

Our commitment to quality and care

Our improvement plan 2015/16

15th October 2015

Contents

Contents	2
Introduction.....	3
Executive summary	5
Section one – our people.....	10
Section two – getting the basics right.....	15
Section three – patient focus	20
Section four – infrastructure	26
Section five – governance, risk management and making informed decisions	30
How we will deliver the action plan	35
Appendix one – detailed action plans	38

Introduction

At West Hertfordshire Hospitals NHS Trust, we are committed to providing great care for the 550,000 people who depend on our healthcare services. We have a dedicated and skilled team of 4,300 staff and 350 volunteers who work tirelessly to deliver high-quality care for patients.

The vast majority of our patients are very satisfied with their care and speak highly of our friendly, caring and compassionate staff. This is reflected in the Care Quality Commission's (CQC) report which highlighted many areas of excellent practice – the outstanding care we provide to children and young people, our innovative services for people with dementia and delirium, and the significant reduction we achieved in mortality rates for instance.

We know, however, that more work is needed to consistently deliver the high levels of responsive, effective and compassionate care that we aspire to. The CQC's report raised some serious concerns and highlighted a number of areas where significant improvements are required. We accept these and are determined to do better.

On the basis of the CQC's report, the NHS Trust Development Authority (NHS TDA) placed our hospitals in 'special measures'. This will give us the extra help and support we need to make the necessary improvements to our services.

Since the CQC's inspections in April and May 2015, we have taken time to reflect and refocus. We have already addressed a number of urgent issues and are seeing visible improvement in areas such as recruitment to our emergency department, management of serious incidents and patient recommendations in the NHS Friends and Family Test.

Our focus now is on delivering improvements that we can sustain in the months and years ahead, and to ensure we take on learning across our organisation.

To achieve sustainable improvement, changes must be led by clinicians and staff, working closely with our health and social care partners, and with our patients and local communities. Clinicians must be at the heart of decision-making. We must also continue to improve how we support, develop and recognise our staff, including developing staff facilities which help to make our hospitals a better place to work.

Our staff have identified hundreds of actions which we believe will help to improve our services and change the culture of our organisation.

This improvement plan outlines the priority actions across five key themes – our people, getting the basics right, patient focus, infrastructure and governance, risk management and making informed decisions. An action plan is also provided as an appendix to this document which details the actions that will be owned and delivered by our staff. More detailed 'departmental' improvement plans are being developed to help drive improvement at a local

level. We also welcome your ideas about how we can improve our services – please email improvements@whht.nhs.uk.

We recognise the tremendous work ahead to deliver our improvement plan, but we are confident that the energy and focus of our staff, close partnerships with our stakeholders and the extra support offered through special measures will help us to deliver improvements that will make a real difference for our patients. We will provide regular updates as we progress on our improvement journey at www.westhertshospitals.nhs.uk.

Executive summary

The CQC undertook a planned inspection of our hospitals on 14 to 17 April, 1 and 17 May 2015.

Following the inspection in April 2015, the CQC gave their initial feedback about some areas of concern. In response, we took decisive action to make immediate changes, such as changing the emergency department triage system, strengthening clinical leadership and processes within respiratory services, and beginning a major review of our quality governance.

Since then, we have been working with our staff, health and social partners and other stakeholders to identify and start delivering changes which will make a difference to patient care.

The final CQC report was published in September 2015. The full reports are available on the [CQC website](#).

CQC report – a summary

The CQC have five themes against which they assess services – safe, caring, responsive, effective and well led.

Overall, the CQC found services provided by the Trust to be inadequate. Hemel Hempstead was rated as ‘requires improvement’ and two of our hospitals, Watford and St Albans were rated ‘inadequate’.

This section provides a summary of the CQC’s findings about services at Watford, St Albans and Hemel Hempstead hospitals.

1. Ensuring services are safe

The CQC rated the safety of our services as ‘inadequate’. There was no systematic approach to reporting and analysis of incidents, and management to prevent future incidents was inadequate. There were staff shortages in some areas and an over-reliance on temporary staff. Medicines were not always secure and some facilities were in a poor state of repair. Major incident arrangements were inadequate. The Trust could not provide evidence that it had plans in place to manage a major incident.

2. Ensuring services are effective

The CQC rated effectiveness of our services as ‘requires improvement’. Clinical staff were not always able to access the information they require to support service improvement and some patient records were incomplete. Formal supervision of staff was not effective and staff did not follow clinical guidelines consistently. Staff did not always adhere to legal requirements when caring for patients who lack capacity to make an informed decision or give consent (Mental Capacity Act).

3. Ensuring services are caring

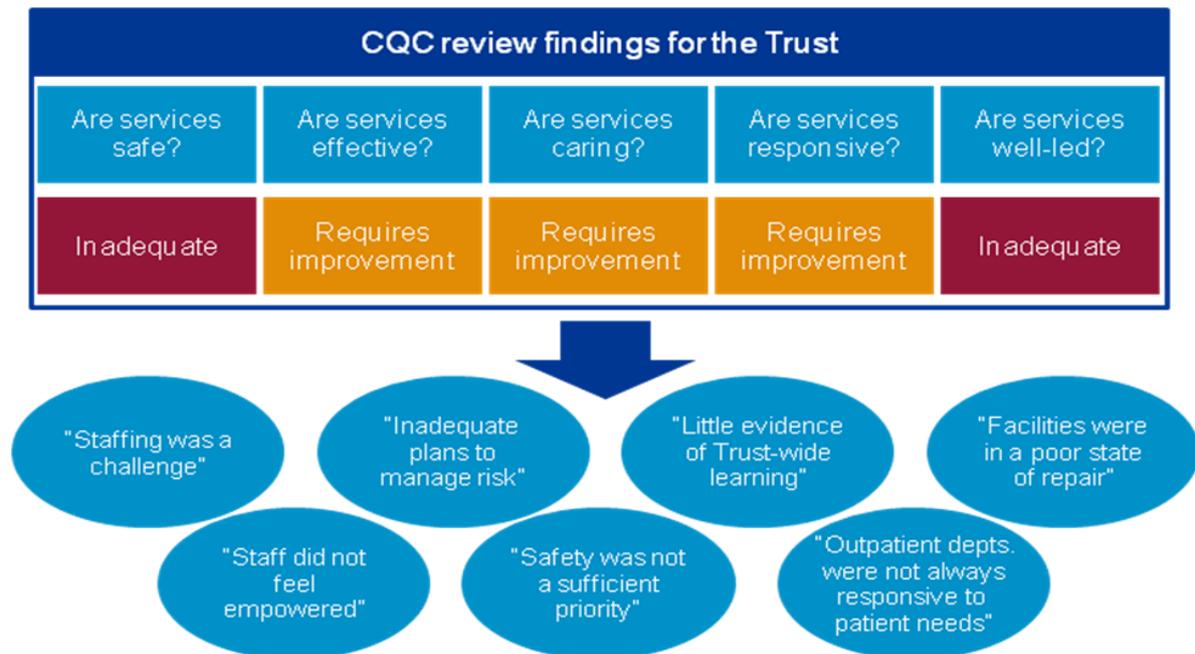
The CQC rated caring at the Trust as 'requires improvement'. In most areas, staff treated patients with compassion, dignity and respect. Caring in the children and young people's service was rated as outstanding. Most patients spoke positively to the CQC about the care and treatment they received. However, the maternity and outpatients services need to improve. There was no formal bereavement service to support relatives.

