

**Trust Board Meeting**  
**04 February 2016**

<b>Title of the paper:</b>	<b>Quality Improvement Plan Progress Update</b>	
<b>Agenda item:</b>	<b>10/34</b>	
<b>Lead Executive:</b>	<b>Helen Brown</b>	
<b>Author:</b>	<b>Jonathan Wood</b>	
<b>Trust objective:</b>	Tick as appropriate: <input checked="" type="checkbox"/> Achieving continuous improvement in the quality of patient care that we provide and the delivery of service performance across all areas; <input type="checkbox"/> Setting out our future clinical strategy through clinical leadership in partnership and with whole system working; <input type="checkbox"/> Creating a clear and credible long term financial strategy.	
<b>Purpose:</b>	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.	
<b>Link to Board Assurance Framework (BAF)</b>	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.	
<b>Previously discussed:</b>		
<b>Committee</b>		<b>Date</b>
Trust Executive Committee		27 January 2016
Integrated Risk and Governance Committee		02 February 2016
<b>Benefits to patients and patient safety implications</b> 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.		
<b>Recommendations</b>  For information and assurance		



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Trust Board meeting – 4 February 2016

**Quality Improvement Plan Progress Update**

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

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**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 8<sup>th</sup> October 2015 and is published on the Trust's website [www.westhertshospitals.nhs.uk/CQC/](http://www.westhertshospitals.nhs.uk/CQC/).

**2. Background**

- 2.1 The Board received the second progress update at the meeting on 7 January 2016 for the 191 actions across the 23 projects that comprise the high-level QIP. The plan has now expanded through approved and pending change requests to 221 actions.
- 2.2 The QIP is designed to deliver improvements in outcomes and key performance measures and work is continuing to further develop the integrated performance report and other dashboards to demonstrate delivery against the forecast trajectories for these metrics.

**3. Analysis/Discussion**

- 3.1 The following section describes the current status of the plan for December and the delivery performance of the plan.
- 3.2 Only four of the 23 projects are reporting red this period (six in November). By the end of December 94 actions (43% of the plan) should have been completed. At the time of this report, 71 actions (76%) have been concluded with 1 outstanding from October, 9 in November and 13 in December. A further 4 actions have been accomplished with future due dates resulting in 75 (80%) completed actions to date.
- 3.3 The projects are reporting a deteriorating position for December and forecasting a further deterioration for January.
- 3.4 The formula for calculating the project status has been amended to exclude those actions that have not started:

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

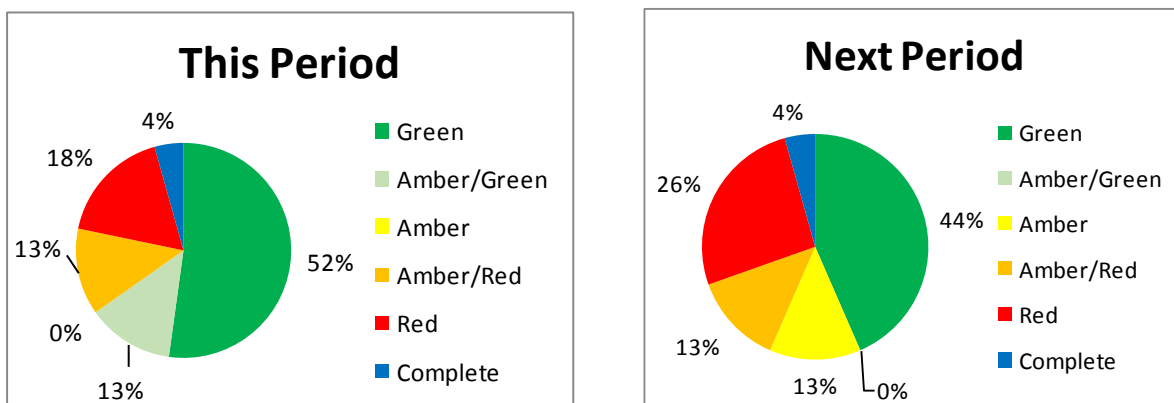
If 75% of the **active** milestones are green/complete then the project is amber/green

