Additional External training being explored with LTP. Paediatric Lead confirmed Emergency Department confirmed have more than 1 EPLS trained nurse per shift. MIU Newark have 1 EPLS / PILS trained nurse per shift. Discussed and agreed with Programme Director and Improvement Director action should be green in light of action completed.	30/04/16

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
3.5.3 – Scope the functionality of the current ESR workforce information management system. Ensure alignment with capacity, demand and financial planning.	Y	

Actions Superseded by Long Term Partnership (LTP)

Action (Number then action narrative)	Rationale
3.5.3 – Scope the functionality of the current ESR workforce information management system. Ensure alignment with capacity, demand and financial planning.	Action superseded by LTP. Functionality of current ESR scoped and business case developed; put on hold re LTP approach. April 16 staff in post aligned to new clinical divisional structures. Work commenced May 16 with LTP on HR Systems Review, therefore action encompassed within LTP Workstream.

Quality for all

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Workstream Overview report

QIP Workstream:	Executive Lead:	Workstream Lead:
4. Personalised Care	Chief Nurse Suzanne Banks	Val Colquhoun

Overall BRAG	Reporting Period:	Action BRAG rating analysis						Active Actions	Assurance Actions	Long Term Partnership Actions
		R	A	G	B	B G	Grey	20	10	0
GREEN - Completed/ On track to deliver by target date	May 2016	3	0	17	6	4	0	Total Actions in Workstream: 30		

Key

- 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.
- 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.
- Blue subject to CQC confirmation.
- Actions superseded by Long Term Partnership.

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	31/03/16	RED	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 79% 80% in March the Medical staff compliance requires improvement. Medical E-Learning training has commenced March 2016. Compliance figures monitored and awaiting numbers.	31/08/16
4.4.5 – Appropriate Specialist Nurses and End of Life champions complete advanced training on End of Life care.	31/03/16	RED	The review of training completed. Vacancy gaps and time resource preventing full realisation. In addition the outcome of the work with Hampshire 11th/12th May 2016 will inform way forward.	31/07/16

4.4.1 – End of Life Care Ensure there is a review the hours of service provided by the specialist palliative care team to 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.	30/04/16	RED	Hampshire confirmed to support SFH with a peer review 11th/12th May 2016 to look at specialist services currently provided. The review has yet to commence and terms of 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.	31/07/16

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
4.2.3 Review and develop assessment process and documentation to include cognitive assessment for all over-75 ED attenders	Yes	
4.2.11 Secure support from Mental Health colleagues on multi-disciplinary working group	Yes	
4.2.12 Develop and implement delirium pathway	Yes	

Actions Superseded by Long Term Partnership (LTP)

Action (Number then action narrative)	Rationale
None	

Quality for all

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Workstream Overview report

QIP Workstream:	Executive Lead:	Workstream Lead:
5. Safety Culture	Medical Director Andy Haynes	Yvonne Simpson

Overall BRAG	Reporting Period:	Action BRAG rating analysis						Active Actions	Assurance Actions	Long Term Partnership Actions
GREEN - Completed/ On track to deliver by target date	May 2016	R	A	G	B	B G	Grey	37	26	0
		2	0	37	14	22	0	Total Actions in Workstream: 75		

Key

- 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.
- 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.
- Blue subject to CQC confirmation.
- Actions superseded by Long Term Partnership.

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	31/01/16	GREEN	The Safety Culture Clinical Lead has been identified and the Safety Culture Lead, to work in conjunction with the team from NUH. Recommend that this action moves to GREEN	30/04/16
5.1.2 – Establish resource requirements (patient safety champions, clinical lead, full-time project manager), programme structure, objectives and timeline	31/01/16	GREEN	The Safety Culture Clinical Lead has been identified and the Safety Culture Lead, to work in conjunction with the team from NUH. The draft Project Initiation Document has been drawn up and KPIs are being agreed Recommend that this action moves to GREEN	30/04/16
5.2.1 – All divisions will have a senior Clinical Governance Lead with responsibility to ensure issues of concern are highlighted, escalated and acted on	31/01/16	RED	Two divisions remain without a Clinical Governance Lead, and we are now discussing with Nottingham University Hospitals for support. To incorporate Action 1.2.2 from Leadership Workstream.	30/06/16

