QUALITY IMPROVEMENT PROGRAMME

Sherwood Forest Hospitals NHS
NHS Foundation Trust

LEGACY CQC 15-16 ACTIONS													QUALITY ASSURANCE										
Quality Worksream	Reference	Improvement Source	Department/ Service	Objective	Action	Exec Lead	Action Owner / Clinical Lead	Target Date Action to be completed by	Date Action Completed	Date Action Embedded	Progress (including identified resource gaps)	BRAG Rating	Outcome	Success Measure	Evidence	Safe	Effective	Caring	Responsive	Well Led	Assurance	Assurance / CQC Rating	Governance and Reporting
Safe	1.5.2.3		Trust wide	**Mortality and Morbidity –** bringing HSMR and other measures down to expected NHS levels;	Establish standardised monthly multi-professional mortality review meetings within specialties	Medical Director - Andy Haynes	Divisional Clinical Governance Leads	31/12/2015	31/12/2015	31/12/2016	Completed	G	Standardised agenda, with action notes to demonstrate learning	Multi-disciplinary working across divisions to reduce the unexpected and avoidable death	Meeting schedules; meeting minutes; agenda Standardised agenda for Morbidity and Mortality meetings	X	X		X			NR	QC
Safe	1.5.2.5		Trust wide	**Mortality and Morbidity** – bringing HSMR and other measures down to expected NHS levels;	Develop database (from data captured in electronic proforma referred to above) with reporting functionality to allow specialties and divisions to interrogate	Medical Director - Andy Haynes	Divisional Clinical Governance Leads	31/01/2016	14/12/2015	31/12/2016	Completed	G	Regular reporting can be produced on expected vs. unexpected deaths and allow drill-down in to individual cases within specialty teams	Database (from data captured in electronic proforma referred to above) with reporting functionality to allow specialties and divisions to interrogate data independently	Outputs to be filed once complete Audit of dashboard	X	X		X			NR	QC
Safe	1.5.2.7		Trust wide	**Mortality and Morbidity** – bringing HSMR and other measures down to expected NHS levels;	Training and support will be provided to relevant staff to allow proactive interrogation of data.	Medical Director - Andy Haynes	Divisional Clinical Governance Leads	31/03/2016	31/03/2016	31/12/2016	Completed	G	Competent Service and Clinical Governance Leads at interrogation of data	Service and Clinical Governance Leads are able to understand how to interpret the data;	Training programmes; Training records/attendance - HED and Dr Foster	X				X		NR	QC
Safe	1.5.2.8		Trust wide	**Mortality and Morbidity** – bringing HSMR and other measures down to expected NHS levels;	"Front door" paperwork updated to ensure better capture of comorbidities	Medical Director - Andy Haynes	Divisional Clinical Governance Leads	31/03/2015	31/03/2015	31/12/2016	Completed	G	Better capture of comorbidities allows more accurate coding which contributes to better measurement of mortality rates. Compliance with paperwork being audited weekly.	New paperwork is properly documented and reviewed to capture comorbidities; Charlson Index score remains elevated;	Acute medicine compliance report Charleston index trajectory chart Minutes from the Emergency Care Clinical Governance meeting	X	X					NR	QC
Safe	1.5.3.16	Section 31 Sepsis Action Plan 3 Must do's (2015) Kings Mill Hospital 169 Must do's (2014) Sherwood Forest	Trust wide	**Sepsis –** reducing and maintaining death rates from sepsis to within the national expected range. Ensure staff receive effective and appropriate guidance and training about assessment and treatment of sepsis. The trust must ensure that all staffs have the competence to recognise	Sepsis presentation included in locum induction	Medical Director - Andy Haynes	Clinical Director Medicine - Dr B Owens Clinical Director Surgery - Mr R Hind Sepsis Lead Clinician - Dr J Garrod Deputy Director of Human Resources - Training &	31/08/2015	31/08/2015	Confirmed by CQC 31/05/2016	Completed	G	Induction documents for locum have been developed; The induction documents are being rolled to locum induction (recent result showed 90% of locum of medicine, surgery and ED received the induction training)	All newly joined locum are aware of sepsis protocols within the trust; they are able to identify deteriorating patients and escalate where appropriate	Example of induction - anonymised Bi-monthly report to the Sepsis Group	X	X		X			NR	QC
