

September 2017 Report

Quality and Safety Improvement Programme Overview Progress Report

Programme Title: QUALITY AND SAFETY			Programme Lead: MICHELLE RHODES, DIRECTOR OF NURSING		
Overview: Work continues within Quality & Safety however there is a focus to accelerate the pace at which we are working to ensure the milestones are completed in the set timescales. The areas of concern within the programme are; 1) QS02 Clinical Governance - there is no governance framework; 2) QS14b Clinical Staffing - internal bank system and skill mix and 3) QS16 Strengthening Support for Pilgrim - reduction in key senior management.					
Activity this period	RAG	A	Planned Activity next period	RAG	A
Progress this period (September 2017): QS02 - Interim Director of Governance has commenced for a period of 3 months. Continued progress in reducing the backlog of overdue SI's. QS03 - Validity and reliability of data within Sepsis Audit currently being reviewed. Awaiting next steps. QS04 - Costing options for out of hours GI Bleed rota completed and with Neill Hepburn. Awaiting next steps. QS06 - Awaiting report of Ligature Risk Assessments carried out in Emergency Departments. QS11 - Health Records and ABC business cases currently going through approval process. The Harm Review Process is being developed with NHSI and CQC support. QS12 - IPC Improvement Plan has been updated and is with Deputy Chief Nurse for comments. QS13 - Diabetes DKA action plan is complete in draft format. With Medical Director and Chief Nurse for comments. Expediting final DKA Pathway Review report from Leicester. Action plan being presented to Specialty Governance Meeting on 21/09/17. QS14a - ACP and Workforce Plan developed with NHSI. QS15 - Medical Engagement Survey report with Neill Hepburn. Awaiting next steps. QS16 - Ward Accreditation education to commence w/c 18/09/2017. For all 17 work streams an in-depth piece of work is being carried out looking at RAG rating, overview, risks, assurance method and ensuring all milestones			Planned activity (next period October 2017): QS01 - Senior Leadership Forum to take place on 09/10/2017. QS02 - Paper outlining what the governance structure should look like for ULHT. QS05 - Action plan to be written on back of 360 Audit. More detailed work to be carried out with regard to pathways. To seek Leicester's advice via Medical Director. QS06 - Action plan to be written on back of Ligature Risk Assessments. QS07 - Action plan to be written on back of self-assessment of regulation 13. QS12 - IPC Improvement Plan to be presented at Quality & Safety Improvement Board. QS13 - Continuous monitoring of the Diabetes DKA action plan. Hospital at Night action plan to be written. QS14a - Feedback and action plan following visit to Coventry on 26/9/17 around Workforce Plan. QS14b - Ensuring process for recruiting into internal bank systems are clear and embedded. QS15 - Action plan to be written on back of Medical Engagement Survey report. QS16 - Ensuring there is senior management support in place in view of recent departures and sick leave. QS17 - Review of the current milestones against CQC report to ensure all milestones are incorporated.		
Project Overview	Current Period RAG		Forecast RAG	Comments	

QS01 Safety Culture	A/G	A/G	Although making good progress, the project overall is in amber as we do not have a process to measure the outcome of Safety Culture within the organisation. This is currently being looked into with Human Resources as to how we measure this.
QS02 Clinical Governance	Amber	Amber	Project is in amber due to no robust governance structure within ULHT, however, interim Director of Governance now commenced in post. Continued progress in addressing the backlog of
QS03 Sepsis	Amber	Amber	Project is in amber due to; 1) Sepsis CNS in PHB due to commence maternity leave in November 2017 and concerns around being able to cover with skills required. 2) Sepsis CNS's heavily involved with tracking down incidents which is preventing the team from resolving the issues that have arisen.
QS04 GI Bleed Service	Green	Green	Project is in green as GI Bleed Rota has now been agreed by Executive Team. Three month notice is now being served to both clinicians and endoscopy nursing staff in readiness to commence GI Bleed Rota in Boston on
QS05 Airway Management	Amber	Amber	Project is in amber due to tight timescales in delivering a pathway equitably Trust Wide.
QS06 Mental Health	A/G	A/G	Project progressing well.
QS07 Safeguarding	Amber	Amber	Project going well, but amber due to size of milestones in addition as to how to evidence outcomes once embedded.
QS08 Medicines Management	A/G	A/G	A/G rating due to slight delay in agreeing support and pathway review with NHSI. Pathway review taken place in PHB on 11th and 12th September, but awaiting review date for LCH.
QS09 Training and Competencies	Amber	Amber	September 2017 performance for Core Learning 89.63% (decrease of 0.95% compared to August 2017).
QS10 Appraisal and Supervision	Green	Green	September 2017 performance for Appraisals 80.10% (decrease of 2.14% compared to August 2017)
QS11 Outpatients	Amber	Amber	Project is in amber as there are risks into delivering milestones due to high level priority to Fire Enforcement notice and impact of completing environment works. In addition further information has been requested around submitted business cases before an agreement can be made around financial input.
QS12 Control of Infection	Amber	Amber	Amber due to current control of infection concerns. Action plans have now combined into one Improvement Plan. Currently in draft and with Deputy Chief Nurse for comments. Will be shared to wider stakeholders in October 2017.

QS13 Reducing Variation in Practice	Green	Green	Work underway to complete actions within Diabetes DKA action plan on the back of the pathway review from Leicester. Action plan being monitored through the monthly speciality governance meeting. Hospital at Night service review is underway internally and links with Leicester have been made for help and support in reviewing this service.
QS14a Clinical Staffing Nursing	Amber	Amber	Amber due to generic job descriptions for band 5 are still not matched. This will have a knock on effect in going out to recruitment to newly qualified RGN's.
QS14b Clinical Staffing Medical	Amber	Amber	Amber rating due to management attention required around the internal bank system with additional support.
QS15 Medical Engagement	Amber	Amber	Medical Engagement Survey closed and report with Medical Director for action.
QS16 Strengthening Support for Pilgrim	A/G	A/G	Ward Accreditation education commenced w/c 18/09/2017. Risk for escalation is around two key senior managers' contracts expire at the end of September 2017 and the Deputy Chief Nurse on sick leave.
QS17 Estates and Environment	Amber	A/G	Review of current milestones against CQC report to ensure all milestones are incorporated including fire enforcement requirements.

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.