Trust Board Meeting

02 June 2016

Title of the paper:	**Quality Improvement Plan update report**
Agenda item:	**10/38**
Lead Executive:	**Lisa Emery, Chief Information Officer**
Author:	**Jonathan Wood, Head of Programme Management Officer**
Trust aims :	Double click on the box to mark as appropriate: ☒ To deliver the best quality care for our patients ☒ To be a great place to work and learn ☐ To improve our finances ☐ To develop a strategy for the future
Purpose:	The aim of this paper is to provide evidence and assure to 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)	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
Integrated Risk and Governance Committee	31 May 2016

Benefits to patients and patient safety implications

Recommendations (delete as appropriate)

This item has been reviewed by the Integrated Risk and Governance Committee to ratify the report before it is submitted to the NHS Improvement (NHSI) Oversight meeting scheduled for 16 June 2016.

The Board is asked to note the contents of the report.

Trust Board Meeting – 02 June 2016

Quality Improvement Plan update report

Presented by: Lisa Emery, Chief Information Officer

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 the Trust Development Authority (TDA) on 8th October 2015 and is published on the Trust's website www.westhertshospitals.nhs.uk/CQC/.

2. Background

2.1 The Board received the sixth progress update at the meeting on 5 May 2016 for the 244 actions across the 23 projects that comprise the high-level QIP. Three new change requests have been approved by the Trust Executive Committee (TEC) to add new implementation and embedding actions and defer milestones where these have not been realistic in terms of completion. These change requests include the finalising business continuity plans as part of Emergency Resilience, evaluation of the "Hellomynameis" campaign within Patient Feedback and additional actions within the Harm Free Care project. Further change requests are being developed for Leadership and Environment. There are now 274 actions in total with four projects (30 actions) completed: Safe Staffing, Information Governance, Data and Recruitment.

2.2 The QIP is designed to deliver improvements in outcomes and key performance measures; the report shown at Appendix 2 contains the agreed key performance measures for the QIP as a whole.

2.3 This report summarises the QIP project highlight reports (HLRs) received by the due date to reflect the overall status of the plan.

2.4 The overall status for April is green; the forecast status for May is also green.

2.5 There are no red projects this month.

# 3.   Analysis/Discussion

3.1   By the end of April, 174 actions (64% of the plan) should have been completed. At the time of this report, 148 actions (85%) have been concluded with 2 still outstanding from December and January, 3 in February, 10 in March and 9 in April. A further 4 actions have been accomplished with future due dates resulting in 136 (87%) completed actions to date.

Number of Changed Milestones by Project

3.2   A confidence level using the number of change requests and the number of times a milestone date is changed is now included in the report. Currently, 42 (15%) milestones have been deferred with only one being changed more than once:

QIP Status - April
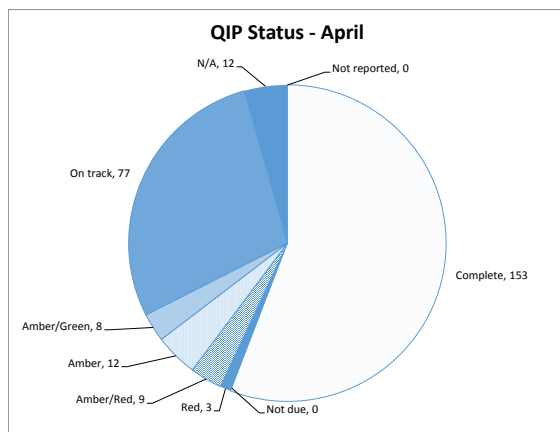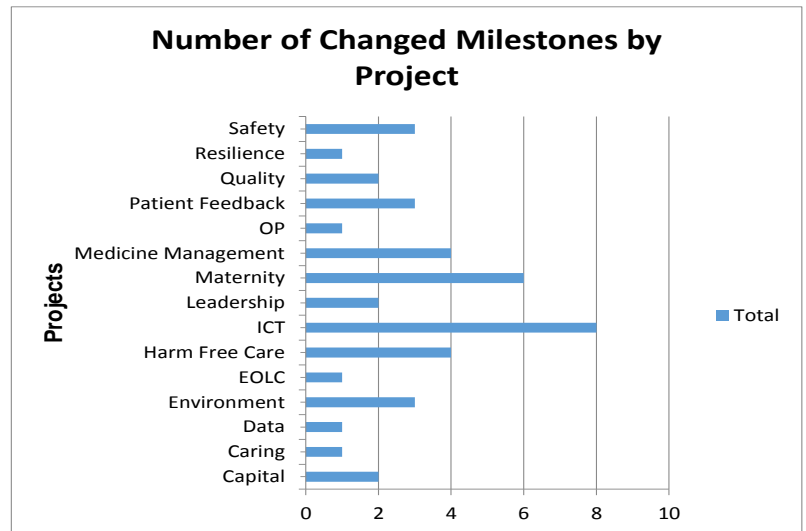
3.3   This graph shows the current status of the 274 actions as at the end of April 2016 which includes the March status of the actions from the projects where the reports have not been received.