4. Ensuring services are responsive

The CQC rated the responsiveness of our services as 'requires improvement'. Patients spend longer in our emergency department than appropriate and length of stay is too high. The CQC found that the outpatient service was not organised around the needs of patients; too many appointments are cancelled and patients experience long waiting times in clinics.

5. Ensuring services are well led

The CQC rated the Trust as 'inadequate' for being well led. In particular, risks were not managed effectively and governance processes were weak. Incidents were not always reviewed in a timely manner and the CQC found that we did not adequately learn from them. Following a significant period of change, our Board and executive were not a stable team and our vision and objectives were not well articulated or understood by all staff.



Delivering a new vision and values for our hospitals

In talking with our staff about how we improve our services, it became clear that our current vision and values are not meaningful to staff and that we need to get back to three key standards that sit at the ethos of the CQC – commitment, care and quality.

We will now re-engage with staff to identify a new vision and values statement that will underpin this improvement plan.

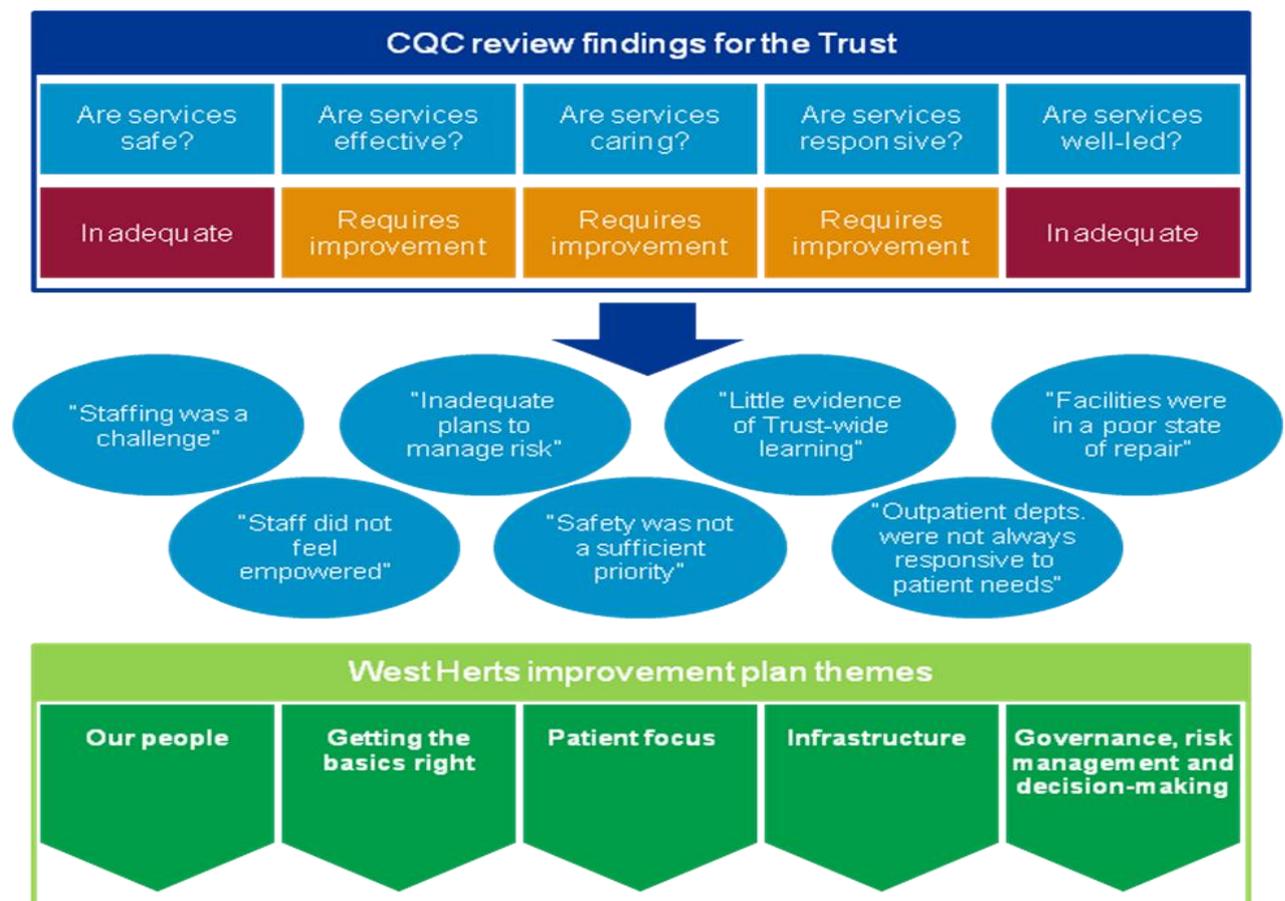
Developing our improvement plan

Nurses, doctors and other health professionals have helped to identify the changes we need to make to improve our services. Each department has developed a local action plan which staff will deliver.

Ideas and insight from our staff and other stakeholders has helped to identify five improvement themes to strengthen the safety, effectiveness, care and responsiveness of our services whilst improving how we lead and develop our organisation. Together, these will help us to deliver consistently safe and compassionate care.

Each section of our improvement plan outlines the CQC's findings, what success looks like, the actions we have already taken to improve our care, the improvement projects and actions we plan to take and how we will measure success.

Based on the CQC's findings, there are five priority improvement projects we will focus on. These are described below.



1. Our people

Our staff are our highest priority. We will focus on getting the right levels of suitably qualified and experienced staff. We will strengthen our leadership and better support our staff. We will engage and empower our staff to make our hospitals a better place to work and receive care.