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

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

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

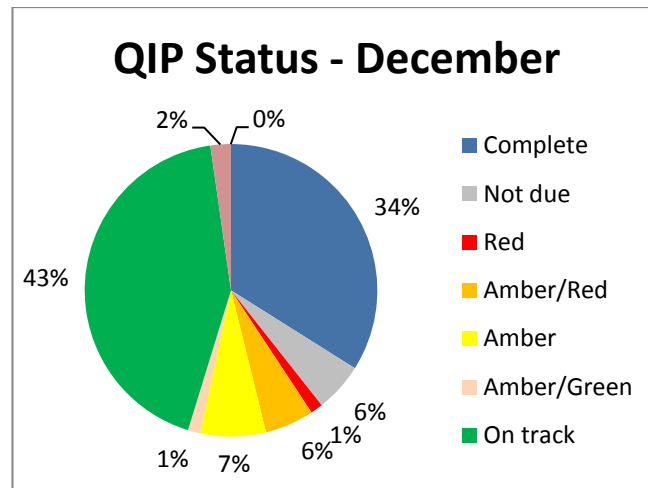
3.5 The following charts show the delivery performance of the projects for December and the forecast for January:



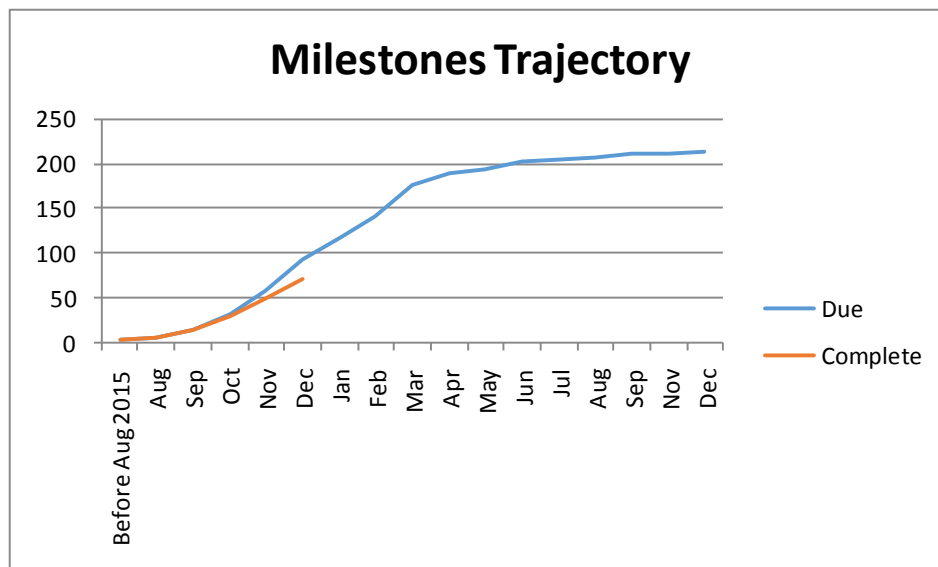
3.6 The overarching progress report provided to the Oversight Group for December, which is red, noted the following progress highlights:

Progress This Period	RAG Status	57%	Planned Activity (Next Period)	RAG Status	48%
<ul style="list-style-type: none"> <li>Trust values: Care, Quality and Commitment approved by the Board</li> <li>9 more overseas nurses commenced bringing the total to 62</li> <li>New outpatient lead nurse in post (January 16)</li> <li>New band 7 outpatient nurse leads in post (January 16)</li> <li>Do not attempt resuscitation (DNACPR) policy update completed and ratified</li> <li>New security equipment installed and security personnel now present within maternity building 24/7</li> <li>Assessment beds on the Acute Assessment Unit (AAU) opened</li> <li>Redesigned Emergency Surgery Assessment Unit (ESAU) opened</li> <li>Interim Estates Strategy Part 1 endorsed by Strategy Group on 21 Dec 15.</li> <li>Premises Assurance Model (PAM) endorsed by the Integrated Risk and Governance Committee (IRGC) on 22 Dec 15</li> <li>Table top major Incident Exercise complete</li> </ul>			<ul style="list-style-type: none"> <li>41 EU nurses and 4 non-EU (Philippines) nurses scheduled to start January, EU Nursing and Midwifery recruitment activity continues and future non-EU nurse recruitment planned</li> <li>Band 6 leadership programme to commence January 2016</li> <li>Complete Naloxone policy and gain committee approval. To be monitored at Medicines Use and Safety Panel</li> <li>Mock Patient-Led Assessments of the Care Environment (PLACE) inspections start</li> <li>Complete works on St. Albans City Hospital (SACH) Theatre 4</li> <li>Complete training video</li> </ul>		

