# West Hertfordshire Hospitals NHS Trust

**Trust Board**

**06 April 2017**

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| **Title of the paper:** | **Quality Improvement Plan (QIP) Progress Report** |
| **Agenda item:** | **10/47b** |
| **Lead Executive:** | **Lisa Emery – Chief Information Officer** |
| **Author:** | **Rita Oye – Head of PMO** |
| **Trust aims :** | Double click on the box to mark as appropriate:<br><br>☒ To deliver the best quality care for our patients<br><br>☐ To be a great place to work and learn<br><br>☐ To improve our finances<br><br>☐ To develop a strategy for the future |
| **Purpose:** | The aim of this paper is to provide evidence and assurance to the Trust 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 |
|---|---|
| Integrated Risk and Governance Committee | 28th March 2017 |

**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** (delete as appropriate)

**For information and Assurance**
The Board is asked to note the report for information and assurance.

# West Hertfordshire Hospitals NHS

**Agenda Item: 10/47b**

**Trust Board – 06 April 2017**

***Quality Improvement Plan Progress Update***

**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

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2.1    The Integrated Risk and Governance Committee received the fifteenth progress update at the meeting on 28th March 2017 for the 334 actions across the 23 projects that comprise the high-level QIP.

2.2    Ten projects (114 actions) have been completed: Vision, Safe Staffing, Information Governance, Data, Recruitment, and Caring for our most acutely unwell patients, Clinical Training (Nursing) and Outpatients. There has been no new change request submitted to the Strategy Delivery Board since the last meeting held on the 1st February 2017.

2.3    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.

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

2.5    The overall status for January is green; the forecast status for February is also green.

2.6    There are no red projects again this month.

# 3.    Analysis/Discussion

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3.1    By the end of January, 302 actions (90.1% of the plan) should have been completed. At the time of this report, 274 actions (90.7% of those due) have been finished with 28 outstanding actions from January 16 through to January 17. There have been 274 (90.7% of those due and 81.8% of the plan) completed actions to date.
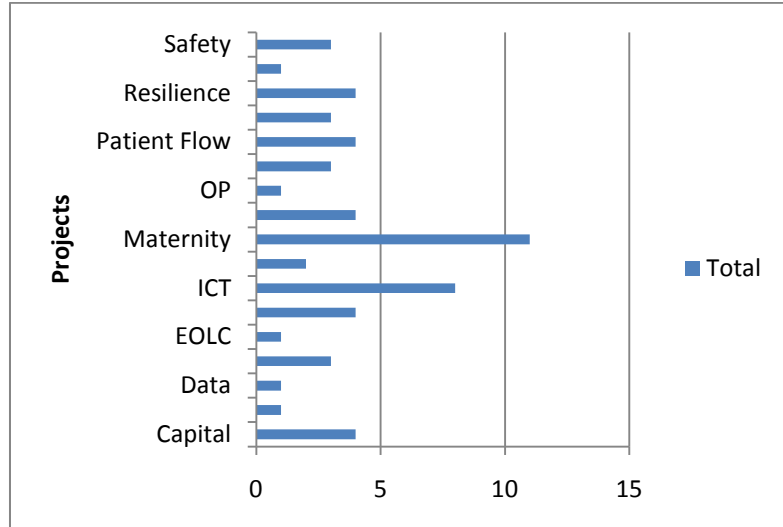
3.2    The PMO continues to work with the project teams to close or review the forecast delivery dates of the outstanding actions. There is 1 green action due to complete in January.

3.3    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, 41 (17% of the plan) milestones have been deferred with 17 being changed more than once from 52 approved QIP change requests.