2. Getting the basics right

We will change the culture of our organisation so that all staff feel responsible for getting the basics right – following clinical guidelines, maintaining patient records, administering medicines correctly, storing patient records and disposing of confidential waste in a secure manner, and following health and safety policies.

3. Patient focus

We will put patients and patient experience at the centre of everything we do. Working with our health and social care partners, we will improve access to our services seven days a week, reduce waiting times and cancellations and improve length of stay. We will strengthen clinical leadership and change the culture of our maternity department to ensure women and their partners consistently receive caring and compassionate care. We will work to improve end of life care and how we support the relatives and carers of people who have died.

4. Infrastructure

We will provide a safe, secure environment for staff and visitors. As part of our work to improve our buildings and facilities, we will have a clear understanding of risk and priorities and seek investment for our long-term plans. We will improve data systems and ensure we use information to drive improvements to care, for example identifying variations in care between different wards and departments.

5. Governance, risk management and making informed decisions

We will establish a culture in which all staff feel supported to continuously improve the quality and safety of patient care. We will improve how we manage risk at a corporate level and learn from complaints and incidents.

Where we need support

We will need support from our partner organisations to deliver the improvements set out in this plan.

We need to ensure that only patients who need acute medical care are admitted to our hospitals for overnight care by providing better alternatives (for example for children and adults with mental health needs or for patients with social care or community care needs). Everyday in our hospitals there are patients who are clinically fit for discharge but who remain in hospital because of delays arranging care at home or in community beds, residential, nursing care or hospice care. This places immense pressure on our services and means that we have to spread scarce clinical skills across more wards. It also means that patients are not always able to receive care in the most appropriate setting and can mean that patients have to move beds several times during their stay in hospital.

We also need financial support to address some of the long standing infrastructure issues that we face. The poor quality of our buildings, IT systems and equipment present real challenges to providing high quality, efficient care. Our emergency department and theatres complex at Watford are now too small for the number of patients that we see and treat every day and poorly designed to deliver effective and efficient care. Our facilities for maternity and newborn care are also poor. We need a long term solution to make sure the facilities we provide care from are fit for purpose for 21st century care. In the short term we are asking for additional capital funding to address some of the most urgent issues that we face.

As part of 'special measures' the NHS Trust Development Authority is providing additional support and advice to the Trust and some additional funding to help us make the changes that we need to make. This includes:

- the support of our Improvement Director, Jane Lewington, on overall delivery of the plan
- additional support to the Director of nursing to help address the nursing workforce challenge and support our programme of policy and practice development external clinical leadership and improvement support in maternity services to address governance, standards and team working in the service
- funding for a survey of medical engagement within the Trust
- funding for a programme of communications and organisational development work to ensure all staff are fully engaged in our improvement journey

Section one – our people

Improvement plan 2015/16

Our people

CQC findings

The CQC found that:

- The majority of staff were caring, compassionate and kind. Staff were friendly and welcoming
- Longstanding challenges with recruitment and turnover mean our staffing levels were not always adequate. Nursing recruitment was recognised as a major risk by staff at all levels. We were overly reliant on agency and locum staff and high levels of temporary staffing was affecting staff morale. Our system for ensuring all temporary staff have a comprehensive induction was not effective
- Staff satisfaction was low. Many of our staff experience high levels of stress and work overload. Some staff do not always feel respected, valued, supported and appreciated
- The effectiveness of our leadership was variable. The Trust Board has gone through a significant period of change and was relatively inexperienced. Not all senior staff felt empowered to make decisions
- Not all staff received mandatory training and staff told the CQC that opportunities for development were limited
- We lacked robust procedures for carrying out the necessary 'fit and proper persons' checks on Board and executive team members.

What will success look like?

We want our staff to take pride in their work, to feel connected to our organisation and to feel empowered to make changes which help make our hospitals a great place to work and receive care, where there are high levels of staff satisfaction. Our staff need the capacity to deliver great care, good opportunities to develop and better staff facilities which enhance the working environment. We need strong, visible leadership which helps to create a culture in which all staff feel supported, valued and able to speak up.

Actions we have already taken to make improvements

We have taken action to strengthen staff engagement, improve staff morale and support the recruitment and retention of staff. We have:

- Launched a new approach to engaging and unlocking the potential of our employees, *Listening into Action*, putting front line staff at the centre of change. We support staff to act on their ideas, knowledge and experience, and empower them to effect change

in their own areas. Since May 2015, six staff-led 'big conversations' have been held with 250 staff and staff have launched 15 new initiatives to improve services.

- As part of our local and overseas recruitment campaigns, we expect 100 new nurses to be in post in early 2016
- Successfully recruited to all middle grade posts in our emergency department, created four new paediatric emergency department posts providing additional 28 sessions of consultant cover, and recruited an additional adult emergency consultant providing an additional four sessions of consultant cover
- Strengthened clinical leadership in our maternity department including recruiting a new Associate Medical Director for Obstetrics and Gynaecology and we are currently recruiting to the Head of Midwifery post
- We are working to improve facilities for staff and have introduced a hot food trolley service at Watford and vending machines and water coolers are being installed across all three hospitals. We have opened a new staff garden at Watford
- Updated our staff induction programme to include mandatory training, providing new staff with a 'passport to practice' Launched 'automatic registration' of nursing staff with NHS Professionals (NHSP) to reduce the use of agency staff. Following a formal review of our contract with NHSP, a performance improvement plan has been developed.

How we will succeed

Our staff have identified seven Trust-wide improvement projects, together with local actions that will be owned and delivered by specific teams:

Project 1: Develop a clear, memorable vision and values statement

Building on our dialogue with staff around what 'commitment, care and quality' mean to them, we will engage our staff in how we articulate a new vision and values statement that is clear, meaningful and memorable. We will also engage our staff in setting Trust objectives and local priority setting. We will align our vision and values to staff values-based appraisals.

Project 2: Improve how we engage and retain our staff

We will improve how we recognise and value our staff through strengthening staff engagement and improving basic staff facilities to make our hospitals a better place to work. We will develop a staff engagement strategy which will include how we empower staff through our new *Listening into Action* approach, how we engage our clinical staff to drive higher quality care and how we measure staff satisfaction.

As part of *Listening into Action*, we will continue to hold 'big conversations' with staff about changes we can make to improve our services and the culture of our organisation. We are strengthening our policy of zero tolerance to bullying and harassment with greater visibility of harassment advisors. We will ensure all staff are aware of and understand their responsibilities in relation to the 'duty of candour' and

we will launch 'freedom to speak up' across our hospitals to encourage open and honest reporting.

