

November 2017 Report

Quality and Safety Improvement Programme Overview Progress Report

Programme Title: QUALITY AND SAFETY			Programme Executive Lead: MICHELLE RHODES, DIRECTOR OF NURSING		
Overview: Over the last months there has been a focus and drive to accelerate the pace at which we are working to ensure the milestones are completed within the set timescales. Where there is slippage of a milestone within a project, a plan is in place to help and support in achieving this milestone and this is escalated to the Quality & Safety Improvement Board.					
Activity this period	RAG	A	Planned Activity next period	RAG	A
Progress this period (November 2017): QS01 - The Staff Charter was formally launched at the end of November. QS01 milestones to be reviewed to incorporate new 'Well led' elements. QS02 - Commence recruitment to the Associate Director of Clinical Governance post. Strengthen support for SI management (Overdue and ongoing process). QS03 - Recruitment process commenced and have appointed to the post of lead Sepsis Nurse Practitioner to cover maternity leave. QS04 - New GI Bleed rota and Medicine rota to be drawn up. Clinician job plans to be updated in line with GI Bleed rota. QS05 - Review and update the existing milestones based on the outcome of the 360 Audit. Review the Community wide NIV pathway and update existing milestones as required. QS06 - Reviewing training requirements and associated training provision. QS07 - Safeguarding strategy to formally be launched in November. Implementation of the Safeguarding Assurance tool. Continuous review of how embedded new policies and procedures are across the Trust. QS08 - Agree a date for the Lincoln site Pharmacy pathway review. QS12 - Intranet site to be updated so that lapses in care reports can be uploaded. QS13 - DKA plan finalised and delivery commenced. Hospital at night plan finalised and delivery commenced.			Planned activity (next period December 2017): QS01 - Awareness communication to continue following the launch of The Staff Charter. Well Led milestones to be agreed and included within QS01. QS02 - Advertise post for Associate Director of Clinical Governance. QS03 - The new Sepsis Nurse Practitioner will commence working alongside the current postholder until they commence their maternity leave on 18th December. QS04 - Work continues in completing both GI Bleed and Medicine rota as well as updating all clinician job plans. QS05 - To embed the NIV pathway and escalation process and the review the county wide NIV Service and pathway. QS06 - A Clinical Holding and Restraint Training programme to be written now training completed for trainer to deliver within the Trust. QS07 - Continue to embed policies and practices within the Trust. Develop a Safeguarding dashboard and agree a SAT tool plan. QS08 - Confirmation of medicine related improvement actions. QS12 - Comencement of Quality Improvement Programmes on hand hygiene and isolation. QS13 - Clinical Lead to be identified to support the work to be completed for the DKA plan and Hospital @ Night. QS14a - Recruitment for Band 5 nurses continues. QS14b - Continuation of uploading job plans to Allocate once completed. QS15 - Work continues to secure feedback and support from Peter Spurgeon.		

QS14a - Cohort recruitment for Band 5 Nurses commenced.
 QS14b - Allocate implementation plan agreed and delivery commenced.
 QS15 - Secure feedback and support from Peter Spurgeon in order to develop a meaningful Medical Engagement plan.
 QS16 - Currently under review and being discussed at Quality & Safety Improvement Board.
 QS17 - Estates Capital Plan has been developed and is awaiting final funding approval against the Fire Enforcement Notice.

QS16 - Review and development of new milestones for this workstream.
 QS17 - Delivery of improvements against the Fire Endorsment Notice. Completion of fire evacuation training.