Safe	1.5.3.19	Section 31 Sepsis Action Plan 3 Must do's (2015) Kings Mill Hospital 169 Must do's (2014) Sherwood Forest	Trust wide	**Sepsis –** reducing and maintaining death rates from sepsis to within the national expected range. Ensure staff receive effective and appropriate guidance and training about assessment and treatment of sepsis. The trust must ensure that all staffs	Assess the number of registered nurses competent for IV cannulation and fluid bolus administration	Medical Director - Andy Haynes	Deputy Chief Nurse - Victoria Bagshaw Practice Development Matron - Tracey Brown	31/08/2015	31/08/2015	Confirmed by CQC 31/05/2016	Completed	G	Complete gap analysis and implement a programme to increase the number of nurses able to perform these tasks which will speed access to sepsis bundle compliance	All registered nurses are competent to administrate IV cannulation and fluid bolus;	Database Evidence of review	X	X		X			NR	QC
Safe	1.5.3.20	Section 31 Sepsis Action Plan 3 Must do's (2015) Kings Mill Hospital 169 Must do's (2014) Sherwood Forest	Trust wide	**Sepsis –** reducing and maintaining death rates from sepsis to within the national expected range. Ensure staff receive effective and appropriate guidance and training about assessment and treatment of sepsis. The trust must ensure that all staffs	Sepsis update added to "Green Card" check list for Agency Nurse induction	Medical Director - Andy Haynes	Deputy Chief Nurse - Victoria Bagshaw	31/08/2015	31/08/2015	Confirmed by CQC 31/05/2016	Completed	G	Ensure temporary staff are aware of sepsis protocols	All agency nurses are aware of sepsis protocols within the trust	Agency check list	X	X		X			NR	QC
Safe	1.5.3.26	Section 31 Sepsis Action Plan 45 Must do's (2015) Mansfield Community Hospital	Trust wide	**Sepsis –** reducing and maintaining death rates from sepsis to within the national expected range Ensure the sepsis care pathway is followed so that patients with sepsis are identified and treatment is delivered.	Review the capacity of the Critical Care Outreach Team (CCOT) to ensure the service is configured to meet patient need	Medical Director - Andy Haynes	Nurse Consultant Critical Care - Michele Platt Divisional Nurse, Planned Care & Surgery - Trevor Hammond	31/10/2015	01/08/2016	Confirmed by CQC 31/05/2016	August 2016: Nurse Consultant to develop a rota for the CCOT team to be operational until Midnight. This rota will commence mid-August. This action is recommended to move to GREEN.	G	Critical Care Outreach Team operating 18 hours per day.	Reduced number of unexpected admissions to ICCU unseen by CCOT. Increase CCOT calls between 20:45 and 02:00 All calls to CCOT between 2045 and 0200 will be recorded in Orion using the same methodology used 0800-2045. This will be monitored monthly. This will include any ART calls received during their	Monthly report to Sepsis Task Group and bimonthly flash report from CCOT to Patient Safety Group iCare 2 expansion of CCOT Benchmarking with other DGHs	X	X		X			NR	QC
Safe	1.5.4.3	83 Should do's (2015) Kings Mill Hospital	Trust wide	**Infection Control** - meet national targets for infection control and become a leading performer within East Midlands peer trusts	Implement an infection control accreditation scheme across all wards and clinical areas to reinforce clinical ownership and earn autonomy (pilot and	Medical Director - Andy Haynes	Nurse Consultant Infection Prevention & Control - Rosie Dixon	31/03/2016	31/03/2016	31/03/2017	Completed	G	All wards/clinical departments to be fully engaged in the infection prevention process; to have access and understanding of the evidence supporting infection prevention	To be determined by accreditation criteria	Accreditations awarded Schedule of accredited wards	X						NR	QC
Safe	1.5.4.5		Trust wide	**Infection Control** - meet national targets for infection control and become a leading performer within East Midlands peer trusts;	Introduce "Start Smart and Focus" programme to antimicrobial stewardship. Maintaining twice weekly microbiology ward rounds to all wards and	Medical Director - Andy Haynes	Antimicrobial Pharmacist - Monica Marriott	31/03/2016	31/03/2016	31/12/2016	Completed	G	To alter the antimicrobial audit process to fall in line with the DH antimicrobial 5 year strategy. To reduce the risks of increasing antimicrobial resistance for antimicrobial	Audit results and infection rates [Is this C-diff and MRSA]	audit results for prescribing practice Happy Audits Risk Assessment re: procuring Start Smart & Focus	X			X			NR	QC
