

CUH IMPROVEMENT PLAN SUMMARY

Last Updated by: Carol Hunter
 SQS Quality Manager
 Version: 43952
 Last Update on: 30.06.2020

Use of Rag Rating

The Trust is using a 5 point rag scale in assessing progress against each action.

This RAG rating will be mirrored throughout the underpinning plans, workbooks and action lo

The RAG rating at workstream level reflects progress towards delivery of the identified outco
 Hence amber is used where plans and actions are in progress and being tracked, with green r
 Blue for embedded is only used where all actions are completed.

The RAG rating will be updated on a monthly basis by the Workstream Lead for each action, t
 Accountable Executive prior to being reviewed by the Board.

Instructions on how to apply the RAG rating are in the table below:

Embedded as Business as Usual

On track

Behind schedule / in progress but mitigations in progress & being tracked

Deadline delayed / not started

Date currently TBC so cannot measure status

Ref: Thematic Titl Origin: CUH/ Description cTarget Date Accountable Workstream
 Leadership & Accountability - Making sure we have the correct balance of skills and experienc
 P1.5.3 Risk Management ImprovεDuring 2017/18 the team developed the Risk Manage

eHospital - Biggest single investment in quality & key enabler in support of all themes

Q2.1 eHospital CUH Realise clinic: 42704 Medical DireεZafar Chaudr

Well-led - Ensure the Trust is well-led and that all governance issues highlighted in the CQC re

Q3.1.3 Divisional Go CUH Management Executive commissioned an internal rev

Q3.3 Sepsis CUH An action log 43465 Ann-Marie InJane Nicholsc

Q3.7 NICE GuidancεCUH 1. A complete review of all NICE guidelines published

Q3.8 FundamentalCUH In Scoping

SAFE - Ensure the Trust meets safety requirements, including having sufficiently robust safety

Q4.3.2 Mandatory T CQC Ensure that aTBC Director of WSue Wilkinso

Q4.4.1	Environment CQC	Ensure that t	42582 Director of Fi Stuart Hay, D
Q4.4.3	ED Paediatric CQC	Minor Works Programme to re-design and improve th	
Q4.5.1	Equipment CQC	Ensure that t	42825 Medical Dire Paul White, F
Q4.5.2	Medical Devi CQC	Ensure that Medical device training across all staff gro	
Q4.5.3	Medical Devi CQC	In Scoping	
Q4.6.2	Medicines str CQC	Ensure that n	42917 Medical Dire Sarah Pacey,
Q4.6.3	Automated F CUH	In Scoping	
Q4.7	Nursing Staff CQC	Ensure there	42551 Chief Nurse Sharon McN
Q4.9	Maternity CQC	Ensure the sa	42824 Chief Nurse Amanda Cah
Q4.12	Mental Health CUH	To make the improvements identified in a Peer Review	
Q4.13	Blood Transf CUH	Action Plan for Compliance with National Blood Trans	
Q4.14	Patient Safet CUH	The Trust is committed to the implementation of the	
Q4.15	Prevention o CUH	A review and revision of Standards, Guidelines, Educa	
Q4.16	After Action I CUH	This project is for CUH to adopt and sustain the 'After	
Q4.17	National Pati CUH	In Scoping	
Effective - Ensure that care provided by the Trust is as effective as possible in all areas.			
Q5.1	Evidence-bas CUH	Ensure all car	42587 Medical Dire Deirdre Mille
Q5.2	National aud CQC	Ensure that c	42587 Medical Dire Deirdre Mille
Q5.3	Length of Sta CQC	Ensure suffici	42704 Chief Operati Julie Smith, A
Q5.7	Q-Pulse Data CUH	Develop and install of document Management System	
Q5.8	Datix Cloud I CUH	Upgrade of the current 'Datix Web' (QSiS) system, im	
Q5.9	Nutritional Si CUH	To standardise procedures for giving prescribed nutri	
Q5.10	Clinical Audit CUH	Improve the Clinical Audit process to improve assuar	
Q5.11	Improving M CUH	Pancreatic cancer is associated with exocrine and enc	
Caring - Ensure outstanding levels of caring are maintained.			
Responsive - Rectify the concerns which are identified in the Quality Report, taking into accou			
Q7.1	Outpatients CQC	Review the st	42977 Chief Operati Tracey McCle
Q7.2.1	Separation o CUH	Ensure childr	42704 Chief Nurse Claudia Macf
Q7.2.2	Service Provision for Child	Improve service provision for children and young peo	