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	31/10/15	RED	The CCOT rota is currently unsustainable due to vacancies and long term sickness. Therefore, the extended CCOT hours have been delayed. A benchmarking exercise with other local Trusts has been agreed at the Quality Improvement Board and to be reported in May 2016.	30/06/16
5.6.7 – Anywhere not utilising resus trolleys to have quality assurance solution similar to that implemented with trolleys	29/02/16	GREEN	The Paediatric Ward 25 is currently good compliance with PREM trolley checks, and the Emergency Department is currently on daily reports to the Director of Governance. Recommend this action moves to GREEN.	31/05/16

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
5.6.6 – Resuscitation trolleys and daily checks. There is insufficient assurance that there are regular resuscitation trolley checks on the wards.	This action is to be discussed at an escalation meeting with the Chief Nurse.	Counter measures are in place to remedy deficits.

Recommendations Regarding Delivered and Embedded Actions

Action (Number then action narrative)	Blue Action Form Submitted? Yes / No	Comments
5.3.3 – Establish monthly audit for Sepsis Screening in all ward areas on all three hospital sites	Yes	
5.3.4 – Establish monthly audit for Sepsis 6 Bundle compliance in all ward areas on all three sites	Yes	
5.3.5 – Retrospective audit of Sepsis Screening in all admission areas for national CQUIN	Yes	
5.3.6 – Retrospective audit of antibiotic administration in severe sepsis in all admission areas for national CQUIN	Yes	
5.3.9 – Monthly review of RCA reviews of cardiac arrests in septic	Yes	

patients		
5.3.17 – Sepsis and Fluid Management included in induction of all nurses	Yes	
5.5.9 – Put in place temperature checking sheets with both maximum and minimum recordings. Ward managers to ensure this is completed and daily review by the matrons	No	QIB requested further evidence – Defer to June 16
5.6.5 – Process for regular checking of resus equipment and trollies in MIU to be reviewed to ensure it corresponds with trust standards	Yes	
5.6.12 – Needs assessment of IT requirements in ED to be undertaken – where further computers needed to be undertaken with IT to source and provide computers.	Yes	

Actions Superseded by Long Term Partnership (LTP)

Action (Number then action narrative)	**Rationale**
None	

Quality for all

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Workstream Overview report

QIP Workstream:	Executive Lead:	Workstream Lead:
5. Safety Culture	Medical Director Andy Haynes	Yvonne Simpson

Overall BRAG	Reporting Period:	Action BRAG rating analysis						Active Actions	Assurance Actions	Long Term Partnership Actions
		R	A	G	B	B G	Grey	38	37	0
GREEN - Completed/ On track to deliver by target date	May 2016	2	0	36	14	23	0	Total Actions in Workstream: 75		

Key

- Has failed to deliver by target date/Off track and now unlikely to deliver by target date.
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Exception Report: Red / Amber Actions

Action (Number then action narrative)	Target Completion Date	Status	Explanation for RAG rating	Expected completion date
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5.2.1 – All divisions will have a senior Clinical Governance Lead with responsibility to ensure issues of concern are highlighted, escalated and acted on	31/01/16	RED	Two divisions remain without a Clinical Governance Lead, and we are now discussing with Nottingham University Hospitals for support. To incorporate Action 1.2.2 from Leadership Workstream.	30/06/16

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	31/10/15	RED	The CCOT rota is currently unsustainable due to vacancies and long term sickness. Therefore, the extended CCOT hours have been delayed. A benchmarking exercise with other local Trusts has been agreed at the Quality Improvement Board and to be reported in May 2016.	30/06/16
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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
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Recommendations Regarding Delivered and Embedded Actions