Safe	1.5.4.10	Legacy QIP	Trust wide	**Infection Control** - meet national targets for infection control and become a leading performer within East Midlands peer trusts;	HCAI and IPPC discussion are cascaded effectively across divisions to inform practice as evidenced by changes in practice as a result of information flow	Medical Director - Andy Haynes	Nurse Consultant Infection Prevention & Control - Rosie Dixon	31/03/2016	31/03/2016	31/12/2016	Completed	G	Improved processes for learning through actions		Divisional Governance reports and meeting minutes Attendance registers at HCAIs and IPCC	X			X			NR	QC
Safe	1.5.5.1	19 Must do's (2015) Kings Mill Hospital	Trust wide	**Medicines Management** – improve compliance with procedures and policies and develop awareness of risks among front-line staff; and	Specific issue of medicines being kept outside of pharmacy-controlled areas, leading to some medicines falling out of date - identified and resolved with	Medical Director - Andy Haynes	Chief Pharmacist - Steve May	30/10/2015	30/10/2015	31/12/2016	Completed	G	Pharmacy review was Completed.	All medicines stored in appropriate areas and within original containers.	Stock location sheet Pharmacy review Spot checks	X			X			NR	QC
Safe	1.5.5.2		Trust wide	**Medicines Management** – improve compliance with procedures and policies and develop awareness of risks among front-line staff; and	Introduce monthly trolley checks by pharmacy team	Medical Director - Andy Haynes	Chief Pharmacist - Steve May	31/12/2015	31/12/2015	31/12/2016	Completed	G	Through incident and spot checks, low occurrence of out-of-date medicines has been identified. monthly checking of expiry dates in trolleys in	Very low occurrence of out of date medicines. Will be picked up by incidents and spot checks.	Incidents and spot check Exception report							NR	QC
Safe	1.5.5.4	41 Must do's (2015) Mansfield Community Hospital	Trust wide	**Medicines Management** – improve compliance with procedures and policies and develop awareness of risks among front-line staff; and	Medicine's management committee and medicines action group to determine procedural guidance and feed in to ward accreditation programme.	Medical Director - Andy Haynes	Chief Pharmacist - Steve May	29/02/2016	29/02/2016	31/03/2017	Completed	G	Implemented Ward Accreditation programme	All medicines administered safely.	See ward accreditation programme - 5.4.3 Email	X						NR	QC
Safe	1.5.5.5		Trust wide	**Medicines Management** – improve compliance with procedures and policies and develop awareness of risks among front-line staff; and	Develop ward accreditation programme across all wards and clinical areas to reinforce clinical ownership and earn autonomy - medicines forms part of this	Medical Director - Andy Haynes	Deputy Director of Nursing - Victoria Bagshaw	31/03/2016	31/03/2016	31/03/2017	Completed	G	Implemented Ward Accreditation programme	- All wards and clinical areas take clinical ownership of medicines management; - part of this and involved in development of it.	See ward accreditation programme - 5.4.3	X				X	X	NR	QC
Safe	1.5.5.8	170 Must do's (2014) Sherwood Forest	Trust wide	**Medicines Management** – improve compliance with procedures and policies and develop awareness of risks among front-line staff; and	Establish use of electronic drug cabinets and complete quarterly ward drug-security audits to ensure drug cabinets are secure and locked	Medical Director - Andy Haynes	Chief Pharmacist - Steve May	31/12/2015	23/12/2015	31/12/2016	Completed	G	Medicines appropriately stored	No medicine stored outside designated area, measured by audits, spot checks, incident reports.	Purchase order Audits of electronic cabinets Ward Assurance metrics Risk assessment of electronic cabinets	X	X					NR	QC