3.4   The following graph shows the delivery performance up to the end of April 2016:

Milestones Trajectory
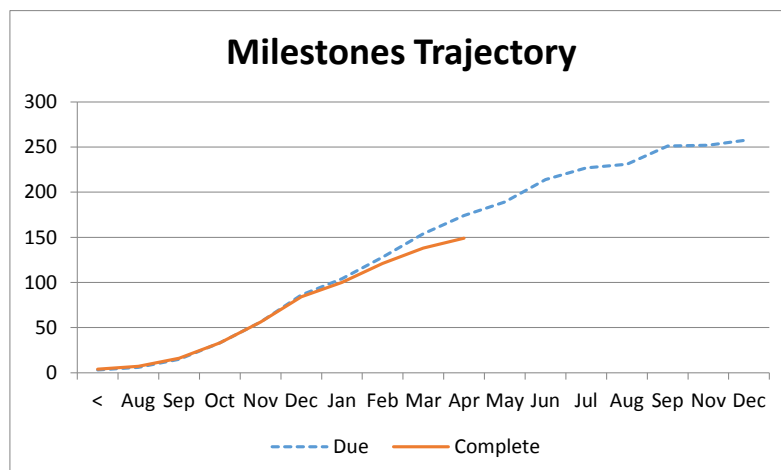
3.5   The gap between completed actions and those due has increased with 14 actions rated green that should have been completed in March or April. The PMO will discuss the status of these actions with the project leads to understand whether a change request is required to defer the date or whether the action should be marked complete. The report for Maternity has not been received.

4.   Recommendation

4.1   Overall performance for April is: 88.3%

4.2   This item has been reviewed by the Integrated Risk and Governance Committee to ratify the report before it is submitted to the NHS Improvement (NHSI) Oversight meeting scheduled for 16 June 2016.

4.3   The Board is therefore asked to receive this report for information and assurance and support the executive leads in continuing to deliver the plan.

Lisa Emery
Chief Information Officer

25 April 2016

Progress This Period	RAG Status	G	Planned Activity (Next Period)	RAG Status	G

Progress against Key Milestones this period:

- Order raised for iFIT (Medical Records tracking) servers.
- Initial demo of Careflow for Radiology alerts took place on 18/04.
- 30 more overseas nurses commenced bringing the total started to 177
- Vacancy rate increased overall due to increase in establishment of 150 wtes, but staff in post also increased; nursing vacancy rate fell from 13.9 to 12.5%
- Bank & agency – reduction in agency spend in cash as well as percentage of pay-bill, reduction in %age of overall temporary spend
- Staff 'thank-you' tea parties on each Trust site - important engagement events
- PLACE audits commenced 28th April WGH
- Draft PE Strategy presented to Patient Experience Group on 8 April 2016
- Frailty Service - Unit Opened 15/04/2016
- FALLCARE now agreed to be submitted to Printers
- Falls Awareness strategy /campaign drawn up

