

QUALITY IMPROVEMENT PLAN - Overview dashboard

04-Feb-16  
Mock template

| Accountability:                                |                              |
|--|------------------------------|
| Senior Responsible Officer                     | Peter Herring<br>Interim CEO |
| Quality Improvement Plan - Programme Director: | Karen Fisher                 |
| Date:  | 04-Feb-16                    |
| Version history:                               | Version 4.1                  |

| 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   |                                  |  |   |
| <b>Leadership</b>                  | Peter Herring    | G            | -             | 1 | - | 24  | -                                | Actions continue to be progressed and agreed to be on track; BRAG ratings agreed with Programme Director & Improvement Director; 10 actions are now completed (40%); 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.   | Work is progressing at pace in order to develop the identified actions. There are however some risks to delivery, particularly in relation to the development of the strategic narrative, in light of the recent announcements regarding future long term partners. Developing a strategic narrative given the partnership discussions ensuring a focus on improving the care we provide for our patients will require sustained focus. The transition to the 5 clinical division model remains a priority and good progress has been made in appointing leadership team roles and progressing appointment to the clinical governance lead roles. All embedded dates have been reviewed and brought forward where possible.   |
| <b>Governance</b>                  | Paul Moore       | G            | -             | 2 | 1 | 32  | 15                               | All actions discussed with owners and updates logged in QIP; BRAG ratings agreed with Programme Director & Improvement Director; 2 RED actions and one AMBER action identified. 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 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 will take over Executive Lead responsibility for this workstream and will bring an increased focus and expertise to support the delivery of the identified actions. QIP programme management and governance arrangements are in place and working effectively, with actions continuing to become embedded. Whilst red rated - the development of a Quality Unit consistent with Trust governance arrangements is progressing at pace and will be aligned to new divisional arrangements. The agreement of a revised Board Assurance Framework aligned to the Quality Improvement Plan and the establishment of a new Risk Management Committee will enhance governance arrangements further. Work will progress at pace regarding the Duty of Candour. Discussions with HEEM in February will enable the further progression of actions detailed which resulted from previous HEEM visits. Two new actions have been included relating to registration issues and the Section 10 letter received from the CQC. |
| <b>Recruitment &amp; Retention</b> | Graham Briggs    | G            | -             | - | 2 | 13  | -                                | Workstream continues to make steady progression across the actions. BRAG ratings agreed with Programme Director & Improvement Director; 5 actions are now complete ( 33%); 2 AMBER and No RED action identified. See workstream overview and milestones for further details. Overall wokstream rating GREEN as the red actions do not lead me to believe that delivery of the other workstream objectives will be delayed/compromised.   | Good progress is being made in delivering workstream priorities, two actions are amber rated and plans will be required for the next review cycle to provide assurance of delivery to agreed timescales. Continued focus on securing the required numbers of staff remains a focus. All embedded dates have been reviewed and brought forward where possible.   |
| <b>Personalised Care</b>           | Suzanne Banks    | G            | -             | - | 2 | 27  | 1                                | All actions discussed with action owners at a meeting with the Chief Nurse; BRAG ratings agreed on the 02 February 2016; overall GREEN x1 Blue 4.2.9 submitted<br>There are two actions rated as AMBER - see workstream overview report - robust action plans in place to ensure delivery within agreed timescales<br>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.<br>Progressing conversations with Hampshire Hospital and Derby (training) re End of Life and also peer review by Alder Hay<br>All other actions remain on track to deliver.   | Resources to support End of Life and Safeguarding services remain a risk - work is progressing to identify both additional capacity to meet training requirements and expertise to support delivery. Positive progress is being made in developing links with specialist children's hospitals. Actions relating to self harm/mental health have been reviewed to ensure they remain fit for purpose. The ward accreditation and nursing documentation projects are on plan.   |