Safe	1.5.6.2		Trust wide	**Equipment –** change behaviours to ensure medical equipment management systems are used and triggered appropriately in the hospitals.	Review the operation of the equipment library, what it is possible to deliver in current configuration and what the service requirements for the organisation	Medical Director - Andy Haynes	Chief Physicist - Richard Scott	31/12/2015	31/12/2015	31/12/2016	Completed	G	Will centralise control over equipment and consumables to ensure they are appropriately checked and serviced and available when needed	Phase 1 - evidence and options available and organisational requirements identified. Phase 2 business case outcome agreed	Activity levels of equipment library available for last 12 months Discussion paper Tissue Viability report on dynamic mattresses MEMD 2016/17 annual plan	X	X		X			NR	QC
Safe	1.5.6.4	18 Must do's (2015) Kings Mill Hospital	Women's & Children's	**Equipment –** change behaviours to ensure medical equipment management systems are used and triggered appropriately in the hospitals.	Performance management system to be exercised where instances of non-compliance with equipment checks identified	Medical Director - Andy Haynes	Medical Director - Andy Haynes	31/12/2015	31/12/2015	31/12/2016	Completed	G	Revised performance management arrangements	Performance management system is developed to address the incidents where staff do not comply with trust's policies on equipment management.	Register Email from the Deputy Director of Nursing	X	X		X			NR	QC
Safe	1.5.6.8	175 Must do's (2014) Sherwood Forest	Trust wide	**Equipment –** change behaviours to ensure medical equipment management systems are used and triggered appropriately in the hospitals.	Refreshed trust policy on medical device management and training programme in place.	Medical Director - Andy Haynes	Chief Physicist - Richard Scott	30/11/2015	27/08/2015	31/12/2016	Completed	G	Trust policy on medical device management is being reviewed to identify any areas which need amendments. Training programmes are being developed	Reduction in re-occurrence of incidents and no of local ward resus check sheets that are uncompleted	Audits of effective equipment reporting Analysis of Datix Mandatory training evidence Medical Devices Policy	X				X		NR	QC
Safe	1.5.6.9	175 Must do's (2014) Sherwood Forest 20 Must do's (2015) Kings Mill Hospital	Trust wide Women's & Children's	**Equipment –** change behaviours to ensure medical equipment management systems are used and triggered appropriately in the hospitals. Emergency resuscitation equipment boxes must be checked and audited	Update equipment check logs, ensure that these are reviewed by nurse in charge of shift and all approved by ward leaders on leadership rounds every 24 hours.	Medical Director - Andy Haynes	Deputy Director of Nursing - Victoria Bagshaw	30/11/2015	27/08/2015	31/12/2016	Completed	G	Equipment check logs are in place. Nurse in charge of shift have reviewed the logs equipment check logs are being updated and reviewed This will form part of ward accreditation programme.	Emergency resuscitation equipment boxes are regularly check and audited; Emergency lifesaving equipment in all wards is checked and maintained	Equipment check logs which have been signed and dated	X	X			X		NR	QC
Effective	2.3.4.1		Trust wide	**Recruitment & Retention -** Targeted campaign for nursing staff to return to practice	Design and implement programme of targeted nurse return to practice campaigns to include training and competency assessment	Interim Director of HR - Julie Bacon	Recruitment Manager & Practice Development Matron	30/06/2016	31/05/2016	31/12/2016	Action stayed. To be progressed through joint working with our Long Term Partner.	G	Accelerated filling of vacant posts	Vacancy numbers	Campaigns completed Briefing Paper to Nursing Workforce & Education Group April 2016: Exploring separate recruitment campaign for new Return to Practice opportunities	X	X		X			NR	OD&W
Effective	2.3.5.4	17 Must do's (2015)	Women & Children's	**Recruitment & Retention -** Improved alignment of future service provision (including capacity modelling) and workforce planning	Conduct a nursing skills audit of non-MAST clinical practice capacity. Address gaps through further training and or recruitment of staff with appropriate	Interim Director of HR - Julie Bacon	DD TED - Lee Radford / Matron for each clinical area.	31/03/2016	26/04/2016	31/12/2016	Completed	G	Shifts staffed with appropriate skills and training	completion of training in line with needs assessment	skills audit report, staffing review Additional places facilitated on 17.3.16 EPLS course to train staff to ensure compliance. Assurance from Safeguarding Lead Nurse, MIU Matron and ED Lead Nurse if attendees pass course the wards / depts will have sufficient numbers to		X	X					NR	OD&W
