Quality and Safety Improvement Plan – July 2017

1. Introduction

The Quality and Safety Improvement Plan (QSIP) sets out a programme of improvement work to ensure our patients receive safe care which promotes quality and safety across a range of areas in both and settings.

The 2017/2018 Quality and Safety Improvement Plan addressed issues of quality highlighted at the time of the 2016 CQC visit. Many of the improvement projects identified have been completed and are embed and monitored as part of 'business as usual'.

In addition to those ten areas which the trust has identified as pivotal to improve patient quality and safety through the 2108/19 QSIP; the ten programmes within the QSIP will also address issues raised in the recent CQC inspection including ensuring improvement against the Must Do and Should Do actions identified within the CQC inspection report.

The paper includes:
- Clarification of the endpoint of the 2017/18 Quality and Safely Improvement Programmes and how this work will be monitored in 2018/19.
- Identification of the ten Quality and Safety Improvement Programmes that will be undertake in 2018/19

The QSIP continues to be supported with the same programme structure that was successful within 2107/18 with weekly programme meetings chaired by the Director of Nursing and supported by the Quality Improvement Director and Deputy Chief Nurse, that all ten programme leads are required to attend. Two weekly Quality and Safety Improvement Board meetings are held two weekly chaired by the CEO.

2. 2017/18 QSIP

The detail below identifies the final position of each of the 2107/18 programmes.
- **Safety culture -** remains with updated plan
- **Governance** - remains with updated plan
- **Sepsis** - remains with focus changed to the deteriorating patient
- **GI Bleed** - Closed monitored through Directorate performance meetings
- **Airway Management** – Closed monitored through Directorate performance meetings
- **Mental Health** – Closed with 2 elements (MCA & DoLS and chemical restraint) transferred to the 2018/19 safeguarding programme
- **Safeguarding** - remains with a focus on Sustainable Safeguarding Model work across the health system in Lincolnshire.
- **Medicines Management** - remains with updated plan
- **Training & Competencies** – Closed monitored through Directorate performance meetings
- **Appraisal and supervision** - Closed monitored through Directorate performance meetings
- **Outpatients** – closed monitored through trust wide programmes
- **Control of Infection** – Closed monitored through Trusts infection Control Committee
- **Reducing Variation in Practice in clinical areas** – Closed monitored through Directorate performance meetings
- **Clinical staffing - nursing** - Closed monitored through 2 weekly workforce meetings

- **Clinical staffing - medical** - Closed monitored through workforce committee and Directorate performance meetings
- **Medical engagement** - incorporated into mortality outliers programme
- **Strengthening support for pilgrim** – transferred to ED programme
- **Estates** - Closed monitored through estates capital programme

3. 2018/19

This year's plan aims to deliver sustainable change in order to improve quality and safety against 10 key areas and in doing so continues to reduce variation and patient harm. Through the continued focus on improving the trusts safety culture and governance a systematic methodology will be used to measure, deliver and understand improvements so these are replicable.

The 2018/19 methodology to deliver the QSIP remains the same as previous and as such once finalised, documentation will be similar including milestones and KPIs which identify progress and outcomes on a monthly basis.

The ten programmes identified as pivotal to deliver improvements are identified below together with a description and some examples of the types of work included within the programme.

Developing a Safety Culture: Building a consistent safety culture through the delivery of the range of projects within the overall Quality and Safety Improvement Programme.
- To ensure that learning from events and SIs is embedded in our governance systems
- To ensure that a consistent Quality Improvement Methodology is embedded across all parts of the Trust
- To maximise the learning opportunities from the buddying arrangements with Northumbria

Governance: Trust-wide review and update to the governance and well led structure, processes, monitoring and assurance. Ensuring that the trust and its staff are able to meet local, statutory and contractual requirements; independently identifying areas of concern and outstanding practice.
Delivery of improvements to governance processes across clinical specialties.
- Greater transparency and openness with patients following identification of harm through improvements to duty of candour
- Improvements to the well led capabilities of senior leaders across the trust
- Improvements to the trusts meeting and assurance structure and processes
- Better recognition, monitoring and mitigation of risk at all levels

