West Hertfordshire Hospitals NHS

NHS Trust

Trust Board meeting
3 December 2015

Title of the paper:	**Quality Improvement Plan Progress Update**
Agenda item:	**10/32**
Lead Executive:	**Helen Brown, Director of Strategy and Corporate Services**
Author:	**Jonathan Wood, Head of PMO**
Trust objective:	Tick as appropriate: ☒Achieving continuous improvement in the quality of patient care that we provide and the delivery of service performance across all areas; ☐Setting out our future clinical strategy through clinical leadership in partnership and with whole system working; ☐Creating a clear and credible long term financial strategy.
Purpose:	The aim of this paper is to provide evidence and assure the Board of the delivery performance of the quality improvement plan (QIP) submitted to the Care Quality Commission (CQC) on 8 October 2015.
Link to Board Assurance Framework (BAF)	The QIP includes actions across the Trust that link to all the principal risks except PR7, Failure to achieve financial targets, maintain financial control and realise and sustain benefits from CIP and Efficiency Programmes and PR9, Failure to develop a sustainable long term clinical, financial and estates strategy.

Previously discussed:

Committee	Date
Trust Executive Committee – QIP Group	25 November 2015

Benefits to patients and patient safety implications
The QIP will deliver significant quality and safety improvements across the Trust in response to the CQC recommendations which will result in improved outcomes and patient experience.

Recommendations

For information and assurance

West Hertfordshire Hospitals NHS

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Trust Board meeting – 3 December 2015

Quality Improvement Plan Progress Update

Presented by: Helen Brown, Director of Strategy and Corporate Services

1.   Purpose

1.1   The purpose of this paper is to assure the Board that the quality improvement plan (QIP) is being delivered effectively and the forecast benefits are realised.

1.2   The QIP was formally submitted to the CQC and TDA on 8th October 2015 and is published on the Trust's website www.westhertshospitals.nhs.uk/CQC/.

2.   Background

2.1   The QIP was developed based on the Care Quality Commission (CQC) recommendations and "must do" improvements from the inspections carried out in April 2015. The Trust Development Authority (TDA) oversee delivery of the plan to ensure the Trust can provide sustainable safe and quality services to the local population..

2.2   The TDA administers a monthly Oversight Group that includes key external stakeholders from NHS England and the clinical commissioning group and the Trust executive directors. The TDA has also appointed an Improvement Director for the Trust and the Oversight Group has agreed a summary set of actions (187) to monitor progress against.

2.3   The plan has been divided into 5 core themes:

2.3.1   Our People
2.3.2   Getting the Basics Right
2.3.3   Patient Focus
2.3.4   Infrastructure
2.3.5   Governance, Risk Management and Informed Decisions

2.4   The summary set of milestones forms a high-level plan with 23 projects with a nominated project lead and executive owner. The project leads prepare monthly highlight reports that are collated by the project management office (PMO) and submitted to a Trust Executive Committee (TEC) QIP group for review prior to submission to the Integrated Risk and Governance Committee (IRGC) and the Oversight Group.

2.5   The PMO also prepares an overarching highlight report on the plan that includes an overview of delivery performance. The Board will receive the overarching report as the IRGC reviews the full set of highlight reports sent to the oversight group.

2.6   The development of the QIP also included the consolidation of departmental action plans. Monitoring progress of these action plans forms part of the monthly divisional performance meetings where the exceptions to delivery of the divisional actions are addressed.

2.7   The QIP is designed to deliver improvements in outcomes and key performance measures. More detailed safety and quality and workforce performance dashboards are being developed as part of the Trust's integrated performance report (IPR). These reports will include the key performance indicators developed to support tracking of the QIP. This work is in progress and an update / prototype dashboards will be provided to relevant Board sub committees and the Oversight group in January 2016.

2.8   The Trust is working in a dynamic environment and as such may need to amend, delete and / or add actions or milestones within the plan. A change control process has been introduced to support this, with changes formally approved by the QIP executive leads group. Changes will be reported through to the IRGC on a monthly basis.

3.   Analysis/Discussion

3.1   The following section describes the current status of the plan for October and the delivery performance of the plan.