3.4    This graph shows the current status of the 335 actions as at the end of January 2017.
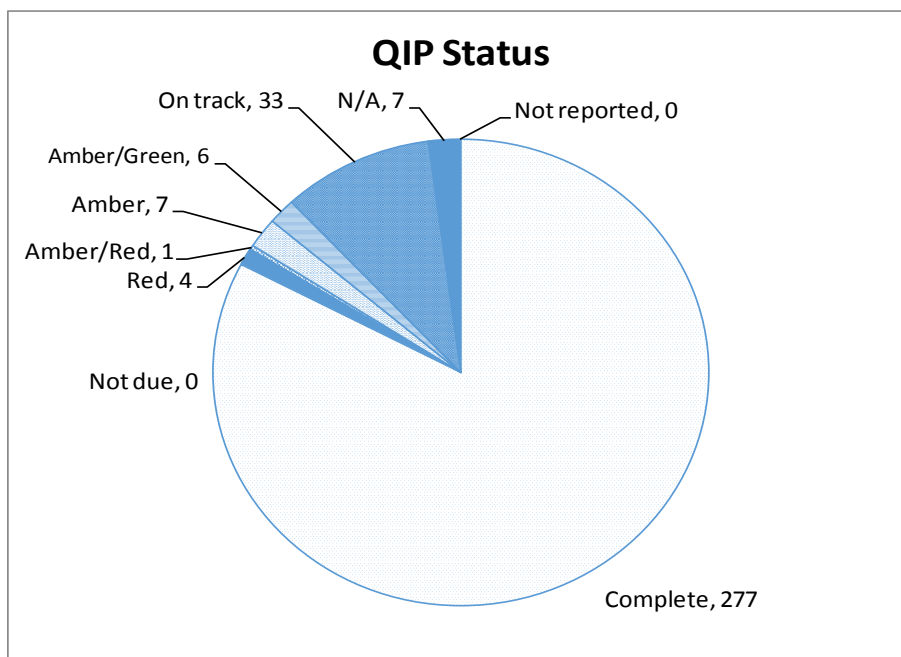
3.5    The following graph shows the delivery performance up to the end of January 2017:

**Milestones Trajectory**
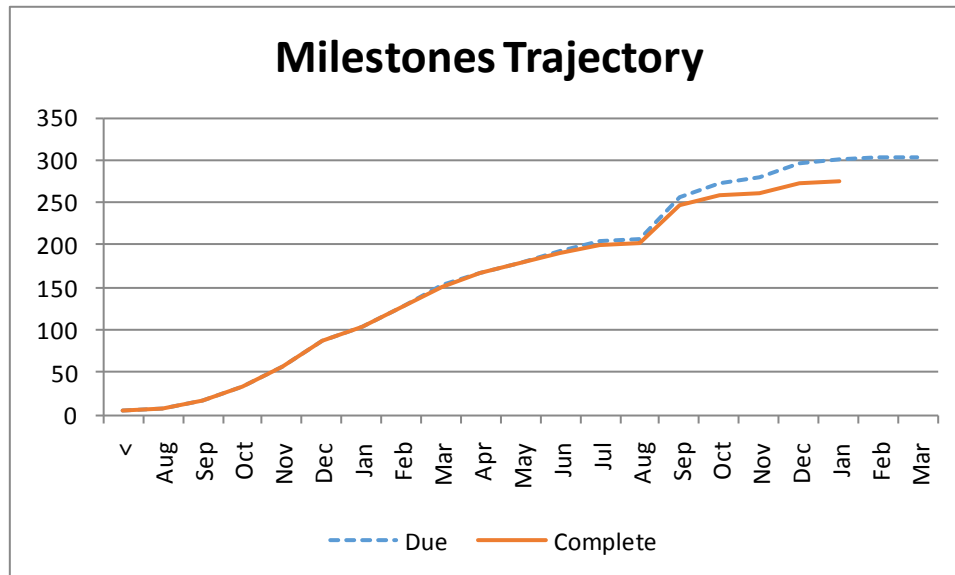


3.6    The gap between completed actions and those due has increased due to actions not being closed or change requests not being raised to amend the forecast completion dates. The PMO will continue to discuss the status of these actions with the project leads to understand whether a change request is required to defer the date or whether the action should be marked complete.

