Presentation to the Norfolk Health Overview and Scrutiny Committee

6th December 2018

Five Year QI Vision

	Y0 2018	Y1 2019	Y2 2020	Y3 2021	Y4 2022
CQC rating	**Special Measures** Focus: 'must/should do' actions		**Getting to 'GOOD'** Transforming services		**Journey to OUTSTANDING** Becoming the best & leading the way
Change vehicle	**Project Management** Transactional; compliance led		**Deliver QI Strategy led by QI Director** Transformational; vision led		
Strategic goals	We will be: A provider of high quality healthcare to our local population The centre for complex & specialist medicine for Norfolk & the Anglia region A recognised centre for excellence in research, education and innovation A leader in the redesign & delivery of health & social care services in Norfolk				Set goals for next five years
QI journey	➢ Strategic Intent for QI ➢ Leadership for QI		➢ Building improvement skills ➢ Building a culture of improvement ➢ Putting patients at the centre of QI		➢ Applying systems thinking in QI

Delivering outstanding:
◆Efficiency ◆Engagement ◆Experience ◆Improvement

CQC Domains

All 82 of the CQC ‘must do’ and ‘should do’ recommendations have been assigned to one of the five CQC domains:

Outcome statements

All 82 of the 'must do' and 'should do' recommendations has an 'outcome statement that can be articulated in the format: **"We will have achieved GOOD when…."**

E.g. Recommendation 4a: The trust must ensure that there is an effective process for quality improvement and risk management in all departments.

We will have achieved GOOD when:

- We have a Trust Wide QI Strategy with an implementation plan in place, communicated to all staff
- A QI faculty is in place to provide support & facilitation to teams to deliver QI projects
- A Central record of QI projects mapped to department / division & strategic objectives is available and maintained
- A reporting system is in place and being utilised by teams to clearly demonstrate improvements

Evidence Repository

Our approach is rigorously evidence based. We will only categorise a recommendation as ‘complete’ when there is clear documentary evidence filed in the central evidence repository that the outcome statement has been sustainably achieved.

We have established a two-stage assurance process to independently evaluate the evidence:

- **Stage 1** evaluation is carried out by the Improvement Team
- **Stage 2** evaluation is carried out by the Evidence Group, which comprises internal and external assessors, including 3 staff members and a patient representative.

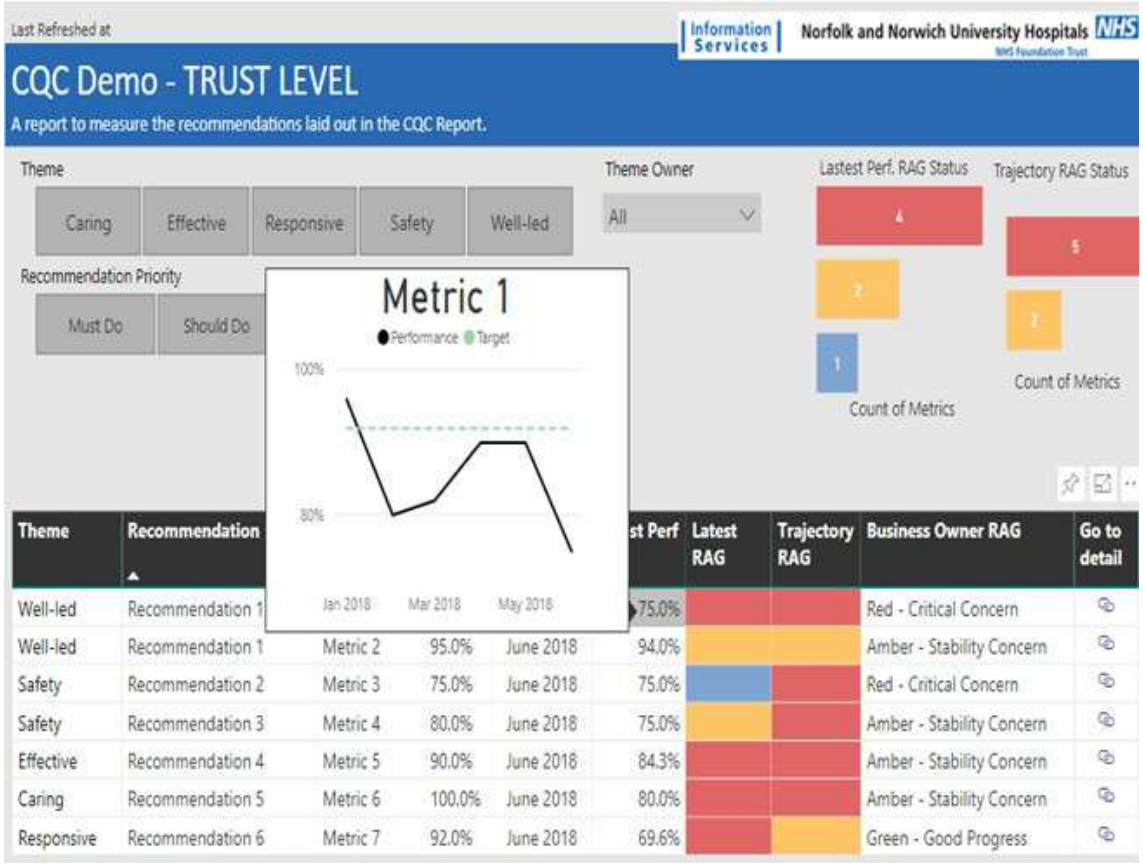
The Quality Programme Board is the only body that can ‘sign off’ a recommendation as being ‘complete and evidenced’.

