

Improving Quality and Safety; Overview Progress Report - September 2018

Programme Title: Improving Quality and Safety			Programme Executive Lead: Michelle Rhodes, Director of Nursing		
Programme Overview: All the projects within Improving Quality and Safety have now been formalised. Most projects are on track with an understanding of the activity required to bring the remaining ones on track. Where there are no project leads as yet identified, plans are place and currently being progressed. Coming next month is Medical Devices.					
Activity this period (September 2018)		RAG	A	Planned Activity next period (October 2018)	
Progress: QS01: Quality Improvement Programme commenced on 7th September. Nurse leads have been identified for the Northumbria exchange programme. QS02: Launch of Duty of Candour e-learning package and planning for theme of the month has been deferred until October. Risk Management Policy and Strategy updated. QS03: Introduction of micro-teaching sessions across all sites. Ward monthly reviews to be commenced. Development of link nurse profile. QS04: Focused work on improving triage standard of 15 mins and less, which includes the ability to open 2nd triage stream. Review of KPI and Milestone Plan with Claire Pacey (NHSI), Michelle Rhodes (DoN), Clare Culpin (Managing Director) and Patricia Dunmore (Improvement Director) has taken place. QS05: Children's Improvement Lead Nurse commenced in post on 3rd September. QS06: Embedding of positive patient ID consistently across the Trust. All adult inpatient areas effectively integrated the Safety Huddle process. QS07: Task and Finish Groups and membership identified for focus on specific programme areas. QS08: Interviews for speciality leads. Pharmacy newsletter approval prior to launch. Commenced Fridge and Safer Medication Audits. Report written from data collection of safer medication administration and will be distributed imminently. Commencement of Controlled Drug Audit. QS09: A letter to be sent to W&C to ensure positive engagement with this programme. Sepsis milestones to be developed. QS10: First Data Quality Project Group took place and appointment of project lead. QS11: Hospital@Night now included within Improving Quality & Safety Programme. SRO and project lead identified. QS12: Medical Devices now included within Improving Quality & Safety Programme.		Planned activity: QS01: Work currently being undertaken to draft the Quality Improvement Strategy and programme of delivery for QSIR. Finalising date for nurse leads to commence first cohort of Northumbria exchange programme. QS02: Agree monthly reporting cycle for Board Assurance Framework (BAF) and ensure updated risk registers are linked to BAF. QS03: Finalise accountability letters. Discuss information sharing at Regional Sepsis Meeting. Produce maternity work book to assist staff. Implement the Sepsis Bundle Trust Wide. QS04: Focus on improving performance on triage of patients within 15 minutes of arrival. Merging of all actions/improvement plans to allow robust management and monitoring by the General Director of Medicine. QS05: Continuation on reviewing such areas and identifying pathways of care for children in non-paediatric specific areas. QS06: Continued embedding of positive patient ID. Audit number of staff who are registered with NG skill on health roster. QS07: Development of the Conscious Sedation Policy. Training plan developed in line with Chaperone Policy. QS08: Working with Risk Management for good classification of medication related incidents. Reviewing medicines handover process and standardising where appropriate. QS09: Discussions with post grad about the opportunity of adding mortality onto the training programme. QS10: Agreement of KPI data specs. Completing In-Phase build. QS11: Review of the current ways of working within H@N Team. QS12: Assigning SRO and project lead to project.			

Project Overview	Current Period RAG	Forecast Next Period RAG	Comments
QS01: Developing the Safety Culture	A	A/G	The first in-house programme has been designed and is currently being delivered with 32 individuals attending. All milestones on track for delivering.
QS02 Governance	G	G	Incident reporting via Datix now included in staff induction and original SI backlog now completed.
QS03 Deteriorating Patient	A/G	A/G	RAG rating reflects current compliance with National sepsis screening recommendations. All milestones are on track for delivery.
QS04 Pilgrim Emergency Department	A/R	A/R	Ongoing monitoring of compliance with mandatory training. Audit tool development for assessment of tissue viability, assessment of pain and specialty referral. Focus on ensuring 1 x trained staff per shift for triaging of patients is ongoing including potential opening of a second triage room and LCHS navigation work.
QS05 Children & Young People	A/G	A/G	Project agreed and milestones now included within the overarching Improvement Plan for Q&S.
QS06 Safe Care	A/G	G	All key milestones are on track for delivery.
QS07 Safeguarding	G	G	First Task and Finish Group due to take place in October.. Clinical holding training scheduled for later in the year.
QS08 Medicines Management	A	A	Improvement Plan now been augmented and work underway to ensure delivery of the milestones.
QS09 Mortality Outliers	A/R	A	This project is in A/R due to more work needed around Lessons Learnt, a more robust action plan required for peri-natal and a clear reporting structure to be embedded. Work underway in line with current improvement plan, however, there will be more milestones to be added following a series of joint mortality telephone meetings.
QS10 Data Quality	A/R	A	Work initiated but slow planned progress due to project lead being in post.
QS11 Hospital at Night	A/G	A/G	Project agreed and milestones now included within the overarching Improvement Plan for Q&S.

Project Overview	Current Period RAG	Forecast Next Period RAG	Comments
Risks to Delivery (moderate and above): 1) Recruitment and start date of leads impacting on delivery of projects within identified timescales. 2) Challenges of annual leave reducing capacity/staff resource to lead on projects. 3) Lack of staffing resource within Pilgrim Emergency Department.			
Assurance Methods: 1) Weekly Quality and Safety Implementation Group. 2) Fortnightly Quality and Safety Improvement Board. 3) Monthly Oversight; 2021 Programme Board, Trust Board, Quality Governance and System Improvement Programme			
BLUE	Milestone successfully achieved		
GREEN	Successful delivery of the project is on track and seems highly likely to remain so, and there are no major outstanding issues that appear to threaten delivery significantly.		
AMBER / GREEN	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into issues threatening delivery.		
AMBER	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and if addressed promptly, should not cause the project to overrun.		
AMBER / RED	Successful delivery is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and to determine whether resolution is feasible.		
RED	Successful delivery appears to be unachievable. There are major issues on project definition, with project delivery and its associated benefits appearing highly unlikely, which at this stage do not appear to be resolvable.		