

QUALITY IMPROVEMENT PLAN - Overview dashboard

15.04.16
Mock template



Accountability:	
Senior Responsible Officer	Peter Herring Interim CEO
Quality Improvement Plan - Programme Director:	Paul Moore
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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	6	3	1	-	21	-	Actions continue to be progressed and agreed to be on track; BRAG rating agreed with Programme Director & Improvement Director; 21 actions are now completed (84%), of these 3 BLUES. No AMBER actions' 1 RED action remain re appointment of clinical governance leads within the 2 Medical divisions; there are on-going discussions and potential solutions. 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. 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.
Governance	Paul Moore	6	2	-	-	27	22	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	6	4	1	-	10	-	Workstream continues to make steady progression across the actions. BRAG rating agreed with Programme Director & Improvement Director; There are two actions out of the possible 3 for 4.4.1 rated Red - see Workstream overview report. 11 actions are now complete (73%); 4 BLUES embedded, no AMBER and 1 RED action identified; One EPLS trained nurse per shift on children's ward / department no achieved on ward 25 due to 2 nurses being pulled back from training by Gold On-call; external training being sourced. All medical job plans developed; next step is sign off. TRAC training delivered in March with 94 recruiting managers trained. Other actions are on track to deliver to timescale, therefore the 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 roster to provide the necessary skill mix on a shift by shift basis.
Personalised Care	Suzanne Banks	6	-	3	-	25	2	All actions discussed with action owners at regular meetings with the Chief Nurse; BRAG ratings agreed on the 05 April 2016; overall GREEN with Programme Director & Improvement Director 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 There is one area of concern 4.4.6 raised as a risk as this will meet the completion date for 30/04/2016. Actions in place see Workstream overview report All other actions 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	6	11	5	-	43	16	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), we have now received offer of support from NUH and have identified the Clinical Lead; the appointment of the Divisional Clinical Governance Leads (1 RED action), the quality assurance of resuscitation trolleys across the Trust, with a deterioration noted in ED over the last three months which has been escalated to the Quality Improvement Board (1 RED action) and Extend Critical Care Outreach (CCOT) support to give access until 02.00am (1 RED action). 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. 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 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 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 total 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 do so 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	6	11	1	-	15	14	There continues to be progress made against the one outstanding red item in the Timely Access Workstream. This action is a Section 29a and relates to the training of clinical staff who need to ensure patients outcomes are reconciled for the RTT. The Workstream will present a further two actions for consideration to 'embed' at the QIB and is seeking approval that one action that relates to the upgrading of PAS has been superseded by the LTP. If accepted the Workstream only has 13 actions left to 'embed'. The Workstream is now keen to move into a process of continual audit of those actions that have already taken on 'embedded' status to give the organisation assurance that changes have been sustained.	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	6	-	-	-	6	-	Workstream group continues to make steady progress with the actions. BRAG ratings agreed with Programme Director & Improvement Director; 2 actions complete (33%); no RED or AMBER actions. Further to revised Incremental Pay Progression Policy revision the pay progression review process and guidance is being developed. 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	6	-	1	-	11	-	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%); No AMBER and 1 RED action re develop an innovative approach to staff suggestion scheme not achieved; exploring LTP's approach of 'Just Do It'. Workstream outcomes reviewed and enhanced. Overall Workstream rating is GREEN as the red action does no delay delivery of the other Workstream objectives.	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	6	1	-	-	22	-	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%); 2 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	6	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.
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