Effective	2.6.6.13		Trust wide	**Planned Care and Cancer Care** - Introduction of continuing capacity and demand planning to inform resource planning decisions	Review risks and functionality of Medway PAS (as part of review of migration)	Director of Strategic Planning and Commercial Development	Interim Chief Information Officer	31/08/2015	30/06/2015		Completed	G	Operational PAS system and functionality	Reviews	Action stayed as activity / action being encompassed within the Long Term Partnership approach / Workstream. October 16: Action reviewed in light of delayed LTP and returned to Green	X	X		X			NR	FC
Effective	2.9.1.4	66 Should do's (2015) Kings Mill Hospital	Women's and Children's - Maternity	**Maternity** - Ensure that the model of care follows the best practice and is fit for purpose for the local population.	Review the trust policies and guidelines to benchmark against national guidance and best practice	Medical Director - Andy Haynes	Head of Midwifery - Alison Whitham	31/12/2015	31/12/2015	30/09/2016	Completed	G	Maternity & Gynaecology policies that are in line with National guidance and best practice	- Stillbirth rate <4.7/1000 births, - >90% midwives received emergency skills training, 100% maternal MEWS scores escalated appropriately	Risk Assessment - bilirubin monitors			X	X	X			NR	QC
Effective	2.9.3.6	68 Should do's (2015) Kings Mill Hospital	Women's and Children's - Maternity	**Maternity** - Establish clear governance processes which are part of the overall trust system and escalations.	Audit via incident investigation and cardiotocograph meetings	Medical Director - Andy Haynes	Head of Midwifery - Alison Whitham	31/12/2015	31/12/2015	30/09/2016	Completed	G	CTG's meetings operational and following the national and local guidance.	CTG is accurately documented; The policy on how to document CTG is in line with national and national guidance	Review of CTG documentation; Review on whether CTG documentation policy is in line with local and national guidance Audit of compliance	X	X		X	X		NR	QC
Caring	3.4.4.6	95 Should do's (2015)	Trust wide	**End of Life Care** Based on national guidance and best practice, provide evidence-based end	Based on the establishment review, identify and fill in the resource gaps to ensure the end of life care is effectively delivered	Medical Director - Andy Haynes	Clinical Lead for EoLC - Ben Lobo / Lead Nurse - Carolyn Bennett	30/04/2016	30/04/2016	30/04/2017	Completed	G	The end of Life team and SPC will meet at least minimum establishment to delivery high quality service, support and training and governance as set out in the business case	- Agreement and delivery of the business case for the end of life care team - An established team in place in accordance with national guidance	Team establishment / new contract Establishment review completed and business case developed. re-submitted risk 29.01.16 Sept 2016: Establishment Reviewed and confirmed through the Hampshire peer		X		X	X		NR	QC
Caring	3.4.4.7	16 Must do's (2015) 38 Must do's (2015)	Trust wide	**End of Life Care** Based on national guidance and best practice, provide evidence-based end	Working with external partners, including CCG, set up an effective reporting system to enable risks, serious incidents, issues and incidents to be reported to the trust	Medical Director - Andy Haynes	Clinical Lead for EoLC - Ben Lobo / Lead Nurse - Carolyn Bennett	30/06/2015	30/06/2015	30/09/2016	Completed	G	A risk register was implemented in June 2015. Risks are entered on Datix and escalated. Incidents, patient experience etc. are reviewed monthly and acted upon where assurance has	Evaluation of Risk Management from Governance Support Team	Evidence will be generated through the minutes of the strategy group, through analysis of performance systems especially Patient Experience / Bereavement Survey A comprehensive dashboard (including specialist palliative care and end of life care) will be developed	X	X				X	NR	QC