To ensure clinicians are at the heart of the organisation's planning and decision-making, we will undertake a Medical Engagement Scale survey to measure current levels of clinical engagement and develop a strategy to improve it.

We will also improve how we measure staff satisfaction with new quarterly temperature checks and staff suggestion boxes, and continue to take action in response to staff feedback, e.g. reviewing shift patterns for nursing staff to support more flexible working patterns.

Project 3: Improve the recruitment and induction of new staff

We will focus on making the recruitment process simpler and more effective, for instance, by introducing new documentation and reducing the average recruitment process to 75 days. We will continue our overseas nursing recruitment campaign and improve both access and our approach to induction training for permanent and temporary staff. We are working with Health Education England to improve workforce planning and more flexible approaches to get people into nursing, for instance, adaptation and return to practice programmes.

A new recruitment website and other communications tools will improve both our image and the information we communicate to potential candidates.

Project 4: Strengthen leadership and enhance development opportunities for staff

We will build on our leadership programme to strengthen the leadership skills of staff. 'Onion' meetings will now be held locally within divisions to empower line managers and to support local decision-making. We will enhance our training offer for staff, to include core management skills training and a rotation programme for band 5 nurses to help them gain more experience in new areas. We will also streamline the staff appraisals process and paperwork, ensuring that values-based appraisals support and encourage the development of each member of staff.

Project 5: Strengthen the delivery of clinical education and training

To ensure our clinical staff have adequate education and training, we will review the current structures, governance and processes for education and implement the Health Education England Quality Improvement and Performance Framework and Deanery action plan. We will review the IT infrastructure required to improve the delivery of education and training programmes and improve our process for capturing clinical skills training. We will review our mentoring database and the role of the mentor within the education team and provide greater support for students – for instance, clinical coordinators will regularly check students' portfolios and discuss progress with them.

Project 6: Support staff to undertake mandatory training

This project will make it easier for staff to complete their mandatory training and offer new e-learning modules. We will rollout a centrally coordinated mandatory training process and review the training to be undertaken by each staff group. We will be putting in place robust performance management arrangements to ensure that all staff stay up to date with their expected mandatory training. We will also look at how we effectively use the NHS Electronic Staff Record to record mandatory training and introduce the self-management module for line managers.

Project 7: Strengthen safe staffing processes

To deliver safer staffing, we will review our policy for how we escalate staff shortages, review how we plan nursing shifts, and implement improved tracking of medical and nursing staffing gaps with oversight by the Board every month. We will also implement a bleep holder system in maternity.

How we will know if we have been successful

We will measure our success against the following indicators:

- Improved results and response rate against the Friends and Family Test
- Improved appraisal compliance
- Improved staff turnover rates
- Reduction in the use of agency staff
- Improvement in the number of temporary shifts covered by bank staff
- Reduced vacancy rates for qualified nurses, midwives and all other staff
- Month on month reductions in the proportion of red-rated shifts
- Month on month reductions in the number of supervisory shifts that are lost
- Reduction in stress related absences
- Qualitative feedback from staff surveys, pulse checks and Bullying and Harassment advisor feedback forms
- Improvements in the numbers of staff receiving mandatory training prior to starting in the workplace
- Improvements in the numbers of staff receiving induction within two weeks
- Compliance against mandatory training requirements
- Where applicable, staff are meeting requirements of revalidation and supervision
- Improved outcome measure against the HEE QIPF framework.

For a detailed action plan, see appendix 1.

Section two – getting the basics right

Improvement plan 2015/16

Getting the basics right

CQC findings

The CQC found that:

- Not all staff follow clinical guidelines consistently and records were not complete in all cases
- We do not always record information correctly. Patient records are not always maintained to ensure patients receive appropriate and timely treatment. Not all 'Do Not Attempt cardiopulmonary resuscitation' forms were completed in line with Trust procedures
- While infection control has improved in our hospitals, good infection control and hand hygiene was not consistently practiced
- Medicines were not always stored securely or administered appropriately. Where there were missed doses, the reasons for this were not always recorded
- Patients' records were not always stored securely and confidential waste bins were accessible to unauthorised persons
- Staff did not always adhere to health and safety policies, in some cases fire doors were propped open and building equipment was not always stored securely
- Equipment was not always adequately maintained and appropriate safety checks were not always completed. Out of date clinical equipment was in use in some areas A difficult airway trolley was missing equipment which might have prevented staff from responding to a clinical emergency.

What will success look like?

We need to change our culture so all staff take responsibility for getting the basics right. This means that policies, procedures and best practice guidelines are consistently followed by all staff to ensure patients' safety and to prevent harm.

Actions we have already taken to make improvements

We have already made significant improvements aimed at supporting our staff to take charge of their ward environment. We have:

- Launched the '[15 steps challenge](#)' within our hospitals, which will help our staff to look at services through the eyes of a patient and identify improvements that can enhance the patient experience

- Revised our information governance (IG) training so all staff are clear about their responsibilities
- Appointed a health and safety manager, nominated health and safety leads for each department, and strengthened how health and safety is linked to governance
- Approved funding and started the process to implement electronic tracking of patient records
- Introduced new lockable confidential waste bins on all clinical floors
- Introduced monthly audits of missed medication doses and shared the findings with staff
- Started the rollout of ward and department-based fire training
- Introduced weekly audits of security and fire doors by porters and security staff.
- Updated the health and safety policy for contractors and are recruiting a permanent site contractor manager.
- Worked with the Nursing Midwifery Council to do learning sessions on the new Code of Conduct
- Updated the medical equipment system. A review of pathology, radiology and loan equipment and processes is underway
- Purchased new equipment in maternity services.

How we will succeed

Our staff have identified eight trust-wide improvement projects, together with local actions that will be owned and delivered by specific teams:

Project 1: Getting the basics right

Following the appointment of a health and safety manager, we will focus on ensuring that health and safety assessments are undertaken in every department and ward area and that actions identified to improve health and safety are delivered within the agreed timeframe. We will make changes to our daily practices, such as undertaking daily matron checks and reporting on findings to ensure actions are taken and lessons learned where necessary. We will implement the findings of other initiatives, such as 'sign up to safety', which will help to make our hospitals safer. Reducing our nursing vacancy rates will help to free up our matrons to focus on quality and safety.

Project 2: Ensuring we provide 'harm free care'

We will continue to use Test Your Care audits to monitor and drive improvements to safe care at ward level. We will extend the rollout of Test Your Care to our theatre, ITU, diagnostics and maternity departments.

