

Ref	Exec/Divisional Lead	Milestone Description	Progress update for Trust Board November 2014	Oct Rating	Nov Rating
DOMAIN – WELL LED					
1	Chairman & Chief Executive	Recruitment and retention of a credible and competent Board of Directors equipped with the skills to deliver the strategic priorities of the Trust			
1.5	Director of Corporate Services	Ensure current and the new public governors elected in October are inducted into the Trust through a robust induction process and by attending planned Governor training events. Clarifying the role and duties of governors and how this differs from the role of Non-Executive Directors	Four new public governors successfully elected. Governors have received full induction programme and have met the chair and director of Corporate Services for briefing. The Governor development programme has been developed for 2015 with input from the lead Governor. This milestone has moved from Amber to Blue	A	C
2	Executive Director of Human Resources	Our Culture is focused on delivering ‘Quality for All’ and staff feel valued and empowered to do an excellent job and proud to work for our Trust			
2.1	Executive Director of Human Resources	Procure and implement arrangements for Staff Family and Friends test and quarterly pulse surveys to enable the monitoring of improvements in staff engagement	Procurement exercise reinitiated as OJU limits exceeded in first round of tendering. Internal mechanisms being utilised to undertake surveys in house in the short term.	A	A
2.2	Executive Director of Human Resources	Revise HR processes to support values based recruitment, selection and retention	Recruitment and selection training programme updated to reflect Quality for All values and behaviours. Recruitment paperwork currently been updated will completed by December 2014.	A	A
2.3	Executive Director of	Positive performance management campaign driving improved performance and referring to quality for all	Capability policy agreed by OD and Workforce Committee on 4.11.14,	G	G

	Human Resources	values and behaviours	toolkit for managers in development.		
2.4	Executive Director of Human Resources	Quality for All Team based conversations take place across the Trust.	Action Plans are being received evidencing team conversations are taking place. Enhanced communication campaign has been established with refreshed intranet site.	G	G
2.5	Executive Director of Human Resources	Explore the possibility of a buddy relationship with a 'Listening into Action' Trust to undertake an assessment and gap analysis of 'Quality for All' against Listening into Action outcomes	Assessment against Quality for All undertaken, the outcome of which was that Quality for All encompasses the majority of benefits of Listening into Action and that developing staff focus groups will ensure Quality for All that the scheme brings equitable benefits.	G	G
3	Executive Director of Human Resources	Implement our leadership strategy with appropriate focus at divisional and service lines to support our leaders to deliver the strategic objectives			
3.2	Executive Director of Human Resources	Leadership Strategy and action plan developed and implemented	Senior HR Leaders development workshop has been completed (6/11) to map existing strategies into a Leadership Strategy and identify gaps. Draft strategy currently being developed.	G	G
4	Executive Director of Nursing. Executive Medical Director	Ensure Trust Risk Management processes are robust including appropriate identification of risks, incidents, mitigation and learning at all levels in the organisation			
4.3	Executive Director of Nursing	Approve revised Risk Management Policy at November Board of Directors meeting	Approved at TMB, CQ&GC and Quality Committee. On agenda for BOD.	G	G

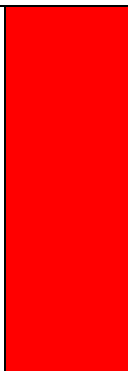

4.4	Executive Director of Nursing	Create a supporting Risk Management Procedure which will also serve as a training hand-out:	Draft circulated for comment to Clinical Governance Co-ordinators and HoG by the Risk Manager. This will be given out at training. Timescale will be met. This has been reassessed as green	A	G
4.5	Executive Director of Nursing	Introduce a Risk Assessment form* which can be used to capture clinical & non-clinical risks. This form will be contained within the Risk Management Procedure.(* currently the only form is one used by the H&S Department)	SFH Risk Assessment Form created to support the content of the Risk Management Policy: <ul style="list-style-type: none"> • Generic (Clinical & Non-clinical) • Standard 5 x 5 matrix • 4 T's included • Action Planning element • At-a-glance Tier Level ownership & monitoring requirement Action complete	G	C
4.7	Executive Director of Nursing	Ensure DatixWeb reflects the content and approach set out within the Policy & Procedure (including links with incidents, claims and complaints).	Meeting with Datix administrator 14/11/14 and progress being made with Datixweb.	A	A
4.9	Executive Director of Nursing	Establish a Risk Committee reporting to TMB	Terms of Reference drafted for new Risk Committee. First meeting planned for December to agree ToR, membership yearly planner. Meetings planned for monthly. In early 2015 the Datix Risk Dashboard will be in a position to be either projected live at the meeting with dashboard reports prior to the meeting as papers. The ensuing discussion will satisfy the "monitoring performance" aspect of the Risk Committee. This milestone has been reassessed as Amber	R	A
5	Executive	Ensure that staff receive appropriate and timely			

