

Thematic Summary of the Quality Improvement Plan with Progress (23 January 2017)

Areas for improvement	KPI	M. 8 RAG	M. 9 RAG	Progress	Risk
OUR PEOPLE					
Life support training	≥95% by 30 November 2017	G	A	51% in December 2016. Training capacity in place to achieve KPI. Attendance in December dropped in line with anticipated challenges associated with bank holidays. Behind agreed trajectory for month 9 Data issues as described in Mandatory training section. Manual validation in progress.	Non Attendance Informatics
Improved appraisals	≥95% by October 2017. Dec.16 Trajectory - 60%	G	G	Achieved Trust wide 62% Appraisal Rate. This is above trajectory. Critical Care Unit - 83% compliant, an improvement from the last reported figure of 79%. ED is at 100%	
Mandatory Training	≥95% by October 2017 Dec.16 Trajectory – 75	G	A	Combined Total Compliance Achieved 73% for the core subjects. This is 2% below trajectory. Data issues remain combined with December being a peak Holiday period. Issues uploading the revised data onto the Electronic Staff record (ESR) and the Oracle Learning management (OLM) system are being addressed by IBM.	Informatics
Improved RN staffing	Incremental reduction of Registered Nurse vacancy rates to achieve ≤10% by 2020	AG	AG	RN/ RM vacancy rate 16% (June 2016 =20.35%) Turn over 19% (June 2016= 20.46%) Recruitment pipeline includes 200 international nurses (17 pre-reg nurses currently at PAH). 33 international nurses are expected in next 3 months. Retention plans in place	Turnover Waiting impact of retention actions
Compliance with MCA		G	G	New MCA paperwork in place, all band 6/7 to receive training. Staff booked on MCA2 Adult Safeguarding Training sessions Evaluation/ survey of all trained staff in February 2017 Adult Safeguarding Peer Review March 2017	
Staffing levels in Resus ED		A	A	Bespoke recruitment for ED Nurses & Doctors continues with 8 middle grade doctors recruited and due to start in January 2017.	Workload tempting staff to other services; Patient at Home
Supervisory time for nursing leads		G	G	All job plans have been revised and will be assessed to ensure supervisory time is included.	
GETTING THE BASICS RIGHT					
Checking emergency equipment	Consistent 100% compliance by 31 March 2017	G	G	Improved compliance; Standardised resuscitation trolleys to minimise variation in checks	Performance management
Monitoring of fridge temperatures	Consistent 100% compliance by 31 March 2017	G	G	Continued trend of improved compliance	Performance management

Improved record keeping in critical care	To meet national standards	G	G	Minimum standards reasserted; consultant dashboard introduced and monitored by lead clinician.	
Timing of ward rounds and timely discharges	Elimination of avoidable evening discharges	A	A	SAFER discharge bundle rolled out. Red to Green process for ward rounds launched	System wide collaborative work required for success
Organise patient records to support pathways		A	A		
PATIENT FOCUS					
Safeguarding processes	Training ≥95% by 31 March 2017 Compliance with process.	G	G	Training capacity adjusted to meet KPI. Audit impact of training taking place.	Informatics Release of staff to attend
Gynaecology service improvement	i) ≥95% designated staff trained/ competent in gynae procedures ii) ≥95% of gynae women allocated beds appropriate to their care	G	G	Competency booklet produced. New Doctors commencing in January and February. Dedicated area for female surgery which will include gynaecology patients identified.	
Improvements in end of life care	i) 100% of EOL patients discharged to preferred place of death within 12 hours of decision 31 October 2018 ii) Achieve fully funded and recruited specialist palliative care team iii) Ceilings of care included in healthcare record by 31 Dec 2017	AG	AG	Fast Track and Rapid Discharge Home to Die process drafted and with stakeholders. Business case completed to identify workforce requirements to augment service.	Hard to recruit to posts. Reliant upon whole health and social care economy to resolve
Identify trends and learn from complaints and incidents in EOL care		G	G	Review of all incidents and complaints related to end of life care now taking place by specialist team; initiating actions and sharing the learning.	
Reduce impact of SSA breaches in HDU and use of PACU	All level 0 and level 1 patients discharged within four hours of decision	AG	AG	Standard operating procedure in place to optimise the privacy and dignity of patients no longer requiring critical care, awaiting transfer to a general ward.	HDU Environment and hospital capacity require system side actions
ED Improvement - Ambulance triage, handover and assessment	Patients arriving by ambulance are offloaded and assessed within 15 minutes of arrival with trajectory for reducing the	G	G	Ambulance assessment checklist introduced – 100% compliance with the checklist achieved in December.	

	number of 30 minute and >1 hour delays.				
Response rates to call bells in ED		A	A	Reviewing standard for response times. Creating an observation of practice audit with support from Patient Panel.	
Centralise appointment booking		A	A	Benchmarking with other organisations is in progress.	
Reduce number of cancelled operations		A	A		
Critical care improvement in MDT working/ M&M Meetings		G	G	Twice weekly M&M taking place. Revised template for documentation in place.	
Reduce number of delayed discharges form critical care		AG	AG		
INFRASTRUCTURE					
Future sustainability of maternity services		AG	AG		
Mortuary refurbishment	Compliance with HTA requirements	AG	G	Positive Draft HTA Report received for factual accuracy by 20th Jan 17.	
GOVERNANCE, RISK MANAGEMENT AND MAKING INFORMED DECISIONS					
Improve governance and risk management arrangements		A	G	Risk Management Group commenced. Strategy updated ahead of schedule.	
Share the learning from complaints		A	A		
Ratify and embed Fit and Proper persons Process		G	G	Policy written undergoing peer review. Expected to be ratified by January 2017. Internal Audit review of process in the pipeline	
Update Trust policies and guidelines		A	A	Corporate document tracker in place	