

August 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 (August 2017): Key milestones to be progressed including: QS02 - Interim manager has been recruited for a period of 3 months to progress with the review and implementation of a Governance structure. QS03 - Broadened sepsis reporting across acute in-patient and paediatric areas. QS06 - Ligature risk assessments in EDs completed awaiting report. QS11 - The Harm Review Process has been discussed with NHSI and CQC. QS12 - Incorporating specific action plans that address the recent IPC visit from NHSI into the milestone plan and delivering the immediate actions required is progressing. QS13 - Completion of external review of DKA pathway and Trust in receipt of draft report. QS15 - Medical Engagement Survey completed. QS16 - Develop and agree the communication strategy for ward accreditation. Commence the pilot in Pilgrim and Grantham.			Planned activity (next period September 2017): QS02 - Interim manager to commence in post from 1st September 2017. QS03 - Validity and reliability of the Sepsis Audit, data is being 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 to be developed with NHSI and CQC support. QS12 - Combining the quality and safety IPC project plan with recovery plans for CDI and compliance with the Hygiene code is ongoing. QS12 plan will be submitted to Quality & Safety Board in September for approval. QS13 - DKA action plan currently being developed. QS14a - ACP and workforce plan developed with NHSI. QS15 - Medical Engagement Survey data to be analysed and report to be sent to the Trust. 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. Draft to be presented to Quality and Safety Board on 07/09/2017. Equality and Diversity Assessments, including stakeholder comments, to be completed with support from Tim		
Project Overview		Current Period RAG	Forecast RAG	Comments	
QS01 Developing the Safety Culture		Amber	Amber		

QS02 Clinical Governance	Amber	Amber	Amber rating due to lack of capacity to deliver the required improvements. External temporary help has been identified for a period of 3 months for 3 days per week. Focus will be looking at the Trust's Governance structure. Vacancies within the Risk Team are going through the recruitment process. Duty of Candour training has been updated.
QS03 Sepsis	Amber	Amber	With the roll out of Sepsis Six some data issues have been identified which the Deputy Chief Nurse is aware of and addressing.
QS04 GI Bleed Service	Amber	Amber	Out of Hours GI Bleed Service is on the risk register and the audit is complete. Meeting with clinicians taken place to define options. This remains amber due to the challenging timescales.
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 September 2017. Scoping work to take place in advance of initial meetings with 360 Internal audit team involved.
QS06 Mental Health	A/G	A/G	
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	July 2017 performance for Core Learning 90.82% (increase of 0.35% compared to June 2017).
QS10 Appraisal and Supervision	Green	Green	July 2017 performance for Appraisals 82.64% (increase of 4.13% compared to June 2017).
QS11 Outpatients	Amber	Amber	Business Case for OPD approved in part (50%), queries being returned to IPB on 23/08/2017 with recommendations to FTG on 31/08/2017. Lack of funding will delay progress. Harm Review Process is supported by NHSI and CQC but further work is required to refine the work.
QS12 Control of Infection	Amber	Amber	Amber due to current control of infection concerns. Action plans being combined to address the specific concerns are being developed and incorporated into the overarching milestone plan.
QS13 Reducing Variation in Practice	Green	Green	External diabetic pathway review is complete and action plan currently being developed. Phase 2 milestones to be agreed for Deteriorating Patients review recommendations have been approved by ET.
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	Medical Engagement Survey closed and awaiting analysis.
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	Amber	A/G	A/G rating as E&F priorities being refreshed due to fire requirements and therefore delayed until Sep-17

Risks to Delivery:

- 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:

Quality and Safety Implementation Team
Review of Evidence portfolio

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.