Planned activity towards Key Milestones next period:

- Confirm GMP and works programme for CT / MRI and Endoscopy works by May.
- Local exec-led presentations of survey results to complete May 2016
- Complete extended F&F/engagement survey & analyse results; link with local action plans
- Local divisional staff survey action plans using LiA methodology; progress check plans
- Action plan re Medical Engagement Survey (aligned with new clinical leadership roles)
- Development of County wide competencies for mental Capacity and DoLS – agreement with CCG and Named Adult Doctor to trail these on Sarratt ward - see actions below in milestone.
- New Adult intercollegiate document was reviewed at the January safeguarding panel next step is planning how this will impact with the training department.
- MCA and DoLs audit to be completed in May 2016 and to Safeguarding Panel June 2016.
- PAM Action plan to be developed May 2016.
- PLACE audits to be completed 12th May HHGH. Action plan to follow.
- Cardiac Monitoring - Audit of low risk chest pains to start, AMD to meet with CL and HON.
- SAFER - information and progress tracker to be developed and readily available.

QIP March Progress Report Exceptions – Appendix 1:

The following analysis discusses the ICT project that is rated amber/red and the three red rated actions:

ICT and Information

Application Migration continues to be at risk due to a number of dependencies, including ongoing network performance issues, although access to third party suppliers has been resolved. CGI are implementing a resolution plan to address the root cause and mitigation is on-going through to the end of April. Work continues to progress smaller applications that are not impacted. Planning of more major clinical applications continues, which includes a Proof of Concept. An Exception Report has been received.

Complete rollout of environmental changes to improve staff satisfaction

The continuing cost-pressures on capital funding for 2016-17 increases the risks to implementing the requested changes to improve the working environment and staff facilities.

Review outline business case and approvals process for theatres at Trust board

Strategic Outline Case presented to Strategy Group on 21 Dec. Project group are agreeing appointment of external advisors to complete the outline business case with a view to completion of business case by end of 2016.

Implement changes to assurance processes following baseline assessment of compliance and data availability

Staff absence continues to impact on the focus that this work requires. Self-assessment by standard leads to take place against the CQC fundamental standards and outcome to be submitted to the May Safety & Quality Committee.

Oversight Metrics Performance Challenges – Appendix 2:

A&E performance (WGH time to initial assessment % within 15 mins) No baseline however performance has increased from 63.5% to 75.4% from March to April.

Mandatory Training: 86.0% vs 82.8% baseline

Mandatory training compliance continues to be relatively static. HR is working to implement the new e-learning system so that the 95% target can be achieved by September.
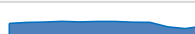
Outpatients Appointments:

The continued higher than average cancelled appointments is due to the junior doctors' strikes.

Appendix 1 - Project Milestones Status Report

PROJECT OVERVIEW	Previous Period RAG	Current Period RAG	Next Period RAG	Actions
OP01 – Vision, Values, Engagement and Staff Retention	G	G	A	
OP02 – Staff recruitment and induction	N/R	C	C	All actions completed.
OP03 – Leadership and People Development	G	G	G	
OP04 – Clinical training	G	G	G	
OP05 – Safe staffing	C	C	C	All actions completed.
GTBR01– Safety, Equipment and Security	G	G	G	
GTBR02 – Harm Free Care	G	G	G	
GTBR03 – Medicines Management	G	G	G	
GTBR04 - Safeguarding	G	G	G	
GTBR05 – Information Governance	C	C	C	All actions completed.
PF01 - Caring for our acutely ill patients	N/R	G	G	
PF02 - Outpatients	G	G	G	
PF03 – End of Life Care	G	G	G	
PF04 - Maternity	G	N/R		
PF05 – Patient Flow	G	G	G	
PF06 – Patient Feedback	G	G	G	
Inf01 – Environment, Estates and Facilities	G	G	G	
Inf02- Capital Programme	G	G	G	
Inf03 – ICT and information	AR	AR	AR	Weekly senior management meetings are in place to assess progress against key recovery actions. Weekly escalation to Trust and supplier lead executives, of any risks to milestone delivery requiring intervention
GRID01 – Quality Governance	G	G	G	
GRID02 – Risk Processes	G	G	G	
GRID03 – Emergency Resilience	G	G	G	
GRID04 - Data	C	C	C	All actions completed.
Overall Project Performance	86.96%	91.30%	86.96%	

