

Appendix 2

**Advancing Quality Programme**

		<b>Delivery to Date</b>	<b>Key Milestones to be delivered by the end of Q3</b>
<b>1</b>	<b>Patient Safety Culture</b>	<b>Building our safety culture to advance Patient Safety Management:</b>	
		<ul style="list-style-type: none"> <li>• Pascal Patient Safety Culture Survey completed for all inpatient wards</li> <li>• Business Case completed to progress Schwartz Rounds. Funding identified and 2 x training places booked for October 2017</li> <li>• Sign up to Safety Campaign application completed and submitted</li> <li>• Continued rollout of 'Kitchen Table' Safety Conversations</li> <li>• Patient Safety Culture Programme shared with incoming new doctors by outgoing junior doctors</li> </ul>	<ul style="list-style-type: none"> <li>• Pascal Patient Safety Survey for Maternity and the Emergency Department to be undertaken through September</li> <li>• Develop Schwartz Round Implementation Plan and identify Steering Group members</li> <li>• Develop Plan to launch, communicate and implement Sign up to Safety Campaign</li> <li>• Develop plan to increase involvement and engagement with doctors in training</li> <li>• Develop the Patient Safety Knowledge Hub</li> </ul>
<b>2</b>	<b>Nerve Centre</b>	<b>Deliver and realise the benefits of Nervecentre to further enhance care and minimise risk associated with sudden an unexpected clinical deterioration</b>	
		<ul style="list-style-type: none"> <li>• Soft launch of Nervecentre with main focus on training commenced on time with live use followed a week later with excellent uptake</li> <li>• Widespread issuing of handheld digital devices to the following groups; Adult/paediatric Ward based staff, doctor in training, Emergency Department staff, mobile staff such as Critical Care Outreach and Hospital Out of Hours Teams</li> <li>• Pilot commenced on Wards 51/52</li> <li>• Clinical Authority to Deploy (CATD) received for Hospital Out of Hours Team</li> </ul>	<ul style="list-style-type: none"> <li>• Launch of Task Management</li> <li>• Launch at Mansfield Community Hospital</li> <li>• Launch at Newark Hospital</li> <li>• Post Pilot (Wards 51/52) Review</li> </ul>

3	<b>Mortality</b>	<b>Identify and eliminate avoidable factors associated with inpatient mortality</b>	
		<ul style="list-style-type: none"> <li>• Training sessions re Structured Judgement Review (SJR) commenced and remain ongoing with a specific focus on a multi-disciplinary and multi-speciality approach.</li> <li>• The Electronic Mortality Data Collection Tool (Version 2) launched 21 June 2017 – amendments have been made to simplify use following feedback. NHIS undertaking work to enable specialities to download reports to support learning and further improvements to care.</li> <li>• The ‘Learning from Deaths’ Report was presented to the Private session of the Board of Directors on 27 July 17. NHIS and Trust Informatics Team continue to work on the development of the Learning from Deaths Dashboard in advance of the next Board report required 26 October 17. The Board of Directors approved the Chair of the Quality Committee as the Non-Executive Lead for Learning from Deaths.</li> <li>• The ‘Learning from Deaths’ Policy was approved by Patient Safety Quality Board on 05/07/17 and is available on the Trust Intranet Site.</li> <li>• Mortality indices continue to be lower than expected</li> </ul>	<ul style="list-style-type: none"> <li>• Self-Assessment against the 2015/16 End of Life QIP actions will commence in September with implementation Plan for ResPECT Tool to be developed in tandem. Proposed plan to be presented to Deteriorating Patient Group 19 October 2017.</li> <li>• Bi-annual audit of compliance against the Trust Policy to be agreed – proposal for Audit to be conducted in December 2017 and June 2018.</li> <li>• Bereavement Survey in place issued to relatives 2 weeks post death. Survey developed in conjunction with the End of Life Team and responses uploaded to Meridian. Survey recently developed for relatives following a death in the Critical Care Unit. Report provided to the Trust End of Life Group on a quarterly basis. End of Life Group to identify themes and learning opportunities and how these are considered in conjunction with other intelligence.</li> </ul>
4	<b>Safe Medicine Prescribing</b>	<b>Reduce risk associated with medications by focusing on senior review and controls for managing high risk medicines</b>	
		<ul style="list-style-type: none"> <li>• The Pharmaceutical Profile Record has been developed and a series of training sessions are being held for the Pharmacy team to ensure the record is completed in the most appropriate way. The Profile has been approved and ratified by the Medical Records Advisory Group.</li> <li>• 17 out of 24 doctors attended the Epiffany training, feedback is ongoing. Epiffany is a specific training programme to improve the prescribing competence of junior doctors</li> <li>• The medicines Safety Group has been reinvigorated. The key priorities of the group are a focus on the improvement of Insulin management, ongoing work to improve the anticoagulation electronic referral pathway and missed doses of Parkinson’s medication.</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmaceutical Profile Record launch date set for 18 September. The plan is that a Pharmaceutical Profile will be available in all patients’ bed side folders and appropriately filled in.</li> <li>• Work has begun on the redesign of the Insulin Chart.</li> <li>• Plan to be agreed for the collection of Medicines Safety Thermometer data from September onwards.</li> <li>• Dashboard for the monthly data collection for the Medicines Safety Thermometer launched 23 June 2017. Medicines Safety Thermometer will be a session on the upcoming Medicines</li> </ul>