Q7.3	DTOC	CQC	Work with cc	42704	Chief Operati	John Martin,
Q7.5.1	End of life ca	CQC	Engage with :	42582	Chief Nurse	Helen Balsdo
Q7.5.3	UFTO	CQC	Ensure end o	TBC	Chief Nurse	Zoe Fritz
Q7.5.4	Transition fr	CUH	Ensure Smooth transition from	UFTO to ReSPECT		
Q7.9	Pain Assessm	CQC	Review pain :	42825	Chief Nurse	Sara Kinna, C
Q7.10	Histopatholo	CUH	Ensure that t	42825	Chief Operati	Tracey McCl
Q7.11.2	Critical Care	CQC	Ensure the se	43008	Chief Nurse	Claudia Macf
Q7.14.3	CQC 2018 Inspection Plan		. The Trust Corporate objectives are to provide harm			
Q7.15	Patient Experi	CUH	Review the efficiency and quality of, and introduce st			
Q7.16	Public and Pa	CUH	To undertake an information gathering exercise withi			
Q7.17	Accessible In	CUH	The Accessible Information Standard was introduced			
Q7.18	OIR Improve	CUH	In Scoping			
Cancer Plan - Take all reasonable steps to achieve compliance with the cancer targets on a su:						
T1A	Cancer Perfo	NHSI	Take all reasc	42551	Chief Operati	Tracey McCle
Referral to Treatment (RTT) Plan						
T2	RTT Plan and	NHSI	Develop and	30/09/2016	Chief Operati	Linda Clarke,
A&E Plan						
T3	A&E Plan	NHS Improve	Develop and	31/11/2016	Chief Operati	Julie Smith, A

Moved to Business As Usual (Archived 37)

Ref:	Thematic Titl	Origin	Description			
P1.1	Overall Progr	NHSI	Establish pro	On-going	Chief Nurse	Ciara Moore,
P1.3	Governance	NHSI	Undertake (o	42825	CEO	Kate Lancast
P1.4	Communicati	CUH	Improve com	42521	Kate Lancast	Dail Maudesl
P1.5.1	Risk Manage	CUH	Ensure the pi	43100	Chief Nurse	Abiola Ajayi-(
P1.5.2	Risk Manger	CUH	Ensure that the risk management governance is robu:			
P1.6	Information	CQC	Ensure that s	42917	CEO	Michelle Elle
C1.1	5 year strate	NHSI	Develop and	43922	CEO	Mark Turner,
C1.2	Major Projec	NHSI	Create a new	42429	CEO	Roland Sinke

