

**January 2018 Report**

**Quality and Safety Improvement Programme Overview Progress Report**

<b>Programme Title:</b> Quality and Safety Improvement		<b>Programme Executive Lead:</b> Michelle Rhodes, Director of Nursing			
<p><b>Overview:</b>  <b>There is continued</b> 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 &amp; Safety Improvement Board.</p>					
<b>Activity this period</b>	<b>RAG</b>	<b>A</b>	<b>Planned Activity next period</b>	<b>RAG</b>	<b>A</b>
<p><b>Progress this period (January 2018):</b>          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&amp;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 &amp; DKA and Hospital@Night. Action plans for both pathways being developed and to be presented to Q&amp;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.</p>			<p><b>Planned activity (next period February 2018):</b>          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.          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 on establishing a community wide Pathway Group.          QS06 - Funding for Clinical Holding and Restraint Training being applied for to NHSI from the monies allocated to ULHT.          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 - Implementation of electronic clinic room booking continues to be rolled out.          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 &amp; Finish Groups for each service.          QS16 - setting up of a new workstream for Emergency Department at Pilgrim (QS18).</p>		

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 with executive and non-executive directors visiting Departments Trust Wide.
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 until end of March (3 month secondment).
QS04 GI Bleed Service	Amber	Green	GI Bleed Rota in Pilgrim Hospital commenced on 2nd January 2018. Recruitment process commenced for 6th consultant.
QS05 Airway Management	Amber	Amber	A consultant lead has been identified to support this service and a Project Group has now been established. Work continues to establish a community pathway.
QS06 Mental Health	Amber / Green	Amber	Clinical Holding and Restraint training monies being sought from NHSI monies allocated to ULHT.
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. Overall making good progress; policies and practices continue to be embedded within the Trust.
QS08 Medicines Management	Amber / Green	Amber / Green	Review date for Lincoln County Hospital is on 12th February.
QS09 Training and Competencies	Amber	Amber	January 2018 performance for Core Learning is 90.17% (decrease of 0.46% compared to December).
QS10 Appraisal and Supervision	Green	Amber	January 2018 performance for Appraisals is 80.59% (increase of 1.49% compared to December).
QS11 Outpatients	Amber	Amber/Red	Rating changed to Amber/Red due to business cases for ABC and Patient Calling at Grantham delay in view of current financial situation. This has caused a delay in delivering the milestones within the set timescales.
QS12 Control of Infection	Amber	Amber	Work continues to deliver IPC Improvement Plan.

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 and will commence 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.
<b>Risks to Delivery:</b>			
<p>1) Ability to deliver the Quality &amp; Safety Programme at pace and within challenging timescales due to capacity and/or lack of staff resource (moderate risk).</p> <p>2) Inability to demonstrate delivery of the Quality &amp; Safety projects will impact on reputation and the Trust's ability to achieve a CQC rating of 'Good' (moderate risk).</p> <p>3) Inability to demonstrate delivery of the Quality &amp; Safety Improvement Programme aims and objectives due to lack of capital and revenue funding (high risk).</p>			
<b>Assurance Methods:</b>			
<p>1) Weekly Quality &amp; Safety Implementation Group.</p> <p>2) Fortnightly Quality &amp; Safety Improvement Board.</p> <p>3) Monthly Oversight; 2021 Programme Board, Trust Board, System Improvement Board and Quality Governance Assurance Committee.</p>			
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.		