Sherwood Forest Hospitals NHS Foundation Trust

Nottinghamshire Health Scrutiny Committee – 14 March 2016

Quality Improvement Plan – Update

Quality Improvement Plan – delivery @ 28.1.16

The Trust continues to make good progress in the delivery of the actions described within its Quality Improvement Plan.

At its meeting on 28 January 2016, the Board of Directors reviewed the Quality Improvement Plan and the reports from the board sub-committees. The board received assurance that all of the actions BRAG rated as green (on track to deliver) had been subject to a detailed review in January by the Prorgramme Director and Improvement Director to ensure robust plans are in place to deliver to agreed dates.

Current performance against the agreed actions are shown below. A copy of the full Quality Improvement Plan is attached for information.

		RAG Definitions
	11	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.
	7	Has failed to deliver by target date/Off track and now unlikely to deliver by target date
	4	Off track but recovery action planned to bring back on line to deliver by target date
	232	Completed / On track to deliver by target date
	31	Blue subject to CQC confirmation
	285	**Total number of actions**

Of the 232 actions BRAG rated as Green – 132 have been completed with evidence is now being captured to ensure they are embedded. The remaining 100 actions are on track to deliver by the target date.

A total of 42 actions have been completed and embedded. Therefore a total of 174 actions have been completed/completed and embedded, representing 61% of the total Quality Improvement Plan actions.

As requested by the Health Scrutiny Committee detailed information regarding the 7 red rated actions are described below:

Leadership Workstream

1.2.2 Enhance Divisional Clinical Governance arrangements and appoint to five clinical governance leads. Target completion date: 31.12.15
Update: Job Description agreed, posts advertised and interviews scheduled during January. Whilst good progress is being made to recruit to the posts, alternative models are being considered should suitable candidates not be identified, the target completion date has therefore been missed. Revised planned completion date 29.2.16

Governance Workstream

2.1.10 Establish a New Quality Governance Unit. Target completion date 31.12.15
Update: Newly appointed Director of Governance commenced on 16.1.16 who will review initial proposal and develop a plan to implement a new Governance Unit as a priority. Revised planned completion date 29.2.16

2.2.4 Develop an appropriate suite of report formats for reporting on risk management. Target completion date 31.11.15
Update: New reporting formats have been developed and are being implemented. These will be considered by the Risk Management Committee. Revised planned completion date 31.1.16

2.3.2 Understand and analyse the strategic risk register to the principal risks identified on the Board Assurance Framework. Target completion date: 31.10.15
Update: Board Assurance Framework developed – to be approved by the Risk Management Committee on 13.1.16 and Board of Directors.28.1.16. Revised planned completion date 31.1.16

Safety Culture

5.3.26 Extend Critical Care Outreach Team support to give access until 02:00 on a daily basis. Target completion date: 31.10.15
Update: Recruitment to the posts has taken longer than anticipated. Appointments now made, staff to be in post from mid January 2016. Revised planned completion date 31.1.16

Timely Access

6.5.11 Teaching sessions to all clinical staff on RTT and reconciliation. Target completion date 31.10.15
Update: Further training sessions scheduled for January/February 2016, alternative methods of delivery being explored to ensure all clinical staff receive required training. Revised planned completion date 29.2.16

Maternity

9.2.5 Ensure maternity information leaflets are available in languages other than English. Target completion date 31.12.15
Update: The Trust's internet site can be converted into different languages. Patient information leaflets state they are available in alternative languages, a test of the system identified that this could be strengthened. Work progressing to translate key maternity information leaflets into different languages. Review of information leaflets within other clinical services also being undertaken. Revised planned completion date 31.3.16,

The 4 actions rated as Amber have been reviewed in detail to ensure they have robust plans in place to ensure delivery by the target completion date.

Summary

The February review cycle is progressing as planned and an updated Quality Improvement Plan will be considered by the Board on Thursday, 25 February 2016. A verbal update of the board decisions relating to the Quality Improvement Plan will be provided to the Health Scrutiny Committee at its meeting on 14 March 2016.

Karen Fisher
Programme Director – Quality Improvement
15 February 2016

QUALITY IMPROVEMENT PLAN - Overview dashboard
08-Jan-16
Mock template

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Accountability:	
Senior Responsible Officer	Peter Herring Interim CEO
Quality Improvement Plan - Programme Director:	Karen Fisher
Date:	08-Jan-16
Version history:	Version 3.1

