Trust Board

4th May 2017

Title of the paper:	**Quality Improvement Plan Progress Update for February**
Agenda item:	**10/48**
Lead Executive:	**Tracey Carter – Chief Nurse**
Author:	**Rita Oye – Head of PMO**
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 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**
Trust Executive Committee (TEC)	12th April 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

The Board is asked to note the QIP refresh post the publication of the CQC September inspection report on 1st March.

Agenda Item: 10/48

Trust Board – 4th May 2017

Quality Improvement Plan Progress Update for February

Presented by: Tracey Carter, Chief Nurse

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 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 one new change request submitted to TEC since the last meeting held on the 1st March 2017 relating to the original QIP. Details of the change requests in response to the QIP refresh process are discussed in section 5.

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.

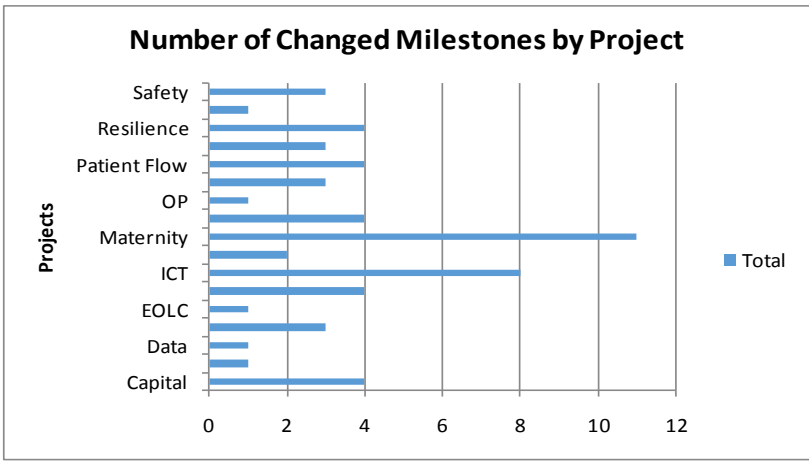
2.3 This report summarises the QIP project highlight reports (HLRs) received by the due date to reflect the overall status of the plan.

2.4 The overall status for February is green; the forecast status for March is also green.

2.5 There are no red projects again this month.

3. Analysis/Discussion

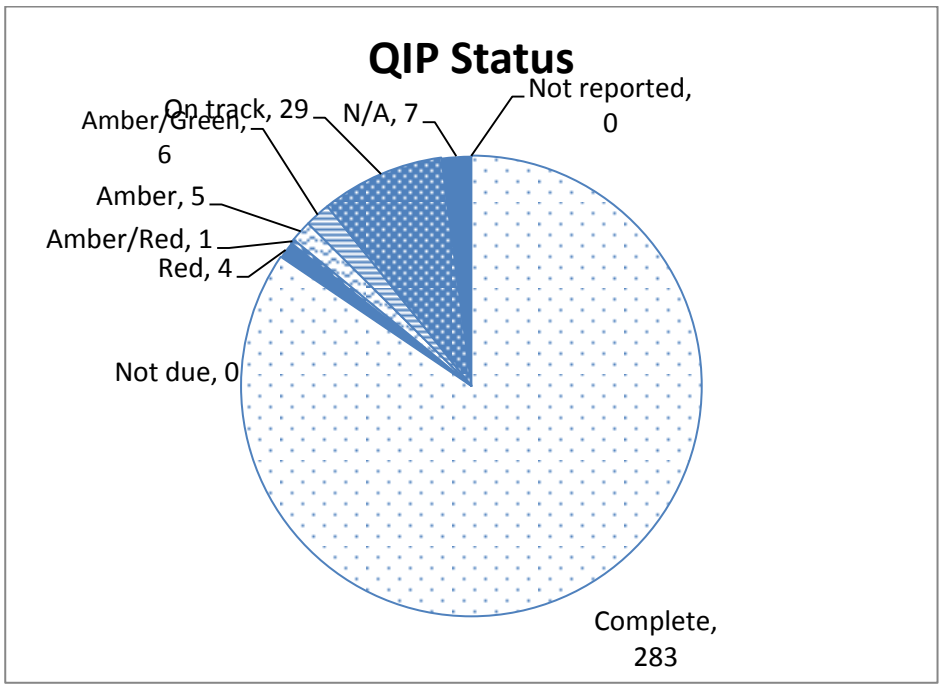
3.1 By the end of February, 298 actions (89% of the plan) should have been completed. At the time of this report, 277 actions (93% of those due) have been finished with 21 outstanding actions from January through to February. There have been 277 (94% of those due and 89% of the plan) completed actions to date.