3.2   The objectives of the Quality Improvement Programme are to:

- Deliver sustainable and demonstrable pan-trust improvements to services and patients care that will enable the trust to move out of Special Measures;
- Rectify those areas that the CQC rate as "inadequate" and address the MUST DO recommendations;
- Co-ordinate and manage the delivery of the site-based SHOULD DO recommendations

3.3   Seven projects out of the 23 are reporting red this period. There are six outstanding actions from October; two of which were dependent on partner organisations providing support to reduce delayed transfers of care (DTOC). Two other actions have completed an initial task and are reporting green against a new due date for the remaining activity.

3.4   There are mitigating actions to improve the projects' rating which is demonstrated in the next period chart below.

3.5   The project status is calculated using the following formula:

If 80% of the milestones are green/complete then the project is green

If 75% of the milestones are green/complete then the project is amber/green
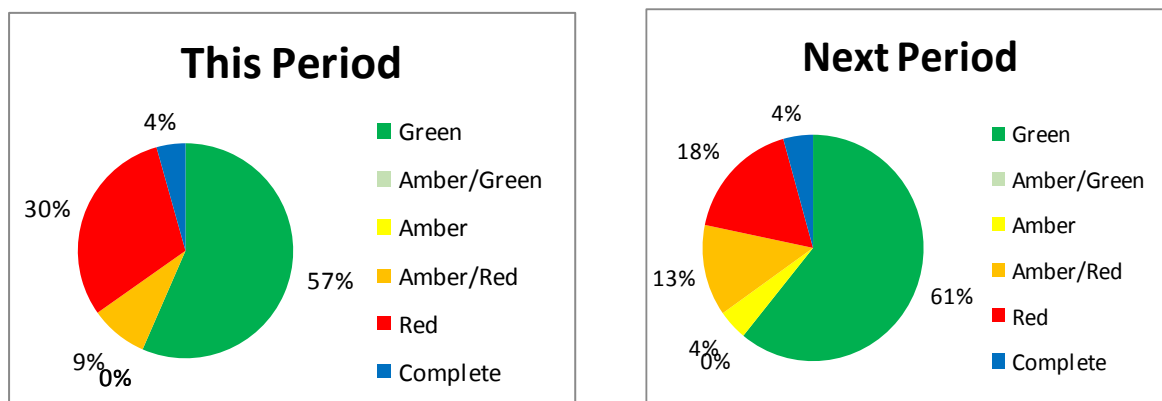
If 70% of the milestones are green/complete then the project is amber

If 60% of the milestones are green/complete then the project is amber/red

If 40% of the milestones are green/complete then the project is red

3.6 The overarching status uses the same formula on the project status rather than the milestones.

3.7 The following charts show the delivery performance for October and the forecast for November:

This Period

4% | 30% | 57% | 9% | 0%

- Green
- Amber/Green
- Amber
- Amber/Red
- Red
- Complete

Next Period

4% | 18% | 13% | 61% | 4% | 0%

- Green
- Amber/Green
- Amber
- Amber/Red
- Red
- Complete

3.8 The overarching progress report provided to the Oversight Group for October noted the following progress highlights:

| Progress This Period	RAG Status	AG	Planned Activity (Next Period)	RAG Status	AR
- Held 'specialist subject matter' big conversations on recruitment and finance held as part of 'Listening into Action' - Continued EU overseas recruitment for nursing – 30+ offers made September and October 2015 - Safeguarding training and policies reviewed and updated (level 2– 89%, level 2 – 93%, level 3 – 95%) - All medical equipment except Pathology now on the EQUIP system (10,000 + items!) - Pilot 'Test Your Care' in Maternity services launched. - Medicines Storage Audit completed and new procedures for ordering controlled drugs agreed. - Outpatients performance dashboard developed and programme plan developed. Revised clinic outcome form agreed for roll out. - Backlog of overdue complaints reduced – 96 open complaints recorded on Datix as at 17th October. - New clinical audit strategy and policy approved - Risk management training plan approved.			- Maternity temperature check and 3 x maternity Listening into Action conversations to be held and improvements agreed - Communications 'Big Conversation' to be held and communications and engagement strategy developed. 31 new overseas nurses to start in post - Pathology equipment to be entered onto EQUIP - Finalise maternity integrated improvement plan and implement standardised 3 x daily ward rounds on delivery suite - Waiting times displays to be implemented in outpatient clinics - Roll out clinic outcome forms - ECIP visit to review emergency care pathway / review and update 'patient flow' plans and milestones - Roll out risk management training - External review of CGI contract (externalised IM&T)		

