

QUALITY IMPROVEMENT PLAN - Overview dashboard

08-Jan-16

Mock template

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

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	<b>G</b>	-	1	-	24	-	<p>Actions continue to be discussed with owners, progression noted and agreed to be on track;</p> <p>BRAG ratings agreed with Programme Director and Improvement Director;</p> <p>9 actions are now completed (36%);</p> <p>1 due to complete next month; No AMBER actions;</p> <p>1 RED action re: appointment of clinical governance leads within divisions. See workstream overview for further details.</p> <p>Overall workstream rating GREEN as the red action continues to progress and does not delay delivery of the other workstream objectives.</p>	<p>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.</p>
<b>Governance</b>	Peter Herring	<b>G</b>	-	3	1	36	8	<p>All actions discussed with owners and updates logged in QIP;</p> <p>BRAG ratings agreed with Programme Director &amp; Improvement Director;</p> <p>31 actions now complete (65%), 9 proposed as embedded this month (19%);</p> <p>1 due to complete next month;</p> <p>5 RED actions and one AMBER action identified. See workstream overview for further details;</p> <p>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.</p>	<p>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.</p>
<b>Recruitment &amp; Retention</b>	Graham Briggs	<b>G</b>	-	-	-	15	-	<p>Workstream lead driving and supporting delivery with action owners, to ensure remain on track to deliver by target completion dates.</p> <p>BRAG ratings agreed with Programme Director &amp; Improvement Director;</p> <p>4 actions are now complete (27%);</p> <p>No RED or AMBER actions; therefore workstream GREEN.</p> <p>Effective workstream group established, with steady and robust progression of the actions; providing confidence we will maintain position.</p>	<p>Good progress is being made in delivering workstream priorities with actions progressing to completion within agreed timescales.</p>

<b>Personalised Care</b>	Suzanne Banks	<b>G</b>	-	-	2	27	1	All actions discussed with action owners at a meeting with the Chief Nurse; BRAG ratings agreed on the 07 January 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.
<b>Safety Culture</b>	Andy Haynes	<b>G</b>	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.
<b>Timely Access</b>	Jon Scott	<b>G</b>	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.
<b>Mandatory Training</b>	Graham Briggs	<b>G</b>	-	-	-	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.
<b>Staff Engagement</b>	Peter Herring	<b>G</b>	-	-	-	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.
<b>Maternity</b>	Andy Haynes	<b>G</b>	-	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; 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		<p>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.</p>	<p>Good progress is being made across all priorities within the workstream, all actions are on track to deliver within agreed timescales.</p>
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