Monthly reporting

Each month a highlight report is produced for each of the 82 recommendations. These reports are discussed at the internal Quality Programme Board and the external Oversight Assurance Group.

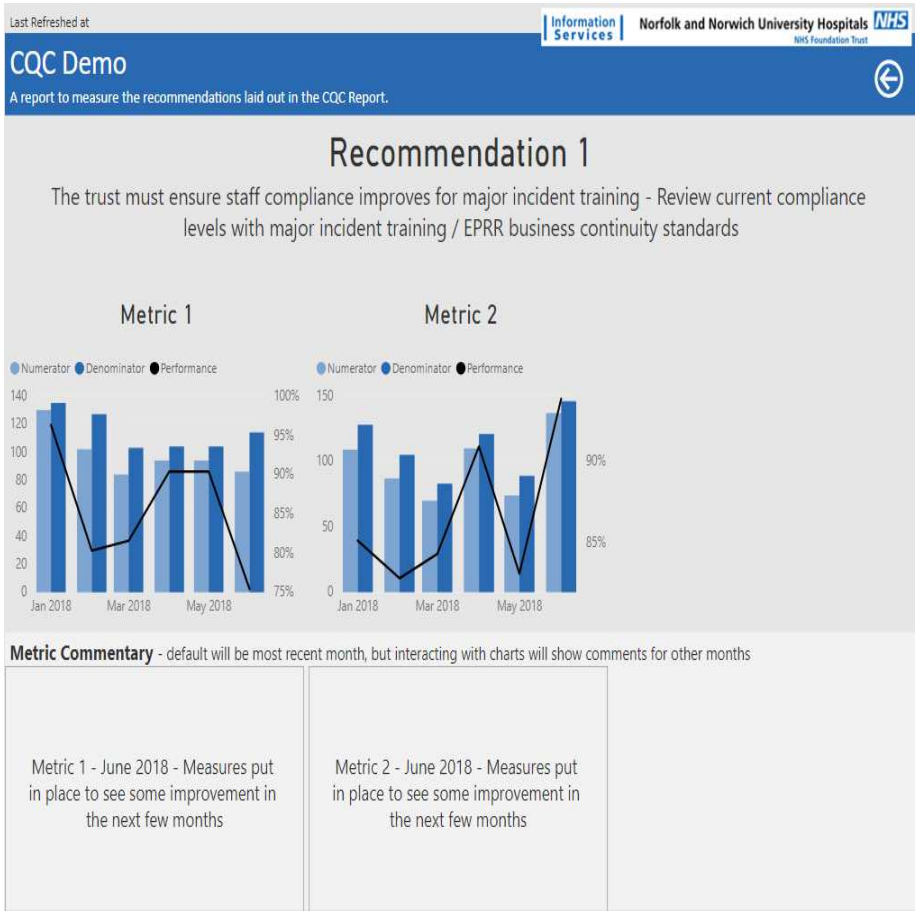
A performance dashboard has also been created. Screenshots from the dashboard are shown on the following two slides:

Dashboard screenshot



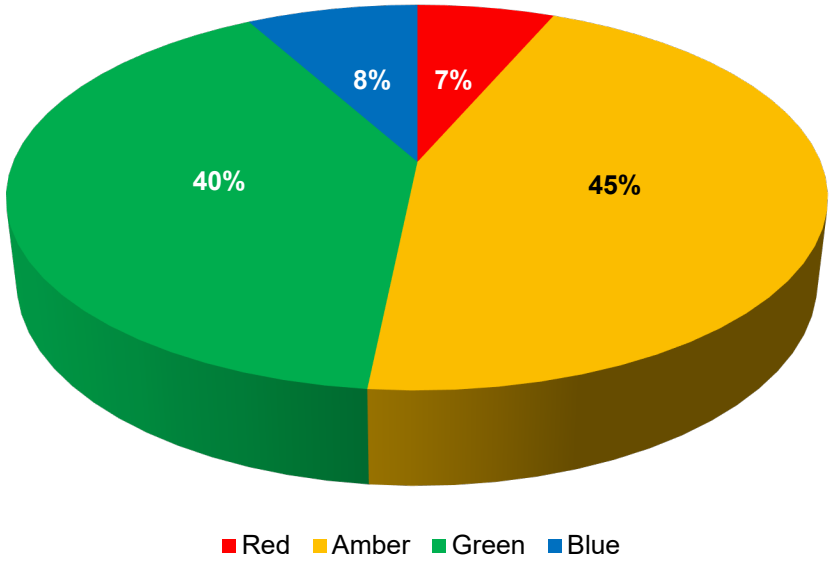
Theme	Recommendation				st Perf	Latest RAG	Trajectory RAG	Business Owner RAG	Go to detail
Well-led	Recommendation 1				75.0%			Red - Critical Concern	
Well-led	Recommendation 1	Metric 2	95.0%	June 2018	94.0%			Amber - Stability Concern	
Safety	Recommendation 2	Metric 3	75.0%	June 2018	75.0%			Red - Critical Concern	
Safety	Recommendation 3	Metric 4	80.0%	June 2018	75.0%			Amber - Stability Concern	
Effective	Recommendation 4	Metric 5	90.0%	June 2018	84.3%			Amber - Stability Concern	
Caring	Recommendation 5	Metric 6	100.0%	June 2018	80.0%			Amber - Stability Concern	
Responsive	Recommendation 6	Metric 7	92.0%	June 2018	69.6%			Green - Good Progress	

Dashboard screenshot



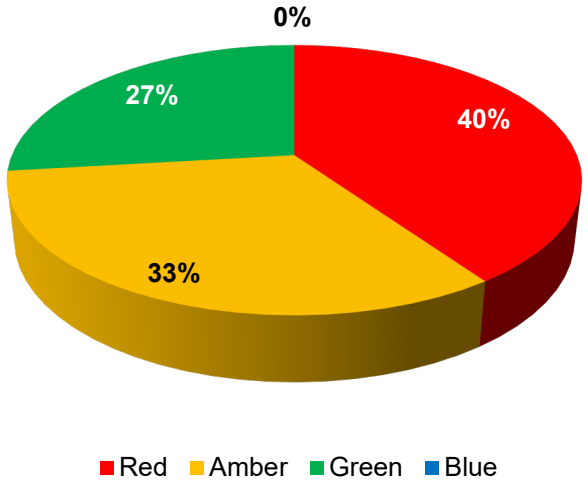
NOVEMBER 2018 ASSURANCE
All work streams

ASSURANCE - all work streams November QPB



Overall RAG Rating			
Overdue or not on track	At risk of delivery	On Track	Complete & evidenced

ASSURANCE - all work steams October QPB



Quality and Safety Improvement Strategy

"Supporting our Journey to Outstanding"

Our quality and safety improvement strategy describes our strategic intent for QI and sets an ambition to build a culture of improvement at all levels.

- Our patients will be at the centre of QI and will be involved as true and equal partners
- We will build the capacity and capability for quality improvement so that everyone from the Board to the frontline has the ability to contribute.
- Our staff will feel empowered to be creative and innovative, always looking for ways to improve their services and the care provided.
- Our leaders create the conditions and commitment to QI and shared across the organisation
- We will see improved patient experience and patient safety metrics
- The focus on quality first will be a consistent part of our culture, from ward to Board.

