

QUALITY IMPROVEMENT PLAN - Overview dashboard

16-Mar-16
Mock template



Accountability:	
Senior Responsible Officer	Peter Herring Interim CEO
Quality Improvement Plan - Programme Director:	Karen Fisher
Date:	16-Mar-16
Version history:	Version 5.2 (updated)
Governance arrangements:	
Trust Board	Monthly
Executive Team Meeting	Weekly
Quality Committee	Monthly
Quality Improvement Board	Monthly

Workstream	Executive Lead	Overall BRAG	BRAG analysis				Blue subject to CQC confirmation	Executive lead commentary	Programme Director commentary
			B	R	A	G			
Leadership	Peter Herring	G	-	1	-	24		- Actions continue to be progressed and agreed to be on track; BRAG ratings agreed with Programme Director and Improvement Director; 15 actions are now completed (60%); 3 Blue Forms of completed actions are submitted to March QIB No AMBER actions; 1 RED action remains re appointment of clinical governance leads within divisions. See Workstream overview for further details. Overall Workstream rating GREEN as the red action continues to progress 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. All milestones have been met and embedded dates are being reviewed to bring forward where appropriate.
Governance	Paul Moore	G	1	-	-	31	18	All actions discussed with owners and updates logged in QIP; BRAG ratings agreed with Programme Director & Improvement Director; 2 RED actions which have been approved to move to GREEN and 1 AMBER action, as this action has also been approved to move to GREEN. 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.	Paul Moore, Director of Governance has now taken the overall responsibility for the QIP Programme with support from Karen Fisher throughout the March cycle. 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	Graham Briggs	G	-	1	1	13		- Workstream continues to make steady progression across the actions. BRAG ratings agreed with Programme Director & Improvement Director; 7 actions are now complete (47%); 1 AMBER and 1 RED action identified. 4 Blues are provisionally submitted. See Workstream overview and milestones for further details. Overall Workstream rating GREEN as the red actions do not lead me to believe that delivery of the other Workstream objectives will be delayed/compromised.	Recruitment processes across the organisation have been reviewed and necessary improvements identified with the electronic recruitment system going live on 22/2/16. Training for managers is being delivered throughout March. Divisions have agreed their retention targets and specific interventions to support new starters have been developed. The Recruitment Day on 06/02/16 successfully recruited 24 nurses and 8 Operating Department Practitioners. There is a slight risk that the target to ensure all job plans have been reviewed by 31/03/16, however Divisions have a trajectory and have plans in place to close any gap.
Personalised Care	Suzanne Banks	G	-	2	1	25	2	All actions discussed with action owners at regular meetings with the Chief Nurse; BRAG ratings agreed on the 04 March 2016; overall GREEN with Programme director & Improvement Director There are two actions out of the possible 3 for 4.4.1 rated as AMBER - see Workstream overview report – robust action plans in place to ensure delivery within agreed timescales There are two actions rated as RED - see Workstream report Actions relating to patients at risk of self harm (including 4.2.6) have been reviewed in light of the potential Section 29A letter received from the CQC. The Estates Department have completed a trust wide review of all blind cords to ensure they are appropriately secured to mitigate against the risk of self harm. Weekly checks for assurance purposes in place. In addition resources are being put in place to undertake environmental risk assessment in all acute areas. Progressing conversations with Hampshire Hospital and Derby (training) re End of Life and also peer review by Alder Hay All other actions remain on track to deliver.	The Trust continues to roll out the 'Proud to Care' programme with 41 staff attending in February and a further 60 booked for March. The newly constructed Ward Accreditation Programme will be piloted throughout March. Audits are underway to ensure the environment minimises the risk of self-harm. Alder Hey Children's Hospital NHS Foundation Trust is to undertake a 'Peer Review' of our Paediatric Services, providing advice to the Chief Nurse, however we are continuing to improve the paediatric-related training programmes delivered to staff. Contact has been made with Hampshire Hospitals NHS Foundation Trust to provide support in reviewing the provision of End of Life Care and we are securing additional capacity to strengthen the training of our staff.