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

			BRAG analysis						
Workstream	**Executive Lead**	**Overall BRAG**	**B**	**R**	**A**	**G**	**Blue subject to CQC confirmation**	**Executive lead commentary**	**Programme Director commentary**
Leadership	Peter Herring	G	-	1	-	24	-	Actions continue to be discussed with owners, progression noted and agreed to be on track; BRAG ratings agreed with Programme Director and Improvement Director; 9 actions are now completed (36%); 1 due to complete next month; No AMBER actions: 1 RED action 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 development of the strategic narrative is moving forward ahead of planned completion dates, this will be beneficial to staff in helping them to understand future priorities and challenges. The transition to the revised divisional management model remains a priority. All other actions continue to demonstrate positive progress.
Governance	Peter Herring	G	-	3	1	36	8	All actions discussed with owners and updates logged in QIP; BRAG ratings agreed with Programme Director & Improvement Director; 31 actions now complete (65%), 9 proposed as embedded this month (19%); 1 due to complete next month; 5 RED actions and one AMBER action idenitified. See workstream overview for further details; Overall workstream rating GREEN as the red actions do not lead me to believe that delivery of the workstream objectives should be delayed/compromised, and the advanced stafe of completion and number of BLUE actions suggest good progress is being made toward delivery of the objectives.	A revised Board Assurance Framework has now been developed and agreed by the Executive Team for approval by the Risk Committee/Board of Directors. The Risk Management Strategy has now been approved as previously referenced which has led to two actions (2.1.4 and 2.2.4) now being rated as Green whilst evidence is being collated to demonstrate they have been embedded. The appointment of the Director of Governance (commencing 18.1.16) will facilitate the delivery of actions currently off track relating to establishing the new Quality Governance Unit and will bring increased capacity and capability to the delivery of the challenging governance and risk management priorities. Resource to support the QIP programme are in place and external resource to support the delivery of quality priorities are continually being sourced/assessed. Good progress is being made within this workstream against complex and challenging actions.
Recruitment & Retention	Graham Briggs	G	-	-	-	15	-	Workstream lead driving and supporting delivery with action owners, to ensure remain on track to deliver by target completion dates. BRAG ratings agreed with Programme Director & Improvement Director; 4 actions are now complete (27%); No RED or AMBER actions; therefore workstream GREEN. Effective workstream group established, with steady and robust progression of the actions; providing confidence we will maintain position.	Good progress is being made in delivering workstream priorities with actions progressing to completion within agreed timescales.

Personalised Care	Suzanne Banks	G	-	-	2	27	1	All actions discussed with action owners at a meeting with the Chief Nurse; BRAG ratings agreed on the 07 Janauary 2016; overall GREEN The previous RED action is now set to deliver and reported as GREEN. There are two actions rated as AMBER - see workstream overview report All other actions remain on track to deliver.	Capacity has now been assigned to the ward accreditation programme enabling this programme of work to progress as outlined within the QIP. Resources are required to support the safeguarding and end of life priorities outlined within the plan. Good progress is being made in delivering other identified priorities. External resource from specialist children's hospitals is progressing positively.
Safety Culture	Andy Haynes	G	1	1	-	69	4	I have discussed all actions with workstream leads; BRAG ratings agreed with Programme Director & Improvement Director; 52 actions now complete (69%) and 17 actions on track to deliver ; There were 5 actions approved as embedded at the Trust Board in December 2015, 1 is Blue and 4 are subject to CQC confirmation; There are one actions which are RED. Two actions that were reported as RED in December 2015 have now been completed, and one remaining RED which will be completed on the 10 January 2016; One potential risk to deliver has been identified within the resources of the Patient Safety Team	Two actions relating to Sepsis (5.3.9 and 5.3.10) have now been completed and will be rated as green whilst evidence to demonstrate they are embedded is being collated. The outstanding Red action (5.3.36) relating to CCOT provision will be achieved during January. Good progress is being made against other identified actions within this complex and challenging workstream. Resources are required and are currently being sought to establish a Patient Safety Culture team ensure full the effective utilisation of the support being provided by AQuA.
Timely Access	Jon Scott	G	2	2	-	33	4	Meeting held with all action owner and the Interim COO in December 2015. 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 are plans in place to start the training in January but it is recognised attendance might be limited. More dates are planned for February and the clinical teams have been asked to be consider other meetings that happen with groups of relevant clinicians and if those can be used to train staff. All other actions are green or are being put forward to be embedded.	Good progress is being made in delivering the actions within this workstream, with robust delivery mechanisms being established. A significant number of actions are recommended as embedded (Blue) this month (some ahead of plan) demonstrating positive performance and focused delivery.
Mandatory Training	Graham Briggs	G	-	-	-	6	-	Workstream lead driving and supporting delivery with action owners, to ensure remain on track to deliver by completion dates. BRAG ratings agreed with Programme Director & Improvement Director; 1 action now complete (17%); no RED or AMBER actions; workstream rating GREEN. Effective workstream group established, with active participation and steady progression of the actions; providing confidence we will maintain position.	Good progress is being made across all priorities within the workstream, all actions are on track to deliver within agreed timescales.
Staff Engagement	Peter Herring	G	-	-	-	12	-	Workstream lead driving and supporting delivery with action owners, to ensure remain on track to deliver by completion dates. Effective workstream group established, with active participation and steady progression of the actions. 4 actions now complete (33%); No red or amber actions noted. 1 due to complete next month; therefore workstream rating GREEN.	Good progress is being made across all priorities within the workstream, all actions are on track to deliver within agreed timescales.
Maternity	Andy Haynes	G	-	1	1	21	-	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 caesaran 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.	Delivery of identified actions are being overseen by the Maternity Improvement Group. It is disappointing that action 9.2.5 relating to patient information leaflets moved to Red this month as this should have easily been completed within identified timescales. Action 9.2.6 relating to theatre capacity for has been rated as Amber this month and requires focused attention to ensure development and agreement of business case. The establishment of effective governance arrangements whilst new divisional structures are embedded remains a challenge – discussions to take place with the Improvement Director for Maternity to resolve. A review of assurance mechanisms will be undertaken during this month.