C1.3	System Trans NHSI	Cooperate w	42674	Chief Operati	Lawrence Asl
Q3.1.1	Quality Gove CQC	Restructure c	42735	Chief Nurse	Ann-Marie In
Q3.1.2	Quality Gove CUH	The focus will be to develop a culture of continual lea			
Q3.2	Culture and c CUH	Ensure that t	42643	CEO	David Wherr
Q4.3.1	Mandatory T CQC	Ensure that staff are compliant with all mandatory tra			
Q3.4.1	Learning fron CUH	An action log to review and report on mortality and n			
Q3.5.1	NatSSIPs CUH	The NatSSIPs bring together national and local learnin			
Q3.6	Well-Led Dev CUH	CQC held Well-Led review earlier than anticipated m			
Q4.4.2	Environment CUH	Ensure that t TBC		Director of Fi	Rachel North
Q4.6.1	Medicines st CQC	Ensure medic	42490	Medical Dire	Sarah Pacey,
Q4.8	Health & Saf CUH	Ensure there	42643	Director of W	Helen Murph
Q4.10	Serious Incid CQC	Restructure our quality and governance processes, er			
Q4.11	Diabetes Auc CQC	Ensure that t TBC		Chief Nurse	Ann-Marie In
Q5.4	The Mental C CQC	Improve staff	42825	Chief Nurse	Sharon McN
Q5.5	Duty of Cand CQC	Ensure all sta	43250	Chief Nurse	Elizabeth Sea
Q5.6	Nursing Care CQC	To standardise the approach to care planning. Nurses			
Q6.1	Staff Engager CUH	Improve staff	42643	Director of W	Denise Hollin
Q7.4	Mortuary CQC	Ensure imprc	42551	Chief Operati	Tracey McCl
Q7.5.2	End of life Ca CQC	To track and support the implementation of the 3 yea			
Q7.5.3	UFTO CQC	Ensure end of life care documentation is completed a			
Q7.6	Pharmacy 7 c CQC	Ensure appr	30	Novembe	Director of W Sarah Pacey,
Q7.7	Physio 7 day CQC	Ensure acces N/a		Director of W	Tracey McCl
Q7.8	Termination CQC	Review arran	30/06/2016	(Chief Nurse	Amanda Cah
Q7.11.1	Critical Care CQC	Ensure the se	42643	Chief Operati	Claudia Macf
Q7.12	PALs CQC	Ensure that c	42794	Chief Operati	Ann-Marie In
Q7.13	Resuscitator CQC	Ensure resus	TBC	Chief Nurse	Ann-Marie In
Q7.14.1	CQC Prepare CUH	To support the workforce and the Trust in delivery of			
Q17.14.2	Management CUH	CQC Inspection actioned in November 2018 rendering			
T1	Cancer Plan NHSI	Develop and deliver a Cancer Improvement plan, to b			

and action logs that sit beneath each action.

ified outcome rather than mechanistic completion of individual actions.
with green reserved only for areas nearing completion.

ch action, to be challenged by the PMO and signed off by the

Blue
Green
Amber
Red
Grey

Clinical lead	Delivery Stat	CQC 'must do	Progress	Key risks & m	Board Assura	Key Performa
and experience in sufficient quantity to deliver the changes required. Underpinned by improved governance with clear system	ement Framework and the	N/A	Project commenced April 2019			Current Per

Afzal Chaudhry, CMIO/ Joe N/A

• Mental Cap Risk: Operati BAF011/16: F Annual repo

the CQC report and elsewhere are fully addressed

view into divisional govern: N/A
Sian Goggle N/A

Project commenced August 2019 Milestones di
Workbook is Risks: Patient BAF021/16: F Current Perf

l to date, in order to deterr N/A
N/A

Project commenced June 2019 28.01.21 Milestones di
In Scoping BAF001/19: 1 Milestones di

must safety systems and processes, and appropriate staffing levels.

Julia Schumann-Pratt, Wor Jan 17 Shoulc * Overall cor TBC

BAF021/16: F Current Perf

N/a Must do - (O) Statutory and Risk: Poor re: BAF007/16: F Current perf

he paediatric waiting area i Nov 18 Shoul Project commenced February 2019 11.1: Milestones di
Ashley Shaw, Divisional Di Must do: All (• Regular che Risks: • Capit BAF 010/16: Current Perf

oups is recorded, this inclu Jan 17 Shou In Scoping Milestones di
Jan 17 Shou In Scoping Milestones di
Sarah Pacey, Chief Pharma January 2017. Medicines s Risk: Delay in BAF016/16: F Current Perf

