

THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST UPDATE

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

1. HEADLINE INFORMATION

Summary	To update the Board on the recovery programme at THH.
Contribution to plans and strategies	The content of this report relates to the Trust's: <ul style="list-style-type: none">• Recovery and Improvement plans; and• 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

The Hillingdon Hospitals NHS Foundation Trust Recovery Plan - Context

Sir Amyas Morse has been appointed as the chair of the Trust. A number of new executives and non-executives have been appointed, and the current executive are shown in the organogram at Figure 1. Terry Roberts, Director of People and OD, has recently left the Trust and a process is in place to appoint his replacement. The Trust is also out to advert for a permanent Director of Communications and Engagement.

Figure 1: Trust Management Structure



The Trust has established a purpose pyramid, which sets out the organisation's purpose and direction on a single page, to encourage alignment of all work across the Trust to be focussed and coordinated. The purpose pyramid is at Figure 2.

Figure 2: Trust Purpose Pyramid



Of note is that the point of the organisation's existence, and therefore the point of the pyramid, is the patient. The Trust has a vision and mission which set out what it wants to be and do. There is a set of behaviours which the Trust seeks to embody, and a number of strategies which set out the road map for its future development.

The purpose of the Trust is underpinned by the CARES+ improvement practice, which seeks to develop a culture of continuous improvement. The work builds from the Trust's core values of Communication, Attitude, Responsibility, Equity and Safety to enable staff to:

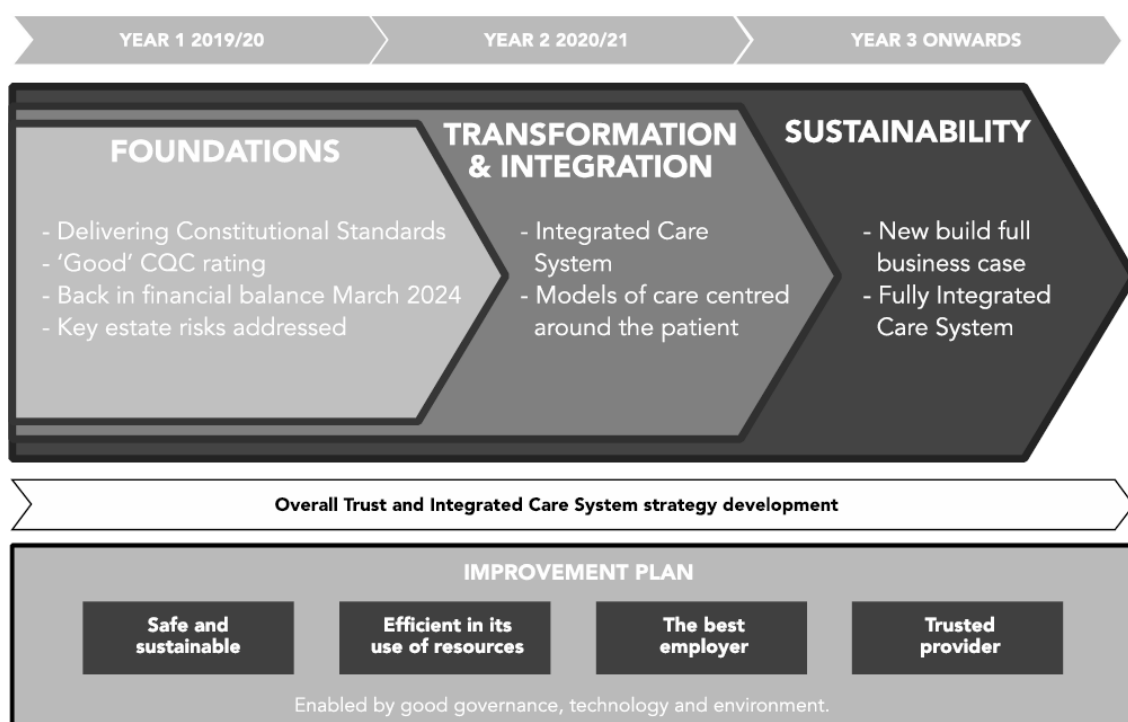
- critically examine their own work;
- find the areas where improvements could be made – for patients, for staff and to better meet the organisational objectives;
- take responsibility for making those changes; and
- feel they have the authority to make changes.

As previously shared, the Trust is continuing working through its three year plan as set out in Figure 3. The Trust objectives for 2020-2021 will be developed shortly and will be aligned to this plan.

Figure 3: Trust Journey 2019-2022 onwards



Our journey



Ministerial Visit

In February 2020, the Trust was visited by Matt Hancock, the Secretary of State for Health and Social Care.

Quality

Hillingdon Improvement Plan

In response to the Care Quality Commission (CQC) inspection in March 2018 where the Trust was rated as Requires Improvement, the Hillingdon Improvement Plan was delivered. The plan addresses the “Must Do” and “Should Do” actions set out by the CQC, ensuring these are completed and are now being embedded across the organisation. However, the plan has a greater ambition than just these issues, seeking to create a wider and deeper culture of quality and safety across the organisation.

The work of the Hillingdon Improvement Plan continues, with progress being made against the 13 work streams, each working towards delivering key milestones. External partners (including Healthwatch Hillingdon, CQC, 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.

Outcomes, deadlines, what good looks like, and how the Trust will assure improvements are delivered and sustained has 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.