Action (Number then action narrative)	Blue Action Form Submitted? Yes / No	Comments
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5.3.4 – Establish monthly audit for Sepsis 6 Bundle compliance in all ward areas on all three sites	Yes	
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patients		
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5.6.5 – Process for regular checking of resus equipment and trollies in MIU to be reviewed to ensure it corresponds with trust standards	Yes	
5.6.12 – Needs assessment of IT requirements in ED to be undertaken – where further computers needed to be undertaken with IT to source and provide computers.	Yes	

Actions Superseded by Long Term Partnership (LTP)

Action (Number then action narrative)	**Rationale**
None	

Quality for all

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								
		R	A	G	B	B G	Grey	Active Actions	Assurance Actions	Long Term Partnership Actions
GREEN - Completed/ On track to deliver by target date	May 2016	0	0	9	14	17	1	9	31	1
								Total Actions in Workstream		
								41		

Key

- 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.
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- Blue subject to CQC confirmation.
- Actions superseded by Long Term Partnership.

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
6.1.6 – introduce new transfer protocol to transfer patients back to Wards from theatre	Yes	The theatre team have reduced the time taken to transfer a patient from theatre back to the ward from an average of 27 minutes to an average of 13 minutes, once the patient is ready for discharge from recovery. Importantly the team are engaged in further improvements to the time.

6.2.3 – Using the ambulatory networks toolkits for 'breaking the cycle' methodology every 8 weeks.	Yes	SFH calls it's breaking the cycle' methodology 'There's No Place Like Home' (TNPLH). It has run four TNPLH events since October 2015. Whilst increasing ambulatory care was a specific part of the first and second cycles of the process, there was less focus on the third and fourth iterations. Nevertheless the use of CDU has increased and patients with a 0 LoS in EAU has decreased. TNPLH continues.
6.3.1 – work with commissioners as well as social care and community care providers as part of the system resilience group to re-locate the assessments to community based locations	Yes	Mid Notts System Resilience Group is committed to the development and implementation of an electronic single assessment process. The pilot for the software has been delayed and is currently planned for June 2016. Whilst the health community has enabled the transfer of patients from an acute bed to a nursing home bed in order to have their DST (Decision Support Tool) undertaken, there is less support for that action to be taken for patients who require a Health Needs Assessment (HNA). This is partly because SFH are commissioned to undertaken HNA's and is it good practice to complete the assessment by a member of staff who knows the patients, albeit for a number of days during their acute hospital admission. There has been one occasion when a patient was transferred from KMH to a nursing home to have their HNA completed, but this was seen as a 'one-off' and was a consequence of extreme bed pressures. The CCG have confirmed there is nothing more SFH can do in order to speed up the pilot of the electronic support tool.
6.5.11 – Teaching session to all clinical staff on RTT and reconciliation	Yes	This action was devised by the organisation in response to the Section 29a of the CQC which recognised the organisation had

		not progressed in a timely way its response to the backlog of unreconciled patient who had not got a follow up appointment booked. This action sat alongside one to ensure all appropriate administrative staff were properly trained in using the Medway PAS system. This was to ensure that the staff were able to do not only reconciliation but a number of other administrative processes associated with safe and timely processing of patients attending for an outpatient appointment. The organisation now has good compliance with reconciliation. Up to 3rd May 2016 there were 908 patients who still required reconciliation of their OP appointments. 72.5% of the relevant clinical staff have now been trained on how to reconcile appointments on Medway PAS, but the view is that the safest way to ensure the process is followed is to rely on our trained administrative colleagues. The organisation considers it has made significant progress in the management of reconciliation in OPs.

Actions Superseded by Long Term Partnership (LTP)

Action (Number then action narrative)	**Rationale**
6.6.13 – Review risks and functionality of Medway PAS (as part of review of migration)	This action has now been superseded by the LTP. SFH will work with NUH, to secure a one organisation functional Medway PAS.

Quality for all

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								
		R	A	G	B	B G	Grey	Active Actions	Assurance Actions	Long Term Partnership Actions
GREEN - Completed/ On track to deliver by target date	May 2016	0	0	9	15	16	1	9	31	1
								Total Actions in Workstream		
								41		

Key

- 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.
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- Blue subject to CQC confirmation.
- Actions superseded by Long Term Partnership.