The Deteriorating Patient: Trust wide review and update to policy, education, practice and performance management to better recognise and rescue the deteriorating patient.
- Further improvements in sepsis early recognition and treatment
- Identification of patient with AKI and the care required
- Maintaining fluid balance
- Lessons learned from failure to escalate
- Effective communications using SBAR
- Recognising failure to escalate deteriorating patients
- Implementation of national ReSPECT programme

Pilgrim ED: *Delivery of an Emergency Department wide improvement plan to ensure that the department delivers consistent high quality care and meets key national performance indicators.*

- Patient care is delivered within Royal College of Emergency Medicine 'Initial Assessment of Emergency Patients' guidelines.
- The department consistently achieves 95% plus 4 hr target.
- Patients are cared for by appropriately trained and caring staff.
- Quality and experience of patient is consistently positive and measured against agreed parameters*.*

Paediatric Services – developing and Improving the Care of the Hidden Child: *The programme looks to identify the 'hidden child' across all services within the Trust and then ensure that we are delivering safe, care that identifies and measures the quality of the experience for both the child and their parent or next of kin and how we can further improve*

- Identify those pathways, services and departments beyond children services, that provide care for children and young people
- Identify markers of safe care within these environments
- Identify mechanisms within these environments to measure the experiences of children, young people and their families or carers

Safe Care: *Trust-wide implementation and embedding of Safe Care with 5 individual projects to enable the trust to robustly demonstrate a consistent approach to SI's and Never Events ensuring learning and quality improvement.*

- Reduction in SI's and Never events and ability to demonstrate learning
- Consistent approach across all sites, all departments in the delivery of evidenced based processes

Safeguarding: *Delivery of the safeguarding improvement plan to ensure that the Trust is fulfilling its duties and statutory responsibilities to safeguard and promote the welfare of children, young people and adults who come into contact with our services*

- Conscious sedation is used appropriately and safely when required.
- Patient care is delivered in line with the following policies: Chemical Restraint in the Management of Agitated Patients on General Adult Wards & in A&E Policy; and Clinical Holding & Restraint Policy.
- All adults are offered a chaperone for all intimate examinations and children and young people are provided with chaperones.
- The Trust is fully compliance with Savile and Bradbury report recommendations.
- Pathway is seamless for patients with LD who require access to ULHT services, including those without a ULHT Consultant
- Trust is compliant with Child Protection Information Sharing(CP-IS) requirements.

Medicines Management: *Pharmacy, nursing and medical staff to improve Medicines Management; in order to improve patient safety and reduce harm from medication. Maintain and develop education and training resources relating to Medicines Management for all those undertaking medication related tasks.*

- Improved culture of medicines safety and learning from incidents
- Pharmacy providing a sustainable clinical service
- Readily accessible pharmaceutical support for clinical services
- Staff knowledge and competence in Medicines Management increased through access to education and training – pharmacy staff, nursing staff and junior doctors
- Safer medication supply and administration processes from admission through to discharge

- Improved medicines security and safer storage of medicines

Mortality Outliers: *Focused improvements actions in those areas where the trust is identified as a mortality outlier*
Initial work focuses on trust wide review of Perinatal Mortality to identify
- reasons why perinatal mortality is alerting
- What actions are required
- Systematic improvement and embedding changes

Data Quality; *Delivery of improvements and standardisation to the sources, triangulation, validity and timeliness of data used to support the Trust governance processes*
- Clarity regarding sources of data used for trust wide information ensuring reliability
- Improved validity process including appropriate triangulation
- Ward to Board processes uses the same information to analyses and provide improved governance
- Improvements to the trusts analytics capabilities

4. Recommendations

For the Board of Directors to note the approach taken to close the 2017/18 and progress the 2018/19 Quality and Safety Improvement programme..