We will implement a ward accreditation scheme which will provide a way of comparing the quality of care delivered on each ward and empowering staff to achieve the highest 'gold' standards. This plan will roll-out from January 2016.

We will continue to implement, the 'hello, my name is' campaign which raises awareness among staff of the importance of introducing yourself to a patient. Our Board and Executive team will continue to lead and model this initiative through always introducing themselves with 'hello my name is' to members of staff, patients and the public.

In response to CQC feedback about Theatre 4 at St Albans, we are conducting a detailed review and audit of surgical infection control rates. We have already taken action to address the cause of concern (failure to comply with ventilation standards within this theatre).

We will also focus on how we provide better care for patients at risk of falls, pressure ulcers and how we improve venous thromboembolism risk assessments.

Project 3: Improve the management and security of medicines

Our pharmacy team is working with all wards and clinical departments to improve the management and security of medicines. An audit of 'missed medication' doses will be undertaken as part of the monthly Test Your Care programme. Departmental action plans will be put in place to improve performance where compliance is poor. We are implementing a 'Patient Group Directive' for the administration of Buscopan across our hospitals and will undertake an audit to confirm these new processes are working effectively. We will also review our medicines stock and the process for ordering controlled drugs and resolve any storage issues.

Project 4: Improve the safeguarding of patients

In addition to the actions we have already taken to strengthen safeguarding of adults and how we perform mental capacity assessments, we will train 10 staff as 'Best Interests Assessors'.. We will agree a policy for challenging medical behaviours and review our Deprivation of Liberty Safeguards escalation process. We will ensure all staff are up to date with their mandatory training for safeguarding.

Project 5: Reporting and learning from incidents

We will update our staff training to ensure that all staff are clear about their responsibility to report incidents and the process to follow. We will regularly review learning from incidents at divisional and departmental level and put in place improved mechanisms for sharing learning between departments where there are wider lessons that can be learned. The Trust's monthly Board report on risk, issues and complaints now also includes learning from incidents.

Project 6: Ensure equipment is well maintained and safety checked

We will use our new 'Equip' database to ensure that we have a clear record of all medical equipment in use across the organisation and are able to fully assure ourselves that required maintenance and safety checks are being undertaken.

Project 7: Improve information governance

New, lockable confidential waste bins are being installed in all clinical areas and all areas have lockable cabinets for patient records. We will continue to work with our staff to make sure they understand the importance of keeping records securely and fully comply with our information governance policy. We will undertake spot checks on compliance with our Information Governance policy as part of our programme of audits and assurance visits.

Project 8: Improve security of facilities

We will review the security of our maternity department and ensure that 24/7 patrols are undertaken by security staff on all sites. We will also implement a rolling programme of security reviews to cover system upgrades (e.g. CCTV and card entry).

How we will know if we have been successful

We will measure our success against the following indicators:

- The number of pressure ulcers
- Reduction in the number of new harms
- Number of Information Governance breaches and results of Information Governance spot checks (including in relation to patient notes and visible screens)
- Improvements in results from monthly Test Your Care audits, in relation to: hygiene and dress code; drugs and medicines management; access to pain relief; and storage of notes)
- Improvements in results of matron quality checks for: environment, equipment and safety; risk and incident reporting; nutritional needs being met; and patient involvement in care
- The number of documented 15 step visits with findings evidenced by site.

For a detailed action plan, see appendix 1.

Section three – patient focus

Improvement plan 2015/16

Patient focus

CQC findings

The CQC found that:

- In most areas, staff care for patients in a compassionate manner ensuring dignity and respect. Both patients and their relatives were very satisfied with their care. There was evidence of strong multidisciplinary team working
- Patients using our maternity and outpatient services were not always treated with dignity and respect. Staff were often task rather than patient focused
- In maternity services, staff were concerned that our private obstetrics service was adversely affecting the care of NHS patients
- Our emergency care services were not adequate to meet patient demand. Significant issues relating to patient flow and capacity mean that some patients were waiting longer than appropriate. Patient length of stay in our hospitals was too long and there were a high number of patients with delayed transfers of care to other NHS or social care services. Patient flow issues were also contributing to high bed occupancy, putting pressure on our staffing resources; as a result some patients requiring specialist medical care were not able to be admitted to the appropriate ward
- Staff had not received training to manage the safe transfer of critically ill patients to other hospitals and services and arrangements to support very sick patients on our medical and surgical wards were not always clear
- Mental capacity was not always assessed for patients who may lack capacity and knowledge of mental capacity assessments was variable among staff
- In respiratory services, the CQC found issues relating to how we book outpatient appointments, protocols for managing non-invasive ventilation patients and clinical leadership
- Medical staffing for end of life care was below the recommended standard and we did not have a clear policy for managing the care of patients who are dying
- Our support to relatives and carers who had been bereaved was inadequate and there was a lack of staff training in bereavement
- Patients who recommend our hospitals in the NHS Friends and Family test was below the England average
- Too many operations and procedures were cancelled at short notice leading to poor patient experience. The CQC recognised that our new leadership team had implemented an intensive programme of work to improve performance against referral to treatment standards, a longstanding issue for the Trust.

What will success look like?

Great patient care and experience needs to be at the heart of everything we do. To deliver responsive, high quality care for our patients, we need to work with our health and social care partners to ensure local people have timely access to urgent and emergency care. We need to improve patient flow through our emergency department and further reduce length of stay so our patients can go home faster, with the right support. We need to meet national standards for access to planned care and cancer and improve the way we organise our outpatient services so they are more responsive to the needs of our patients. We must ensure that staff consistently follow clinical guidelines.

