West Hertfordshire Hospitals NHS
NHS Trust

TRUST BOARD MEETING – 5 February 2014

Title of the Paper:	**Risk Summit Response Programme Plan**
Agenda item:	TB 109/14
Lead Executive: **Author:**	Samantha Jones, Chief Executive Obi Hasan, Interim Improvement Director
Trust Objective:	Achieving continuous improvement in the quality of patient care that we provide and the delivery of service performance across all areas.

Purpose
To update the Board on the actions taken and planned to improve the quality of care and treatment across the Trust in response to recent risk summits.

Previously Discussed And Date For Further Review (list relevant committees)
TLEC, Risk Summit Response Committee (further review: 7 January 2014) and Trust Board (further review: 5 February 2014).

Benefits To Patients And Patient Safety Implications
Improvements to patient services delivered and reduction in risks to patient safety.

Risk Implications for the Trust (*including any clinical and financial consequences):*	**Mitigating Actions** *(Controls):*
Failing to respond to the issues raised in the risk summits would impact on Trust's reputation and lead to failures in the delivery of improved patient services	Action plans are in place to address all the areas identified within the risk summits

Links to Board Assurance Framework, CQC Outcomes, Statutory Requirements
The programme links to all the concerns raised in recent risk summits.
BAF Risks: 2136, 2767 (inc 2766), 2775, 1272, 2719, 2143, 2739, 1512, 2598, 2828 and 2883.
CQC Outcomes: 1, 4, 6, 8, 10, 11, 12, 13, 14 and 16.

Legal Implications: (if applicable)

Financial Implications: (if applicable)

Communications Plan: (if applicable)

Recommendations
The Board is asked to note the actions taken to date and the future development of the programme.

West Hertfordshire Hospitals NHS
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Agenda Item: 109/14

Trust Board Meeting – 5 February 2014

Risk Summit Response Programme

Presented By: Obi Hasan, Interim Improvement Director

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1. Purpose

To provide a progress update on the actions being taken and delivery of plans to improve the quality of care and treatment in response to recent risk summits.

2. Background

The Risk Summit Response is a comprehensive programme of improvements to address the risks identified since December 2012 and subsequent risk summits. It was established as an urgent response to the risks identified and has consequently adopted a tactical approach to address the issues.

The programme aims are to deliver the Trust's objective of "Achieving continuous improvement in the quality of patient care that we provide and the delivery of service performance across all areas" by coordinating and managing the delivery of actions.

It consists of six work-streams: Governance; Leadership; Patient Experience; Workforce & Safety; Operational Effectiveness; and Clinical Effectiveness.

The programme structure has been based on the Keogh Reviews and is therefore designed to be consistent with the Care Quality Commission (CQC) new surveillance model and inspection methodology which is under development. See Appendix 1 for Introduction, Background and Programme aims.

3. Progress Summary

3.1 Overall progress of the programme:

The majority of project actions in the current programme are either on track (Green) or are in progress with some risk but have adequate recovery actions in place to deliver the objectives (Amber). Table 1 shows the progress 'at a glance'.

For more detailed information showing progress against key milestones see Appendix 2.

Trust internal data shows that crude mortality rates (including fractured NOF) have improved compared to last year and showing a reducing trend. The validated data from the external provider CHKS, when available, will provide confirmation. There is one red rated outcome/KPI related to Infection Prevention and Control isolation rates which have dropped due to recent bed pressures and the equipment replacement programme remains challenging.