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
6.1.6 – introduce new transfer protocol to transfer patients back to Wards from theatre	Yes	The theatre team have reduced the time taken to transfer a patient from theatre back to the ward from an average of 27 minutes to an average of 13 minutes, once the patient is ready for discharge from recovery. Importantly the team are engaged in further improvements to the time.

6.2.3 – Using the ambulatory networks toolkits for 'breaking the cycle' methodology every 8 weeks.	Yes	SFH calls it's breaking the cycle' methodology 'There's No Place Like Home' (TNPLH). It has run four TNPLH events since October 2015. Whilst increasing ambulatory care was a specific part of the first and second cycles of the process, there was less focus on the third and fourth iterations. Nevertheless the use of CDU has increased and patients with a 0 LoS in EAU has decreased. TNPLH continues.
6.3.1 – work with commissioners as well as social care and community care providers as part of the system resilience group to re-locate the assessments to community based locations	Yes	Mid Notts System Resilience Group is committed to the development and implementation of an electronic single assessment process. The pilot for the software has been delayed and is currently planned for June 2016. Whilst the health community has enabled the transfer of patients from an acute bed to a nursing home bed in order to have their DST (Decision Support Tool) undertaken, there is less support for that action to be taken for patients who require a Health Needs Assessment (HNA). This is partly because SFH are commissioned to undertaken HNA's and is it good practice to complete the assessment by a member of staff who knows the patients, albeit for a number of days during their acute hospital admission. There has been one occasion when a patient was transferred from KMH to a nursing home to have their HNA completed, but this was seen as a 'one-off' and was a consequence of extreme bed pressures. The CCG have confirmed there is nothing more SFH can do in order to speed up the pilot of the electronic support tool.
6.5.11 – Teaching session to all clinical staff on RTT and reconciliation	Yes	This action was devised by the organisation in response to the Section 29a of the CQC which recognised the organisation had

		not progressed in a timely way its response to the backlog of unreconciled patient who had not got a follow up appointment booked. This action sat alongside one to ensure all appropriate administrative staff were properly trained in using the Medway PAS system. This was to ensure that the staff were able to do not only reconciliation but a number of other administrative processes associated with safe and timely processing of patients attending for an outpatient appointment. The organisation now has good compliance with reconciliation. Up to 3rd May 2016 there were 908 patients who still required reconciliation of their OP appointments. 72.5% of the relevant clinical staff have now been trained on how to reconcile appointments on Medway PAS, but the view is that the safest way to ensure the process is followed is to rely on our trained administrative colleagues. The organisation considers it has made significant progress in the management of reconciliation in OPs.

Actions Superseded by Long Term Partnership (LTP)

Action (Number then action narrative)	**Rationale**
6.6.13 – Review risks and functionality of Medway PAS (as part of review of migration)	This action has now been superseded by the LTP. SFH will work with NUH, to secure a one organisation functional Medway PAS.

Quality for all

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Workstream Overview report

QIP Workstream:	Executive Lead:	Workstream Lead:
7. Mandatory Training	Interim Director of HR Julie Bacon	Annette Robinson

Overall BRAG	Reporting Period:	Action BRAG rating analysis								
		R	A	G	B	B G	Grey	Active Actions	Assurance Actions	Long Term Partnership Actions
GREEN - Completed/ On track to deliver by target date	May 2016	0	0	6	1	0	0	5	1	0
								Total Actions in Workstream		
								6		

Key

- 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.
- 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.
- Blue subject to CQC confirmation.
- Actions superseded by Long Term Partnership.

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
7.2.2 –Agree the revised incremental pay progression policy changes with Trade Unions	Yes	

Actions Superseded by Long Term Partnership (LTP)

Action (Number then action narrative)	Rationale
None	

Quality for all

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						Active Actions	Assurance Actions	Long Term Partnership Actions
		R	A	G	B	B G	Grey	9	2	1
GREEN - Completed/ On track to deliver by target date	May 2016	0	0	9	2	0	1	Total Actions in Workstream: 12		

Key

- 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.
- 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.
- Blue subject to CQC confirmation.
- Actions superseded by Long Term Partnership.

