Quality & Safety Improvement Programme (QSIP) **Environment** **Reporting Period:** November 2016	# Highlight Report **Date of Update** 20-12-2016 **Completed by** Neveen Samaan

Previous	Current	Forecast
A	G	G

KEY: ● High risk   ● At risk   ● On track

Brighton and Sussex University Hospitals
NHS Trust

Project Summary

Description
The CQC inspected BSUH in April 2016; there were a number of issues identified with a potential risk to the environment.
These issues were raised in the CQC section 29a Warning Notice in June 2016.

Objectives
1. Ensure that there is a robust cleaning schedule and procedures with regular audits for the mortuary as per national specifications for cleanliness and environmental standards.
2. Review and improve major incident storage facilities and replenish stock
3. Review the results of the most recent infection control audit undertaken in outpatients and produce action plans to monitor the improvements required
4. Look at the environment for children in Outpatients department and improve it so that it is consistently child friendly

Milestones

Last Month	Next Month
1/1	4

Missed Milestones

Milestone number	Reason	Mitigation	Revised deadline	RAG
Environment 03	There are no I/P awareness week results to review – it is the actions from the hand hygiene audit that need reviewing and have been presented to the I/P operational meeting **NB: QSIP BOARD HAS AGREED THAT THIS MILESTONE IS INACCURATE/UNNESSARY**	Suzanne Morris will discuss with Helen O'Dell and Caroline Davies about ownership and future actions		

Outcomes and Impact

Revised approach to outcomes and impact measurement to be agreed

KPI Update
Specific KPIs developed in line with CQC reporting requirements available in KPI QSIP Programme Theme pack.

Key Achievements

Since Last Report
Environment 01
- Cleaning materials required by the Mortuary have been delivered
- Mortuary Cleaning schedule in place
- Roll out microfibre cleaning across the Trust commenced 05.12.16

Environment 02
- Stock check completed on Major Incident supplies at RSCH and PRH
- Major incident stock replenishment 'Best Practice' knowledge visit to Royal London completed
- Storage facilities re-organised for easy access and monthly stock check audits begun at RSCH

Environment 04
- First meeting of OPD Nurses Forum occurred to enable roll out of best practice and standardise areas
- Meeting organised with Play Leader to discuss suitable child-friendly toys

Next Reporting Period
Environment 01
- Further work on cleaning audit structure to begin once resources are in post January 2017

Environment 02
- RSCH reviewing current stocks and identifying proposed stock
- Stock cards drawn up and monthly checks to carry on
- PRH to design and complete stock check cards as per RSCH model

Environment 03
- Hand hygiene audit results to be reviewed and action plans drawn up to address any issues

Environment 04
- Child Friendly area template to be agreed and roll out plan to be compiled – 31/12/16

Risks and Issues *(Red risks only)*

Risk	Consequence	Likelihood	Risk Score	Mitigation
Some areas of the Trust noted to have reduced substandard levels of cleanliness potentially harming patient safety, patient experience and compliance	4	4	16	Housekeeping service implementing significant re-organisation. Housekeeping audit to be introduced in Jan 2017.

Issue	Status	Priority	Mitigation

Quality & Safety Programme (QSIP)	Highlight Report
Project: Medicines Management	**Date of Update: 19-12-2016**
Reporting Period: November 2016	**Completed by: Elma Still**

RAG Status

Previous	Current	Forecast
A	A	R

KEY: ● High risk   ● At risk   ● On track

Project Summary

Description
The CQC inspected BSUH in April 2016; there were a number of issues identified related to medicines management. Specifically, storage of medicines, monitoring use of PGDs, correct use & storage of prescription forms and the provision of Pharmacy resources.

Objectives
- Ensure medicines are always supplied, stored & disposed of securely & appropriately
- Ensure security of hospital prescription forms is in line with NHS Protect guidance
- Ensure staff work under appropriately approved Patient Group Directions (PGDs)
- Ensure PGDs are reviewed regularly and up to date
- Review analgesia authorisation for Band 5 nursing staff (PGD)
- Ensure equipment and medicines required in an emergency are stored in tamper evident containers
- Review the provision of pharmacy services across the seven day week and improve pharmacy support

Key Achievements

Since Last Report
- Medicines storage and security audit has been presented to the Nurse and Midwifery Management Board on 14/12/16. Agreed that the DLNs would discuss compliance with the standards and monitor improvements in their ward managers' meetings.
- Tamperproof medicines supplies boxes have arrived. Roll out programme with Estates and Facilities over January as the boxes need to be adhered to the walls of clinical rooms.
- Awarded contract for the tamper proof emergency trollies. Instalment and roll out programme to be agreed.
- Staff at PRH have been advised that the pharmacy service from Brighton will respond to any requests on a Sunday.
- Received feedback from the Hospital Pharmacy Transformation team at NHSi and the recommendations will be reflected within the final plan that will be presented to SMT and the Trust Board
- Pharmacy and Estates and facilities met to review ways to minimise waste from medical gases and improve their management

Next Reporting Period
- 'Refresh' trial with medical gases to be planned and started in January 2017 at PRH
- Audit to be completed of the hospital outpatient prescription pads. Audit tool and process to be agreed and audit completed in January.
- Audit of compliance with the CQC self-assessment for controlled drugs to be completed in January by the NHSi Improvement Director and Associate Director of Quality as part of assurance process.
- Quarterly security audit will be completed in January 2017.