Table 1

'AT A GLANCE' Risk Summit Response Programme Status Report							
			Completed and Embedded	On track/ Complete	In progress/ Recovery action being taken	Delayed/ requires action	Not yet started
Project Progress Summary: 6 December 2013							
Workstream		**Projects**	**Start Date**	**End Date**	**Overall Progress Against Plan (BRAG)**	**Executive Owner**	**Outcome Rating (KPIs)**
Overall Programme Summary			1-Sep-13	1-Apr-14	Amber	Executive Directors	Amber
1. Governance & Leadership	1.1	Governance Systems		31-Mar-14	Green	A Tiernan	Report due end Dec 14
	1.2	Private Practice		Complete	Green	M Dennett	Green
	1.3	Organisational Development		28-Feb-14	Amber	L Gaffney	Amber
	1.4	Appraisal and Revalidation		31-Mar-14	Amber	Dr M van der Watt	Amber
2. Patient Experience	2.1	Complaints Review		31-Mar-14	Backlog: Blue Process: Amber	J Ardley	Amber
	2.2	Estates and Health & Safety		30-Jun-14	Amber	L Gaffney	Amber
3. Workforce & Safety	3.1	Nursing Establishment		31-Mar-14	Green	J Ardley	Green
	3.2	Fundamental Nursing Care		28-Feb-14	Amber	J Ardley	Amber
	3.3	Infection Prevention & Control		28-Feb-14	Amber	J Ardley	Red
4. Operational Effectiveness	4.1	Referral to Treatment Time		15-Jan-14	Amber	B Bluhm	Amber
	4.2	Unscheduled Care		31-Jan-14	Amber	B Bluhm	Amber
	4.3	Stroke Service		15-Jan-14	Amber	B Bluhm	Amber
5. Clinical Effectiveness							
	5.1	360 Reviews		15-Jan-14	Green Surgery challenge meetings: Amber	Dr M van der Watt	Green
	5.2	Anaesthetics Review		31-Jan-14	Green Action Plan: Amber	Dr M van der Watt	Green
	5.3	#NOF Audit - Patient Safety Mitigation Plan		Complete	Green	Dr M van der Watt	Green
	5.4	Obstetrics & Gynaecology Review		1-Feb-14	Green	Dr M van der Watt	Green
	5.6	Respiratory Care Bundle Implementation		1-Jan-14	Pneumonia: Blue Sepsis: Amber	Dr M van der Watt	tbc Audit in Mar 14

- Impact on performance:

Complaints performance has consistently improved over recent months, but fallen during Oct 13. Infection control has exceeded its MRSA target (of 0 patients) with one MRSA case. The number of CDiff infections has exceeded this year's target but is below last year's actual numbers. Unscheduled Care, RTT and Stroke remain challenging and whilst improvements have been made, achievement of national performance standards is not consistent.

Table 2

Theme	Project	Risk Summit	Title	Metric	Target	Baseline	Latest
Governance	1	May 2013	Governance Systems	Improvement in score on the Good Governance Institute Self Assessment Maturity Index	>4	<3	Report due in December
	2	May 2013	Private Practice	% of consultant job plans that have received detailed review by Apr 14	100%	0%	In Progress
Leadership	3	May 2013	Organisational Development & Lead	Staff survey results	Further Improvement	3.70	In Progress
Patient Experience	4	May 2013	Complaints Review	% of complaints responded to within 20 working days	>80%	33% (April)	67% (Oct 13)
				Combined net promoter % from family & friends test	Further Improvement	67% (April)	74% (Sep 13)
	5	July 2013	Estates and Health & Safety	Reduction in anticipated number of HSE improvement / prosecution notices	0	8 – 10 (Predicted)	1 (Nov 13)
Workforce & Safety	6	July 2013	Nursing Establishment	% of permanent nursing vacancies across all WHHT services	< 5%	17.5% (April)	16.4% (Nov 13)
				Number of 'whole-time equivalent' nurses recruited to WHHT since April 13.	Not Applicable	Not Applicable	115.4 (Nov 13)
	7	July 2013	Fundamental Nursing Care	Pressure Ulcers per 1000 bed days	Under Review	6.24 (July)	3.56 (Nov 13)
				Falls per 1000 bed days	Under Review	1.81 (July)	2.54 (Nov 13)
				UTI per 1000 bed days	Under Review	6.04 (July)	5.93 (Nov 13)
	8	May 2013	Infection Prevention & Control	Number of hospital acquired MRSA infections	Reduction to 0 for 2013/14	1	1 (Nov YTD)
				Number of hospital acquired Clostridium Difficile infections	<24 for year	44	21 (Nov YTD)
				Time taken to isolate patients in a single room (Data under review)	<2 hours	83%	79%
Operational Effectiveness	9	July 2013	Referral Systems & Processes	% of admitted, planned patients < 18 week wait	>90%	88.4% (April)	90.2% (Nov 13)
				% of non-admitted, planned patients < 18 week wait	>95%	95.5%	94.1% (Nov 13)
				% of admitted & non-admitted planned patients with pathways completed on system	>92%	95.0%	92.7% (Oct 13)
				No of specialties breaching admitted pathway/month	0	3 (April)	5 (Nov 13)
				No of specialties breaching non-admitted pathways	0	6 (April)	6 (Nov 13)
				No of specialties breaching incomplete standard	0	0 (April)	3 (Oct 13)
	10	May 2013	Unscheduled Care Improvement	% of A&E patients seen & treated < 4 hours at WHHT	>95%	94.7% (April)	97% (Nov 13)
				% of A&E patients seen & treated < 4 hours at WGH	>95%	91.9% (April)	95.6% (Nov 13)
				% of Ambulance to A&E 'turnaround' times that are within 15 minutes of ambulance arrival	>85%	31% (April)	51% (Nov 13)
	11	May 2013	Stroke Service Project	% of stroke patients admitted to Stroke Unit within 4 hours of arrival	>90%	59.5% (April)	66% (Nov 13)
				% of patients who have had a stroke who spend at least 90% of their time on the Stroke Unit	>80%	70.2% (April)	88.2% (Nov 13)
				% of people at high risk of Stroke who experience a TIA assessed/treated within 24 hours	>60%	60.0% (April)	75.8% (Nov 13)
Clinical Effectiveness	12	July 2013	360° Reviews of Clinical Services	Detailed, routine review of all conditions that are outlying for RAMI / HSMR / SHMI	11 reviews complete	No review process	On Track
	13	Dec 2012	Anaesthetics Review	Deanery endorsement that action plan complete and WHHT provides good training experience	No Deanery concerns	Significant concerns	No concerns confirmed
	14	July 2013	#NOF Audit - Patient Safety Mitigation	% Patients receiving #NOF surgery within 48 hours of admission	100%	85.7% (January)	100.0% (Nov 13)
				Mortality rate for patients admitted to Watford with #NOF below national rate. (Quarterly RAMI)	<100	117.6 (2012)	Next report awaited (validated)
	15	Dec 2012	Obstetrics & Gynaecology Review	% having caesarean section below national rate	≤24%	29% (2012/13)	27% (Oct 13)