Newark	Peter Wozencroft	**G**	1	-	-	9	-	Theatre utilisation at Newark has been incorporated into the Trust decision making matrix, for future planning. A baseline analysis has been completed that will enable tracking of progress.	Good progress is being made across all priorities within the workstream, all actions are on track to deliver within agreed timescales.
			4	**8**	**4**	**252**	**17**		

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Workstream overview report

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

Overall BRAG:	Reporting Period:	Action BRAG rating analysis				
		B	R	A	G	Total actions in workstream
Green	January 2016	-	1	-	24	25

Kev

- 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
- Off track but recovery action planned to bring back on line to deliver by target date
- On track to deliver by target date

Exception report: red/amber actions

Action	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.	31/12/2015		December: Role description being sought to formalise positions. Unlikely to be completed before the end of December. January 2016: Job Description developed, posts advertised December 2015, closing date 8.1.16, interviews to be scheduled with Clinical Directors and an Executive representative in January. Planned completion date for appointments 29.02.16.	29/02/2016

Risk/Issue to highlight to QSIB	Mitigating Action	Status
1.1.1 Updating strategy – external parties have the potential to influence the Trust's ability to hit its timeline for developing a refreshed strategy and strategic narrative. For example, if a partnering arrangement were to be formalised in March, the strategy would need to be revisited to correspond with that arrangement. In which case having a refreshed strategy by the end of March would become red.	The Trust maintains close contact with external parties to enable it to respond to the changing environment as early as possible. January 2016: Job Description developed, posts advertised December 2015, closing date 8.1.16, interviews to be scheduled with Clinical Directors and an Executive representative in January. Planned completion date for appointments 29.02.16.	

Sherwood Forest Hospitals NHS
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Workstream overview report

QIP Workstream:	Executive Lead:	Workstream Lead:
2. Governance	Chief Executive – Peter Herring	Claire Madon

Overall BRAG:	Reporting Period:	Action BRAG rating analysis				
		B	R	A	G	Total actions in workstream
Green	January 2016	8	3	1	36	48

Kev

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

Exception report: red/amber actions

Action	Target completion date	Status	Explanation for RAG rating	Expected completion date
2.1.4 - Ensure wording of Risk Management Strategy is clear and consistent	30/11/2015		Risk Management Strategy approved by Risk Committee and ratified by TMB on 14th December subsequently approved by board 22/12/20152015. Programme Director agreed should be green in light of actions completed	Completed 22/12/15
2.1.10 – New Quality Governance Unit established	31/12/2015		The Director of Governance commences employment on 18th January 2016 who will review the initial proposals from external support as a matter of priority.	29/02/2016
2.2.2 – Review and improve risk management processes including risk escalation and information flows	30/11/2015		The updated risk escalation process approved within Risk Management Strategy and ratified by TMB on 14th December 2015 and approved by the board on 22/12/2015. Programme Director agreed should be green in light of actions completed	31/12/2015
2.2.4 – Develop an appropriate suite of report formats for reporting on risk management	30/11/2015		New reporting formats have been developed to support the updated process and process agreed. Suite of reporting to go through January cycle of meetings.	31/1/2016
2.3.2 – Understand and analyse the strategic risk register to the principal risks	31/10/2015		BAF to be agreed by Risk Committee 13/1/16 and approved by Board of Directors 28/1/16.	31/01/2016

identified on the BAF				
2.5.14 - With support from the Post Graduate Dean of HEEM develop a bespoke support package for Emergency Department to address issues on lack of leadership out of hours, disconnect between in ED and the rest of the trust, and inappropriate e-referral from the ED. In June 2015, the Trust met with the Post Graduate Dean of HEEM to develop a bespoke support package for the ED Department which will utilise the expertise within HEEM and other specialists to help improve a range of issues, including the quality of referrals, communication between the ED Department and other specialties and cultural behavioural issues.	31/03/2016		Support package action plan developed with HEEM. Majority of actions on track to meet 31/3/16 completion date however red and amber actions remain and relate to external parties for actions outside of the Trust's control.	31/03/2016

Risk/Issue to highlight to QSIB	Mitigating Action	Status
None noted other than those identified above.	N/A	N/A

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Workstream overview report

QIP Workstream:	Executive Lead:	Workstream Lead:
3. Recruitment & Retention	Interim Director HR - Graham Briggs	Annette Robinson
Overall BRAG: Green	**Reporting Period:** January 2016	

Action BRAG rating analysis				
B	R	A	G	Total actions in workstream
0	0	0	15	15

Kev

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

Workstream group established, making steady progression of the actions to remain on track.

