

December 2017 Report

Quality and Safety Improvement Programme Overview Progress Report

Programme Title: Quality and Safety Improvement		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 (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. QS16 - Review and development of new milestones for this workstream. QS17 - Delivery of improvements against the Fire Endorsment Notice. Completion of fire evacuation training.			Planned activity (next period January 2018): QS01 - Well Led milestones to be incorporated within key milestones. Letter from CEO to senior leaders who have not booked on two day Management Programme. QS02 - Continued working with CCG with regard to thematic review of SI's to address overdue SI's. Interim Associated Director of Clinical Governance in post until end of March whilst recruitment process is ongoing for permanent vacancy. QS03 - Embed use of e-Bundle within maternity inpatient areas. Implement training for paediatric e-COBS/e-Bundle. Ensure process within A&E's is embedded and improvements sustained. Continue to focus on compliance improvement via awareness and targeted education. QS04 - GI Bleed 'Go Live' on 2nd January. Monitoring and addressing any issues that arise following implementation. QS05 - Baseline audit to be undertaken and ULHT Project Group to be developed and plan formulated. A community wide Pathway Group to be established. QS06 - Seeking monies to fund Clinical Holding and Restraint Training as per business case. Application submitted to charitable funds. QS07 - Completion of developing a Safeguarding dashboard and agree a SAT tool plan. QS08 - Improvement action plan to be developed and monitored through the relevant meetings. QS09 - Continuous focus to achieve 95% compliance by March 2018. QS10 - Continuous focus to achieve 85% compliance by March 2018 of staff. Maintaining 95% threshold for medical and dental staff. QS11 - Implementation of electronic clinic room booking plan in Grantham. QS12 - Commencement of interim IPC and Patient Safety Lead Nurse. QS13 - User Groups being organised for Diabetes & DKA and Hospital@Night. Action plans for both pathways being developed and to be presented to Q&S Board. QS15 - Continuation for seeking secure feedback and support from Peter Spurgeon. QS16 - Develop and agree the Communication Strategy for Ward Accreditation. Commence the Ward Accreditation pilot in Pilgrim and Grantham Hospitals. QS17 - Continued delivery of improvements against the Fire Endorsment Notice.		

Project Overview	Current Period RAG		Comments
QS01 Safety Culture	Amber	Amber	Communications within the Trust to promote the launch of the Staff Charter continues with executive and non-executive directors visiting Departments Trust Wide. Letter from CEO sent to all senior leaders who have not enrolled on the 2 day Management Programme to enforce attendance.
QS02 Governance	Amber	Amber / Red	Interim Associated Director of Clinical Governance in post until end of March 2018.
QS03 Sepsis	Amber	Amber	Seconded lead Sepsis Practitioner now in post and a robust handover has taken place.
QS04 GI Bleed Service	Amber	Green	Service to commence GI Bleed Rota in Pilgrim Hospital from 2nd January 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 / Green	Amber	Clinical Holding and Restraint training business case has been written and approved. Monies currently being sought through charitable funds.
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	December 2017 performance for Core Learning is 90.63% (decrease of 0.22% compared to November). Communication sent directly to line managers if their staff are outliers with compliance.
QS10 Appraisal and Supervision	Green	Amber	December 2017 performance for Appraisals is 79.10% (increase of 0.40% compared to November). Communication sent directly to line managers for staff who have an appraisal outstanding.

QS11 Outpatients	Amber	Amber	Implementation of the Micad trial commenced in November 2017 with implementation in January 2018 for Grantham. Micad is an electronic clinic room booking system.
QS12 Control of Infection	Amber	Amber	Seconded lead IPC and Patient Safety Nurse commenced in post. Work continues to deliver IPC Improvement Plan.
QS13 Reducing Variation in Practice	Green	Amber	Clinical Leads are now in place for Diabetes & DKA Pathway and Hospital@Night Service. Users Groups are being set up to ensure delivery of the action plans. Clinical Leads will present updates to Quality & Safety Board every 6-8 weeks.
QS14a Clinical Staffing Nursing	Amber	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	Amber / 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.