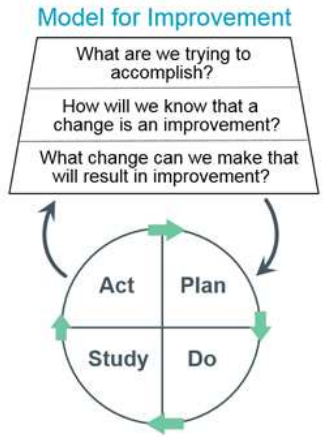
Fig2: Quality Improvement in Hospital Trusts CQC Sept 2018

QI Faculty

Building capacity and capability for improvement

We will build improvement skills in the following key areas:

- QI methodology and tools
- Human Factors
- Patient and Public Involvement in QI.
- Safety Culture



We will strengthen our approach to recognising and sharing quality by building a network of staff throughout the organisation based on the Health Foundation's Q initiative.
'Q' aims to connect people with improvement expertise across the UK, fostering continuous sustainable improvement in health and care.

We will use the **Life QI** electronic platform to help create and deliver improvement projects at every level and in every setting. It is a simple system to access, provides overview of all QI activity and encourages sharing of learning.

Capacity - Winter 2018/19

- Based upon learning from prior year and National best practice guidance and developed in conjunction with the wider Norfolk system
- 3 themes overarching an '8-Point Plan'
- Delivery risks mitigated by assuming a 'belt and braces', planned over-provision set of solutions

Capacity

- Additional beds – Modular Ward Facility plus all beds open (CDU, Gastro, Cringleford, Earsham & Denton)
- Creating a discharge suite to free up ward space earlier in the day
- Additional ED cubicles to eliminate ambulance congestion and delay
- Open an 'NNUH @ Home' Virtual Ward for sub-acute patients
- Extend OPED Opening hours

Leadership

- Senior Nurse, Doctor and Manager to 'Project Manage' winter plus seconded support / senior EEAST staff member to the NNUH Winter Team

