

THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST UPDATE

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Sarah Tedford, The Hillingdon Hospitals NHS Foundation Trust (THH)
Papers with report	None.

1. HEADLINE INFORMATION

Summary	To update the Board on the recovery programme at THH.
Contribution to plans and strategies	The items above relate to the Trust's: <ul style="list-style-type: none">• Recovery and Improvement plans,• Quality and Safety strategy
Financial Cost	None
Relevant Policy Overview & Scrutiny Committee	External Services Select Committee
Ward(s) affected	N/A

2. RECOMMENDATION

That the Health and Wellbeing Board notes the update.

3. INFORMATION

Supporting Information

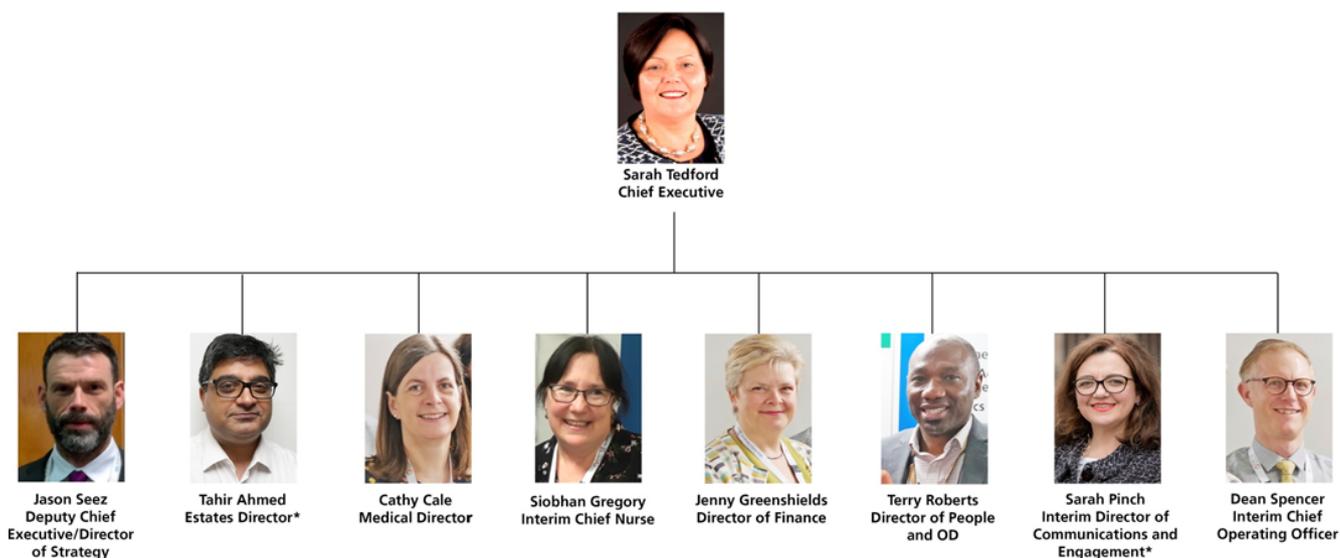
The Hillingdon Hospitals NHS Foundation Trust Recovery Plan

Context

Board Level Changes

Richard Sumray resigned as Chair of the Trust on 30 April 2019. Professor Lis Paice has been appointed as the interim chair, and the process has begun to recruit to the substantive role. A number of new executives and non-executives have been appointed since the beginning of the year, and the current executive are shown in the organogram at Figure 1.

Figure 1: Trust Management Structure

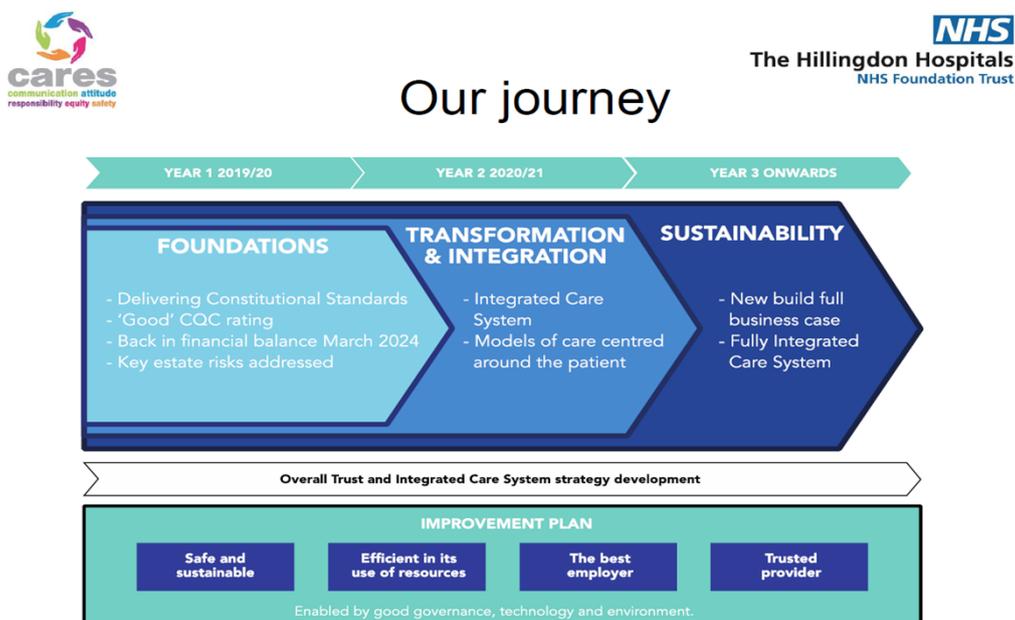


The Trust has set six key objectives for the year 2019-2020. These are:

- Quality – we will deliver good care every day
- Workforce – we want empowered, committed people with the right skills and attitude
- Performance – we will deliver the right care and the right time for our patients
- Money – we will live within our means
- Well Led – we will empower our people to deliver
- Partnership Working – we will develop sustainable models of care centred around our patients

To achieve these objectives, the Trust is on a journey, in which this year the aim is to lay the foundations (see Figure 2) which includes delivering the constitutional standards; beginning to bring the organisation back into financial balance; addressing key estates risks; and a 'Good' Care Quality Commission (CQC) rating.

Figure 2: Trust Journey 2019 -2022 onwards



This paper will set out progress against recovery in relation to Quality, Delivery of Constitutional Standards, and Finance.

Quality

Hillingdon Improvement Plan

To enable achievement of a 'Good' rating, the Trust has implemented the Hillingdon Improvement Plan. The plan has 13 work streams led by 5 Senior Responsible Officers (SROs) who are each Executive Directors of the Trust. The SROs are detailed below, and are supported by work stream leads responsible for delivery of the key milestones by March 2020. External partners including Healthwatch Hillingdon, the CQC, the North West London Collaboration of Clinical Commissioning Groups (CCGs), Hillingdon CCG and NHS London are invited monthly to the Improvement Board meetings to review, challenge and be assured of progress.

Work Stream Name	SRO
1. Safety Culture	Medical Director
2. Governance	Deputy Chief Executive Officer
3. Deteriorating Patient	Chief Nurse
4. Emergency Department	Chief Operating Officer
5. Transitional Care	Medical Director
6. Safe Care	Medical Director
7. Safeguarding	Chief Nurse
8. Medicines Management	Medical Director
9. End of Life Care & Mortality	Medical Director
10. Data Quality	Director of Finance
11. Hospital at Night	Chief Operating Officer
12. Medical Devices	Chief Operating Officer
13. Operational Standards	Chief Operating Officer

Outcomes, deadlines, what good looks like, and how the Trust will assure improvements are delivered and sustained have been mandated as the Trust moves at pace to deliver services to the level expected by the population we serve. The identification and embedding of improvements is determined and owned locally, resulting in ownership for improvements being driven by teams on the ground rather than via top down directives.

To facilitate understanding of the root cause of issues the Trust has developed a programme of deep dives. The deep dive is a review of an area of concern, identified from CQC feedback, external review, Serious Incident and other incident data or from Executive walkabouts, with a plan to address and embed good practice. Each deep dive will return periodically to Improvement Board for on-going assurance and remedial action as required. The programme is detailed below:

Deep Dive Name	Date	Lead	Action
1. Critical Care Outreach & Hospital at Night	May-19	ADO W&C	Update Improvement Board in August
2. Sepsis	May-19	DCN	Update Improvement Board in August
3. WHO Safety Checklist	May-19	ADoN Surgery	Audit report to Improvement Board 27 June
4. Medicines Management	May-19	Chief Pharmacist	Working Group Update to Board 13 June
5. Record Keeping	Jun-19	DCN	Presentation 13 June
6. Management of vulnerable patients	Jun-19	DCN	Presentation 13 June
7. IP&C	Jun-19	DCN	Presentation 27 June
8. Training	Jun-19	P&OD	Presentation 27 June
9. Discharge Plan	Jul-19	Ops Divisions	Presentation 11 July

Improvement Practice

The Trust has invested in the establishment of the Trust Improvement methodology. Staff groups across the organisation are being trained in the use of the methodology, which will enable the establishment of a culture of continuous improvement.

The first cohort of trainees are now beginning to practice the methodology, working on individual improvement projects across the organisation, aligned to the Trust objectives. As improvement skills increase, the organisation will begin to see the benefits of the methodology, which will be measured in terms of quality, delivery, workforce and finance.

Awards

The Trust has been successful in winning a number of awards. The Trust Facilities team enjoyed a double success in the HEFMA National Awards, scooping both the 'Team of the Year' Award and Runner Up Finalists in the same category. HEFMA is the national body representing Estates and Facilities departments across the NHS.

The Facilities Bed Maintenance Team won this year's award for its achievements in developing a cost-effective, efficient service that met all its KPIs and received outstanding customer feedback. The Facilities Catering Team was in runner-up position for its work on catering improvements and developments and for becoming a 'leader' in NHS catering.