Exception report: red/amber actions				
Action	Target completion date	Status	Explanation for RAG rating	Expected completion date

Risk/Issue to highlight to QSIB	Mitigating Action	Status

Sherwood Forest Hospitals NHS
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Workstream overview report

QIP Workstream:	Executive Lead:	Workstream Lead:
4. Personalised Care	Interim Chief Nurse - Suzanne Banks	Val Colquhoun – Programme Manager
Overall BRAG: Green	**Reporting Period:** January 2016	

Action BRAG rating analysis				
B	R	A	G	Total actions in workstream
1	0	2	27	30

Kev

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

Exception report: red/amber actions				
Action	**Target completion date**	**Status**	**Explanation for RAG rating**	**Expected completion date**
4.2.10 – Develop policy for assessment and management of patient at risk of Self-Harm	31/10/2015		Policy has been agreed and communicated throughout the Trust. iCare2 bulletin to the Trust on the 30 November 2015 On track to have embedded by 31.03.16 Status change from red to green	30/11/2015
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	31/03/2016
4.4.5 – Appropriate Specialist Nurses and End of Life champions complete advanced training on End of Life care	31/03/2016		High risk in delivery to insufficient resources to support training. Exploring options to commission additional capacity	31/03/2016

Risk/Issue to highlight to QIB	Mitigating Action	Status
4.3.3 Additional resource may be required for safeguarding business case development following peer review by Alder Hey. This may need to be sourced through	Potential resources which is being explored	

external review		
4.4.2 Business case to update requiring additional revenue resource for the trust plus additional CCG support in relation to contract requirement @CHP	Potential resources which is being explored	

Sherwood Forest Hospitals NHS
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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				
		B	R	A	G	Total actions in workstream
Green	January 2016	5	1	0	69	75

Kev

- 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
- Off track but recovery action planned to bring back on line to deliver by target date
- On track to deliver by target date

Exception Report: red/amber actions

Action	Target completion date	Status	Explanation for RAG rating	Expected completion date
5.3.9 – Monthly review of RCA reviews of cardiac arrests in septic patients	30/09/2015		Sepsis related cardiac arrests are being flagged by the Resuscitation Team and RCAs will be completed, 3 cases this year. Completed 14 December 2015 – recommendation GREEN	14/12/2015
5.3.10 – Weekly review of ITU admissions for Sepsis Screening and Bundle compliance	30/09/2015		Weekly reviews have commenced and November 2015 data was reported in December 2015 – completed 31 December 2015 – recommendation GREEN	31/12/2015
5.3.26 – Extend CCOT support to give access until 02.00 hours on a daily basis and the development of real-time VitalPac monitoring which will proactively trigger experience to deteriorating patients	31/10/2015		1.6 wte have been recruited to the CCOT with a second wave of recruitment planned for January 2016. The 1.6 wte will mean that CCOT can extend their operating hours until 02.00 hours (18 hours per day) from mid-January 2016. The further 1.6 wte will allow the team to have periods of focussed cover to enhance the service	10/01/2016

Risk/Issue to highlight to QSIB	Mitigating Action	Status
5.1.2 - Resources for the Patient Safety team to deliver the project	**Potential internal resources which is being explored**	

Sherwood Forest Hospitals NHS
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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	January 2016	6	2	0	33	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
- Off track but recovery action planned to bring back on line to deliver by target date
- On track to deliver by target date

Exception Report: red/amber actions

Action	Target completion date	Status	Explanation for RAG rating	Expected completion date
6.5.10	31/10/15		Rated as red in December 2015 action now completed and embedded. Recommendation to be rated as Blue Jan 16.	31/12/15
6.5.11	29/2/16		Established training sessions for January 2016 and more for February 2016. Reviewing alternative methods of delivery	29/2/16

Risk/Issue to highlight to QSIB	Mitigating Action	Status
Ability of programme manager to access relevant operations manager	Set up regular meetings to review plan	
Capacity of workstream lead	Additional temporary resource	
Some of the wording of the actions and objectives	Continue to work through the plan and identify concerns as necessary	
CCG requirement to review funding for the transfer of HNA's out to community services	Raised as a concern to Exec Director at both CCG and SFH	

Sherwood Forest Hospitals NHS
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Workstream overview report

QIP Workstream:	Executive Lead:	Workstream Lead:
7. Mandatory Training	Interim Director HR - Graham Briggs	Annette Robinson
Overall BRAG: Green	**Reporting Period:** January 2016	

Action BRAG rating analysis				
B	R	A	G	Total actions in workstream
0	0	0	6	6

Kev

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

Workstream group established, progressing actions and remain on track to meet completions dates.