3.9   The following graph shows the current status of the 187 actions as at 20 November 2015:
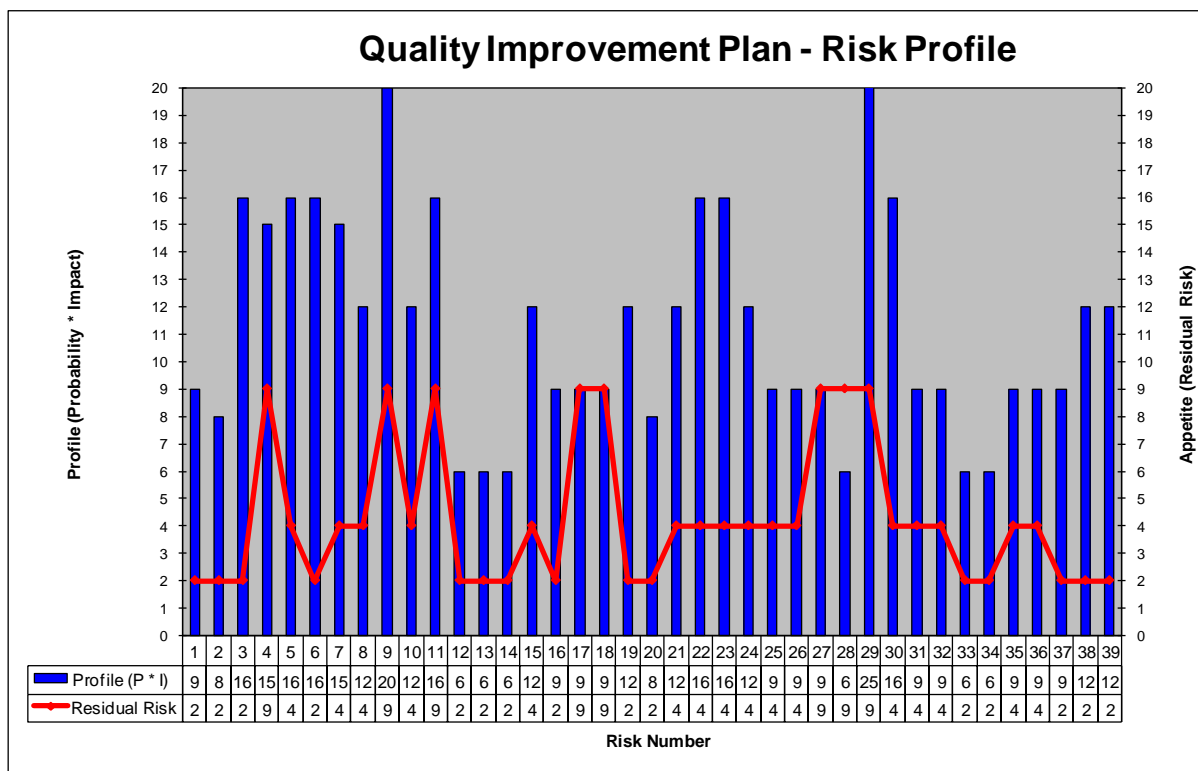
Actions Profile
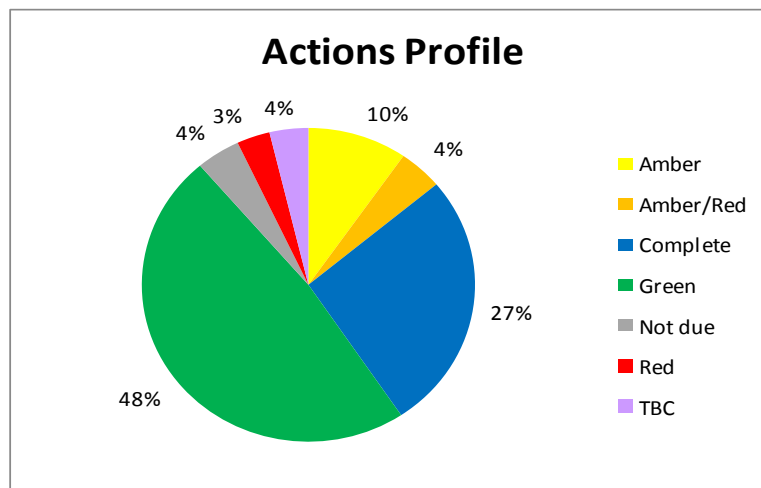
3.10   By the end of November 63 actions (34% of the plan) should be completed. At the time of this report, 38 actions (60%) have been concluded with 6 outstanding from October and 19 due to be completed by the end of November. A further 12 actions have been accomplished with future due dates resulting in 50 completed actions to date.