## 4.    Risks

4.1    The project teams continue to review risks and mitigating actions to ensure delivery of the forecast outcomes. Resource constraints continue to be the most significant cause of project risks.

## 5.    Recommendation

5.1    Overall performance for January is:       95%

5.2    The Board is therefore asked to note this report for information and assurance.

Chief Information Officer
March 2017

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

**Planned activity towards Key Milestones this period:**

**Harm Free Care:**
- Ward Support framework proposal shared for wards that do not meet the ward accreditation standard.
- Pressure Ulcer Thematic review shared to be incorporated into the National action plan to address further national reduction in pressure ulcers.

**EOLC:**
- Training of staff and roll out continues in Intensive Care Unit - meeting held with key staff and training has commenced further dates have been arranged. New documentation in the process of being finalised.
- Teaching and support continues to Ward staff in the areas where the care plan has been implemented
- Training for Doctors continues.

**ICT:**
- Application Migration - baseline criteria for CGI Data Centre Migration improvement works on track. Gate call to conclude scheduled for 23/12/2016. Milestone on track for 22/12/2016 to deliver 8-10 Applications to the CGI Data Centre. Data Warehouse mitigation on track for December implementation - offering Information Team servers on site at WGH prior to moving to the CGI Data Centre.

**Patient Feedback**
- Timetable for Patient Experience & Carer Strategy Trust-wide launch populated and awareness raising sessions commenced.
- Design work for Posters and pop up banners to promote the Patient Experience & Carer Strategy completed.

**Maternity Project:**
- Duty of Candour presentation/training delivered to Maternity Mortality and Morbidity meeting. Circa 12 attendees, mainly consultants.
- Single PNMH pathway developed jointly by consultants and Vulnerable Adults Lead midwife. Requires ratification- Pathway and Lead Midwife for PNMH in place.
- A&C review completed. Posts recruited to and bank and OT are now almost nil except for sickness.

**Planned activity towards Key Milestones next period:**

**Harm Free Care**
- Thematic review paper to be aligned to national pressure ulcer campaign to be launched this year by NHSI
- Specialist Nurses continuing with Harm Free Friday - visits to wards to promote Harm free care. Harm free care newsletter continue

**EOLC**
- End of Life Strategy to be finalised with Medical illustrations to enable launch and circulation of strategy
- End of Life update to be part of staff training from February
- Trust Individualised Care Plan policy to be ratified and then disseminated post changes.

**ICT**
- End-User Device (EUD) roll out completion in PMOK L5 and L6. The next phase includes PMOK Levels 3 and 6, Pharmacy, Information, Research and Development, Finance, Risk & Governance, Herts Procurement and Clinical Coding.

**Patient Feedback**
- Carers Lead to progress the Adult Carers Support Group project to next stage (delayed due to long term sickness absence).

**Maternity Project**
- Continue Bands 5,6 & 7 recruitment initiatives to achieve 5% vacancy rate. The current establishment compliments the activities of Maternity Unit and number of births per annum. However, based on the projected figures of 5600 births per annum, the vacancy rate will sit at 10% rather than 5% as originally assessed.

**QIP January Progress Report Exceptions – Appendix 1:**

There are no projects at risk. However, there are 4 red and 1 Amber/Red milestones that will either be completed next month or cannot be delivered due to various resource or physical constraints:

| Project | Red milestone | Comments |
|---|---|---|
| Clinical training (Medical) | Embed quarterly update / written feedback from trainees | |
| Patient Flow | Internal professional standards (IPS) - to be agreed and linked to escalation policy. | Still awaiting formal acceptance from Speciality teams. |
| End of Life Care | Ward DNACPR champions to do a daily audit confirming that any patient, who has a new DNACPR status decided, has had the form stamped for the mental capacity assessment by 30 September 2016.(Amber/Red milestone) | |
| Capital projects | Implement long-term solution for lift 9 risk (bridge link). | Long term solution is currently not funded and has not been prioritised for 2016/17. |
| ICT | Complete roll out of electronic medical records tracking programme | There is an issue with Case Notes numbers from the PAS system and this needs to be replaced with the System Number which will impact on project timescales.  The project is currently being re-planned to deliver in a phased approach. |