Actions we have already taken to make improvements

We have been working to improve our patient care. We have:

- Closed our private obstetric service and appointed new clinical leadership to our maternity department. We have established consultant 'hot days' to provide more senior presence and continuity of care on the labour ward (98 hours cover)
- Implemented clinical streaming in our emergency department at Watford Hospital. Patients are assessed by a senior nurse when they first arrive at hospital. Patients who could receive care in a more appropriate setting may be advised to see their GP, pharmacist or community provider
- Agreed a plan with Herts Valleys Clinical Commissioning Group to introduce a GP led urgent care model for children with primary care needs. We have also negotiated the introduction of a GP-led service for adults
- Introduced a 'queue nurse' to manage patient handovers from ambulance staff. This has significantly reduced delays, helping to get ambulances back on the road faster
- Reduced length of stay and increased the number of early discharges to get patients 'home by lunch'. 22% of discharges are now before lunch, one of the best rates in the East of England region. Implemented a hospital at night team that seeks to improve how we manage the care of unwell patients at night. This service had just started at the time of the CQC inspection in April 2015
- Established a new triage system in our emergency department which identifies patients who have diminished capacity, revised consent paperwork and developed new medical clerking documentation which now includes a mental capacity assessment and treatment escalation plan
- Implemented an intensive programme of work to achieve performance against referral to treatment targets. We halved the number of patients waiting more than 18 weeks for planned care in the six months to March 2015, improved diagnostics waiting times and are now compliant with five out of six cancer waiting time standards
- Improved our respiratory service, strengthening clinical leadership and improving outpatient booking and scheduling. We also resolved issues relating to the model of care for non-invasive ventilation patients, and the clinical lead has identified further improvements to make to the service

- Developed a new care planning tool for end of life care
- Increased the number of patients admitted to our hospitals who would recommend our hospitals to friends and family to 94.25% (2015/16 year to date) and the inpatient response rate to from 46.9% in 2014/15 to 52.5% (2015/16 year to date).

How we will succeed

Our staff have identified six Trust-wide improvement projects, together with local actions that will be owned and delivered by specific teams:

Project 1: Caring for our most acutely unwell patients

This project will focus on how we support staff to care for acutely unwell patients, by recruiting more staff to enhance round the clock care, supporting staff to enhance their expert clinical skills and enhancing our training offer – to include critical care transfers, implementation of sepsis care bundle, and National Early Warning Score (NEWS) training. Our hospital at night team will continue to support our clinical teams caring for unwell patients. We are extending specialist support to respiratory patients by recruiting additional consultant staff and plan to provide 24/7 consultant telephone advice for respiratory patients on our medical wards.

We will map and review clinical protocols to ensure staff consistently follow the correct guidelines, and review the provision of equipment and our admission, discharge and readmission policies.

Project 2: Improve outpatient care

This project will focus on improving patient experience of our outpatient services – we will improve booking processes, reduce cancellation rates and waiting times and change the way we work so that staff are patient-focused, not task-focused. We will improve the environment within outpatients, improve systems and processes and enhance patient information including electronic displays of waiting times.

Project 3: Improve end of life care

We have appointed a non-executive director champion for end of life care and are developing a Trust-wide end of life care strategy. We will implement findings from the national end of life care audit and implement an individual care planning tool. We will review our do not attempt cardio pulmonary resuscitation (DNA CPR) policy and audit compliance with this and other standards, such as Opioid analgesia, ensuring that we disseminate learning to doctors and pharmacists. We will improve how we support the bereaved and ensure that staff receive adequate training on how to deliver information to bereaved people.

Project 4: Improve maternity care

Further to the changes we have already made to improve our maternity service, we will continue to work with clinical staff to improve staff engagement and team working, review consultant job plans and arrangements for providing clinical supervision and support to our midwifery staff.

We will review external recommendations to improve our maternity service and create a single, prioritised improvement plan.

A new gynaecology ambulatory care service due to open in late 2015 will improve the patient experience and reduce the number of patients being admitted for emergency treatment.

Project 5: Improve patient flow

We will implement learning from 'the perfect operational ward' which we piloted in our Sarratt ward in September 2015, and through *Listening into Action* empower staff to pilot new initiatives such as 'right bed first time' with reduced bed moves and getting patients home for lunch.

One of the most significant challenges we face to providing safe, sustainable care is the high number of patients in the hospital whose discharge from hospital is delayed due to difficulties arranging follow up care at home, in a community or social care setting. We will continue to work closely with our partners in the broader health and social care community to reduce delayed transfers of care to other NHS or social care services and seek the advice and support from NHS TDA and NHS England in this work.

Project 6: Act on patient feedback

This project will focus on how we use patient feedback and use the NHS TDA's diagnostic tool to improve our services for patients.

How we will know if we have been successful

We will measure our success against the following indicators:

- % reduction in critical care readmission rates
- % increase critical care discharges within four hours
- % medical category 1 and category 2 discharges within agreed timeframe
- Sepsis 6 scores
- Improvements in ITU staffing levels
- % reduction in operations cancelled by Trust within six weeks
- % reduction in number of double-booked patients in clinics
- Outpatient record availability (TBC)

- % clinical staff EOLC trained
- % of EOLC registered patients who have had pain assessments
- % of EOLC registered patients who have a care plan (with preferred place of death)
- % of EOLC registered patients dying at their place of choosing
- % patients assessed within 15 minutes of arriving at A&E
- % of patients discharged, admitted or transferred within four hours of arriving at A&E
- % reduction in lengths of stay
- % increase in referrals to hospital at night and the use of NEWS.
- Delayed Transfers of Care (NHS causes)
- Delayed Transfers of Care (Social Care causes)
- Referral to Treatment performance against national standard
- Cancer RTT performance against national standard
- Diagnostics performance against national standards
- Maternity dashboard scores
- % of patients home for lunch
- Qualitative feedback on audits in relation to DNACPR, outpatient environment.

For a detailed action plan, see appendix 1.

Section four – infrastructure

Improvement plan 2015/16

Infrastructure

CQC findings

The CQC found that:

- Facilities were in a poor state of repair and in some cases, posed a potential risk to staff and visitors. Significant health and safety concerns were found
- Facilities and premises were not always secure, a door to the mortuary gate at Hemel Hempstead was broken and security systems within the maternity unit were not adequately maintained
- There were generally good cleaning standards. However, the condition of the estate did not always support effective cleaning
- Information and data quality systems were not adequate and staff considered information technology access to be generally poor.

What does success look like?

Staff and visitors should expect that our hospitals are safe, secure and clean. We have an ageing estate that is not fit for purpose for delivering modern healthcare. Whilst we cannot resolve all our estates challenges in the short term, we need to have a clear understanding of the risks and priorities for improving our buildings and facilities, deliver capital projects on time and seek investment for long term plans. Our staff need access to high quality informatics and modern technology to support the delivery of patient care.

Actions we have already taken to make improvements

We have taken action to address immediate concerns relating to our facilities and buildings for staff, patients and visitors. We have:

- Started work to upgrade ventilation systems in one of our operating theatres and attain external validation of all theatre ventilation systems; works are due to complete by January 2016
- Completed work to improve security at the mortuary and commissioned an external validation of air pressure levels, due to complete by October 2015.

As part of our £25 million investment in information management and technology, we are continuing the rollout of Wi-Fi for staff, patients and visitors across our hospitals wherever possible.