Exception report: red/amber actions				
Action	Target completion date	Status	Explanation for RAG rating	Expected completion date

Risk/Issue to highlight to QSIB	Mitigating Action	Status

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	January 2016	0	0	0	12	12

Kev

- 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
- Off track but recovery action planned to bring back on line to deliver by target date
- On track to deliver by target date

Workstream group established, making steady progression of the actions to remain on track.

Exception Report: red/amber actions				
Action	Target completion date	Status	Explanation for RAG rating	Expected completion date

Risk/Issue to highlight to QSIB	Mitigating Action	Status

Sherwood Forest Hospitals NHS
NHS Foundation Trust

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				
		B	R	A	G	Total actions in workstream
Green	January 2016	0	1	1	21	23

Kev

- 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
- Off track but recovery action planned to bring back on line to deliver by target date
- On track to deliver by target date

Exception Report: red/amber actions				
Action	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		Patient Information Leaflets have on the reverse of the leaflet that information can be provided in other languages. A test of the system has demonstrated that this could be strengthened. Further work to be undertaken to ensure master copies in different languages are available	31/03/2016
9.2.6 – Develop a business case for elective caesarean theatre list	31/03/2016		There is the potential for this to be delayed due to the divisional arrangements, but optimistic that with close monitoring this could remain on track	31/03/2016

Risk/Issue to highlight to QSIB	Mitigating Action	Status

Sherwood Forest Hospitals NHS
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Workstream overview report

QIP Workstream:	Executive Lead:	Workstream Lead:
10. Newark	Director of Strategic Planning & Commercial Devt - Peter Wozencroft	Carl Ellis

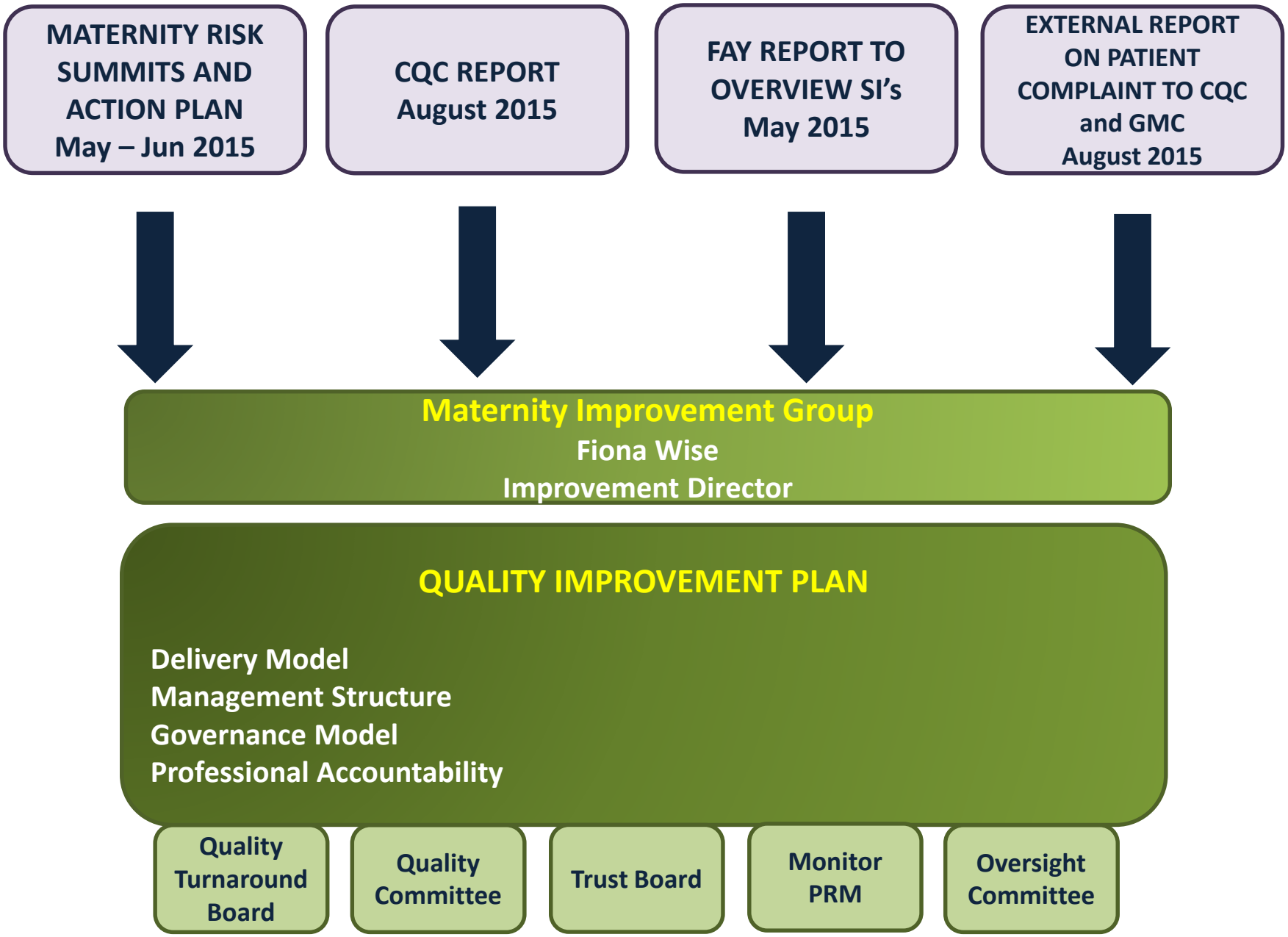
Overall BRAG:	Reporting Period:	Action BRAG rating analysis				
		B	R	A	G	Total actions in workstream
Green	January 2016	1	0	0	9	10