Quality Worksream	Reference	Improvement Source	Department/ Service	Objective	Action	Exec Lead	Action Owner / Clinical Lead	Target Date Action to be completed by	Date Action Completed	Date Action Embedded	Progress (including identified resource gaps)	BRAG Rating	Outcome	Success Measure	Evidence	Safe	Effective	Caring	Responsive	Well-Led	Assurance	Assurance / CQC Rating	Governance and Reporting
Responsive	4.8.4.3		Trust wide	**Staff Engagement -** Develop high impact staff engagement programmes and initiatives to be rolled out across the Trust to ensure a consistent	Improve the effectiveness of team brief across the trust	Interim Director of HR - Julie Bacon	Interim Director of HR - Julie Bacon / Ian McBride - OD Specialist	31/03/2016	31/03/2016	30/09/2016	Completed July update: The new format of Team Brief presentation is ongoing, with managers to cascade to their ward /	G	Revised Team Brief Process with feedback loop included		Revised team Brief process Revised Team Brief presentations Revised Team Brief process documented actions at ward / departmental level. Feedback from staff regarding Team Brief					X		NR	OD&W
Responsive	4.8.4.4		Trust wide	**Staff Engagement -** Develop high impact staff engagement programmes and initiatives to be rolled out across the Trust to ensure a consistent	Enhance the approach to staff suggestions on how they are actioned and celebrated.	Interim Director of HR - Julie Bacon	Interim Director of HR - Julie Bacon / Ian McBride - OD Specialist	31/03/2016			Action stayed as staff suggestion scheme will be encompassed within the LTP.	G	New approach communicated to staff. Two or more examples of new and innovative approaches to staff suggestions that are positively received and used by staff.		Revised Staff suggestion scheme launch by Comms Staff suggestions scheme reports and evidence of actions. Two or more examples of new and innovative approaches to staff suggestions that are positively received and used by staff.					X		NR	OD&W
Responsive	4.10.1.3		Urgent & Emergency Care	**Newark -** To clarify and enrich the offer for local communities in the Newark area.	Greater engagement of community and primary care providers in integrated care provision, so that MIU/UCC is clearly part of enhanced primary care offer	Director of Strategic Planning and Commercial Development -	Assistant Chief Operating Officer Hayley Alison	30/06/2016	30/06/2016	31/03/2017	Completed	G	The strategy articulates an integrated primary care led unit at Newark hospital, detail of the service offer and the workforce requirements.	Hayley Alison, - Evidence that bed utilisation is embedded.	The direction of travel towards a primary care led urgent care centre has been agreed as part of the strategy refresh. Implementation work is on-going.					X		NR	TB
Responsive	4.10.1.4		Urgent & Emergency Care	**Newark -** To clarify and enrich the offer for local communities in the Newark area.	Greater engagement of community and primary care providers in integrated care provision, so that Newark bed capacity is clearly part of enhanced	Director of Strategic Planning and Commercial Development -	Interim Medical Division DGM - Harris Mian	30/06/2016	30/06/2016	31/03/2017	Completed	G	The strategy articulates the bed requirements at Newark hospital, detail of the service offer and the workforce requirements.	Hayley Alison, - Evidence that bed utilisation is embedded.	A comprehensive review of bed utilisation has been undertaken as part of the strategy refresh. The ambition is to move towards these beds being used more frequently for step-up from the community and less for step-down from acute hospitals. This will take some time to implement, and the decision has been taken to		X		X			NR	TB
Responsive	4.10.1.6		Trustwide	**Newark -** To clarify and enrich the offer for local communities in the Newark area.	In the event that excess capacity is identified, that cannot be utilised by SFH, engagement will take place with other providers to enrich the offer from	Director of Strategic Planning and Commercial Development -	Director of Strategic Planning and Commercial Development - Peter	30/06/2016	07/04/2016	31/03/2017	Completed	G	Action stayed as activity / action being encompassed within the Long Term Partnership approach / Workstream.	a DoS demonstrating the range of services delivered from Newark Turn it Blue						X		NR	TB