- New items included this month are:

1. Appraisal and Revalidation. This project is in response to the GMC suspension of revalidation recommendations following two external reviews. A planning process has been undertaken by the Trust, led by Dr Michael van der Watt, the medical director/responsible officer, with senior management support and expert external input, to address all the issues and weaknesses identified in the two reports.
The Trust has produced an Action Plan to resolve these issues and ensure that the necessary assurance is provided to lift the GMC suspension. The Action Plan will be formally agreed in due course with NHS England, NHS Trust Development Authority and signed off by the Trust Board. The Care Quality Commission and the GMC will be invited to review and comment on the plan. As a result of these actions the GMC lifted the suspension on 20 December.

Future development of the programme
The programme is currently undergoing further development to take it to the next stage of progression to ensure it meet the Trust's overall objectives. It has to-date taken a tactical approach to address urgently the serious quality issues as they are identified. This process of capturing and responding to risks will continue to be embedded. A strategic approach is required going forward to encompass all the key organisational priorities of continuous improvement in the quality of patient care, developing a sustainable clinical services strategy, and securing financial viability.

3.2 Projects on track with no significant issues:

- Governance - this is progressing to phase two with a focus on Board development
- Review of Private Practice is complete and progressing to an action plan on Job Planning based on the review recommendations
- Nursing establishment has shown good progress with recruitment of 115 WTEs since April. Net recruitment and retention figures will also be provided for the next meeting
- The Clinical Effectiveness projects are generally on track. Fractured NOF crude mortality has reduced according to internal Trust figures. The validated external data from CHKS is awaited. However, there is some slippage on the surgery challenge meetings to ensure the self assessments have undergone robust scrutiny. Urgent action is being taken to complete this in Jan-14. There is also a minor delay on the sepsis Care Bundle.

3.3 Projects with some risk of delay but adequate recovery actions are in place:

- Organisational Development - due to tendering process
- Complaints Backlog, Estates - due to scope of work in short timescale
- Fundamentals of Nursing Care – supervisory nurse leaders will not be in place on all wards until sufficient ward staff has been recruited.

- RTT in ensuring accurate PTL (Prioritised treatment list), scale of challenge in developing more robust processes and financial implications of additional work to reduce waiting times), Unscheduled Care actions are to be updated to be more focused and to embed changes already made. There is further work being done to achieving the 4 hour standard consistently and ambulance turnaround times remain difficult to achieve. Stroke service has experienced delays in admitting patients due to bed pressures. A third consultant is being recruited to provide enhanced Thrombolysis and 7/7 cover.

