Quality and Safety Improvement Programme Brief

Programme Name	Senior Responsible Owner
Quality and Safety Improvement Programme	Jan Sobieraj

Scope

Developing a culture of safety whilst making improvements in quality in line with the trust quality strategy and the findings of the latest CQC inspection.

Programme Objectives

- To deliver sustainable change in order to improve quality and safety
- To reduce variation and patient harm
- To make sure there is a competent workforce who have been appraised and undertaken core learning
- To make sure all CQC Must Do actions and concerns are fully addressed
- Limited resources are proactively prioritised to gain maximum impact
- Work in conjunction with partner organisations to deliver improvement quality and safety to patients with mental health conditions

Benefits

- Safe, high quality services for patients
- Lessons are learned and shared across the trust thus reducing the risk of incidents and improving responsiveness , quality of care and experience for patients
- The trust has robust systems and processes in place thus reducing clinical and reputational risk
- The trust is compliant with CQC regulations
- Well trained and valued staff
- There is a sustainable trust-wide process and governance arrangements to move programme work into business as usual at local level when appropriate
- Senior oversight on progress and any slippage allows executives to prioritise work

Projects

- DEVELOPING THE SAFETY CULTURE – QS01
    - Vision and values
    - Goals and performance
    - Support and compassion
    - Learning and innovation
    - Teamwork

- CLINICAL GOVERNANCE – QS02
    - External review of:
        - Ward to Board governance arrangements
        - Specialty Governance
        - Incident and Risk Management
        - Duty of Candour – Re: ward staff understanding, compliance and corporate governance
    - Develop and implement a plan to address the gaps and issues with clinical governance

- SEPSIS – QS03
    - Re-launch the trust sepsis pathway
    - Training and competency review of staff regarding sepsis
    - Communications material regarding sepsis

- GI BLEED SERVICE – QS04

- o Review of GI bleed pathway
- o GI bleed rota to be agreed and in place
- o Demonstrate staff have been appropriately trained in the new arrangements

- AIRWAY MANAGEMENT – QS05

  - o Policy for airways management including NIV and tracheostomy
  - o Competency training for airways management

- MENTAL HEALTH – QS06
  - o Improve risk assessment for adults and children
  - o Resolve environmental safety concerns
  - o Partnership working with the mental health trust to support assessments & environmental issues
  - o MCA/ DOLS Training
    - Policy for restraining patients (including chemical Restraint)
    - Tranquilisation
    - Education and training

- SAFEGUARDING – QS07
  - o Implement the agreed plan to address the recommendations in the safeguarding external review
  - o Review of system for training compliance rates

- MEDICINES MANAGEMENT – QS08
  - o Quality of prescribing (particularly with junior doctors)
  - o Medicines reconciliation and CD audits
  - o Medicines safety and drug administration – drugs charts and omitted doses

- TRAINING AND COMPENTENCIES – QS09
  - o Maintain focus on achieving Core Learning
  - o Review of Core Learning and Core Learning Plus requirements

- APPRAISAL AND SUPERVISION – QS10
  - o Achieving target rates for appraisal (links with People Strategy)

- OUTPATIENTS – QS11
  - o Continue to work on utilisation of clinic space and the maximisation of resources
  - o Resolve environmental safety concerns with facilities and estates improvement programme
  - o Resolve equipment safety issues
  - o Finalise leadership and new ways of working
  - o Availability of health records
  - o Condition and storage of health records
  - o Clinical review/validation of patient referrals and follow-up patients

- CONTROL OF INFECTION – QS12
  - o Continuing to implement the infection prevention and control action plan
  - o Development and support for the IPAC team

- REDUCING VARIATION IN PRACTICE IN CLINICAL AREAS (links to medical job planning) – QS13

- o   Pathways, clinical guidelines, care bundles and SOPs
- o   Standardised operating procedures and escalation processes for each ward – including staff numbers, skills and competencies

- CLINICAL STAFFING – QS14
    - o   Nurse staffing –
        - Key to Care and acknowledgement of temporary workforce
        - Implementation of Shared Governance
    - o   Medical staffing

- MEDICAL ENGAGEMENT - QS15
    - o   Repeat the Medical Engagement Scale
    - o   Develop and implement a plan following receipt of the report

- STRENGTHENING SUPPORT FOR PILGRIM – QS16

- ESTATES AND ENVIRONMENT – QS17

Interfaces/Dependencies

- **Productive Hospital Programme - specifically**
    - o   OPD
        - Patient Calling
        - E-Outcomes
        - OPD clinic space capacity
        - OPD staff establishment
        - Future model of the overall OPD service
    - o   HEALTH RECORDS
        - Condition of health records
        - Storage of health records
        - Digitisation of health records
    - o   A&E
        - Develop and implement a plan to address the recommendations from the NHSI SBAR report
        - Delivering the urgent care recovery plan
        - Workforce and Environmental issues

    - o   JOB PLANNING

    - o   PATIENT ADMINISTRATION

    - o   CLINICAL STAFFING
        - Medical Staffing Utilisation Group
        - Nurse Staffing Utilisation Group

- **People Strategy Programme – specifically**
    - o   Staff engagement around culture, vision (2012) and values
    - o   Listening and Responding to staff / Voicing Concerns
    - o   Recruitment and retention

Constraints

- Capacity
- Potential for conflicting priorities
- Volume of change in a short period – capacity for staff to cope with this
- Securing funding for staff to undertake project work
- Securing staff with the required skills and experience
- Finance – Capital and Revenue

Exclusions

- BAU activities that should be managed through existing management routes
- Organisational structure
- Operational management – RTT/Cancer targets etc
- Clinical strategy
- Financial efficiency