Milestones

Since Last Report	Next Reporting Period
2/2	**2**

Missed Milestones

Milestone number	Reason	Mitigation	Revised deadline	RAG

Outcomes and Impact

Revised approach to outcomes and impact measurement to be agreed

KPI Update
- Medication error:

Risks and Issues *(Red risks only)*

Risk	Consequence	Likelihood	Risk Score	Mitigation

Issue	Status	Priority	Mitigation
Risk of failure of project deadlines due to pharmacy staffing	WIP	High	Need for external review for pharmacy resource under review with medical director
Quarterly CD audit due in Dec 16 postponed to Jan 17	WIP	High	Audit to be conducted by Improvement Director and Associate Director of Quality in Jan 17.

Quality & Safety Improvement Programme (QSIP)	**Highlight Report**
Project: Governance	**Date of Update 21-12-2016**
Reporting period: November 2016	**Completed by Vanda Clarke**

Brighton and Sussex University Hospitals
NHS Trust

RAG Status

Previous	Current	Forecast
A	R	R

KEY: ● High risk ● At risk ● On track

Project Summary

Description
The CQC inspected BSUH in April 2016; there were a number of issues identified around governance.
Some of which were raised though the CQC section 29a Warning Notice in June 2016 and others being flagged additionally through the main report when published.

Objectives
- Ensure governance systems are embedded in practice to provide a robust and systematic approach to improving the quality of services across all directorates
- Urgently facilitate and establish a line of communication between the clinical leadership team and the trust executive board
- Ensure safe and secure storage of medical records
- Further objectives outlined in full Governance Action plan

Milestones

Since Last Report	Next Reporting Period
3/3	**6**

Missed Milestones

Milestone number	Reason	Mitigation	Revised deadline	RAG

Outcomes and Impact

Revised approach to outcomes and impact measurement to be agreed

KPI Update
Specific KPIs developed in line with CQC reporting requirements available in KPI QSIP Programme Theme pack.

Key Achievements

Since Last Report
- Drafting revised policies and working with staff side colleagues to agree them.
- Appraisals are currently at 76.1% for November (Target 85%).
- The equalities training rate up from 61% to 65%.
- EOL NED appointed (Graham Hodgson).
- Pilot group for online appraisals commenced.
- Human Factors workshop held with clinical staff to diagnose IG non-compliance through a HF lens and propose practical solutions.
- Held first new Directorate Risk Review Meeting.
- Delivered risk management training to the SMT.

Next Reporting Period
- Draft terms of reference produced for the Clinical Effectiveness Committee.
- Inclusive communications methods to be used in connection with the latest never event investigation.
- EOL Committee to be re-launched in December 2016.
- EOL audit programme to be agreed.
- Nursing and Midwifery Management Board risk management training to be held.
- Launch working effectively together.

Risks and Issues

Risk (Red risks only)	Consequence	Likelihood	Risk Score	Mitigation
Risk that appraisal performance will not meet the set targets	3	5	15	Communications through CEO message and all staff email that directorates must still deliver on appraisal targets. HRBPs to include in performance meetings with directorates, support and guidance to test progression and report back to Ros Soulsby
Risk that winter pressures will have a negative impact on the trust's ability to enable staff to attend appraisals.	3	5	15	Communications through CEO message and all staff email that directorates must still deliver on appraisal targets. HRBPs to include in performance meetings with directorates, support and guidance to test progression and report back to Ros Soulsby

Issue (High and critical issues only)	Status	Priority	Mitigation

Quality & Safety Improvement Programme (QSIP)	# Highlight Report
Experience	**Date of Update** 20-12-2016
Reporting period: November 2016	**Completed by** Neveen Samaan

RAG Status

Previous	Current	Forecast
A	G	G

KEY: 🔴 High risk 🟠 At risk 🟢 On track

Brighton and Sussex University Hospitals
NHS
NHS Trust

Project Summary

Description
The CQC inspected BSUH in April 2016; there were a number of issues identified with a potential risk to patient experience.
These issues were raised in the CQC section 29a Warning Notice in June 2016.