The catering team also won the 'Food for Life Served Here' Bronze Award from the Soil Association. This prestigious award is given to public and private sector organisations that have successfully been independently inspected and shown to be serving fresh food, that has been procured from environmentally friendly, sustainable and ethical sources and which promotes healthy eating and champions local food producers.

The Trust Nuclear Medicine Team were runners up at the Nuclear Medicine Society Awards in Oxford recently, following three years of hard work to establish a hybrid imaging service at the Trust.

Constitutional Standards

Referral to Treatment

As a result of an external review of our Referral to Treatment (RTT) processes and procedures, it has become apparent that the Trust must make improvements in order to achieve the RTT

Constitutional Standard and deliver a gold standard patient experience. An RTT Action Plan has been produced, which forms the basis of the projects that are required to facilitate the improvements.

Every week the Chief Executive chairs an RTT Programme Board. The purpose of the Board is to direct the work, to have oversight of the key work streams, provide assurance and updates on progress, and the delivery of expected outputs against the agreed timelines. When required, it is also to escalate issues or risk of harm to patients to the accountable boards or committees.

The key improvement work streams are:

1. Administration
2. Training
3. Data
4. Validation
5. Specialty Operating Plans
6. Clinical Harm Review

The RTT Programme Board will also develop, manage and monitor the associated risk register for the improvement work.

The Action Plan has been shared with our NHS England/Improvement (NHSE/I) and CCG colleagues, who are also invited to attend the weekly RTT Programme Board.

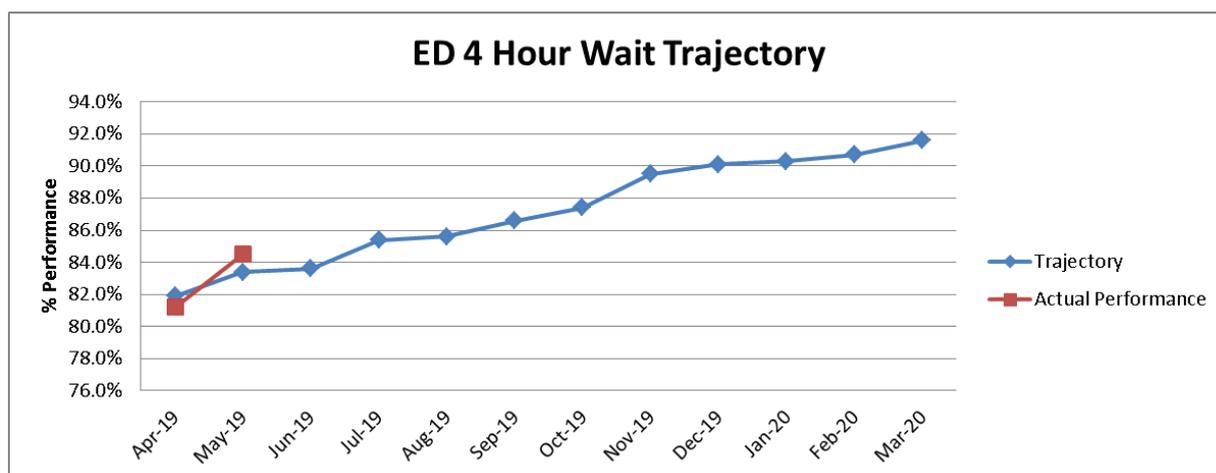
Emergency Care Improvement Programme

The Emergency Care programme is focussed on the experience of patients being admitted via the emergency route – whether through urgent GP referral, London Ambulance Service, or self-presentation at the Emergency Department (ED), Minor Injuries Unit (MIU) or Urgent Care Centre (UCC), recognising that performance against the ED 4 hour constitutional standard is a function of the performance of the whole Trust, not just the Emergency Department.

The Trust has agreed a trajectory with the CCG and NHSE/I. This is shown in Figure 3 below. The Trust performance was slightly below trajectory in April, but has improved to be above trajectory in May.

Figure 3: ED 4 Hour performance trajectory 2019-20

		ED 4 Hour Wait Trajectory											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trajectory		81.9%	83.4%	83.6%	85.4%	85.6%	86.6%	87.4%	89.5%	90.1%	90.3%	90.7%	91.6%
Actual Performance		81.2%	84.5%										



There is a weekly programme board chaired by the Chief Executive. This board serves to oversee and drive progress, and to unblock issues arising in making the necessary changes. The programme consists of three work streams, Emergency Department and Flow, the Assessment Floor, and Discharge Pathways. Each work stream is chaired by an executive director, with senior operational leadership support, ensuring that the necessary changes are delivered.

Financial Recovery

The Trust has a challenging control total, requiring a total of £11.7m of savings in 2019/20. Clear focus and leadership from the executive team, led by the Director of Finance (DoF), has been established, and support is being given to the divisions in managing the financial position. Weekly meetings are in place to track and reduce non-pay and pay costs, and to ensure that activity is at plan in order to secure income.

The Trust has developed a programme to deliver the cost improvement programme, led by the DoF, with work streams led by executive SROs. Month 1 savings were delivered on track.

4. BACKGROUND PAPERS

NIL.