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
Reduced capacity within the Communications department and the LTP priority may affect Communications ability to fully support the Workstream.	Exploring a shared Communications service with the LTP.	

Recommendations Regarding Delivered and Embedded Actions

Action (Number then action narrative)	Blue Action Form Submitted? Yes / No	Comments
8.3.1 Revise, consult and agree a Staff Engagement Strategy	Yes	
8.5.1 Develop a toolkit to support managers in communicating and engaging staff	Yes	

Actions Superseded by Long Term Partnership (LTP)

Action (Number then action narrative)	**Rationale**
8.4.4 Improve the staff suggestions on how they are actioned and celebrated.	Action stayed as superseded by LTP. Workstream failed to enhance intranet staff suggestion scheme page re process and re-launch to raise staff's awareness, feedback and celebrate success. Executive Team briefing explored 'Just Do It' scheme operate by NUH for potential adoption at SFH; however approach requires resources to implement. May update: OD Specialist working with Interim Head of Comms to refresh the current Staff Suggestion scheme intranet site re process, plus empower staff to take forward quality improvements with their Ward / Dept Leader and how these can be celebrated. Agreed with Programme Director and Improvement Director for action to be stayed as superseded by LTP.

Quality for all

Sherwood Forest Hospitals NHS
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Workstream Overview report

QIP Workstream:	Executive Lead:	Workstream Lead:
9. Maternity	Medical Director Andy Haynes	Yvonne Simpson

Overall BRAG	Reporting Period:	Action BRAG rating analysis								
		R	A	G	B	B G	Grey	Active Actions	Assurance Actions	Long Term Partnership Actions
GREEN - Completed/ On track to deliver by target date	May 2016							19	4	0
		0	0	19	4	0	0	Total Actions in Workstream: 23		

Key

- 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.
- 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.
- Blue subject to CQC confirmation.
- Actions superseded by Long Term Partnership.

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
9.1.1 – Review model of care to ensure optimum multi-disciplinary working within the division, across divisions and externally 'Consider appointing a designated bereavement midwife and a diabetic specialist midwife'	Yes	
9.2.8 – Information regarding pregnant women using steroid medication has been accurately	Yes	

recorded and reported as part of the CQUIN		
9.3.2 – Incident are shared in the Labour Ward Forum to learn from the mistakes and used to better the procedures and process	Yes	

Actions Superseded by Long Term Partnership (LTP)

Action (Number then action narrative)	**Rationale**
None	

Quality for all

Sherwood Forest Hospitals NHS
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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						Active Actions	Assurance Actions	Long Term Partnership Actions
		R	A	G	B	B G	Grey	8	2	0
GREEN - Completed/ On track to deliver by target date	May 2016	0	0	8	2	0	0	Total Actions in Workstream: 10		

Key

- 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.
- 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.
- Blue subject to CQC confirmation.
- Actions superseded by Long Term Partnership.

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		

Actions Superseded by Long Term Partnership (LTP)

Action (Number then action narrative)	Rationale
None	

QUALITY IMPROVEMENT PLAN - Overview dashboard
27.05.16
Mock template

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Accountability:	
Senior Responsible Officer	Peter Herring Interim CEO
Quality Improvement Plan - Programme Director:	Paul Moore
Date:	27.05.16
Version history:	Version V5.16.3

Governance arrangements:	
Trust Board	Monthly
Executive Team Meeting	Weekly
Quality Committee	Monthly
Quality Improvement Board	Monthly