3.7 The following graph shows the current status of the 221 actions as at the end of December 2015:



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



## 4. Evidence

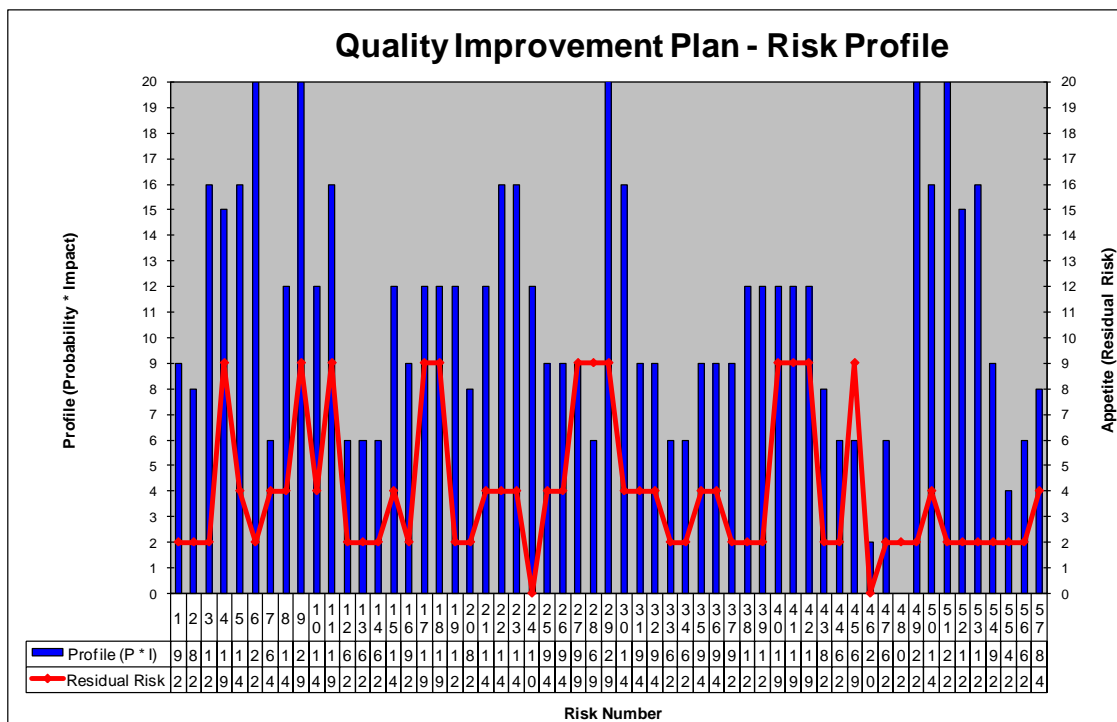
- 4.1 Evidence is being logged, cross-referenced to the detailed action log and saved in shared folders for all complete actions.
- 4.2 Evidence is also captured for projects reported as green to demonstrate they are on track. Reports can be produced as necessary for scrutiny.
- 4.3 At the time of this report, evidence has been received for 62 (83%) of the 75 completed actions.
- 4.4 Although completed actions are rated blue once evidence has been provided, the behavioural change due to an updated policy or procedure has not been embedded. It has been agreed that assurance milestones are required to demonstrate that the Trust is adhering to new ways of working.

These milestones will all have supporting evidence once completed and include items such as training, trajectories for agreed measures, audits and mock inspections.

- 4.5 Executive leads are reviewing their projects to ensure they are aligned to divisional action plans and reflect the current position to include the changes already made.

## Risks

- 4.6 The monthly project highlight reports include the major risks for the project. These are summarised in the chart below. The residual risk rating is based on the mitigating actions.



- 4.7 The majority of risks continue to be due to resource constraints with mitigation being recruitment of substantive posts.

## 5. Recommendation

- 5.1 Although the summary highlight report based on the projects shows a deteriorating position, the overall plan status is rated green with 85% (81% in November) of the plan being complete or on track, excluding those actions not started,. Delivery of milestones remains behind the trajectory but the executive leads are reviewing their projects and assurance milestones will be added to confirm the required behavioural changes have been embedded that ensures the Trust delivers sustainable, safe and high quality services to patients.
- 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

February 2016