Project Overview	Current Period RAG		Comments
QS01 Safety Culture	Amber	Amber	The launch of the Staff Charter took place w/c 27/11/17 parallel to the launch of the 2021 Programme. There has been good attendance at the Launch Sessions with some very positive and encouraging feedback from staff. Well Led milestones will now be incorporated within QS01.
QS02 Governance	Amber / Red	Amber / Red	Advertising the post for Associate Director of Clinical Governance in December. This project remains in amber/red due to slippage of the milestones caused by delays in finalising an implementation plan and revised structure.
QS03 Sepsis	Amber	Amber	Maternity cover for Sepsis Nurse Practitioner has been appointed and has commenced in post.
QS04 GI Bleed Service	Green	Green	Service to commence GI Bleed Rota in Boston on 02/01/2018.
QS05 Airway Management	Amber	Amber	A consultant lead has been identified to support this service and a Project Group has now been established. A plan has been formulated and a base line audit has been completed.
QS06 Mental Health	Amber	Amber	Member of staff has attended the Clinical Holding and Restraint Training in November and a training programme is currently being written to outline a timeline of delivering training to 97 members of staff.
QS07 Safeguarding	Amber	Amber	Project is amber due to the ongoing work to support staff in clinical practice to reduce the theory practice gap. Capacity within the safeguarding team is having an impact on the speed of progress with this work. There is slippage with implementation of the Safeguarding Assurance Tool, however work is ongoing with NHSE to progress this pilot. Overall making good progress; policies and practices continue to be embedded within the Trust.

QS08 Medicines Management	Amber / Green	Amber / Green	Action plan being written on the back of the NHSI report following the Pilgrim Hospital pathway review visit on 11th and 12th September. Still awaiting review dates for Lincoln County Hospital.
QS09 Training and Competencies	Amber	Amber	November 2017 performance for Core Learning is 90.85% (increase of 1.68% compared to October)
QS10 Appraisal and Supervision	Amber / Green	Amber / Green	November 2017 performance for Appraisals is 78.70% (increase of 0.59% compared to October)
QS11 Outpatients	Amber	Amber	Project is in amber as there are risks into delivering milestones due to high level priority to Fire Enforcement notice and impact of completing environment works. In addition further information has been requested around submitted business cases before an agreement can be made around financial input.
QS12 Control of Infection	Amber	Amber	Amber due to current control of infection concerns. Also a risk as IPC Lead Nurse leaving the Trust at the end of December 2017, however there is a plan being developed to cover this role while going through the recruitment process.
QS13 Reducing Variation in Practice	Green	Green	Work continues on improving our services for patients with DKA and our Hospital@Night. Action plans are in place and are being monitored closely within the Trust. Clinical Leads are being identified to ensure that these services are supported and improve in line with action plans.
QS14a Clinical Staffing Nursing	Amber / Green	Amber / Green	Awaiting approval from Executive Team around proposed plan for currently employed HCSW to complete Care Certificate.
QS14b Clinical Staffing Medical	Amber	Amber	Work continues in ensuring job plans are uploaded to Allocate.
QS15 Medical Engagement	Amber	Amber	Medical Engagement Survey closed and action plan being written.
QS16 Strengthening Support for Pilgrim	Green	Amber	Currently reviewing and developing new milestones for this work stream.
QS17 Estates and Environment	Amber	Amber / Green	Project is progressing well and there is now clear direction as to what enabling work will be completed by the end of 2017/18. Capital monies has been agreed for the rest of this financial year and a clear Improvement Plan in place as to what the money is to be spent on. This money also includes the 'Must Do' work as outlined in the CQC report.

Risks to Delivery:

- 1) Ability to deliver the Quality & Safety Programme at pace and within challenging timescales due to capacity and/or lack of staff resource (moderate risk).
- 2) Inability to demonstrate delivery of the Quality & Safety projects will impact on reputation and the Trust's ability to achieve a CQC rating of 'Good' (moderate risk).
- 3) Inability to demonstrate delivery of the Quality & Safety Improvement Programme aims and objectives due to lack of capital and revenue funding (high risk).

Assurance Methods:

- 1) Weekly Quality & Safety Implementation Group.
- 2) Fortnightly Quality & Safety Improvement Board.
- 3) Monthly Oversight; 2021 Programme Board, Trust Board, System Improvement Board and Quality Governance Assurance Committee.

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.