3.11   The following graph shows the delivery performance for quarter 3 2015/16 at the time of this report against the trajectory of the plan:

Milestones Trajectory
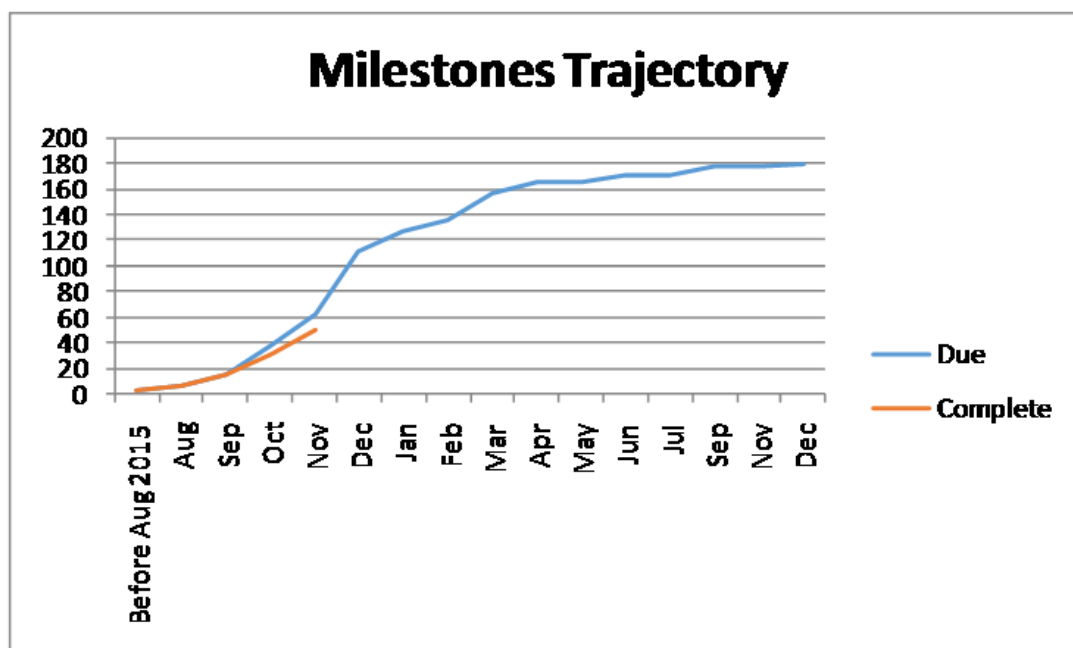
4.   Risks

4.1   The monthly project highlight reports include the major risks for the project. These are summarised in the chart below. At this time, the PMO has estimated the residual risk based on the mitigating actions but this rating needs to be validated by the project teams.

Quality Improvement Plan - Risk Profile

Profile (Probability * Impact) / Appetite (Residual Risk)

Risk Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
Profile (P * I)	9	8	16	15	16	16	15	12	20	12	16	6	6	6	12	9	9	9	12	8	12	16	16	12	9	9	9	6	25	16	9	9	6	6	9	9	9	12	12
Residual Risk	2	2	2	9	4	2	4	4	9	4	9	2	2	2	4	2	9	9	2	2	4	4	4	4	4	4	9	9	9	4	4	4	2	2	4	4	2	2	2

5. Recommendation

5.1 With 76% of the plan being complete or on track, the status is rated as amber/green. If the 4% of actions that are not due are included then the plan is green. Delivery of milestones is slightly behind the trajectory but if all the November actions are completed then the plan is ahead of schedule.

5.2 The executive owners and project leads are fully engaged in delivering the plan but recognise the risk to delivery of winter pressures.

5.3 The Board is therefore asked to consider this report and be assured that the plan is being delivered effectively with robust governance and oversight.

For information and assurance – this item has been thoroughly discussed by a group and should not need significant review/debate;

Helen Brown

Director of Strategy and Corporate Services

3 December 2015