	Director of Nursing. Executive Medical Director	feedback from incidents and complaints and that actions taken and lessons learnt are shared across the divisions to improve quality and safety			
5.10	Executive Medical Director	Introduce an Innovation Hub to share the learning of the transformation work with patients, staff and visitors	Improving Organisational Learning Task Group commenced - multidisciplinary membership	A	A
5.11	Executive Director of Nursing	Explore the option of implementing learning boards for every clinical area	The Patient Safety Manager is taking the lead on developing a Sharing and Learning strategy for the Trust. A weekly task and finish group supported by the Director of Nursing is meeting to pull together and pilot ideas. The wards are piloting a learning template. A trust wide learning board has been designed and is being debated at the task group-this will be ready for wider consultation and development by 7th December. Screen savers with key messages and 'message of the week' will commence by December 7th. This milestone has been reassessed as Amber	R	A
DOMAIN - SAFE					
6	Executive Director of Nursing. Executive Medical Director	Build safe and effective staffing levels with escalation processes to meet unpredicted demand			
6.4.3	ECM Divisional Clinical Director	Monitor ED escalation plan daily and review issues weekly at Capacity and Flow meeting	Weekly capacity and flow meetings commenced 24/10/14. This milestone has been reassessed as green.	R	G
6.6	Executive Director of	Ensure there are sufficient numbers of qualified, skilled and experienced nursing staff at all times	x3 daily staffing template indicates that shift numbers for medicine are	R	A

	Nursing	within the Medical Wards	being met. UNIFY return for October indicates no areas in Medicine are below 100% fill rates, with many wards exceeding 110% fill rates for HCA. A large use of 1-1 support and no adverse variance on the ward assurance matrix indicates safe environments. Successful recruitment of overseas nurses with the majority now within the establishment numbers. 2 months of preceptorship (6 month programme) for newly qualified nurses completed with increased preceptor support. Further information in relation to nurse staffing has been included within the Trust Board 6 Month Nurse Staffing paper. This milestone has been reassessed as Amber		
6.8.4		Recruitment of Radiologists	Radiology has progressed with phase one. Meetings with other Trusts are ongoing. This milestone has moved from red to amber	R	A
9	Executive Director of Nursing. Executive Medical Director	Ensure patient records are appropriately maintained in line with Trust policy and legislative requirements			
9.3	Executive Medical Director	Consent practices within T& O include appropriate markings and completion of WHO checklist	WHO audit progressing well. Good engagement with process and need to improve. This milestone has moved from red to amber	R	A
9.9	Executive Director of Nursing	To help teams organise their workload and support improvement, ensure Care & Comfort rounding is consistently in place across the Trust.	All ward areas have boards. Nil orally magnets delivered to all wards by K Smith. Explanation given to staff	G	G

			member/Nurse in charge to cascade to other staff. Notification sent out to all Ward Leaders to nominate champions. Focus groups taken place. Explanation poster to be developed for display alongside C&C board (aimed at patients &/or relatives.) Presentation to be prepared for Ward Leader meeting 20/1/15.		
9.10	Executive Director of Nursing	Strengthen accountability handover to promote individual accountability for the care of patients by the peer review and challenge of Registered Nurses looking after those patients	Teaching aids and resources produced. Champions identified within their individual areas who support implementation into their area. PDM's supporting wards at to identify best practice and support individuals, but continued challenge required by ward area leaders. Ward areas to embed best practice and focus on accountability process as opposed to the 'traditional handover'. Workforce change in progress at MCH & Newark occurring at divisional level. Challenges exist with regard to on-going consultation with ED to produce a usable, effective tool that will ensure optimal patient safety without impacting on patient flow. Close working with Theatres to ensure accountability component within every aspect of patient journey.'	G	G
DOMAIN - EFFECTIVE					
11	Director of Operations	Ensure safe, appropriate and timely flow of patients from admission to discharge, with the			

		support of good bed management and discharge processed, Achieving and sustaining all 3 18 ww pathways			
11.1.4	Director of operations	Better Together implementation – supporting the prism model of working and utilising community capacity	Attendance of CHP colleagues within areas Urgent Care Working Group Papers and SRG Plan	R	R
11.1.5	Director of Operations	Better Together implementation – delivery of transfer to assess	Attendance of CHP colleagues within areas Urgent Care Working Group Papers and SRG Plan	R	R
12	Executive Director of HR	Improve delivery of mandatory and targeted training for staff			
12.3	Executive Director of HR	Provide annual personalised mandatory training report for all employees outlining what their mandatory training requirements/ refresher periods are, what training information is on the OLM system and when their current training expires. Supporting individual compliance and remind staff to arrange attendance	Personalised letters have begun to be sent out to all staff starting at the end of October. By the 31st November all staff will have received their personal mandatory training letter which should help to improve compliance with mandatory training.	G	G
13	Executive Director of HR	Strengthen the processes to enhance staff performance; ensuring the availability of skilled and competent staff			
13.4	Executive Director of HR	Review appraisal documentation to ensure fit for purpose and incorporates Quality for All Values	Appraisal and Incremental pay policy reviewed to reflect quality for all, associated paperwork reviewed and managers toolkit under development. To be presented at Policy sub group JSPF 9/12/14	G	G
13.10	Executive Director of HR	Develop and implement mechanism for Individual Stress Risk Assessment - ensuring appropriate support plans are developed	Stress Risk assessment form Approved for use at Health and Safety Committee on 9/10/14	G	G
15	Executive Director of Nursing	Increase patient feedback by collating a higher level of Family and Friends responses			
15.1	Executive	Secure a system which meets NHS England FFT	Procurement exercise reinitiated as	R	A

	<p>Director of Nursing</p>	<p>requirements , provides user friendly survey methods whilst providing a real time reporting system which drills down to individual wards and departments</p>	<p>OJU limits exceeded in first round of tendering. The Trust is implementing its own promotion material to increase its response rate. At the end of October 2014, the response rate was 40%- being the best recorded rate since F&F commenced. Further work is required in Maternity and ED. Use of tools like iPads and stands are being explored. This milestone is reassessed as Amber.</p>		
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