Safety Culture	Andy Haynes	G	4	5	-	56	10	I have discussed all actions with Workstream leads. BRAG ratings agreed with Programme Director & Improvement Director. There are currently 5 actions recorded as RED. The RED actions are the establishment of the Patient Safety Culture Team, which needs to be the right persons to enact the necessary cultural changes within the Trust (2 RED actions); the appointment of the Divisional Clinical Governance Leads (1 RED action), the quality assurance of resuscitation trollies across the Trust (1 RED action) and Extend Critical Care Outreach (CCOT) support to give access until 02.00am. Whilst this action was originally reported as complete in January 2016, the solution that was put in place was not sustainable at that time. It is therefore right that the action now moves back to 'red'. The QIB now expect the action to be sustainably completed by the end of April 2016 (1 RED action).	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 through February. Weekly audits are carried out in all inpatient areas, including Newark and Mansfield Community Hospitals and are reported to the Weekly 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 posts 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 has been approached for support.
Timely Access	Jon Scott	G	8	1	-	20	12	There is one outstanding red item which is a Section 29a and is related to the training of clinical staff who need to ensure patients outcomes are reconciled for the RTT. There has been some progress in this action. There are 5 more actions that are being presented to the QIB for consideration to turn 'blue'. An area of concern remains the CCG's ability to implement an electronic solution for the DST and HNA assessment, which has been delayed until the end of May 16.	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	Graham Briggs	G	-	-	-	6		- Workstream group continues to make steady progress with the actions. BRAG ratings agreed with Programme Director & Improvement Director; 1 action complete (17%); no RED or AMBER actions; Workstream rating GREEN. To analyse progress of MAST compliance plans by end March, to assess feasibility of accelerating completed target and embedding dates. Revised policies going to JSPF 9.3.16.	Mandatory Training Compliance Templates are being used at Confirm and Challenge Service Line Performance meetings to ensure that mandatory training trajectories are being met in a timely manner.
Staff Engagement	Peter Herring	G	-	-	-	12		- OD Specialist now responsible action owner and driving delivery of actions; revised Staff Engagement Strategy and developed toolbox talk. Workstream making steady progress with actions to remain on track for completion dates; BRAG ratings agreed with Programme Director & Improvement Director 6 actions now complete (50%); No red or amber actions noted; therefore Workstream rating GREEN. Agreed with Programme Director & Improvement Director to review and enhance outcomes, plus embedded date of 8.5.1.	All actions are on plan to deliver. A revised Staff Engagement Strategy is being discussed with the Staff Engagement Group in view of the new Long-term partner arrangements.
Maternity	Andy Haynes	G	-	-	-	23		- I have discussed all actions with Workstream lead and action owners; BRAG ratings agreed with Programme Director & Improvement Director; 14 actions now complete (60.8%); There is 1 RED action, patient information leaflets in language other than English and 1 AMBER action, business case for caesarean elective theatre lists - divisional arrangements not yet in place; 7 actions are due to be completed next month; Overall Workstream rating is GREEN as I believe that delivery of the Workstream objectives should be on track.	The McKenzie Report on the delivery of safe Maternity Services was received on 19/02/16 with the recommendations being considered in line with the developing Maternity Work plan. Re: Action 9.2.5 At the confirm and challenge meeting a recommendation was made to accept the action as completed (Green) the Programme Director raised concerns about the apparent curtailment of information available on the Trust website. Following the confirm and challenge meetings the Programme Director has visited maternity and continues to have concerns about the robustness of the assurance upon which completion is confirmed. This action needs to be explored further at the Quality Improvement Board as to whether it should be agreed as green or remain red.
Newark	Peter Wozencroft	G	2	-	-	8		- Meeting on 8th March to discuss Bed base at Newark	The Trust is engaging with local stakeholders to consult on the services that will be delivered and good progress is being made.
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