Workstream	Executive Lead	Overall BRAG	BRAG analysis B	R	A	G	Blue subject to CQC confirmation	Grey	Executive lead commentary	Programme Director commentary
Leadership	Peter Herring	G	5	-	-	15	-	4	Actions continue to be progressed and agreed to be on track; BRAG rating agreed with Programme director and Improvement Director; 21 actions are now completed (84%), of these 3 BLUES. 2 BLUES being presented to QIP for consideration of being embedded. No AMBER actions. 1 RED action remains re appointment of clinical governance leads within the 2 Medical divisions; there are on-going discussions and potential solutions being explored with the LTP. Overall Workstream rating GREEN as solutions to the red action continue to be explored and does not delay delivery of the other Workstream objectives.	The immediate strategic priorities for the Trust for 2016/17 were agreed by the Board of Directors in February 2016 within the context of the Long-term Partnership with Nottingham University Hospitals NHS Trust. These priorities have been communicated via Team Brief to all clinical leaders and managers and for wider cascade to all staff. A new style bulletin - ' Quality through Merger' for staff and managers is circulated weekly. The vast majority of actions remain on track, the exception being appointment to Divisional Clinical Governance Leads in each Division. We have one appointment to conclude before this action is completed. We are working with Nottingham University Hospitals NHS Trust to support our activities in this area. Throughout the confirm and challenge process this month it became clear that a small number of actions have been superceded by the Long-term Partnership arrangements. Although these actions remain within the Workstream Programmes they have been shaded grey.
Governance	Paul Moore	G	4	-	-	18	29	-	All actions discussed with owners and updates logged in QIP; BRAG ratings agreed with Programme Director & Improvement Director; All actions are GREEN. The Improvement Director and the Workstream Executive Lead have agreed that 2.4.1 has two distinct actions, and this has now been amended to demonstrate two clear actions (2.4.1 and 2.4.2). There are 3 risks identified which have been raised with the Programme Director, full details can be seen in the Workstream overview report. Overall Workstream rating GREEN as the red action does not lead me to believe that delivery of the Workstream objectives should be delayed/compromised, and the advanced state of completion and number of BLUE (BLUE/GREEN)actions suggest good progress is being made toward delivery of the objectives.	A series of 'Governance Masterclasses' continue to be delivered and these have been well attended to date. Further progress has been made with regards to the alignment and strengthening of the Governance teams both centrally and at Divisional level. The suite of formats for reporting risk has been agreed by the Trust Risk Management Committee and we continue to track and monitor compliance with Duty of candour. The Trust regularly meets with Health Education East Midlands (HEEM) and has plans in place to manage issues and concerns raised. The Junior Doctor Forums are now well-established with good attendance. AQuA Patient safety Interventions are planned for the Emergency Department. All milestones are on track with embedded dates expedited where possible.
Recruitment & Retention	Julie Bacon	G	4	-	-	10	-	1	Workstream continues to make steady progression across the actions. BRAG rating agreed with Programme Director & Improvement Director; 11 actions are complete (73%); 4 BLUES embedded, no AMBER. Previous RED re 1 EPLS trained nurse per shift on children's ward / department now completed therefore changed to green with Programme Director and Improvement Director approval; assured rotas reworked in April to be compliant from 26.4.16 to 03.07.16, plus contingency plan to cover for unplanned absences. Health Roster rule set to ensure future rota coverage. Additional external EPLS training being explored with LTP to ensure staffs training is up to date and increases EPLS trained numbers per rota. ED have more than 1 EPLS trained nurse per shift and MIU confirmed 2/2/16 one PILS/EPLS trained nurse per shift, plus Drs 24/7 are EPLS trained. All medical job plans developed; next step is sign off. Other workstream actions to timescale, therefore the overall Workstream rating is GREEN.	Recruitment processes across the organisation were reviewed and continue to drive improvements with the electronic recruitment system. Training for managers was delivered throughout March. Divisions have agreed their retention targets and specific interventions to support new starters have been developed. The Trust concluded the work to ensure consultant jobs plans were agreed and in place for 2016/17. The Trust continues to work on arrangements to ensure that at least one nurse in each clinical area within the Children's and Young People's Service is current with European Paediatric Life Support (EPLS) certification. Operational demands on the service during March resulted in the postponement of planned training on site in order to maintain patient safety. We have made arrangements to address the training need, and we also plan to modify eroster to provide the necessary skill mix on a shift by shift basis.
Personalised Care	Suzanne Banks	G	6	3	-	17	4	-	All actions discussed with action owners at regular meetings with the Chief Nurse; BRAG ratings agreed with overall GREEN with Programme Director & Improvement Director No Amber There are two actions out of the possible 3 for 4.4.1 rated Red - see Workstream overview report There are two other actions rated as RED 4.4.4 and 4.4.5 - see Workstream report . Hampshire undertaking review 11th/12th May 2016 and will inform way forward to progress workstreams All other actions making steady progress and remain on track to deliver.	The Trust continues to roll out the 'Proud to Care' programme. The Ward Accreditation Programme was piloted in March. We are currently evaluating the feedback and developing the framework accordingly. Audits were completed in March to identify, acknowledge and remedy potential ligature points in high-risk clinical areas. Action plans have been agreed to further explore the safety of high risk clinical environment. The Trust commissioned an independent peer review of paediatric services to challenge the Trust capacity to provide an effective safeguarding service. As a result, changes have been implemented to support and develop the effectiveness of the safeguarding team. The Trust is working closely with Hampshire Hospitals NHS Foundation Trust to review the provision of End of Life Care; and advise the Chief Nurse on the suitability of current training programmes and standards for End of Life Care. This is in addition to the support provided by Nottingham University Hospitals NHS Trust.