Care Quality Commission Inspection 2020

The Trust has received the Provider Information Request (PIR) which precedes the next organisational inspection. The CQC analyses the PIR and this helps to inform its schedule when the inspection takes place. The visit will be scheduled within 6 months of the PIR request and therefore the inspection is expected imminently.

Improvement Practice

The Trust has invested in the establishment of the CARES+ 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 ten practice coaches are now qualified and working on local improvement projects in their places of work. A further seven practice coaches are expected to qualify in the next three months, and the second cohort of staff begin their training in March – this is expected to be a group of ten individuals. The CARES+ team has delivered three five-day improvement events and a number of shorter workshops.

The benefits realised through these events include quantitative measures such as a 24% reduction in length of stay on the Frailty unit, and a 20% reduction in on-the-day theatre cancellations due to patient request or DNA. Teams have worked on areas which directly affect the Trust's financial position, such as stores and overstocking in clinical areas and out of hours booking of bank and

agency staff. There have also been qualitative staff and patient experience benefits, including improved communication between teams, better planning of discharge across the multidisciplinary team and a revised system for booking pre-operative assessments, reducing the number of times patients need to visit the hospital when awaiting elective surgery.

The most recent event run by CARES+ was focussed on ward quality and safety, and has resulted in improvement work being undertaken across the organisation by the ward managers, focussed on 12 priority areas, including Safety Huddles, Patient Handover, Documentation Completion and Fire Safety.

Winter Activity and Performance

Emergency Department patient attendances have been significantly higher in winter 2019-20 compared to last year. Figure 4 shows the volume and percentage increases in both Type 1 and All Type attendances (Type 1 is attendances to the main Emergency Department only, All Types includes Minor Injuries and Urgent Treatment Centres).

	October	November	December	January
All Types	815 (6.0%)	534 (3.9%)	1,114 (7.9%)	100 (0.7%)
Type 1	638 (11.5%)	457 (7.6%)	647 (10.3%)	98 (1.6%)

Despite this increase in demand, the number of patients admitted has reduced over the same time period by 14%. This is largely due to the increased use of same day emergency care pathways (SDEC), which provide treatment for patients whilst avoiding hospital admission.

The Trust has recently re-established the Surgical Assessment Unit, allowing surgical teams to focus on delivering SDEC pathways in parallel with their medical colleagues, which is already showing benefits in improved surgical emergency flow.

Work has also been undertaken in relation to discharge from the hospital, with a particular focus on patients who are medically optimised and therefore only in hospital for ongoing social care needs or community rehabilitation support, and on those patients staying in hospital for more than 21 days and more than 7 days. Focussed work with system partners in January has delivered reductions in bed days for these groups of patients of 16% and 13% respectively.

Further improvement work in the emergency department and in non-elective patient flow is continuing, and this area will be a principle part of ongoing improvement in 2020-2021.

Financial Recovery

The Trust faces a challenging requirement for delivery of the forecast financial position in the final months of the financial year. Weekly meetings, chaired by the Executive Team, are being held with each of the Divisional teams to support in delivery of the financial forecast.

Workforce

The Trust recognises that staff are its most important asset. Development of a committed and supported workforce is a key objective for the organisation. A major organisational development programme has started, adding to existing programmes within the Trust. The new programme is initially focussed on managers at 8A and above, seeking to ensure staff have the skills they need now, and the skills that they will need in the future.

The Trust has also relaunched its internal health and wellbeing board, chaired by the Chief Executive. The board will have four principal areas of focus: physical health, mental health, financial health and family health.

At the beginning of February, the Trust welcomed 38 nurses recruited from overseas, principally from India and the Philippines. These nurses will work in different areas across the Trust and will be a big support to the working of the organisation. The Trust has provided them all with accommodation and they are being made welcome, to the Trust and to Hillingdon.

Strategy

The development of the Trust clinical strategy is well underway. The strategy has been developed with strong involvement from the clinical teams to reflect the ambitions of the whole organisation. The draft strategy went to the board in February.

Work is continuing with the London North West University Healthcare NHS Trust in developing the strategy of the Outer North West London sector of the North West London Health and Care Partnership. This work will promote closer working between the two provider organisations in the sector and enable shared working on the integrated care agenda.

Estate

In September 2019, the Government announced the Health Infrastructure Plan (HIP) with the intention of building 40 new hospitals. The Trust is part of HIP2, the second phase of this plan. We received confirmation in late January of £5m of seed funding.

The £5m will be used to develop our business case for our new hospital. The money will help us start health care planning that looks at the likely needs of our community in the future, feasibility studies, develop some options, undertake programme management and governance support and then, vitally, undertake communications and stakeholder engagement. The Trust will be going out to tender with a specification to support and produce the business case. The anticipated timescale for HIP2 is to start building between 2025 and 2030, although the Trust will bring this timescale forward if it can.

In the meantime, the Trust is continuing to develop key areas of its estate. A new modular ward will be installed by the end of March 2020 on the Hillingdon site. This will enable the Trust to empty wards in the tower block, one by one, and undertake a refurbishment programme. This will significantly improve patient experience in the hospital, as well as addressing some key estate risks.

Later in 2020, the Trust will provide two further wards of 32 beds each which will enable the re-provision of a ground floor paediatric unit, to replace the temporary facility in the tower block, established after the forced closure of the Peter Pan and Wendy wards in autumn 2019. The two new wards will also enable the Trust to close the annexe wards, built in the 1930s, which will again provide a significant improvement in the experience of patients being cared for in our hospitals.

4. BACKGROUND PAPERS

NIL.