

Improving Quality and Safety; Overview Progress Report - August 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.					
Activity this period (August 2018)		RAG	A	Planned Activity next period (September 2018)	
Progress: QS01: Liaison with Northumbria to agree exchange programme. QS02: Guidance and systems in place for Datix reporting and development of duty of candour web page. QS03: Updating of sepsis policy in progress and e-learning packages available. QS04: Review of KPI's. Additional staff training in triage. Continuation of Ambulance Handover Project with SSG and Pre-Handover Practitioner. Address Estate issue in respect of fire exit corridor clear and Estates issue addressed including temp fire door on kitchen. Paediatric cubicle all complete with child friendly stickers etc. QS05: Awaiting start of Children's Improvement Lead Nurse. QS06: Development of methodology for all pilots within the project plan and agree pilot sites. QS07: Care portal approved to support CP-IS. QS08: ED Pharmacist pilot ongoing and business case sent. Consultation for extended pharmacy hours launched. Omitted dose audit report distributed. Collecting data around safer medication administration. QS09: To meet with W&C for profiling of plans to add to the programme. QS10: Advertisement of project lead post to lead on planned initiatives.				Planned activity: QS01: Quality Improvement Programme to commenct on 7th September. Identify nurse leads for Northumbria exchange programme. QS02: Launch of Duty of Candour e-learning package and planning for theme of the month. 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) and Patricia Dunmore (Improvement Director). Focused worked on Tissue Viability with Clinical Education Team and workforce. QS05: Children's Improvement Lead Nurse commences 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. Fridge and safer medication audits. Report to be written from data collection of safer medication administration and distributed. 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: Set up Data Quality Project Group and appointment of project lead.	
Project Overview		Current Period RAG	Forecast Next Period RAG	Comments	
QS01: Developing the Safety Culture		A	A/G	Staff identified and attending QSIR Practitioner Programme.	
QS02 Governance		G	G	Incident reporting via Datix now included in staff induction and original SI backlog now completed.	

Project Overview	Current Period RAG	Forecast Next Period RAG	Comments
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			Project to be agreed by end of September.
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	More work to be completed to augment the current improvement plan. Meeting being held on 11th September with Director of Nursing and Pharmacy Team.
QS09 Mortality Outliers	A/R	A/R	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	Progress delayed due to the absence of a project lead.
QS11 Hospital at Night			Project to be agreed by end of September.
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.		