Safety Culture	Andy Haynes	G	14	2	-	36	23	-	I have discussed all actions with Workstream leads. BRAG ratings agreed with Programme Director & Improvement Director. There are currently two actions recorded as RED. The RED actions are the appointment of Clinical Lead; the appointment of the Divisional Clinical Governance Leads for Emergency and Urgent Care, and the extension of Critical Care Outreach (CCOT) support to give access until 02.00am. It was agreed at the Quality Improvement Board that a benchmarking exercise would be undertaken with local DGH's to understand their CCOT operational hours and report in May 2016, which has been completed and the Nurse Consultant is to undertake an analysis of the workload from 20.00 to 08.00 hours. Overall, this workstream remains GREEN as the Executive Lead is confident on the delivery of the actions.	We have now identified the appropriate individuals to form our 'Safety Culture' team and we are in discussion with Nottingham University Hospitals NHS Trust to see where they could provide further support. The AQuA Plan is now in place with funding secured for the first 12 months of the programme. Good progress continues to be made with regards to the screening for Sepsis and appropriate antibiotic administration for Severe Sepsis. Excellent progress has been made specifically in our emergency and acute admitting areas with our focus turning to our inpatient areas. Weekly audits are carried out in all inpatient areas, including Newark and Mansfield Community Hospitals and are reported to the Sepsis Task Force for inclusion in the weekly submission to CQC. Although 3 of the 5 Divisional Governance Leads have been appointed and are now in post a risk remains around the appointment of suitable Governance Leads for the Emergency and Urgent Care and Specialty Medicine Divisions. Nottingham University Hospitals NHS Trust are providing support. The Trust aspires to extend the CCOT service to 2am daily, however, gaps in the rotas caused by sickness/absence and difficult market conditions for recruitment have challenged our ability to deliver an extended service as planned. It is vital to ensure at all times a safe and sustainable rota. Whilst we endeavour to extend this service, we can only achieve this when it is safe to do so. We continue to work on this. We have applied a sharper focus to the delivery of assurance relating to utilisation of resuscitation trolleys. We anticipate this action to conclude shortly.
Timely Access	Jon Scott	G	14	-	-	9	17	1	There continues to be progress made against the one outstanding red item in the Timely Access Workstream. It is proposed that this action is submitted for consideration to change the status to embedded. There has been a significant improvement in the reconciliation process for OP appointments. The Workstream will present a further three actions for consideration to 'embed' at the QIB. If accepted the Workstream only has 9 actions left to 'embed'. The Workstream is now developing its own process of assurance that those actions which turned 'blue' earlier in the lifecycle of the QIP are still embedded.	Work has been undertaken within the Emergency Department to improve handover times and turnaround times for ambulances in addition to completing the action to improve performance for inter-facility transfers. Improved signage has been put up in the Emergency Department to aid patients in navigating their way around. The Trust is implementing all recommendations from the Intensive Support Team in relation to the management of our 18 week performance.
Mandatory Training	Julie Bacon	G	1	-	-	5	-	-	Workstream group continues to make steady progress with the actions. BRAG ratings agreed with Programme Director & Improvement Director; 5 actions complete (83%); no RED or AMBER actions. One BLUE to be presented to QIP for approval. Deferment of incremental pay progression review process and guidance is developed. Quality and patient safety focussed mandatory training posters distributed for display; 12 months of pop-ups scheduled to reinforce compliance. All actions on track to deliver to timescales therefore Workstream rating is GREEN.	We continue to deliver all actions in respect of Mandatory Training.
Staff Engagement	Peter Herring	G	2	-	-	9	-	1	Workstream making steady progress with actions and remain on track with target completion dates. BRAG ratings agreed with Programme Director & Improvement Director 9 actions completed (75%); 2 BLUES to be presented at QIB for approval; no AMBER and 1 RED action re staff suggestion scheme; to refresh the intranet site with process and empower staff to take forward quality / service improvements with their Ward / Dept Manager. Agreed with Programme Director and Improvement Director this action is stayed as will be superseded by LTP; staff suggestion scheme to be confirmed once merged. Overall Workstream rating is GREEN as the red action does not delay delivery of the other Workstream objectives.	All actions are on plan to deliver. A revised Staff Engagement Strategyhas been agreed by the Staff Engagement Group in view of the new Long-term Partnership arrangements.
Maternity	Andy Haynes	G	4	-	-	19	-	-	I have discussed all actions with Workstream lead and action owners; BRAG ratings agreed with Programme Director & Improvement Director; 23 actions now complete or embedded (100%); 3 actions are due to be embedded this month; Overall Workstream rating is GREEN as I believe that delivery of the Workstream objectives should be on track.	We continue to deliver all actions as planned.
Newark	Peter Wozencroft	G	2	-	-	8	-	-	Actions continue to progress towards the development of a Newark Strategy, to be completed June 2016	The Trust is engaging with local stakeholders to consult on the services that will be delivered and good progress is being made.
			56	5	0	146	73	7		