N/A In Scoping Milestones di
Sharon McNally, Deputy C Must do (Cc • Escalation Risk: Insuffici BAF008/16: F Current Peri

Anna Shasha, Must do (Cor • All staff ha Risk: Inconsis BAF008/16: F Current Perf

w undertaken in Feb/Marc N/A Project commenced in May 2018 12.03 Milestones d
sfusion Committee Require N/A Project commenced in September 2018 Milestones di
principles within the Depa Nov 18 Shoul Project commenced in December 2018. Milestones di

ational Resources, Training N/A Project commenced June 2019 Milestones di
' Action Review' (AAR) model of debriefi Project commenced April 2020 Milestones di

N/A In Scoping Milestones di

Richard Miller, Deputy Me N/A • New docur Risks: Not all BAF023/16: F Current perf

Richard Miller, Deputy Me N/A • Clear proce Risk: HQIP At BAF023/16: F Current perf
Robert Heuschkel, Divisor Should do (C Focus remain Risk: Limited BAF001/16: I Current perf

n for Q-Pulse N/A Project Commenced August 2018 11.1C Milestones d
plementing the new Datix (N/A Project Commenced August 2018 03.1: Milestones d
ditional supplements and ir N/A Project Commenced August 2019 Milestones d
nce and accountability at DN/A Project commenced June 2019 Milestones d
ocrine pancreatic insuffici N/A Project Commenced August 2019 Milestones d

into account all of the recommendations made by the CQC.

Ashley Shaw, Divisional Di Must do (Cor • Process im Risk: Risk of I BAF001/16: I • Effective ar

Robert Heuschkel, Divisor Jan 2017 Sho • The bid for Risk: F3 deve BAF024/16: F Current Perf

ple coming into the Trust t N/A Project commenced April 2018 10.10.2 Milestones d

Robert Heuschkel, Divisional Director, Must do (Core) • Bed shortage Risks: • 7-day BAF001/16: I Current Perf

Helen Balsdon, Assistant Director, Should do (Core) The PMO are Risk: Frequency BAF002/16: F Current Perf

Helen Balsdon Jan 17 Must do Agreed should sit under the project N/A
N/A Project commenced in September N/A Milestones d

Mark Abrahams, Consultant, Review pain management • Advanced care Risk: Delay in BAF011/16: F Current p

Ashley Shaw, Divisional Director, N/A • Funding solution BAF001/16: I Current perf

Julia McGinnes, Operational Director, Must do (Core) Critical care Risk: Failure BAF008/16: F Current Perf

free care which is patient N/A Project commenced May 2019 Milestones d
standard operating procedure N/A Project commenced Risk: There is a risk of sign Milestones d

in CUH in order to determine N/A In Scoping Milestones d

in July 2016, which all organisations N/A Project commenced in December 2018. Milestones d

N/A In Scoping Milestones d

ets on a sustainable basis.

Hugo Ford, Clinical Director, Cancer improvement • 50 agreed to Risks: • History BAF001/16: I Current Perf

N/a Jan 17 Should do January 2017 Risks: • The BAF001/16: I Current perf

Robert Heuschkel, Divisional Director, Jan 17 Should do • A deep dive Risk: CUH 4 h BAF001/16: I Current Perf

Closure Date Full history available on version dated:

N/a	02.02.2017	31.01.2018
N/a	11.01.2018	31.01.2018
N/a	10.11.2016	31.01.2018
Chief Nurse	07.12.2017	31.01.2018
st across the Trust, risk management	11.07.2019	31.08.2019
Chief Executive	11.01.2018	31.01.2018
N/a	06.04.2017	31.01.2018
N/A	05.05.2016	31.01.2018