How we will succeed

Our staff have identified four trust-wide improvement projects, together with local actions that will be owned and delivered by specific teams:

Project 1: Develop an interim strategy for estates and facilities

This project will focus on delivering an interim estate strategy and site development control plans that clearly identify the most urgent priorities for improvement of our estates and facilities and provides a framework to ensure that we make the best decisions overall about how to develop the estate and use capital funds to drive short to medium term improvement in the suitability of our estate.

We are working with Herts Valleys CCG and partners through the *Your Care, Your Future* programme to assess the best long-term strategy for addressing the very poor estate that the Trust currently provides services from and support delivery of our whole system vision for improving health and health and care services for local residents.

Project 2: Continue to address statutory compliance and backlog maintenance issues

This project will focus on ensuring we meet our facilities and estates statutory obligations. A gap analysis will be undertaken to confirm our backlog maintenance. We will undertake works to install piped oxygen and medical gasses to our specialist respiratory wards. We have a programme of works that will address the specific areas of concern raised by the CQC, including theatre ventilation.

Project 3: Redevelop emergency department, diagnostics, theatres and other capital projects

We are developing business cases for the redevelopment of our Emergency Department (ED) and our Watford theatre complex. In the meantime, we are making some smaller improvements to our estates, such as creating new triage rooms in ED and continuing to improve facilities for staff. We are installing new state of the art MRI and CT equipment at Watford Hospital and, linked to this project, we will relocate and improve our medical records storage. We also have a major building project underway to expand our endoscopy facilities at Watford and improve links between the main Prince Michael of Kent building and our women's and children's services.

Project 4: Making IT happen

As part of our £25 million investment, we will continue the rollout of WiFi, start the rollout of new IT equipment and telephony for staff and build offsite, resilient IT data centres. We will also implement electronic medical records tracking.

How we will know if we have been successful

We will measure our success against the following indicators:

- % reduction in enforcement notices for non-compliance
- Resolution of environment, estates and facilities alerts with recorded actions and decisions in Archibus
- % of helpdesk calls resolved with recorded actions and decisions
- Compliance with medical device checks
- Reduction in the number breakdowns / faults
- Reduction in the number of priority 1 and 2 IT incidents
- Resolution of IT helpdesk incidents within SLAs.

For a detailed action plan, see appendix 1.

Section five – governance, risk management and making informed decisions

Improvement plan 2015/16

Governance, risk management and making informed decisions

CQC findings

The CQC found that:

- Safety was not a sufficient priority. Staff do not always report incidents and our approach to reviewing, investigating and learning from incidents or complaints was inadequate. Our systems for assessing the quality and safety of our services were weak and we do not always meet national standards for governance
- We did not always meet the requirements of the duty of candour – a requirement to be open and transparent with people who use our services and to follow specific steps when things go wrong – and there was a lack of ownership among some senior leaders in clinical teams
- We do not always act upon recommendations made by external bodies or audits to improve our services
- Major incident arrangements at Watford Hospital were not suitable
- The quality of data to drive service improvement required improvement.

What does success look like?

We need to have robust and systematic process in place to deliver safer care for our patients, where we learn from our mistakes, act on advice from external bodies, and take steps to do all that we can to manage risk and prevent future incidents. Where incidents do happen, we need to report, investigate and learn from these – making it easy for staff to speak up. In line with our commitment to transparency, we must consistently investigate, manage and communicate serious incidents in an honest and open way.

Actions we have already taken to make improvements

We have taken significant steps to improve how we manage risk and our quality governance. We have:

- Comprehensively reviewed our governance arrangements and risk management procedure and enhanced oversight of risk at Board level. A revised Board Assurance Framework has identified nine principal risks with key assurance processes mapped. We have reviewed and re-assessed all 'high risks' on our risk register and taken steps to improve how we manage and reduce risk wherever possible

- Strengthened our serious incident process; this includes a new requirement for review meetings at day 45 to discuss progress and lessons learned. The number of 'overdue' serious incident reviews has reduced from 34 to 10
- A new complaints manager is in place and has been working with services to reduce the backlog of open historic complaints on our system from 874 to 131. We have also been working to improve the quality of our responses and reduce the number of 'reactivated' complaints.
- Our major incident plan has been updated and communications and training exercises are now being rolled out to staff.
- As part of our information and communications technology transformation, plans are underway to improve the quality of data available to support improved governance
- We are implementing our 5 'sign up to safety' projects to improve equipment, IT and training for patient safety.

How we will succeed

Building on the improvement initiatives outlined above, our staff have identified six Trust-wide improvement projects, together with local actions that will be owned and delivered by specific teams:

Project 1: Enhance our quality governance

This project will build on work already undertaken to strengthen our quality governance approach.

We will review our quality governance framework for how we gain assurance that key quality and safety standards are being met, including those areas of improvement identified by the CQC. This will include a monthly divisional walk around, a weekly executive walk around using the 15 steps challenge methodology and quarterly peer reviews with feedback discussed and reviewed at our executive committee and quality and safety group.

We will undertake regular 'safety culture' surveys to help us understand whether we are successfully embedding a safety and risk management culture across our hospitals.

We are taking steps to strengthen our clinical audit programme and to ensure we can track and report on actions to improve services arising from national and local audits. We will establish more robust procedures to assess the compliance of our services against National Institute for Health and Clinical Excellence (NICE) and other standards.

We have strengthened our teams managing risk, litigation, serious incidents and complaints and now need to complete recruitment to all posts within the service. We are putting in place more robust processes to ensure we systematically learn from incidents and complaints.

We will develop a prioritised plan for updating our policies by September 2016, and a process for ensuring that polices are kept up-to-date in the future.

Project 2: Strengthen risk management processes

Building on the work already undertaken to review the Trust's Board Assurance Framework, we will continue to strengthen board oversight of risk and refine our risk management procedures.

As part of an ongoing review all risks on our risk register, we will ensure that the corporate risk register accurately reflects risks in our organisation and that appropriate steps are being taken to mitigate risk wherever possible. We will help our staff to understand more about how to identify and manage risk and how to escalate any concerns they have about risks and issues that are affecting the care they provide or the safety or welfare of staff or visitors to the Trust. We will also ensure that staff are trained in the use of Datix, the Trust's on line riskmanagement tool.

Project 3: Ensure emergency resilience

This project will focus on developing business continuity planning and improving our capability to respond to a major incident, by establishing clear roles for major incidents and ensuring we have training and practice exercises in place.