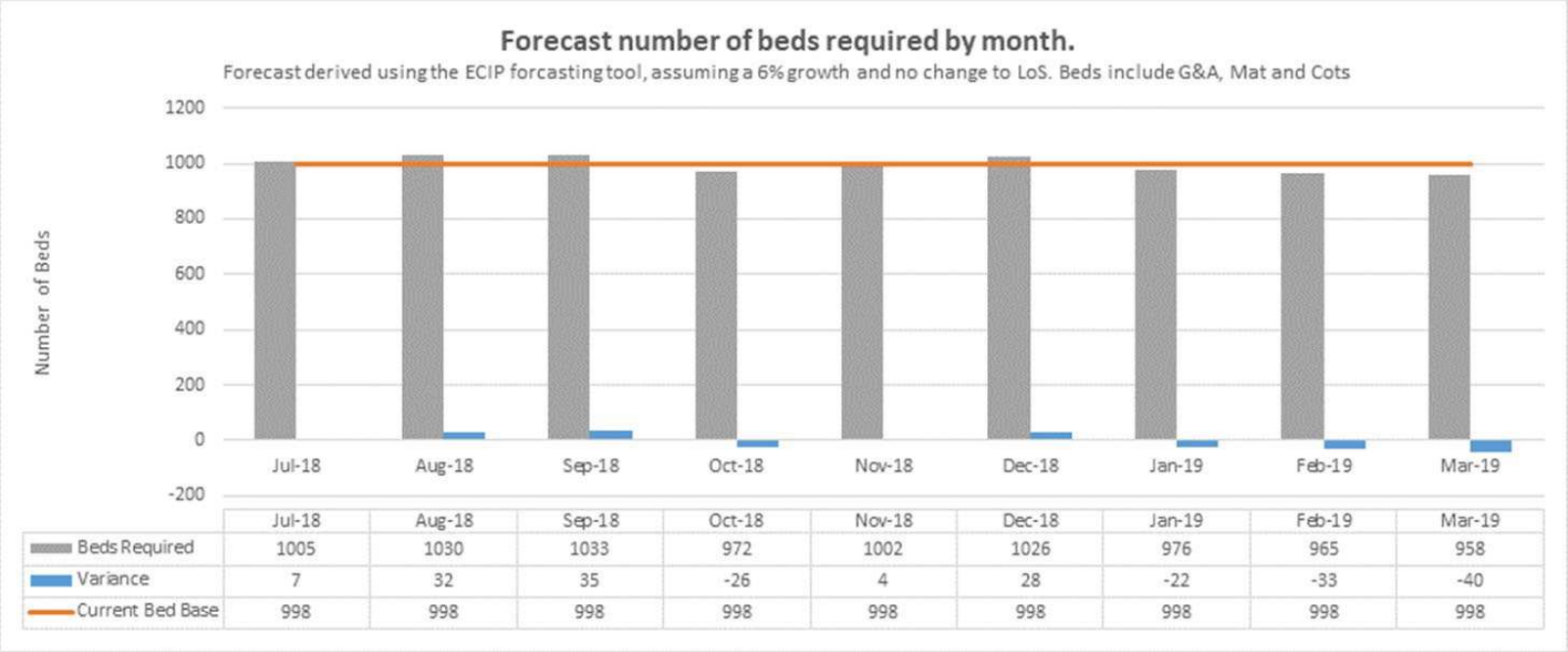
Process

- Reduce the length of stay for 'Super Stranded' patients (over 21-days in hospital) in accordance with latest national guidance
- Focus clinical & operational processes relating to discharge earlier in the day

Capacity

• No. 1 - Additional beds

- Bed capacity requirement modelled using recognised tool
- Relative worst-case scenario used – assumes **6% growth on 2017/18 & no improvements in length of stay and 92% occupancy**
- 22 – 40 additional beds required



	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Beds Required	1005	1030	1033	972	1002	1026	976	965	958
Variance	7	32	35	-26	4	28	-22	-33	-40
Current Bed Base	998	998	998	998	998	998	998	998	998

Capacity

• No 1 - Additional beds cont'd

- Working assumption is to 'over-deliver' against the 40 - bed scenario on the basis that 92% occupancy is relatively high and the experience in Q1 has been of significant non-elective pressure, over and above contract plan levels.

Schemes in progress are:

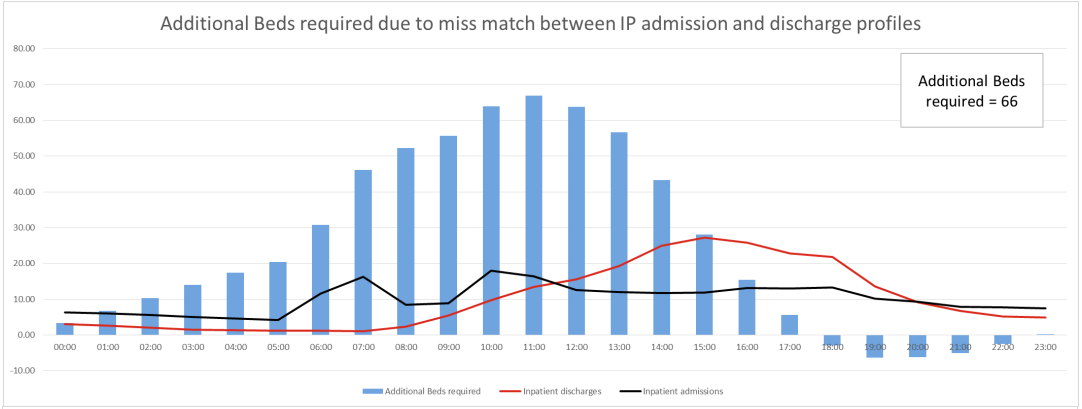
Scheme	Timescale (& indicative cost)	Beds
Temporary Modular Ward – Installation underway	Target date – December 2018	12 elective
Opening Existing Escalation space – Opening and establishing currently closed & / or beds being used for research / non-clinical space across medicine and surgery	Target w/c 24 September 2018. Recruitment commenced. (£505k revenue – recovery through activity over-performance).	45
	Total	**57**