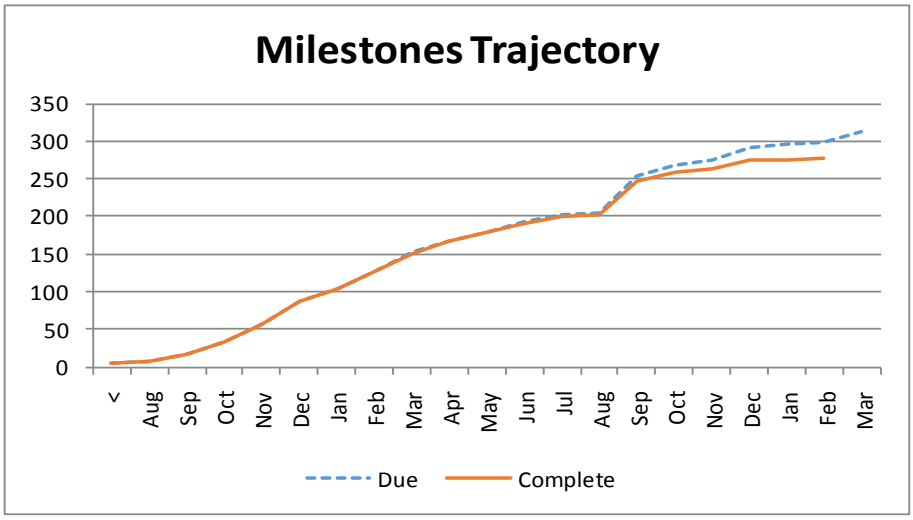
3.2 The PMO continues to work with the project teams to close or review the forecast delivery dates of the outstanding actions.

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, 58 (17% of the plan) milestones have been deferred with 17 being changed more than once from 53 approved QIP change requests.

3.4 This graph shows the current status of the 335 actions as at the end of February 2017.



3.5 The following graph shows the delivery performance up to the end of February 2017:



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. QIP Refresh

5.1 Following the publication of the Quality Report by the CQC on 1 March 2017, the Quality Improvement Plan has been refreshed further and updated with the new actions that are being taken across the Divisions and in corporate services, to address the recommendations made within the report. The actions have been developed to enable the trust to move out of Special Measures and will:

- rectify the areas that the CQC rate as 'inadequate' and will address the MUST DO recommendations, and
- address the SHOULD DO recommendations in response to specific concerns raised.

Where possible new actions have been mapped against existing QIP projects and there are a small number of projects that will be reopened and new projects created in response to the final recommendations. The first agreed new set of actions were

approved by TEC on 5th April using our agreed change control process; a final set of change notifications were approved by the TEC on 26th April.

5.2 The refreshed QIP will then be monitored bi-monthly by the Safety and Compliance Committee and the monthly Strategy Delivery Board (SDB) TEC and will continue to be reported to the Trust Board monthly. These reports will be available on our public website and will be shared with our Regulators as part of the agreed Oversight process.

5.3 The high-level reporting (HLR) process will continue to run as it has done to date, with HLRs reviewed at the monthly SDB TEC and actions, and fed into the PMO who will track and report on actions centrally, through the QIP report submitted to Trust Board.

5.4 One key quality priority for the next six months will be to develop a Quality Strategy for the next three years, which will drive a culture of continuous quality improvement across the Trust. We will develop the strategy in consultation with staff, patients and partners. The strategy will provide a coherent view to our approach to quality, by bringing together organisational quality priorities, compliance against the fundamental standards of care, CQUINs, contractual requirements set out in our Quality Schedule and any outstanding QIP activity. The QIP is part of our improvement journey and will underpin the delivery of the strategy when developed.

6. Recommendation

6.1 Overall performance for February is: 95%

6.2 The Board is asked to note the QIP refresh post the publication of the CQC September inspection report on 1st March.

Chief Nurse

April 2017

Progress This Period	RAG Status	G

Planned activity towards Key Milestones this period:

Harm Free Care:

- Continued work with Informatics on scoring system for ward accreditation.
- Pressure Ulcer Thematic review incorporated into the National Improvement action plan to address further national reduction in pressure ulcers.
- Safety Huddle record book being developed - will be trialled to standardise and ensure evidence

EOLC:

- Trust End of Life Care biannual report has been completed and presented to the Quality and Safety Committee.
- All wards continue to stamp DNACPR forms re Mental Capacity Assessment Stamps
- Audit undertaken as part of EOLC CQUIN with CCG and fed back to the CCG EOL Providers Forum and Compassionate End of Life Care Panel.

ICT:

- IFIT - Changes to PAS and other "downstream systems" still being planned.
- Interface testing has been run on initial test information, however issues have been discovered with the spec of the interface and CGI and WHHT are in discussions to provide a solution (this may require a CCN)
- CGI have continued to test the RFID readers to resolve network connectivity issues

Patient Feedback

- Carers Lead set up support group for staff carers in collaboration with Health & Wellbeing Team (dates agreed and publicised).
- Patient Experience & Carer Strategy posters approved by the PPI panel and sent for printing.
- Patient Experience & Carer Strategy promoted as part of the Nursing, Midwifery & AHP Strategy Launch event.

