NHS
United Lincolnshire
Hospitals
NHS Trust

February 2018 Report

Quality and Safety Improvement Programme Overview Progress Report

Programme Title: Quality and Safety Improvement	**Programme Executive Lead:** Michelle Rhodes, Director of Nursing

Overview:

There is continued focus and drive to ensure the milestones are completed within the set timescales. Where there are setbacks with timescales, these are escalated and discussed at the Quality & Safety Improvement Board where plans are agreed. There is a lot of work underway to ensure the Trust is ready for the forthcoming unannounced CQC visits and Well Led CQC Visit in April.

Activity this period	**RAG**	A	**Planned Activity next period**	**RAG**	A

Progress this period (February 2018):	Planned activity (next period March 2018):

Progress this period (February 2018):

QS01 - Quality Improvement workshops to commence. Availability for up to 200 members of staff.

QS02 - Consultation process to commence in relation to new Governance Staffing Structure. Milestones and plan to be reviewed and updated. Duty of Candour training to be included within Risk Module e-Learning system.

QS03 - Continued focus on compliance improvement via awareness and targeted education. Sepsis boxes now rolled out in all adult inpatient and maternity areas. Paediatrics Sepsis E-learning module in progress.

QS04 - Continued monitoring continues of the GI Bleed rota and delivery. Milestones to be included in Improvement Plan with regard to recruiting a 6th consultant.

QS05 - Work continues to develop a community wide pathway. Continue to explore data to support capacity and demand work.

QS06 - Funding for Clinical Holding and Restraint Training being applied for to NHSI from the monies allocated to ULHT.

QS07 - Continue to support Clinical teams to embed Safeguarding practices. Start to upload evidence into SAT and pilot tool.

QS08 - Pathway review scheduled for LCH on 12/02/18.

QS09 - Continued focus to achieve 95% compliance by March 2018.

QS10 - Continuous focus to achieve 85% compliance by March 2018 of staff.

QS11 - Finalise business case for ABC staffing/Patient Calling at Grantham (for submission March '18).

QS12 - Continue to focus on supporting clinical areas in regard to awareness and training.

QS13 -Action plans being developed for both Diabetes/DKA Service and Hospital@Night, ensuring all teams have been met Trust Wide and introduction of Task & Finish Groups for each service.

QS16 - setting up of a new workstream for Emergency Department at Pilgrim (QS18).

Planned activity (next period March 2018):

QS01 - Quality Improvement Workshops continue.

QS02 - Continued focus on Serious Incidents.

QS03 - Continue to focus on screening compliance and education especially as Lincoln A&E have now gone live with e-CObs and the e-Bundle.

QS05 - Publish NIV Guidelines, Pathway and Competencies once finally approved.

QS06 - Commence delivery of Clinical Holding and Restraint training.

QS07 - Continue to increase visibility on the ward and support clinical teams to embed safeguarding practices.

QS08 - Action plans to be drawn up now Pilgrim and Lincoln County Hospitals have had their pathway reviews.

QS12 - To merge the Hygiene Code non-compliant actions into the Q&S Improvement Plan so working off one plan.

Project Overview	Current Period RAG	Forecast Next Period RAG	Comments
QS01 Safety Culture	Amber	Amber	Communications within the Trust to promote the launch of the Staff Charter continues.
QS02 Governance	Amber	Amber / Red	Continued focus on the current Serious Incidents throughout the organisation.
QS03 Sepsis	Amber	Amber	From the monthly reviews we are producing a thematic analysis identifying the themes to help us target education and training. EMAS are administering PGD IV antibiotics and a comms will be going out to explain the process.
QS04 GI Bleed Service	Amber	Green	GI Bleed Rota in Pilgrim Hospital commenced on 2nd January 2018. No issues raised.
QS05 Airway Management	Amber	Amber / Green	Focus on compliance with NIV pathway (being piloted on all NIV wards). Complete countywide pathway mapping work and share with the CCGs.
QS06 Mental Health	Green	Green	Clinical Holding and Restraint training to commence following funding of £2k from NHSI; first one day training booked for 29th March. First two day course is booked for 19th & 20th April.
QS07 Safeguarding	Amber	Amber	Work continues to upload evidence into SAT. Engagement continues with Sustainable Safeguarding Model work across the health system in Lincolnshire.
QS08 Medicines Management	Amber / Green	Amber / Green	Action plan now being pulled together as both Pilgrim and Lincoln County Hospitals have had their pathways reviewed.
QS09 Training and Competencies	Amber	Amber	February 2018 performance for Core Learning is 90.60% (increase of 0.43% compared to January).
QS10 Appraisal and Supervision	Green	Amber	February 2018 performance for Appraisals is 79.71% (decrease of 0.88% compared to January).
QS11 Outpatients	Amber	Amber	Rating remains Amber due to delayed milestone for submission of business cases for ABC and Patient Calling at Grantham due to current financial situation. Business case on track for submission to CRIB in March '18.
QS12 Control of Infection	Amber	Amber	Focus will be on the hygiene code gap analysis and non-compliance within this. The actions listed in the current QSIP will be addressed but with revised timescales. The key action now are to transfer the hygiene code non-compliant actions in to the QSIP plan and to add milestones. This will be completed within 3 weeks and will then for the basis for IP&C management going forward.
QS13 Reducing Variation in Practice	Green	Amber	Clinical Leads will present updates to Quality & Safety Board every 6-8 weeks.

QS14a Clinical Staffing Nursing	Amber	Amber / Green	All newly recruited Health Care Support Workers (HCSW) are apprentices have commenced the Care Certificate to be completed within 3 months. This was with effect from 01/09/17. All HCSW employed pre 01/09/17 have been given the opportunity to complete the Care Certificate as an apprentice.
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 / Red	Amber / Red	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.