**Oversight Metrics Performance Challenges – Appendix 2:**

*A&E performance (WGH time to initial assessment % within 15 mins) No baseline however performance has declined since November's 80.4%, there has been a slight improvement in January to78% from December's 75%.*

Mandatory training compliance continues to improve from 86.6% in November; 87.2% in December to 88.1% in January. HR continues to implement the new e-learning system although the 95% target has not been achieved in January as planned.

***Outpatients Appointments:***

Cancelled appointments has improved slightly from December's 3.6% to 3.1% in January.

***Vacancy rate:***

The vacancy rate continues to improve from 15.2% in November, 14.3% in December and 13.5% in January. Vacancy rate continues to be behind the trajectory.

***Harm Free care (Test Your Care):***

Compliance with equipment checks (Test Your Care excluding Maternity, Oxhey and Gade) continues to be above target at 92.2% in January (Target is 90%) but Accurate Record Keeping has decreased slightly from December's 91.6% to 89.5% in January. Accurate record keeping has now fallen below target of 90%.

## 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 | C | C | | All actions completed. |
| OP02 – Staff recruitment and induction | C | C | | All actions completed. |
| OP03 – Leadership and People Development | G | G | G | |
| OP04 – Clinical training | C | C | | All actions completed. |
| OP05 – Safe staffing | C | C | | All actions completed. |
| GTBR01– Safety, Equipment and Security | N/R | N/R | | No report received as the areas are being revised and aligned with the outcomes of the CQC inspection and will be further modified once the reports are published. Work is progressing against the critical "Must do" actions. |
| GTBR02 – Harm Free Care | G | G | G | |
| GTBR03 – Medicines Management | C | C | | All actions completed. |
| GTBR04 - Safeguarding | G | G | G | |
| GTBR05 – Information Governance | C | C | | All actions completed. |
| PF01 - Caring for our acutely ill patients | C | C | | All actions completed. |
| PF02 - Outpatients | C | C | | All the QIP actions are complete. On-going developments are included in the Outpatients Improvement Programme. |
| PF03 – End of Life Care | G | G | G | |
| PF04 - Maternity | G | G | G | |
| PF05 – Patient Flow | G | N/R | | No report received as the areas are being revised and aligned with the outcomes of the CQC inspection and will be further modified once the reports are published. Work is progressing against the critical "Must do" actions. |
| PF06 – Patient Feedback | G | G | G | |
| Inf01 – Environment, Estates and Facilities | N/R | N/R | | No report received as the areas are being revised and aligned with the outcomes of the CQC inspection and will be further modified once the reports are published. Work is progressing against the critical "Must do" actions. |
| Inf02- Capital Programme | N/R | N/R | | Same reason as above |
| Inf03 – ICT and information | G | G | G | The revised Make It Happen programme has been approved and a new schedule has been implemented. |
| GRID01 – Quality Governance | G | G | G | |
| GRID02 – Risk Processes | G | G | G | |
| GRID03 – Emergency Resilience | C | C | | All actions completed. |
| GRID04 - Data | C | C | | All actions completed. |
| **Overall Project Performance** | 86.96% | 86.96% | | |