Kev

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

Exception report: red/amber actions				
Action	Target completion date	Status	Explanation for RAG rating	Expected completion date

Risk/Issue to highlight to QSIB	Mitigating Action	Status


MATERNITY RISK SUMMITS AND ACTION PLAN May – Jun 2015
CQC REPORT August 2015
FAY REPORT TO OVERVIEW SI's May 2015
EXTERNAL REPORT ON PATIENT COMPLAINT TO CQC and GMC August 2015
Maternity Improvement Group
Fiona Wise
Improvement Director
QUALITY IMPROVEMENT PLAN
Delivery Model
Management Structure
Governance Model
Professional Accountability
Quality Turnaround Board
Quality Committee
Trust Board
Monitor PRM
Oversight Committee

QUALITY IMPROVEMENT PLAN

Delivery Model

- Workshop on 26.1.16 with external facilitation, RCOG/RCOM experts and community wide input
- Alignment with national direction of travel with “named Midwife” co-ordinating care from a number of community hubs
- Service Improvement Group formed working with Better Together Vanguard programme

Management Structure

- New Womens and Childrens Division formed
- Clinical Director, Clinical Governance Lead, Head of Midwifery, General Manager and Assistant in place
- Supervising delivery of the Maternity Section of the QIP

Governance Model

- Performance management template and monthly meetings with Exec Team in place

Professional Accountability

- Safe staffing review completed
- Workforce plan initiated
- Educational plan for midwives
- Safety Climate Assessment and intervention by AHSN delivered by AQuA
- Teamworking OD intervention

Reference	Organisational Service	Subgroup	Action	Safe	Effective	Caring	Responsive	Improvement Source	CQC Recommendation	Lead Exec	Action Owner	Target date for completion of element	Date Action Complete	Date Action Embedded	Evaluation Section ** embedded dates	Progress positioning identified resource gaps	RAG Rating	Evidence	Assurance	Assurance	Assurance and Report
3 Maternity: **The Care Quality Commission identified a range of issues in relation to the Maternity Department and the Trust in currently unable to assure itself that it has the right staffing, escalation, handover and risk management and learning processes within the department.**										**Medical Director - Andy Rogers**											
3.1.1	Women's and Children's - Maternity	Ensure that the model of care follows the best practice and is fit for purpose for the local population	Review model of care to ensure optimum multidisciplinary working within the division, across divisions and externally	X	X	X	X	25 Should do's (2015) Kings Mill Hospital	Review the protocols for how long women remain in hospital after giving birth and consider changes to improve access to the maternity service	Medical Director - Andy Rogers	Head of Midwifery - Alison Whitham	30/11/2015	30/11/2015	30/04/2016		Completed	G	Reviewed protocols, Length of Stay monitored	Tracking of Dr. Pawlet and Maternity Dashboard Length of Stay graph Outcome of the workshop	SBX or more of women are discharged home within 24 hours of birth	QC
				X		X	X	72 Should do's (2015) Kings Mill Hospital	Ensure women attending the termination of pregnancy clinic are seen by a diploma level qualified counsellor.	Medical Director - Andy Rogers	Head of Midwifery - Alison Whitham	31/12/2015	18/12/2015	31/03/2016		Completed		Diploma level qualified counsellor services will be available for all service users attending the termination of pregnancy clinic	Email from CCG to confirm service specification BPAS Pregnancy option	Women will be offered to be seen a qualified counsellor	QC
				X	X		X	74 Should do's (2015) Kings Mill Hospital	Provide a home from home environment for giving birth for women at low risk complications	Medical Director - Andy Rogers	Head of Midwifery - Alison Whitham	31/03/2016		30/03/2016		February 2016 update: Division looking at a discrete environment for low risk births.		Home from home environment for low risk women	Agenda for workshop Register of attendance Outcomes from the workshop	-Women will be offered at the booking - Decision will be made on whether and how to deliver "a home from home environment" for giving	QC
					X		X	79 Should do's (2015) Kings Mill Hospital	Consider the development of a maternity services liaison committee	Medical Director - Andy Rogers	Head of Midwifery - Alison Whitham	30/11/2015	30/11/2015	31/01/2016		Completed		Shrewsand Parent Hospitals are part of Nottinghamshire Maternity Service Liaison Committee	Position statement paper 3 months agendas and meetings 2016 meeting dates Emails between Medical Director, CNP and Public Health	Attendance of the committee;	QC
						X	X	58 Should do's (2015) Kings Mill Hospital	Consider appointing a designated bereavement midwife and a diabetic specialist midwife	Medical Director - Andy Rogers	Head of Midwifery - Alison Whitham	31/01/2016	31/01/2016	31/05/2016		Completed		Specialist Midwives in Bereavement and Diabetes	Bereavement Midwife JD/PS Diabetic Specialist Midwife JD/PS Vacancy Control Panel form	Recruitment complete	QC
					X	X	X	65 Should do's (2015) Kings Mill Hospital	Ensure appropriate care and treatment pathways are developed for women using the pregnancy day care unit.	Medical Director - Andy Rogers	Head of Midwifery - Alison Whitham	31/01/2016	07/12/2015	31/05/2016		Completed		Pregnancy Day Care Unit which offers appropriate care and treatment	Pregnancy Day Care Unit operational policy Maternity & Governance Clinical Governance meeting minutes for December 2015 Audit Pregnancy Day Care Unit - April 2016	Review the progress policy by 31/12/2016	QC
				X	X	X	X	79 Should do's (2015) Kings Mill Hospital	Ensure there is a designated consultant to take the lead for foetal medicine and the pregnancy day care unit	Medical Director - Andy Rogers	Head of Midwifery - Alison Whitham	31/01/2016	31/01/2016	31/03/2016		Completed		Clinical Lead named for foetal medicine and the pregnancy day care unit	Annual consultant job plan. Email - Fetal Medicine MDT WebEx Position paper Minutes of the virtual MDT WebEx meeting		QC
				X		X		62 Should do's (2015) Kings Mill Hospital	Ensure that workforce requirements are analysed in terms of what women using the service need, rather than what midwives do	Medical Director - Andy Rogers	Head of Midwifery - Alison Whitham	31/03/2016		30/03/2016		February 2016 update: Workshop has been held on the 28 January 2016, output from the workshop to form the service.		Workforce that represents the patient's needs	Outcomes from the workshop Workshop Agenda Attendance register	Review the service against the required public report due to be published by 31 Dec 2015	QC
3.1.2	Women's and Children's - Maternity		Review the handover process to ensure a clear understanding and agreement on respective roles and responsibilities	X	X	X	X			Medical Director - Andy Rogers	Head of Midwifery - Alison Whitham	30/05/2016	30/05/2016	30/06/2016		Completed	G	Implemented effective handover process	Random attendance of handovers - samples from the diary 2015 Handover templates w/c 25 - 31 January 2016 handover sheets from all handovers - confidential Signature template Audit Report of the MDT 2015 handover diary	Implemented Unit Handover which demonstrates identification of sick women, and actions taken	QC