Project 4: Review and enhance the use of data

This project will focus on improving data systems and how we measure data quality. We have already implemented comprehensive data dashboards for emergency care, planned care (referral to treatment) and cancer. We will put in place improved data to enable us to monitor the quality and responsiveness of our outpatient services and develop an electronic system to monitor waiting times from referral to assessment in our therapies department and agree an approach to capturing outcomes data from therapy interventions.

How we will know if we have been successful

We will measure our success against the following indicators:

- % incidents investigated within timescales
- % incidents with learning logs completed
- % complaints responded to within agreed timescale
- % reactivated complaints
- Improvements in the quality of complaints responses (assessed via external review)
- Risk Register utilisation – open, closed, escalated, de-escalated and overdue risks (exact metrics TBC)

- Completion of clinical audits against plan
- % of policies updated, approved and published within due timeframe
- Data quality audits
- Safety culture survey results

For a detailed action plan, see appendix 1.

How we will deliver the action plan

Engaging our staff on the journey

To be successful, we need all our staff to understand and own our improvement journey. We will continue to engage our staff that everyone clearly understands what our improvement plan sets out to achieve and the actions we are taking to get there.

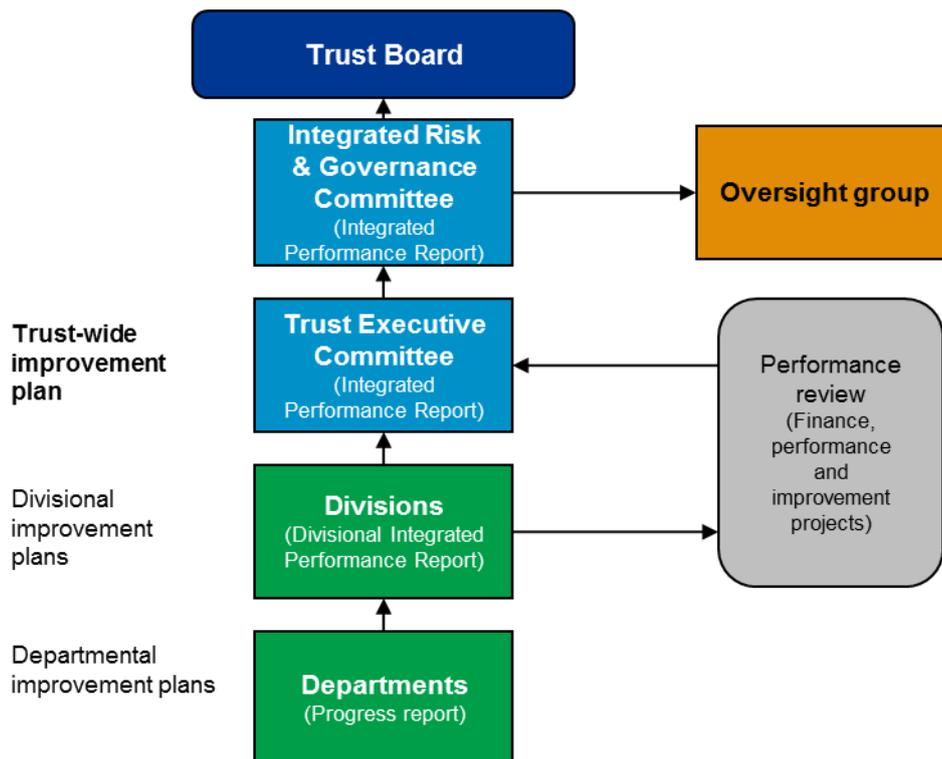
We will develop local 'departmental' improvement plans to help drive improvement at a local level. The improvement actions will be owned and delivered by staff who have taken an active role in developing these plans.

We will continuously update our staff, partners and other stakeholders on progress so that everyone is sighted on both our achievements and the work still required to consistently deliver high quality care.

Governance

We have established a clear programme delivery, accountability and governance structure, supported by a corporate Programme Management Office (PMO), to ensure that we can demonstrate delivery of our improvement plan. To achieve this, we have enhanced our existing governance structures and processes rather than implement an additional layer of governance. It is critically important that the improvement plan is embedded within the Trust's governance and plans. The PMO will support this through the creation of a single point of truth on progress.

All the improvement actions and milestones identified by staff will be recorded on the Datix risk management system so that staff delivering the actions can easily update their progress and to provide a system for monitoring progress. Progress on departmental plans will be managed at departmental meetings. The monthly divisional Performance Review Meetings will review divisional plans and any escalations from the departmental level. The Trust-wide plan will be reviewed on a fortnightly basis at the Trust Executive Committee which will also review escalations from the divisional level.



A monthly trust-wide progress report will track delivery against milestones and against agreed improvement trajectories for identified key performance indicators.

The Board will have oversight of the delivery of our improvement plan through the Integrated Risk and Governance Committee.

The performance report will also be submitted to the Oversight Group chaired by the NHS Trust development Authority (NHS Improvement).

PMO approach

The Trust have established a corporate PMO to track progress against three key dimensions:

1. Delivery

We have developed detailed action / milestone plans for each of our improvement areas. These plans include the key milestones that need to be delivered as part of our improvement journey.

Each improvement action has a nominated lead executive director and a local owner who together will take accountability for the delivery of the milestone. Progress against milestones will be reviewed on a fortnightly basis at the Trust Executive Committee.

In mobilising these improvement areas, we will ensure the Trust-wide action plans are integrated with the detailed delivery plans at both the divisional and departmental level. This will ensure we are able to establish a line of sight from departmental activities through the delivery of corporate wide milestones.

2. Performance metrics

In addition to key national standards, we have developed a set of measures to determine whether improvement projects are succeeding. These measures will enable us to track progress, ensure delivery of the planned improvements to care and demonstrate success. Audits will be undertaken to ensure new processes are effectively embedded and delivering the intended benefits.

Where performance is not in line with the plan, the responsible owner will provide exception reports and change requests with clear remedial actions and a delivery impact assessment for approval by Trust Executive committee. Remedial action plans will build from and cross reference existing action and milestone plans.

Action plans and milestones are designed to support delivery of KPIs and will address any key risks identified.

3. Compliance

The PMO will ensure a clear line of sight on progress to drive consistency in how progress is managed and reported. This consistency will provide greater transparency, clarity and evidence for the organisation.

Compliance will also be promoted through a common change control mechanism for the plan to ensure changes to the baseline are recorded and agreed through a formal governance meeting. The baseline delivery dates and target trajectories will be maintained as a separate information item, to the planned date / trajectory. Any changes to planned performance or delivery will be authorised through the Trust Executive Committee.

Appendix one – detailed action plans