| <b>Safety Culture</b>              | Andy Haynes      | G            | 2             | 3 | - | 66  | 4                                | I have discussed all actions with workstream leads; BRAG ratings agreed with Programme Director & Improvement Director; 51 actions now complete (68%) and 16 actions on track to deliver ; There were 6 actions approved as embedded at the Trust Board in January 2016, and a further 9 actions to be approved at Trust Board in February 2016 (6 subject to CQC confirmation and 3 blues).<br>There are currently 3 actions recorded as RED, of which 1 action (5.3.25 we are recommending that this is now GREEN, as the action has been completed). The remaining RED action is in line with the other section of the Quality Improvement Plan - establishing the Clinical Governance Leads.<br>I have discussed with the Programme Director and the Improvement Director issues that were discussed at Quality Committee in January 2016, and we will recommend to Diagnostic and Outpatient Division that the Pharmacy service audits against the Self medication policy and the accuracy of the missed doses of drugs.<br>Overall workstream rating GREEN as the RED action do not lead me to believe that delivery of the workstream objectives should be delayed/compromised. | The establishment of a Patient Safety Culture Team remains a priority but has been rated red this month due to resources not being in place, a plan has been developed to ensure resource availability by the end of February. The appointment of Divisional Clinical Governance leads is progressing with appointments being made to some but not all posts. The Critical Care Outreach Team has now been extended to 2am as identified within the plan and is now rated as green. Sepsis priorities continue to be a focus, resulting in 5 further actions being recommended as blue. Overall good progress is being made in this complex and challenging workstream.   |
| <b>Timely Access</b>               | Jon Scott        | G            | 8             | 1 | - | 21  | 11                               | 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.<br>The new Access, Booking and Choice policy has been approved and being implemented across the organisation. The new 'style' bed meetings are helping to ensure the right resources are in the right place for emergency care .<br>All other actions are green or are being put forward to be embedded.   | Actions continue to be completed across both the Emergency Care and Planned Care elements of the plan. Sustaining operational delivery given the impending junior doctors strike will require close performance management. Actions within the workstream continue to be delivered on plan.   |
| <b>Mandatory Training</b>          | 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.<br>To analyse progress of MAST compliance plans by end March, to assess feasibility of accelerating completed target and embedding dates.  | Robust plans have been established to ensure mandatory compliance to agreed levels. Good progress is being made in agreeing and implementing revised incremental progression arrangements which will be dependent on mandatory training compliance. Overall good progress in delivering actions to agreed timescales.   |
| <b>Staff Engagement</b>            | Peter Herring    | G            | -             | - | - | 12  | -                                | OD Specialist seconded in to lead and support delivery of actions. Workstream making steady progress with actions to remain on track for completion dates; BRAG ratings agreed with Programme Director & Improvement Director<br>5 actions now complete (42%); No red or amber actions noted; therefore workstream rating GREEN. Agreed with Programme Director & Improvement Director to bring forward embedded dates of 10 actions.  | Good progress is being made in delivering focused interventions to improve staff engagement within the Trust. All embedded dates have been reviewed and brought forward where possible. All actions remain on track to be delivered.  |
| <b>Maternity</b>                   | 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 caesarian elective theatre lists - divisional arrangements not yet in place;<br>7 actions are due to be completed next month;<br>Overall workstream rating is GREEN as I believe that delivery of the workstream objectives should be on track.   | The establishment and recruitment to the leadership team of the Women's and Children's Division will provide increased leadership focus and capacity. Ongoing specialist ID support has been agreed which will provide key support and assurance regarding the delivery of quality priorities within maternity. A workshop was held on 26 January in order to support the development of models of care for the service - this will enable the progression of actions outlined within the plan.   |
| <b>Newark</b>                      | Peter Wozencroft | G            | 1             | - | - | 9   | -                                | Roz Howie has been appointed to give leadership on site at Newark.   | Enhance interim management arrangements within Newark have been put in place and delivery of the identified priorities continue to be progressed within agreed timescales.  |
|                                    |                  |              | 11            | 6 | 6 | 221 | 31                               |  |   |