# Appendix 2 – Oversight Metrics – January data

| Theme | Project | Metric | Target | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Trend |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Our People | Leadership and People Development | Mandatory Training | 95.00% | 85.4% | 84.4% | 84.3% | 85.6% | 86.0% | 86.4% | 87.7% | 87.4% | 89.4% | 87.9% | 87.7% | 86.6% | 87.2% | 88.1% | |
| Our People | Recruitment and Induction | Vacancy rate | 5.0% | 14.2% | 12.7% | 11.8% | 11.4% | 13.5% | 14.2% | 14.5% | 15.2% | 15.9% | 15.7% | 15.6% | 15.2% | 14.3% | 13.5% | |
| Our People | Safe Staffing | Red rated shifts (8 RN hours+ less then planned) | < 20% | 24.5% | 21.7% | 23.5% | 23.5% | 8.6% | 6.4% | 8.8% | 15.8% | 19.4% | 16.4% | 14.2% | 10.8% | 17.2% | 20.1% | |
| Getting the Basics Right | Information Governance | IG breaches - Level 1 | 5 | 3 | 5 | 2 | 2 | 3 | 5 | 4 | 5 | 5 | 3 | 4 | 4 | 3 | 4 | |
| Getting the Basics Right | Information Governance | IG breaches - Level 2 | 0 | 0 | 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, Oxhey and Gade) | 90% | 87.3% | 89.9% | 89.2% | 90.0% | 88.6% | 90.1% | 93.2% | 93.6% | 93.4% | 93.3% | 91.4% | 94.0% | 94.4% | 92.2% | |
| Getting the Basics Right | Harm Free Care | Medicines audits - (Drug omissions from quarterly Pharmacy audit) | 5% | 4.5% | | | | | 5.0% | | | | 5.4% | | | | | |
| Patient Focus | Caring for our acutely ill patients | A&E performance (WGH time to initial assessment % within 15 mins) | 95% | 94.1% | 93.2% | 71.9% | 63.5% | 75.4% | 75.0% | 73.9% | 76.4% | 78.8% | 79.5% | 74.9% | 80.4% | 75.0% | 78% | |
| Patient Focus | Caring for our acutely ill patients | Returns to ITU within 48 hours | | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 5 | 2 | 2 | 4 | 400.0% | 7 | 1 | |
| Patient Focus | Outpatients | Cancelled appointments with less than 6 weeks' notice by the hospital^ | 3% | 3.6% | 3.9% | 4.4% | 5.5% | 5.3% | 4.1% | 3.8% | 4.2% | 3.7% | 3.8% | 3.7% | 3.2% | 3.6% | 3.1% | |
| Infrastructure | Environment, Estates and facilities | Completed Fire and H&S risk assessments | 95% | 87.6% | 95.3% | 95.3% | 96.9% | 98.9% | 99.6% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | |
| Infrastructure | Environment, Estates and facilities | Security - completed checkpoints | 95% | 92.7% | 91.2% | 92.0% | 90.0% | 92.2% | 92.0% | 87.7% | 96.1% | 99.5% | 99.8% | 99.0% | 1 | 98.0% | 99.0% | |
| Governance, risk management and informed decisions | Quality Governance | Accurate record keeping (Test Your Care excluding Maternity, Oxhey and Gade) | 90% | 85.2% | 84.6% | 84.6% | 86.0% | 84.7% | 85.6% | 89.3% | 90.0% | 89.7% | 89.5% | 89.6% | 1 | 91.6% | 89.5% | |
| Governance, risk management and informed decisions | Quality Governance | Number of SIs submitted to the CCG within time | 95% | 100.0% | | | 92.9% | | | 88.9% | | | | 66.7% | | | | |
| Governance, risk management and informed decisions | Risk Processes | Risk - Completed SIs and complaints investigations with documented actions on Datix. | 90% | 81.8% | | | 100.0% | | | 100.0% | | | | 73.6% | | | | |