Objectives
1. Ensure that patients' dignity, respect and confidentiality are maintained at all times in all areas and wards
2. Implement a formal feedback process to capture bereaved relatives' views of delivery of care.
3. Take steps to ensure the 18 week RTT is addressed so patients are treated in a timely manner and their outcomes are improved

Milestones

Last Month	Next Month
2/3	**4**

Missed Milestones

Milestone number	Reason	Mitigation	Revised deadline	RAG
04	Additional screens for ED on order but not yet been delivered	Screens no longer needed.	Closed	
01	Knock and wait signage to be rolled out across main OPD	Temporary signs in place; awaiting details re: permanent signage	31.Dec. 16	Amber

Outcomes and Impact

Revised approach to outcomes and impact measurement to be agreed

KPI Update
Specific KPIs developed in line with CQC reporting requirements available in KPI QSIP Programme Theme pack.

Key Achievements

Since Last Report
Experience 01
- 'Knock and wait signs' have been put into place at Sussex Eyes Hospital OPD
- OPD Q&S Nursing Metric Tool developed and implemented
- Chaperone policy completed and loaded onto staff infonet
- Completion of collated action plans from Healthwatch service review and production of a Trust wide issues log
- First OPD Nurses' Forum meeting held 29.11.16

Experience 02
- Palliative Care new Bereaved Relatives feedback process reviewed
- Rota reviewed and operating list moved to PRH so Medical Examiner in place @ both sites

Next Reporting Period

Experience 01
- OPD Q&S Nursing Metric Tool results to be collated and analysed
- Privacy and dignity to be reviewed in Imaging
- Clinic over-runs to be audited in OPD
- Continued work with Healthwatch Service Review action plans
- Permanent knock and wait signs to be rolled out across all OPDs

Experience 02
- Bereaved relatives emotional survey workshop to be organised January 2017
- Further work on standardising Bereaved Relatives service at BSUH

Risks and Issues *(Red risks only)*

Risk	Consequence	Likelihood	Risk Score	Mitigation
No red risks				

Issue	Status	Priority	Mitigation

Quality & Safety Programme (QSIP)

Project: Patient Safety

Period Reported: November 2016

Highlight Report

Date of Update: 19-12-2016

Completed by: Helen Codd

RAG Status

Previous	Current	Forecast
A	G	G

KEY: ● High risk ● At risk ● On track

Brighton and Sussex University Hospitals
NHS Trust

Project Summary

Description
The CQC inspected BSUH in April 2016; there were a number of issues identified with a potential risk to patient safety. These issues were raised in the CQC section 29a Warning Notice in June 2016.

Objectives
1. Addressing patient safety issues highlighted by CQC during April 16 inspection
2. Prioritising safe care and treatment for all patients at all times
3. Development of a safety culture

Milestones

Since Last Report	Next Reporting Period
4/4	1

Missed Milestones

Milestone number	Reason	Mitigation	Revised deadline	RAG

Outcomes and Impact

Revised approach to outcomes and impact measurement to be agreed

Key Achievements

Since Last Report

Patient Safety 01
- Consent Champions Workshop took place on 24 November

Patient Safety 12
- Sepsis lead nurse started in post 25 November
- A baseline sepsis audit for Paediatric services took place (w/c 21 November)

Patient Safety 18
- Jubilee wards were closed and moved to the new Courtyard Building

Next Reporting Period

Patient Safety 02
- Additional capacity for MCA training to be agreed

Patient Safety 03
- Secure notes storage to be identified for PRH ED (to accommodate switch from ALERT)

Patient Safety 07
- Review of neuro ICU SOP at the ICU standards committee in light of increased training levels

Patient Safety 14
- Development of a fit for purpose database of patients that are seen under the pain service

Risks and Issues

Risk (Red risks only)	Consequence	Likelihood	Risk Score	Mitigation

Issue (High and critical issues only)	Status	Priority	Mitigation

Quality & Safety Improvement Programme (QSIP) **Fire Safety** Reporting Period: **November 2016**	# Highlight Report Date of Update **20-12-2016** Completed by **Neveen Samaan**

Brighton and Sussex University Hospitals NHS Trust

Project Summary

Description
The CQC inspected BSUH in April 2016; there were a number of issues identified with a potential risk to fire safety. These issues were raised in the CQC section 29a Warning Notice in June 2016.

Objectives
- Ensure that the requirements identified in the CQC report are addressed.
- Ensure that all FRAs for the Trust are brought up to date
- Work with the Fire Safety Group to ensure to ensure the safety of patients' visitors and staff in the environment of fire safety on site
- Ensure that all fire safety risks are escalated to the Quality and Performance Committee and the Board.