Workstream Overview report

QIP Workstream: 9. Maternity	Executive Lead: Medical Director Andy Haynes	Workstream Lead: Senior Programme Lead Yvonne Simpson					
Overall BRAG: Green	Reporting Period: February 2016	Action BRAG rating analysis					
		B	R	A	G		Total actions in Workstream
		0	1	1	21	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.
- 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		The Division has reviewed the patient information leaflets and there is currently 1 patient information leaflet on the internet. This has been sent to Diagnostics & Outpatients for translation, and Pearl Linguistics will provide a quote for the translation into 4 languages. Divisional General Manager is aware.	31/03/2016
9.2.6 – Develop a business case for elective caesarean theatre list	31/03/2016		The business case is still in development. Divisional changes have caused some delays which have been escalated to the Interim Divisional General Manager.	31/03/2016

	Maternity Quality Dashboard 2015-16	Alert [national standard/average where available]	Running Total	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Activity	Births per annum	Actual	2377	274	268	290	287	284	328	324	322				
	Number of women delivered	Actual	2339	269	265	284	283	281	324	316	317				
	All women not in labour admitted to SBU	Actual	3188	335	382	433	394	385	381	455	423				
	Projected births (predictive activity)	>300	3809	273	306	307	376	304	355	315	306	297	338	297	335
Workforce [quarterly]	Rostered consultant cover on SBU - hours	<60 hours		60	60	60	60	60	60	60	60				
	Dedicated anaesthetic cover on SBU - pw	<10		10	10	10	10	10	10	10	10				
	Midwife / band 3 to birth ratio	>1:28		1:28.8		1:28.5		1:28	1:30	1.32					
	Midwife/ band 3 to birth ratio (in post)	>1:30			1:29	1:30		1:29	1:32	1.34.5					
	Incident forms regarding staffing / workload	actual	57	5	11	11	2	8	10	10					
	Supervisor of Midwives ratio	1:15		1:16.1	1:16.1	1:14.6	1:15.5	1.15.5			1.15.2				
Antenatal	Bookings	actual	2635	374	311	325	340	327	349	304	305			``	
	Gestation at booking <13 weeks	<85%		88%	89.39%	87.80%	87.30%	81.65%	85.67%	86.51%	86.56%				
	MW led care at booking	<45%	1053	163	121	117	129	137	132	130	124				
	MW led care at delivery	actual	542	62	81	76	67	57	78	65	56				
Intrapartum	Normal birth	<51%	67%	65%	69.78%	70.00%	65.16%	68.31%	68.69%	62.47%	66.15%				
	Ventouse & Forceps	>17%	10.43%	10.22%	8.21%	8.28%	10.80%	11.62%	11.59%	10.84%	11.89%				
	Caesarean Section	>23%	22.30%	24.82%	22.01%	21.72%	24.04%	20.07%	19.51%	26.63%	19.57%				
	IOL	>30%	31.79%	33.21%	30.22%	34.83%	33.80%	33.10%	29.88%	26.32%	32.92%				
	Home Birth	<3%	4.10%	5.11%	4.48%	3.79%	2.72%	2.82%	5.79%	5.57%	2.48%				
	3rd/4th degree tear overall rate	>3.5%	2.72%	3.65%	1.87%	3.10%	4.88%	1.76%	1.83%	3.10%	1.55%				
	3rd/4th degree tear Normal delivery	>2.85	2.00%	3.28%	1.49%	2.76%	3.48%	0.70%	1.83%	1.55%	0.93%				
