

Accountability:	
Senior Responsible Officer	Peter Herring Interim CEO
Quality Improvement Plan - Programme Director:	Karen Fisher
Date:	14-Dec-15
Version history:	Version 2.1 FINAL

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	- All actions discussed with owners and updates logged in the QIP; BRAG ratings agreed with Programme Director and Improvement Director; 3 actions are now completed (12%); 3 due to complete next month; 1 RED action identified re: appointment of clinical governance leads within divisions. See workstream overview for further details; Overall workstream rating GREEN as the red action does not lead me to believe that delivery of the workstream objectives should be delayed/compromised.	Good progress is being made in the delivery of the identified actions. Focused attention will need to be given over the coming month to fully implement the revised Divisional structures.	
Governance	Peter Herring	G	-	5	1	42	- 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 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 actions suggest good progress is being made toward delivery of the objectives.	The challenges associated with delivery of the actions within the Governance workstream will be mitigated by the appointment of a Director of Governance, interviews are organised and will take place before Christmas. The agreement of the Risk Management Strategy and associated processes will ensure the delivery of key risk management priorities which are currently rated as Red.	
Recruitment & Retention	Graham Briggs	G	-	-	-	15	- All actions discussed with action owners and agreed on track to deliver by target completion dates. Workstream meetings have been set and there is good engagement. Regular catchups planned with workstream lead to ensure actions are managed and remain on track.	All actions on track to delivery by target completion dates.	
Personalised Care	Suzanne Banks	G	-	1	-	29	- All actions discussed with action owners at a meeting with the Chief Nurse; BRAG ratings agreed on the 10 December 2015; There is one action which is RED, this has now been completed and will be embedded by the 31/03/2016; there are no AMBERS, and all other actions remain on track to deliver	There is a need to source appropriate support to deliver the ward accreditation programme, personalised care and safeguarding arrangements to mitigate the identified risks for this workstream.	
Safety Culture	Andy Haynes	G	-	3	-	72	- I have discussed all actions with workstream leads; BRAG ratings agreed with Programme Director & Improvement Director; 37 actions now complete (49%); There are three actions which are RED. One was completed in December 2015 and the remaining two will be completed in January 2016 and April 2016 respectively - please see workstream overview for further details; 8 actions are due to be completed next month; Overall workstream rating GREEN as the RED actions do not lead me to believe that delivery of the workstream objectives should be delayed/compromised.	There are a significant number of actions within this workstream and there is a need to source appropriate support to deliver projects such as the safety culture programme. These are currently being sourced from acute partners.	
Timely Access	Jon Scott	G	-	2	-	39	- All actions discussed with action owners at meeting with the Deputy Chief Operating Officer; BRAG ratings agreed on the 10 December 2015; There is one action which is RED, which has a revised completion date, and the AMBER reported to Board in November is now on track and completed - reported as GREEN. All remaining actions are on track, additional work is required from the Deputy COO to provide evidence	Work is progressing to delivery the identified actions and robust delivery mechanisms have been put in place requiring robust evidence to confirm delivery.	
Mandatory Training	Graham Briggs	G	-	-	-	6	- All actions discussed with action owners and agreed on track to deliver by target completion dates. Workstream meetings have been set and there is good engagement. Regular catchups planned with workstream lead to ensure actions are managed and remain on track.	All actions on track to delivery by target completion dates.	
Staff Engagement	Peter Herring	G	-	-	-	12	- All actions discussed with owners and determined on track; BRAG ratings agreed with Programme Director & Improvement Director; 2 actions now complete (17%); 1 due to complete next month; No RED or AMBER actions noted. Overall rating therefore GREEN.	All actions on track to delivery by target completion dates.	
Maternity	Andy Haynes	G	-	-	-	23	- I have discussed all actions with workstream lead and action owners; BRAG ratings agreed with Programme Director & Improvement Director; 10 actions now complete (43%); There is no action which are RED or AMBER; 2 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 Maternity Improvement Group is overseeing the delivery of the actions within this workstream. There is a need to ensure interim effective governance arrangements are in place whilst the revised divisional structures are established. Work is progressing to delivery the identified actions.	
Newark	Peter Wozencroft	G	-	-	-	10	- Actions specific to the Newark offer have been presented within this section. Actions that relate to clinical pathways that affect Newark are referenced in this section. Clinical Divisions are taking the lead to incorporate service delivery from Newark into main clinical pathways. Stakeholder engagement is underway to define the strategic offer	All actions on track to delivery by target completion dates.	
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