

July 2017 Report

Quality and Safety Improvement Programme Overview Progress Report

Programme Title: QUALITY AND SAFETY			Programme Lead: MICHELLE RHODES, DIRECTOR OF NURSING		
Overview: The overall scope of the Quality and Safety Improvement Programme is to develop a culture of safety whilst making improvements in quality in line with the Trust's Quality Strategy and the findings of the latest CQC inspection.					
Activity this period		RAG	A	Planned Activity next period	
Progress this period (July 17): Key milestones to be progressed including: QS02 - Reviewing external governance review recommendations at a Board Development session and continuing to reduce the SI backlog in line with the agreed trajectory. QS03 - Starting to broaden sepsis reporting across acute in-patient and paediatric areas. QS06 - Repeating ligature risk assessments in EDs QS12 - Incorporating specific action plans that address the recent IPC visit from NHSI into the milestone plan and delivering the immediate actions required. QS13 - Commence external review of DKA pathway QS15 - Launch medical engagement survey QS16 - Develop and agree the communication strategy for ward accreditation. Commence the pilot in Pilgrim and Grantham				Planned activity (next period August 17): QS02 - The resource starting to review and implement the integrated governance structure. QS03 - Validity and reliability of the Sepsis audit data to be urgently reviewed. Rollout of eCobs and Sepsis eBundle to A&E at Lincoln completing the rollout to all adult inpatient areas. QS04 - Costed options for out of hours GI Bleed Rota to be completed. QS07 - The MCA and DoLs policy is reviewed and updated. QS09 - Refreshed Core Learning package launched and promoted to staff. QS11 - Health Records and ABC business cases to go to relevant approvals group for approval. The Harm review process is in place. QS12 - Combining the quality and safety IPC project plan with recovery plans for CDI and compliance with the Hygiene code. QS14a - ACP and workforce plan developed with NHSI. QS15 - Medical engagement scale closing and the data analysed. QS16 - Nursing quality and assurance framework to develop and monitor implementation plans. Cardio-respiratory clinical strategy developed and agreed. Quality and Safety Dashboard to be develop with agreed KPIs to be populated for submission to the next Assurance Committee and System Improvement Board. Equality and Diversity Assessments, including stakeholder comments, to be completed with support from Tim Couchman.	
Project Overview		Current Period RAG	Forecast RAG	Comments	
QS01 Developing the Safety Culture		Amber	Amber	Amber rating due to concern about senior leader attendance at key events. Leadership charter is being launched with each management cohort	

			but not fully rolled-out. Key to care project proposal in place but progress slow.
QS02 Clinical Governance	Amber	Amber	Amber rating due to lack of capacity to deliver the required improvements. Enhanced Risk Team in place and are increasing pace of validation. Duty of Candour training being refreshed and to be available to all appropriate staff.
QS03 Sepsis	Amber	Amber	Compliance on MEAU and A&E continues to improve and is monitored weekly. A/G rating as from Jul17 compliance with the Sepsis 6 is being rolled-out and performance in those areas may not be as high as current performance in MEAU and A&Es.
QS04 GI Bleed Service	Amber	Amber	Out of Hours GI Bleed Service is on the risk register and currently an audit is underway. Meeting with Clinicians on 20 July to refine options, however, amber rating as the timescales for this project are challenging.
QS05 Airway Management	Amber	Amber	Amber as the timescales are challenging but additional Project Support now in place. Task and Finish Group to start in Sept17. Scoping work to take place in advance of initial meetings with 360 Internal audit team involved.
QS06 Mental Health	A/G	A/G	A/G rating as risk associated with all identified staff receiving access to LPFT training. Work so far has highlighted that there needs to be different mechanism for identifying patients with Learning Difficulties and Mental Health conditions when formally recording on Medway.
QS07 Safeguarding	Amber	Amber	Operational Committee for Adult Safeguarding now in place and the MCA and DoLs audit tool pilot is complete. Amber rating due to delays in delivering milestones.
QS08 Medicines Management	A/G	A/G	A/G rating due to slight delay in agreeing support and pathway review from NHSI.
QS09 Training and Competencies	Amber	Amber	June 17 performance for Core Learning 90.47%.
QS10 Appraisal and Supervision	Green	Green	June 17 performance for Appraisals 78.51%
QS11 Outpatients	Amber	Amber	Business Case for OPD approved in part, queries being returned to IPB in Jul-17 for further consideration. Lack of funding will delay progress.
QS12 Control of Infection	Amber	Amber	Amber due to current control of infection concerns. Action plans to address the specific concerns are being developed and incorporated into the overarching milestone plan

QS13 Reducing Variation in Practice	Green	Green	On track for external diabetic pathway review. Phase 2 milestones to be agreed for Deteriorating Patients following initial review
QS14a Clinical Staffing Nursing	Amber	Amber	On track, A/G rating due to minor delays in consultation of job descriptions
QS14b Clinical Staffing Medical	Amber	Amber	Amber rating due to delays with approval of the Allocate Business case which is due to be reviewed at IPB in August 17
QS15 Medical Engagement	Amber	Amber	On track, and survey commissioned.
QS16 Strengthening Support for Pilgrim	A/G	A/G	Ward accreditation progressing well and A/G rating due to recruitment process for 8A posts. Cardio-respiratory clinical strategy on track.
QS17 Estates and Environment	A/G	A/G	A/G rating as E&F priorities being refreshed due to fire requirements and therefore delayed until Sep-17
Risks to Delivery:			
<ul style="list-style-type: none"> - Inability to deliver the Quality and Safety Programme at pace and within challenging timescales due to capacity and/or lack of staff resource - Lack of Capital and Revenue funding resulting in failure to progress the Quality and Safety Improvement Programme 			
Assurance Methods:			
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.		