QIP Glossary of Terms / Abbreviations

Abbreviations	Terms
ANP	Advanced Nurse Practitioner
BAF	Board Assurance Framework
BoD	Board of Directors
CCG	Clinical Commissioning group
CCOT	Critical Care Outreach Team
CDU	Clinical Decisions Unit
CIP	Cost Improvement Plan
CQC	Care Quality Commission
DGM	Divisional General Manager
DST	Decision Support Tool
EAU	Emergency Assessment Unit
EC & M	Emergency Care & Medicine
ED	Emergency Department
EMAS	East Midlands Ambulance Service
EoL	End of Life
ESR	Electronic Service Record
GSU	Governance Support Unit
HEEM	Health Education East Midlands
HR	Human Resources
JAG Accreditation	Joint Advisory Group Accreditation
KMH	Kings Mill Hospital
KPI(s)	Key Performance Indicator(s)
LTP	Long Term Partnership
MAST	Mandatory and Statutory Training
MCA	Mental Capacity Act
MCH	Mansfield Community Hospital
MIU	Minor Injuries Unit
NED(s)	Non-Executive Director(s)
NHCPG	Newark Healthy Communities Partnership
NICE	National Institute for Health and Care Excellence (NICE) guidance
NUH	Nottingham University Hospitals NHS Trust
OD&W	Organisational Development & Workforce
OPD	Outpatients Department
PC & S	Planned Care & Surgery
PDMs	Practice Development Matrons
PSC	Patient Safety Collaborative
QIA	Quality Impact Assessment
QIP	Quality Improvement Plan
RCA	Root Cause Analysis
RTT	Referral to Treatment
SAU	Surgical Assessment Unit
SFH	Sherwood Forest Hospitals NHS Foundation Trust
T&O	Trauma & Orthopaedics
TNA	Training Needs Analysis