N/a	06.10.2016	31.01.2018
Chief Nurse	03.08.2017	31.01.2018
arning and improvement, w	12.12.2019	31.12.2019
N/a	15.05.2017	31.01.2018
aining requirements and th	25.08.2016.	31.01.2020
orbidity figures for the Tr	07.06.2018	30.11.2018
rg from the analysis of Never Events, Ser	07.06.2018	07.06.2018
aking project redundant. V	13.12.2018	31.12.2018
N/a	11.01.2018	31.01.2018
Sarah Pacey, Chief Pharma	30.04.2016	31.01.2018
n/a	12.12.2016	31.01.2018
asuring that the wider orga	07.06.2018	30.11.12
Vishakha Bansiya, Specialit	11.05.2017	31.01.2018
Sharon McNally, Deputy C	15.05.2017	31.01.2018
Jane Nicholson, Head of Cl	08.03.2018	08.03.2018
s are reporting difficulty wit	11.04.2019	31.08.2019
N/a	10.04.2017	31.01.2018
Ashley Shaw, Divisional Dir	29.08.2016	31.01.2018
ar EoLC strategy and addre	09.08.2018	31.01.2020
ompleted and properly audited	06.07.17	31.01.2020
Sarah Pacey, Chief Pharma	15.08.2016	30.01.2018
Ashley Shaw, Divisional Dir	15.08.2016	31.01.2018
Anna Shasha, Head of Mid	15.08.2016	31.01.2018
Julia McGinnes, Operation	13.03.17	31.01.2018
Helen Balsdon, Assistant D	13.03.17	31.01.2018
Jacqui Cort-Monk	07.08.2017	31.01.2018
goals which will ultimatel	10.01.2019	30.06.2019
g the unfinished milestone:	10.01.2019	30.06.2019
be agreed with NHSI by 23	09.03.2017	31.01.2020

Likely financi Type of supp Rationale Change Control
governance with clear systems and processes in place to drive improvement in all areas
formance: Li Workbook

Yes Workbook (FA full business CC17, CC57, CC59, CC68

ue recorded: Workbook
formance: KPAction Log LeAreas raised CC68. CC69

ue recorded: Workbook
lestones due recorded: Project completion status: In Scoping

No Action Log CC68

Yes Workbook Is cross cuttir CC18, CC68

ue recorded: Workbook

Yes Workbook (FThe profile aı CC58; CC61; CC67, CC68

ue recorded: Workbook

ue recorded: Workbook

No Action Log CC68

ue recorded: Workbook

Yes Workbook |The profile, n CC53, CC68

Yes -addition Workbook (N Discrete area CC24; CC56; CC63; CC68

ue recorded: Workbook

ue recorded: Action Log

ue recorded: Workbook

ue recorded: Workbook

lestones due recorded: 100% at May 2020 Project completion status: 18%

ue recorded: Workbook

No Action Log (An action log CC19, CC31, CC68

Yes Action Log Transactiona CC20, CC32, CC68

Yes: 1. Pharr Full Plan (Caç A full plan is : CC21, CC68

ue recorded: Workbook

ue recorded: Workbook

ue recorded: Workbook

ue recorded: Workbook

ue recorded: Workbook

No Full Plan (Out Full plan alre. CC26, CC62, CC64, CC65, CC68

Yes -F3 devel Workbook (Ş Discrete area CC27, CC51, CC68

ue recorded: Workbook

Yes Workbook (Discrete area) CC21, CC68

Yes (7/7 serv) Workbook (Discrete area) CC12, CC68

Action log

Value recorded: Action Log

No Action Log CC11, CC43, CC49, CC68

Yes Workbook Scale of capit CC29, CC38, CC68

Performance: KPI Action Log CC68

Value recorded: Workbook

Value recorded: Workbook

Value recorded: Workbook

Value recorded: Workbook

Value recorded: Workbook

Performance: KPI Full Plan (Cancer) CC1, CC68

Yes Full Plan (RTIA full plan is) CC2, CC68

Yes (cost red) Full Plan (A& A full plan is) CC21, CC50, CC68