Responsive	4.10.3.2		Trust wide	**Newark -** A refreshed strategy, supported and developed by the Trust, its commissioners, staff, patients and the local community	Following publication of the Strategy the Trust will develop a plan of implementation, with clear milestones with accountability	Director of Strategic Planning and Commercial Development -	Chief Operating Officer - Roz Howie	30/09/2016	05/09/2016	30/09/2016	Completed	G		Hayley Alison, - Evidence that it has been disseminated.	A high-level implementation plan has been developed as an appendix to the refreshed strategy, and will be used as a tool to monitor achievement of the objectives for service delivery from the hospital.	X	X		X	X			NR	TB
Responsive	4.9.1.1.1	65 Should do's (2015) Kings Mill Hospital	Women's and Children's - Maternity	**Maternity** - Ensure that the model of care follows the best practice and is fit for purpose for the local population. Ensure appropriate care and treatment	Review model of care to ensure optimum multidisciplinary working within the division, across divisions and externally	Medical Director - Andy Haynes	Head of Midwifery - Alison Whitham	31/01/2016	07/12/2015	31/12/2016	Completed	G	Pregnancy Day Care Unit which offers appropriate care and treatment	Review the progress policy by 31/1/2016	Pregnancy Day Care Unit operational policy Maternity & Gynaecology Clinical Governance meeting minutes for December 2015 Audit Pregnancy Day Case Unit - April 2016		X	X	X			NR	QC
Responsive	4.9.1.1.2		Women's and Children's - Maternity	**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	Medical Director - Andy Haynes	Head of Midwifery - Alison Whitham	31/03/2016	31/03/2016	31/12/2016	Completed August 2016: This action is recommended to move to GREY as part of the Long Term Partnership	G	Workforce that represents the patient's needs	Review the service against the expected public report due to be published by 31 Dec 2015	Outcomes from the workshop Workshop Agenda Attendance register	X			X				NR	QC
Responsive	4.9.2.6	74 Should do's (2015) Kings Mill Hospital	Women's and Children's - Maternity	**Maternity -** Ensure that the management structure is appropriately set up to enable multidisciplinary working and swift actions to be taken	Develop a business case for elective caesarean theatre list	Medical Director - Andy Haynes	Business Manager Women's & Children's - Lorraine Binch	31/03/2016	31/03/2016	30/09/2016	Completed	G	Developed Business Case	There are sufficient operating theatre facilities for caesarean operations; Sufficient time is dedicated for planned caesarean section operations;	Completed business case for elective caesarean theatre list Agenda for CDG Action log for CDG	X			X				NR	QC
Well-led	5.9.2.3		Women's and Children's - Maternity	**Maternity -** Ensure that the management structure is appropriately set up to enable multidisciplinary working and swift actions to be taken	A robust HR intervention to establish clear workforce management processes for rota co-ordination and sign off, workforce planning and leadership	Medical Director - Andy Haynes	Clinical Director - Women's & Children's - Helena Clements	31/10/2015	31/10/2015	30/09/2016	Completed August 2016: This action is recommended to move to GREY as part of the Long Term Partnership	G	HR intervention has commenced to established clear workforce management processes for rota co-ordination and sign off, workforce planning and leadership development	- Analysis of consultant job plans and hours – actual against plan; including Labour ward cover, use of locums; Junior medical rota analysed; - Workforce plan developed and in place, including	Completed analysis of consultant job plans; Workforce plan; Daily review of staffing level; HR Consultant review	X	X			X			NR	QC
Well-led	5.9.4.1		Women's and Children's - Maternity	**Maternity -** Ensure that high professional standards are maintained against best practice and national guidance	Externally supported intervention with the medical consultant team to improve team functioning;	Medical Director - Andy Haynes	Clinical Director - Women's & Children's - Helena Clements	31/01/2016	31/01/2016	30/09/2016	Completed	G	Improved team function within Maternity & Gynaecology	This will provide assessment on an ongoing basis for the next 4 years.	Memorandum between NCAS and the trust on NCAs's support on intervention with medical consultant team HR Consultant report							NR	QC