

**March 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		
<b>Overview:</b> 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.					
<b>Activity this period</b>		<b>RAG</b>	<b>A</b>	<b>Planned Activity next period</b>	
<b>Progress this period (March 2018):</b> 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.				<b>Planned activity (next period April 2018):</b> QS02 - Options are being explored to clear the SI investigation backlog and to improve compliance with the national standard QS03 - Our top priorities for April will be: to achieve 90% screening for sepsis, sustain our 90% for administration of IV antibiotics within the hour, for paediatric inpatient wards to go live with ecobs. The interface between web v and midway is to be updated so we do not have allocation issues within the emergency departments. QS04 - Currently recruiting into the 5th vacant consultant GI post. Once completed a review of the consultant job plans will be completed. QS06 - 2 day Clinical Holding and Restraint training due on 19th and 20th April 2018. QS07 - Work with Project Manager to progress Sustainable Safeguarding Model work across the health system in Lincolnshire. QS09 - Agreed at Quality and Safety Improvement Board (QSIB) to close this work-stream as it is now business as usual. QS10 - Agreed at Quality and Safety Improvement Board (QSIB) to close this work-stream as it is now business as usual. QS17 - Complete Dixon Ward Staff Changing Facilities at Lincoln County. Complete remaining minor environment improvement works at Grantham A&E. Progress with upgrade and installation of new Nurse Call Bell system at Pilgrim Hospital Boston.	

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 / Green	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	Amber / Green	Amber	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 / Green	Amber / Green	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 / Red	TRG want amendments to business case. Business case has been amended x3 now. TRG has requested further information - Clinical engagement to increase number of slots.
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 be 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 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.

**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.