^ 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
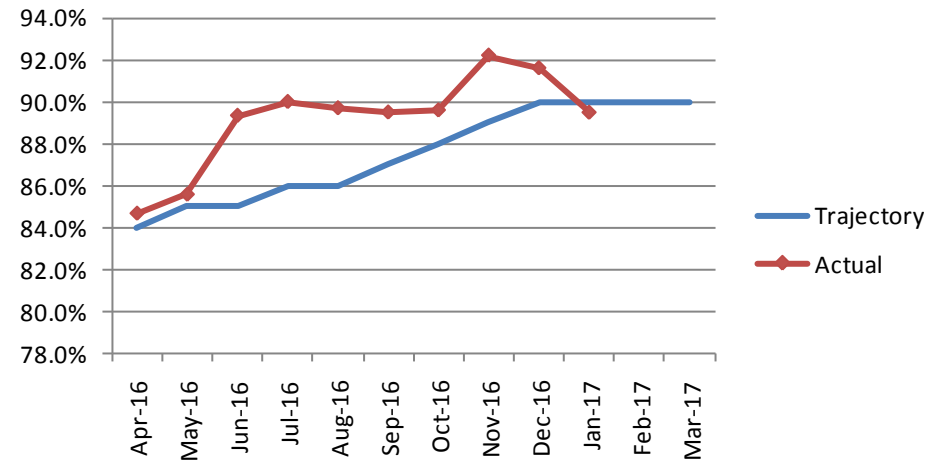
* Indicator measured using response sections: Infection Control, Privacy and Dignity and Resuscitation Trolley. Community Midwifery and Maternity Delivery Suite Care Indicators excluded along with new wards included on TYC in 16/17, Oxhey and Gade.
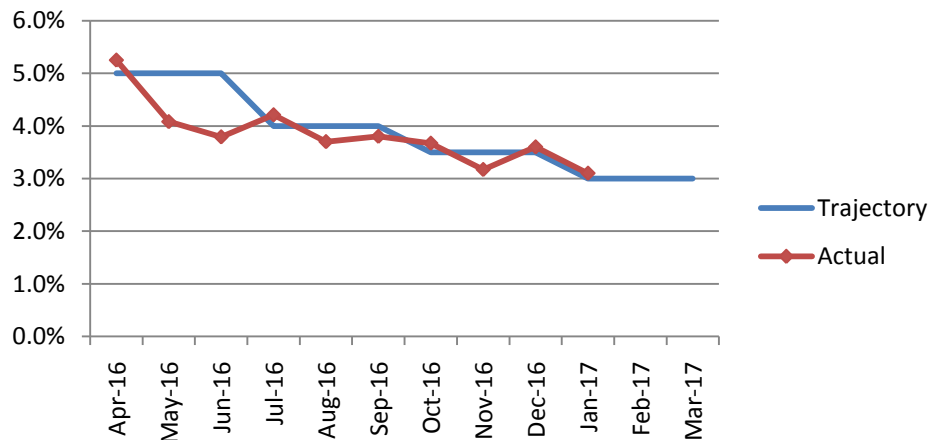
# Trajectories



### Vacancy Rate
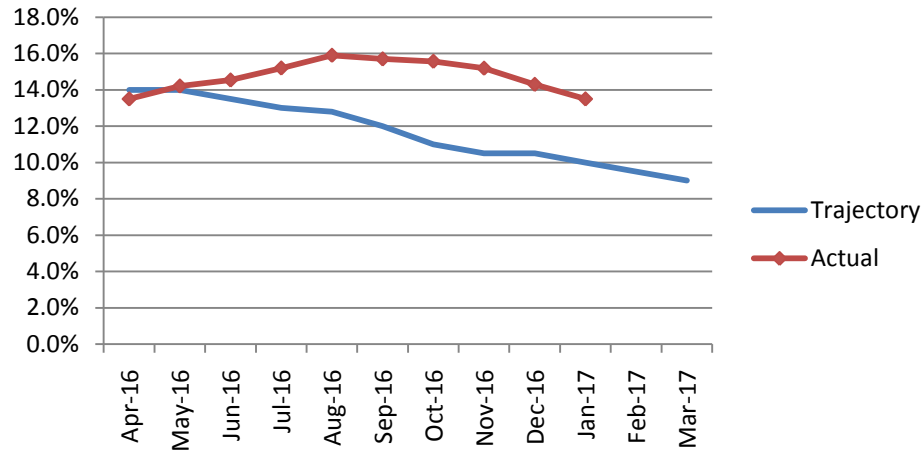
### Accurate Record Keeping

### Cancelled Outpatients Appointments

### Compliance with Equipment Checks