Capacity

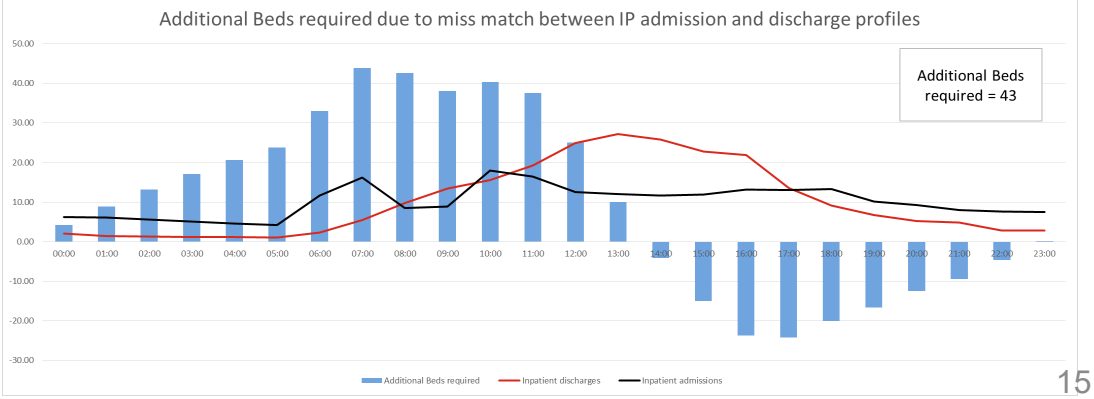
• No. 2 – Discharge Suite

- Review of the time-of-day of discharges suggests a 'late-profile' drives the use of overnight escalation
- **Delivering 30% of discharges by 12md offers the opportunity to reduce the admission / demand mismatch by circa 23 beds**

Current Discharge Time Profile



Discharge Time Profile brought forward by 2-hrs (=30% by midday)



Capacity

• No. 2 – Discharge Facility

- Task & Finish group well-established – overseen by Senior Ops and Nursing & includes patient co-design
- Space for 20 seated patients plus 8 bed / stretch patients awaiting ambulance transport
- On track for **Mid December 2018**

Capacity

• No. 3 – Additional ED cubicles

- Plans are in place to expand the Rapid Assessment and Treatment area to 8 spaces, allowing a maximum ambulance off-load capacity of 32-patients / hour
- Capital costs (circa £1.2m) funded by NHSE
- On track for **14 December 2018**

Capacity

• No. 4 – Virtual Ward Trial 'NNUH @ Home'

- 3rd Party Provider engaged to establish a **30-bed** virtual ward for patients living in a 15-mile radius of NNUH
- 9-month Trial would allow NNUH and system partners to assess what a sustainable model could look like in future – either to be run in house or in partnership
- Principle is that patients requiring sub-acute care but occupying a bed e.g. long term antibiotic therapy, complex wound dressings, multiple insulin dose administration etc. would remain the responsibility of their NNUH consultant but would receive this care at home
- This is a relatively common model across the NHS.
- The pilot has a 12-week mobilisation timescale

Capacity

• No. 5 – OPED extension

- OPED opened in December 2017 and despite a challenging winter fewer patients over 80yrs of age were admitted to NNUH
- The service currently runs until 5pm. This scheme looks to extend it until 8pm weekdays and at the weekend linked to demand
- Recruitment of staff has commenced

Winter Plan Summary

Scheme		Gain	Bed No's
Capacity	1. Additional Beds	• Modular ward for use as escalation at times of peak pressure • Establishing and opening all / any closed areas (Inc. Gastro) • Specifically to limit or eliminate the use of Day Procedure areas for in-patients	57
	2. Discharge Suite	• Earlier flow to limit out-of-hours escalation	23 *
	3. Additional ED cubicles	• Additional 8 spaces focussed on Rapid Assessment & Treatment (RATS) • Designed to cope with high and variable ambulance arrivals	0
	4. NNUH @ Home	• Virtual Ward to care for patients at home with sub-acute clinical needs	30
	5. OPED hours increase	• Enhances the delivery of a known and effective service • 7-day working, 12-hrs per day	0
Leadership	6. Winter Team	• Enhanced capacity to deliver all other associated Winter Schemes • Additional capacity to oversee day-to-day performance during winter • Link to system and national structures	0
Process	7. Super - Stranded	• Delivery of a suite of actions to comply with the national initiative to reduce super-stranded numbers	23*
	8. Early Discharge processes	• Improve systems and processes to support the discharge lounge and reduce out-of-hours escalation	(supports No. 2)
		Totals	**133** (Actual 87 + 46* Transformational)

Medium term investment in capacity

Current agreed NNUH schemes include:

- PET CT – opens March 2019
- Quadram Institute – opens December 2018
- IRU & 4th Cathlab – opens November 2019
- Cromer Development – opens summer 2020

Current NNUH schemes in development:

- Diagnostic and Assessment Centre - part of a £69m STP priority capital bid with JPUH and the QE hospitals
- Turnstone court – development of two daycase theatres at Norwich Community Hospital
- Renal Dialysis to be provided in the community (with car parking)
- Multi-storey Car Park (charitable funded)
- Nuclear Medicine (£2m) – expansion of key cancer service
- Breast Imaging expansion – to enhance one stop clinics for suspected cancers