3.4 Projects with significant risk requiring urgent recovery action:

- None

4. Key Issues and mitigations:

- Complaints review
  - Divisions are currently struggling to meet their deadlines on complaints. Mitigation: improve standardisation, training sessions/complaints forum being established
  - Accessibility for service users to raise concerns or to provide feedback. Mitigation: by end Jan-14 new information leaflets will have been produced, in all wards and departments, complaints satisfaction survey sent to all complainants to be developed.
- Infection prevention and control
  - Isolation rates have dropped recently due to full bed capacity issues. The MRSA is 1 (target 0), CdIff at 21 (YTD) is lower than last year (44 FY) but at risk of exceeding the target set of less than 24.
- Estates and Health and Safety
  - Timescale for backlog maintenance is extremely pressured and operational service must be maintained. Mitigation: close liaison with operational teams, monitoring of progress against plan and escalation as required
  - Notice of contravention issued from the HSE on the 27th November 2013 relating to its management of Legionella.
- Fundamentals of Nursing Care
  - Supervisory nurse leaders in place on most wards to oversee care quality, but will not be in place on all wards until sufficient ward staff have been recruited. Mitigation: recruitment campaign underway
  - Information support needed to ensure outcomes can be properly measured. Mitigation: working with information team to develop Qlikview interface and develop ward-level quality scorecards.
- Referrals systems and processes
  - Accuracy of PTL (prioritised treatment list) and robustness of processes. Mitigation: IMAS 18-week wait member assisting to ensure accurate PTL
- Unscheduled Care
  - Project plans need updating with more focused and effective actions. This is in currently in progress.

  - Achievement of the 4-hour waiting time at Watford A&E is not yet robust
  - Responsiveness and capacity of community services. Mitigation: being managed by closer working and Integrated discharge team
  - Ambulance turnaround times underperforming. Mitigation: developing more detailed plans to deliver turnaround times
- Stroke service
  - Bed availability main issue for delays in admitting patients to the stroke ward. Mitigation: secure a second ring fenced bed
  - Consultant cover is not sufficient to provide enhanced Thrombolysis and 7/7 cover. Mitigation: 3rd Stroke Consultant Post advertised.
- 360 degree reviews of clinical services
  - Surgery challenge meetings delayed. Mitigation: To be completed by Jan-14.

- **Programme Risks**

The main programme risks and mitigations are shown in Table 3 below.

Table 3

Programme Risk Log - 6 December 2013									
Workstream & Project	**Risk Summary**								**Further Comment / Status**
	Risk No.	Description	Initial Score (/ 20)	Planned Response	Controls Identified / Mitigation	Deadline	Current Score (/ 20)	Exec Owner	
RSR Programme	3	Lack of Executive capacity to deliver	9	Mitigate	Consider use of interim staff	Ongoing	6	SJ	Open
RSR Programme	7	Loss of TDA/CQC/CCG support for Trust	15	Mitigate	Deliver effectively and at pace with good progress reporting	Ongoing	6	SJ	Open
RSR Programme	8	Inadequate support for projects from staff, patients, carers and families	9	Mitigate	Produce good Communications Plan	Ongoing	9	AT	Open
RSR Programme	9	Loss of staff morale due to pace of change	12	Mitigate	Celebrate success and improvement	Ongoing	9	SJ	Open
RSR Programme	10	Loss of key staff at short notice	9	Mitigate	Consider use of interim staff capacity	Ongoing	9	AM	Open
RSR Programme	11	Lack of staff "buy-in" to Programme aims	9	Mitigate	Involve people to promote ownership	1-Sep-13	2	AM	Closed
RSR Programme	12	Lack of staff skill in project management	9	Mitigate	Offer training sessions for project leads	31-Jan-14	9	AM	Open
RSR Programme	13	Loss of staff support due to failure to manage communications proactively	9	Mitigate	Ensure Communications Plan is kept live	Ongoing	9	AT	Open
RSR Programme	14	Poor quality of underlying data means it is difficult to assess performance and potential issues	16	Mitigate	Improve quality of patient records/coding	Ongoing	16	PJ	Open
RSR Programme	15	Impact on patient care if programme systems and processes are not fully embedded	16	Mitigate	Focus on embedding systems and processes developed to-date (tactical) as part of developing the next phase (strategic)	31-Mar-14	9	OH	Open
NB: The above summary includes risks with an initial and / or current score over 12 (out of 25) and all new risks added to reporting date.									

5. Conclusion and Recommendations

A strategic approach is required going forward and the programme is being developed further to take it to the next stage to ensure it meets the Trust's overall objectives of continuous improvement in the quality of patient care, developing a sustainable clinical services strategy, and securing financial viability.

The programme will continue to embed the progress made to-date in identifying and responding to quality risks as they are identified.

Recommendations:

1. Continue to embed current RSRP process for capturing and responding to risks as they are identified
2. Develop an integrated programme with a strategic approach that will deliver the Trust objectives to deliver improvements in the quality, clinical sustainability and financial viability of its services.

Appendix 1

RSRP Introduction and Background - App

Appendix 2

Programme Status - Detail - 6 Dec-13.xls