

**Improving Quality and Safety; Overview Progress Report - May 2019**

<b>Programme Title:</b> Improving Quality and Safety			<b>Programme Executive Lead:</b> Michelle Rhodes, Director of Nursing		
<b>Programme Overview:</b> Overall progress is being made in delivering key milestones/milestones, although there are challenges which have slowed down delivery. Where there are challenges which have caused slippage in delivery, plans are in place to ensure we achieve milestones and are closely monitored through the weekly Quality & Safety Implementation Group and escalated accordingly into the Quality & Safety Improvement Board.					
<b>Activity this period (April 2019)</b>		<b>RAG</b>	<b>A</b>	<b>Planned Activity next period (May 2019)</b>	
<b>Progress:</b> QS01: Analysis of staff survey data. Three members of staff to complete QSIR Classroom Assessments. QS02: TOM structure to be launched under new governance framework. Launch of basic incident management training. QS03: Policies to be approved at CESC. QS04: Evidence to be collated for completed milestones around GP streaming, fractured neck of femur pathway etc. QS05: Benchmarking of W&C Services. Benchmarking of Outpatient Services to commence. Pants and Tops to be launched in ED Trust Wide. QS06: Roll out of Safe Care work streams following Time Out Session in Sleaford on 03/04/2019. Continuous monitoring of PPID Datix themes and offers of targeted support areas where needed. QS07: Increase in comms around importance of attending Clinical Holding and Restraint Training. QS08: Communication on allergies to be distributed. Web page to go live. QS09: Review the Clinical Coding Masterclass function. Review the funding for MES to have 5/7 services. QS10: Existing KPIs to have kite mark attached. QS11: Continue to explore thematic incidences. Business case approval/non-approval will determine actions for April. QS12: MDSG decision on MEMS software to be ratified by Patient Safety Group. The development of user-training packages on MEMS for partners.				<b>Planned activity:</b> QS01: Discuss with Communication team on best mechanisms to disseminate lessons learnt to the wider clinical and non clinical audience within the Trust. Development of posters for new TOM Governance Structure. QS02: Continued recruitment to vacant posts in new Clinical Governance structure. Continued support to embedding new reporting processes. QS03: Meet with all of the Medical Examiners regarding Harm reviews and how to collect the information. Meet with the ICU leads regarding Harm reviews and how to collect the information. QS04: Continued development of SOPs . Review of RAT and flow in the Department. Four Hour breach analysis. Conversion rate review. QS07: Definitive statement required from HR re: process for DBS checks on external/agency/contract staff. Rapid Tranquilisation Checklist Sticker to be ratified and introduced. QS08: SOP for review of medication incidents to be ratified by Pharmacy Governance group. Communications to be developed on completing drug charts. Submit business case to CRIG for discharge team. Communication to Nursing staff to stop using returns book. QS09: Continuous of sustaining management processes. QS12: MDSG to decide a Trust wide risk assessment of medical devices from a user-training perspective. Develop the current guideline on training into a procedural document for the Trust. Start working on training packages on MEMS for stakeholders. Review the current progress on TNA and receive feedback from MDSG.	
<b>Project Overview</b>		<b>Current Period RAG</b>	<b>Forecast Next Period RAG</b>	<b>Comments</b>	
QS01: Developing the Safety Culture		A/G	A/G	Commenced staff survey on patient safety culture relating to how lessons learned are distributed and how staff would like to receive the information. Analysing and learning from Patient Safety Incidents, Complaints, Claims and Coroners Inquest Policy drafter and out for consultation.	
QS02 Governance		A/G	A/G	The automatic feedback mechanism in Datix has been activated and will now provide feedback to all incident reporters. Development underway of risk reporting to the new Trust Management Group.	

Project Overview	Current Period RAG	Forecast Next Period RAG	Comments
QS03 Deteriorating Patient	A/G	A/G	Roll out commenced for train the trainer sessions. Sepsis Practitioners to attend all Specialty Governance Meetings to increase medical engagement.
QS04 Pilgrim Emergency Department	A	A	Information analyst is now in post and progressing the work on trajectories and quality dashboard. Continue to attend and contribute to system wide ambulance handover meetings. Continuation of work with LCHS and attend weekly operational meetings to support continued improvement of GP streaming.
QS05 Children & Young People	A/G	A/G	The development of the benchmarking tool for Outpatient Department completed. The work on the patient tracking lists has now been incorporated into paediatric surgical pathways work. There have been two meetings in March to discuss the formation of work streams and work packages. Project leads to be identified. An escalation document has been written for review by the DON. HEE have commenced work on the paediatric training for C&YP attending Emergency departments within the Trust, triage and assessment processes have been reviewed and adapted. Tops and Pants is now implemented. Monkey Wellbeing posters are now being embedded into clinical areas where a child may visit.
QS06 Safe Care	G	G	Trust wide communications have commenced on Positive Patient Identification, NG Tube safety, Safety Huddles and Intentional rounding; they have been included in Team Brief and Weekly round-up to raise awareness. A new Quality Matron has commenced in post and is providing support to the team to drive the Safe Care projects forward.
QS07 Safeguarding	G	A/G	Draft policies on conscious sedation and Rapid Tranquilisation circulated for comments.
QS08 Medicines Management	A/G	A/G	Allocation of team leaders is now in place to each speciality governance meetings. Datix reporting for medication incidents is now in place. Summary care record for medicines reconciliation is being fully utilised by all staff within Pharmacy. Clinical pharmacy ward cover at a safe level is now in place. Full time pharmacy cover for acute admissions unit is now embedded. Medicines are now stored in accordance to Trust Policy.

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QS09 Mortality Outliers	A/G	A/G	Audits completed to assess compliance with: PMRT, staff giving brief advice to women who smoke, offered nicotine replacement therapy and carbon monoxide testing is happening. A case note audit has also been completed on small for gestational age. Improvement plans are being developed on the findings of these audits.
QS10 Data Quality	A/G	A/G	IPR agreed by Board and for immediate implementation. SOP's for Best Practice Tariff (BPT) nearing completion. JD's for InPhase Project Manager and set-up/build completed to go through next recruitment phase. All KPIs sourced from datix are now completed. Presentation on IPR introducing SPC to Senior Leadership Forum has been completed.
QS11 Hospital at Night	A/G	A/G	Phase one 24/7 H@N service (CCOT business case) approved by CRIG and Exec Teams. Demonstration of handover module of Nerve Centre. Communication plan Today's work Today commenced.
QS12 Medical Devices	A/G	A/G	Medical Devices Safety Group have agreed that a single database of recording equipment should be used Trust Wide and work has now commenced to pull an action plan together to implement this process.

**Risks to Delivery (moderate and above):**

- 1) QS05 Paediatric Services: The secondment for the role of Children's Improvement Lead Nurse ended beginning of June and there is concern as to who has the expertise to continue delivering this project.
- 2) QS10 Data Quality: The secondment for the Project Manager role ended in May and there is concern as to who has the expertise to continue delivering this project.
- 3) QS11 Hospital@Night: Risk in delivery of project due to monies that is required to support the business case.

**Assurance Methods:**

- 1) Weekly Quality and Safety Implementation Group.
- 2) Fortnightly Quality and Safety Improvement Board.
- 3) Monthly Oversight; Quality Governance Committee and System Improvement Board.

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.

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