			<p>Champion update.</p> <ul style="list-style-type: none"> <li>• New B7 Pharmacist to drive a campaign to help to increase medication incident reporting.</li> <li>• Pharmacy workforce review underway. There will be consideration of the Plan with a view to improving pharmacy cover over the weekend period specifically to increase the number of patients whose medicines are reconciled within 24 hours of admission.</li> </ul>
<b>5</b>	<b>Hospital 24</b>	<b>Reduce variability in outcomes for patients admitted to hospital as an emergency regardless of day of the week</b>	
		<ul style="list-style-type: none"> <li>• The National 7 Day Service Clinical Standards Self-Assessment has been completed and submitted.</li> <li>• All new staff for the Hospital Out Of Hours Team are now in post and have completed their Induction.</li> <li>• The Hospital Out of Hours Policy has been circulated through the Deteriorating Patient Group for wider consultation. To be presented to the Deteriorating Patient Group on 19 October for ratification.</li> </ul>	<ul style="list-style-type: none"> <li>• Commence staff consultation with Band 3 support workers regarding changes to working times to support the Hospital Out of Hours team.</li> <li>• Consider the outcome of the National Clinical 7 Day Service Standards Self-Assessment to determine further actions/improvements required.</li> </ul>
<b>6</b>	<b>Safe Transfers of Care</b>	<b>Improve the safety, quality and experience for service users when being transferred between care providers - both internally and externally</b>	
		<ul style="list-style-type: none"> <li>• The Patient Experience Team has worked with Ward 36 and developed a Patient Experience Feedback Survey that will incorporate experience of the IDAT Team. This will then be rolled out across specific identified wards.</li> <li>• A system is now in place within the Governance Support Unit to identify DATIX Incident Forms relating to issues around 'unsafe' discharge. A full Root Cause Analysis is carried out on all. Patient Experience Team forward all complaints (internal and external) to the GSU to be included within this process to contribute to the thematic analysis and thus identify areas for improvement.</li> <li>• Working group established to implement the 'Standards for Communicating Diagnostic Test Results on Discharge from Hospital' – membership includes primary and secondary care clinicians.</li> </ul>	<ul style="list-style-type: none"> <li>• Agree plans for Stakeholders Engagement –i.e. Approach to Council of Governors / membership / Volunteers re eliciting feedback on Discharge / Safe Transfers of Care.</li> <li>• To design the Evaluation Tool to measure patient experience in relation to Discharge / Safe Transfer of Care</li> </ul>

7	<b>Mental Health &amp; Learning Disabled</b>	<b>Deliver safe, seamless care for those admitted to hospital as an emergency who are learning disabled or have ongoing mental health needs</b>	
		<ul style="list-style-type: none"> <li>Reviewed and amended Policies in place taking account of the legal changes: Mental Capacity Act Policy, Deprivation of Liberty Policy.</li> <li>The Training Strategy has been ratified by the Safeguarding Steering Group and also presented to the Patient Safety Quality Board. This is now in place and implemented, it underpins the trust Safeguarding Training provision.</li> <li>The Safeguarding Champion's Network is in place, the aim is to develop the Network to be wider 'Think Family' Champions rather than being only an Adult or Child Champion.</li> <li>To support staff and promote and maintain safe practice, training for safeguarding adults and children has been revised to the required Level 3 'Think Family' - this includes the 'Voice of the Child' and 'Making Safeguarding Personal'. Relevant policies and procedures have been reviewed in line with national and local (NSAB/NSCB) legislation and guidance, in addition to recommendations from SCR/SAR/DHRs</li> <li>Although some progress has been made to identify Dementia Champions across the Trust further work is required to engage and communicate with staff at all levels / across all sites and for them to be released to attend the Dementia Champion sessions. The next meeting is on September 11th.</li> </ul>	<ul style="list-style-type: none"> <li>Safeguarding supervision training package to be completed, ready for training session on 7 November 2017.</li> <li>Datix work to progress - the module work will take up to 4 months, the DOLS Portal will be publicised during September with full roll out planned for the end of September.</li> <li>A Mental Capacity Act/DOLs Audit commenced on the 1st August 2017, however the Report identifying outcomes and recommendations is expected by the end of September.</li> <li>The draft Dementia Strategy is under development and will be circulated for consultation imminently. Will be presented to the Dementia Steering Group in September.</li> <li>The Trust has received the output from the National Dementia Audit. The results and associated actions will be monitored through the Dementia Steering Group.</li> </ul>
8	<b>Patient Information</b>	<b>Empower and engage service users by improving the quality of and access to patient information</b>	
		<ul style="list-style-type: none"> <li>Completion of Master Log following leaflet amnesty. Further work is taking place with departments to ensure that all expired leaflets are revised and in SFH Templates. This has now provided a comprehensive baseline for patient information held at King's Mill Hospital, Mansfield</li> </ul>	<ul style="list-style-type: none"> <li>NHIS are working with the Patient Experience and Comms Teams to develop an internal central repository (SharePoint) for the storage and maintenance of required Patient Information Leaflets</li> </ul>

		<p>Community Hospital and Newark Hospital</p> <ul style="list-style-type: none"><li>• Scoping of IT project with NHIS relating to replicating SharePoint as a platform in which to store patient information is underway. It is envisioned that this work may be included in the NHIS Contract Specification moving forward to minimise the requirement for additional, separate funding to be identified.</li></ul>	<ul style="list-style-type: none"><li>• SharePoint will incorporate external providers including charities information/web links. This accredited information is currently recorded onto the master copy and will be transferred to the SharePoint once available</li><li>• A Business Case to be submitted to the Executive Team in September for funding to support the EIDO Translation and Learning Disability Module to meet compliance with Information Standard and DDA Act 1995.</li><li>• Patient Information in its widest sense to be considered as part of the redevelopment of the Trust Intranet Site</li></ul>
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