Milestones

Last Month	Next Month
1/1	1

Missed Milestones

Milestone number	Reason	Mitigation	Revised deadline	RAG
	None			

Outcomes and Impact

Revised approach to outcomes and impact measurement to be agreed

KPIs
Current:
Fire Risk Assessment % outstanding / % completed
% Stat Man Training for Fire Safety in BSUH

To be developed
Area specific fire evacuation training
Number of Fire Wardens in place throughout the Trust

RAG Status

Previous	Current	Forecast
A	R	R

KEY: ● High risk   ● At risk   ● On track

Key Achievements

Since Last Report
- Phase 2 work: RSCH total 25/25 all complete
- Phase 2 work PRH total 30/30 all complete.
- All bariatric beds ordered now come with ski sheets
- Regular ski sheet audits for all beds now in place
- Quality assurance of FRAs completed by Trust
- PAT testing under way across the organisation
- 1 x Fire advisor recruitment in progress – interviews due Jan 17

Next Reporting Period
- All new actions to have their owners identified and deadlines confirmed – Jan 17
- Work on phase 2 actions to continue & FRAs to be signed off by managers – 28th Feb 17
- Fire Training video to be released still requires editing rolled over to 31/12/16
- On-going work to identify associated costings and add to log
- Training session for managers on how to conduct virtual Fire Training
- Fire extinguisher and PAT testing contracts to be awarded end of Jan 17
- Fire warden training to commence as part of HCA induction from Jan 17

Risks and Issues *(Red risks only)*

Risk	Consequence	Likelihood	Risk Score	Mitigation
Availability of trained fire wardens in non-clinical areas uncertain	5	3	15	Inquires of all clinical and non-clinical directorates being made to establish identity and training status of fire wardens

Issue	Status	Priority	Mitigation

Quality & Safety Programme (QSIP)	Highlight Report
Project: Safer Staffing	**Date of Update:** 19-12-2016
Period Reported: November 2016	**Completed by:** Helen Codd

RAG Status

	Previous	Current	Forecast
	R	**R**	**R**

KEY: ● High risk ● At risk ● On track

Project Summary

Description
The CQC inspected BSUH in April 2016; there were a number of issues identified.
These issues were initially raised through the CQC section 29a Warning Notice in June 2016.

Objectives
Ensure that there are sufficient numbers of staff with the right competencies, knowledge, qualifications, skills and experience to meet the needs of patients using the service at all times.

Key Achievements

Since Last Report

Safer Staffing 05
- Business case for international recruitment was approved by FBI on 24th November
- Meeting with NHSI on 11th November to review nurse staffing levels, report to follow

Next Reporting Period

Safer Staffing 06
- ED matron post (PRH) advertised, appointed and new post holder starting 2 December

Safer Staffing 08
- PRH ED Practice Educator vacancy advertised

Safer Staffing 10
- Work is underway to map Clinical Educators and support from Clinical Nurse Specialists, to identify areas where there are gaps in this support and put in place arrangements to mitigate this situation.

Milestones

Since Last Report	Next Reporting Period
4/5	**0**

Missed Milestones

Milestone number	Reason	Mitigation	Revised deadline	RAG
Safer Staffing 13	As a result of reviewing appropriateness and availability of training on transfer of the deceased, modifications to the timeline are required to reflect the new actions identified.	Review of available training materials has identified that SASH have a compliant module that can be used. L&D are working closely with SASH to adapt and adopt their compliant face to face and e-learning module on transfer of the deceased to	BT to follow up with her team for a revised date	A

Safer Staffing 13 - Provide mandatory training for portering staff for the transfer of the deceased to the mortuary as per national guidelines.

Risks and Issues

Risk (Red risks only)	Consequence	Likelihood	Risk Score	Mitigation
Risk that STAM training and appraisals will not meet the set targets	3	5	15	Communications through CEO message and all staff email that directorates must still deliver on STAM targets. HRBPs to include in performance meetings with directorates, support and guidance to test progression and report back to Beverley Thorp/ Helen Weatherill
Risk that winter pressures will have a negative impact on the trust's ability to enable staff to attend STAM training and appraisals	3	5	15	Communications through CEO message and all staff email that directorates must still deliver on STAM targets. HRBPs to include in performance meetings with directorates, support and guidance to test progression and report back to Beverley Thorp
Staffing for additional capacity to meet requirements for winter pressures is at risk	4	4	16	International recruitment project underway to cover the shortfall of B5 posts across the organisation for winter pressures.

Issue (High and critical issues only)	Status	Priority	Mitigation
As at 29 November they have for Newhaven Downs recruited sufficient B7, B6 and B2, they have a current shortfall of WTEs for B5.	WIP	Medium	Recruitment project underway to cover the shortfall of B5 posts for the Newhaven Downs project. On track for opening on proposed date. Reduce priority to medium as opening will not be affected an incremental increase in staffing levels from opening.

Outcomes and Impact

Revised approach to outcomes and impact measurement to be agreed