Theme	Project	Metric	Target	Performance												Trend
				May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	
Our People	Leadership and People Development	Mandatory Training	95.00%	81.8%	83.2%	82.7%	82.8%	82.6%	83.6%	83.3%	85.4%	84.4%	84.3% ❗	85.6% ❗	86.0%	
Our People	Recruitment and Induction	Vacancy rate	5.0%	15.0%	15.7%	15.4%	15.8%	15.2%	15.5%	13.8%	14.2%	12.7%	11.8% ❗	11.4% ✗	13.5%	
Our People	Safe Staffing	Red rated shifts (8 RN hours+ less then planned)	< 20%	18.8%	12.1%	15.0%	19.1%	26.4%	22.4%	13.2%	15.0%	24.5%	21.7% ✗	23.5% ✓	8.6%	
Getting the Basics Right	Information Governance	IG breaches - Level 1	5	7	3	5	4	8	1	5	3	5	2 ✓	2 ✓	3	
Getting the Basics Right	Information Governance	IG breaches - Level 2	0	0	0	0	0	0	0	0	0	0	0 ✓	0 ✓	0	
Getting the Basics Right	Harm Free Care	Compliance with equipment checks (Test Your Care excluding Maternity)	90%	89.6%	85.8%	86.6%	84.2%	85.7%	84.8%	87.8%	87.3%	89.9%	89.2% ✓	90.0% ❗	88.6%	
Getting the Basics Right	Harm Free Care	Medicines audits - (Drug ommissions from quarterly Pharmacy audit)	5%		7.8%			5.3%			4.5%					
Patient Focus	Caring for our acutely ill patients	A&E performance (WGH time to initial assessment % within 15 mins)	95%	88.2%	93.0%	94.7%	98.2%	95.4%	97.7%	97.7%	94.1%	93.2%	71.9% ✗	63.5% ✗	75.4%	
Patient Focus	Caring for our acutely ill patients	Returns to ITU within 48 hours		4	2	2	4	4	1	1	2	3	2	3	2	
Patient Focus	Outpatients	Cancelled appointments with less than 6 weeks' notice by the hospital^	3%	3.0%	3.1%	3.4%	3.4%	3.4%	3.2%	3.4%	3.6%	3.9%	4.4% ✗	5.5% ❗	5.3%	
Infrastructure	Environment, Estates and facilities	Completed Fire and H&S risk assessments up to February 2016	95%								87.6%	95.3%	95.3% ✓	96.9% ✓	98.9%	
Infrastructure	Environment, Estates and facilities	Security - completed checkpoints up to February 2016	95%								92.7%	91.2%	92.0% ❗	90.0% ❗	92.2%	
Governance, risk management and informed decisions	Quality Governance	Accurate record keeping (Test Your Care excluding Maternity)	90%	86.2%	83.3%	84.4%	81.6%	81.7%	80.9%	84.2%	85.2%	84.6%	84.6% ❗	86.0% ❗	84.7%	
Governance, risk management and informed decisions	Quality Governance	Number of SIs submitted to the CCG within time	95%		100.0%			76.2%			100.0%		❗	92.9%		
Governance, risk management and informed decisions	Risk Processes	Risk - Completed SIs and complaints investigations with documented actions on Datix.	90%		100.0%			100.0%			81.8%		✓	100.0%		

^ Excluding valid cancellations (cancellations to provide earlier appointments, cancellations due to where patients have died and cancellations to appointments made in error)

NB. Where national avg. blank - information not currently available

Please note that the next medicine audit takes place in May.

Trajectories

Accurate Record Keeping

Cancelled Outpatients Appointments

Compliance with Equipment Checks