Maternity Project:

- Embedding of Complaints SOP continues. More work/assurance is needed in relation to completion of complaints by

Planned Activity (Next Period)	RAG Status	G

Planned activity towards Key Milestones next period:

Harm Free Care

- Treatment Escalation Plan audit undertaken - needs to be analysed and report written
- Continued meetings with Informatics, Hon. re developing Ward score card using iReporter so that data can be easily accessed by all staff.
- Trust awaiting guidance on the national pressure ulcer campaign to be launched this year by NHSI

EOLC

- STP Action plan update to be submitted to Medical Director
- Patient/Relative information booklet Coping with end of life in the hospital setting now finalised, printed copies to be distributed and to be distributed electronically.

ICT

- IFIT-Continue to plan changes to PAS and other "downstream systems"
    - Interface changes are significant and may require a CCN to be drawn up.
    - Preparation of Standard Operating Procedures for the system is ongoing for next period

Patient Feedback

- Lead for PPI & Voluntary Services Co-ordinator to also meet with Consultant for Unscheduled Care regarding volunteer support for new 'after care' service.
- Next steps in planned activities for our patients being taken forward to build future plans in the Trust.

Maternity Project

- Continue Bands 5,6 & 7 recruitment initiatives to achieve 10% vacancy rate. The current establishment compliments the activities of Maternity Unit and number of births per annum.

medical/midwifery teams. • Test your care exception reports and action plans are escalated and monitored through the fundamentals of care meeting. (Report submitted to PMO for evidence) • Single PNMH pathway developed jointly by consultants and Vulnerable Adults Lead midwife. Requires ratification- Pathway and Lead Midwife for PNMH in place	

QIP February 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	
Staffing (Medical)	Introduce/ formalise consultant rounds and physical review of patients at 0800, 1200, 1600, 2000, 0000 and additionally hourly 'progress checks' between consultant shift lead and nurse controller.	
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.

Reports have not been received for the following projects:

- Safety, Equipment and Security
- Environment, Estates and Facilities
- Capital Programme

Oversight Metrics Performance Challenges – Appendix 2:

A&E performance (WGH time to initial assessment % within 15 mins) No baseline however performance has declined since January's 78% to February's 76.9%.

Mandatory training compliance has also declined from 88.1% in January to 86.5% in February. HR continues to implement the new e-learning system although the 95% target has not been achieved in February as planned.

Outpatients Appointments:

Cancelled appointments deteriorated from 3.1% in January to 4.1% in February.

Vacancy rate:

The vacancy rate continues to improve from 14.3% in December; 13.5% in January to 13.1% in February. 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 94.6% in February (Target is 90%) Accurate Record Keeping has increased slightly from 89.5% in January to 92.2% in February. Accurate record keeping has now risen to above 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	C	All actions completed.
OP02 – Staff recruitment and induction	C	C	C	All actions completed.
OP03 – Leadership and People Development	G	G	G	
OP04 – Clinical training	C	C	C	All actions completed.
OP05 – Safe staffing	C	C	C	All actions completed.
GTBR01– Safety, Equipment and Security	N/R	N/R	N/R	No report received as the areas are being revised and aligned with the outcomes of the CQC inspection
GTBR02 – Harm Free Care	G	G	G	
GTBR03 – Medicines Management	C	C	C	All actions completed.
GTBR04 - Safeguarding	G	G	G	
GTBR05 – Information Governance	C	C	C	All actions completed.
PF01 - Caring for our acutely ill patients	C	C	C	All actions completed.
PF02 - Outpatients	C	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	G	G	
PF06 – Patient Feedback	G	G	G	
Inf01 – Environment, Estates and Facilities	N/R	N/R	N/R	No report received as the areas are being revised and aligned with the outcomes of the CQC inspection
Inf02- Capital Programme	N/R	N/R	N/R	No report received as the areas are being revised and aligned with the outcomes of the CQC inspection
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	C	All actions completed.
GRID04 - Data	C	C	C	All actions completed.
Overall Project Performance	86.96%	86.96%	86.96%	

Appendix 2 – Oversight Metrics – February data

Theme	Project	Metric	Target	Performance														Trend
				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	Feb-17	
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% !	86.5%	
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% ✗	13.1%	
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% ✓	16.6%	
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 ✓	2	
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 ✓	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% ✓	94.6%	
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% ✗	76.9%	
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 ✓	5	
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% !	4.1%	
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% ✓	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% ✓	92.2%	
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%					

Trajectories - February