	3rd/4th degree tear Instrumental	>4.7%	0.71%	0.36%	0.37%	0.34%	1.39%	1.06%	0.00%	1.55%	0.62%				
	Obstetric haemorrhage >1.5L	Actual	53	6	9	6	4	6	5	8	9				
	Obstetric haemorrhage >1.5L	>1.86%	2.20%	2.19%	2.61%	2.41%	1.40%	2.11%	1.54%	2.53%	2.80%				
	VBAC rate %	<27%	67.98%	44.44%	70.00%	52.94%	70.00%	69.23%	70.59%	83.33%	83.33%				
Perinatal	Stillbirth number	Actual	8	2	1	3	0	0	0	2	0				
	Stillbirth number/rate	>4.7/1000						4.27							
	Term admissions to NNU	actual	66	9	9	8	8	9	9	14					
	Neonatal death (babies born at KMH)	Actual	4	0	1	0	2	0	1	0					
	Readmission of babies within first 28 days	>3%	2.5%	2.2%	1.5%	2.4%	5.2%	1.5%	4.3%	1.9%	0.9%				
Quality indicators	1:1 care in labour (metrics)	<90%		100%	100%	100%	90%	100%		100%					
	Unplanned admission to ITU level 3 care	Actual	1	0	1	0	0	0	0	0					
	CS Surgical site infection %	>3.1%	2%	4%	0%	1.4%	1.4%	1.7%	3%	3%	0.3%				
	Family & friends score- antenatal clinic	<Trust average			4.36	4.50	4.47	4.53	4.62	4.25	4.19				
	Ward antenatal	<Trust average			4.89	4.79	4.80	4.86	4.80	4.38	4.64				
	SBU	<Trust average			4.86	4.80	4.84	4.80	5.00	4.65	5.00				
	Home birth	<Trust average			5.00	5.00	5.00	NR	5.00	NR	5.00				
	Ward Postnatal	<Trust average			4.85	4.78	4.76	4.77	4.73	4.66	4.66				
	Community postnatal	<Trust average			5.00	4.81	4.81	4.65	4.77	4.60	4.66				
	% of women smoking at time of delivery	>18%	20.08%	21.19%	18.49%	21.83%	20.14%	23.49%	16.98%	19.62%	18.93%				
	% Smoking at booking	actual	22.15%	21.23%	23.31%	23.40%	23.82%	19.27%	21.49%	19.74%	24.92%				
	Breast feeding initiation rate	Actual	60.38%	62.77%	60.07%	66.78%	57.49%	56.69%	56.71%	57.89%	64.60%				
	Breast feeding rate at transfer home	≥15% loss	53.84%	56.72%	55.19%	58.95%	51.22%	50.70%	49.39%	53.56%	54.97%				
Risk	Suspension of maternity service	Actual	3	0	0	2	0	1	0	0	0				
	Incident forms	≥30 pm	430	79	59	68		57	84	83					
	Never Events	>0	0	0	0	0	0	0	0	0					
	SIs (excluding closure)	>12	8	2	2	1	0	0	1	1	1				

21 incidents proactively identified in "maternity" 2014-15 all investigated by internal SI process and a themed analysis

FAY REPORT: **7 downgraded as not reportable on the national system**
6 no service delivery or clinical care issues identified
1 patient should have been admitted to receive steroids
3 consultants need to be stronger advocates for poorly ladies
1 stronger communication between consultant and anaesthetist
1 CTG retraining for all midwives
1 earlier delivery may have affected the outcome
1 serious iatrogenic complication (fluid overload)
Internal SI Process robust
No concerns re safety

HABIBA REPORT: **4 gynaecology cases. Some service organisation and team issues identified**

MACKENZIE REPORT: **Review of all of the above plus 3 incidents reported in Oct-Dec 2015**

At no point has an external review suggested that the unit was unsafe