

Cover Sheet

Public Trust Board Meeting: Wednesday 10 November 2021

TB2021.93

Title: Integrated Quality Improvement Programme 2020-21 Update

Status: For Discussion
History: Updates to Board

Board Lead: Chief Operating Officer
Author: Lisa Glynn, Director of Clinical Services
Confidential: No
Key Purpose: Assurance

Executive Summary

1. The Trust Wide Integrated Quality Improvement Programme (IQIP) continues to support clinical and managerial staff to inspire, support and create a culture that improves and delivers quality care for our patients.
2. The paper includes a programme level update for each of the Programmes within the IQIP. Trust Board are asked to **note** the updates and **review** the escalations.
3. There was **one** escalation to TME this month;
4. Outpatients Programme – Non Face to Face Clinics: Divisions mandated to submit clinics to be re-booked into blended builds and resource is required to do this work. Deputy Divisional Directors of Operations have been instructed to provide reports on the appointments affected and what resource is required to rebook the appointments.
5. There is a separate project level detail pack available which provides further information regarding all the projects within each of the Programmes.
6. The Integrated Quality Improvement Programme Team active recruitment phase has been progressing well.
7. The Head of QI post (Band 9) has been recruited to following recruitment and the postholder is due to start on the 15 November.
8. The Portfolio and QI Team Lead posts (Band 8C) have all been recruited to, with the final postholder due to start on the 1 November.
9. The Senior QI Manager post (Band 8B) has now been recruited to, with the successful candidate joining the team in January.
10. Two one year fixed term posts to support the Outpatients Programme have been recruited to. These are funded from the Elective Recovery Fund and comprise of a Senior QI Manager (Band 8B) and a QI Project Manager (Band 7). It is expected that the postholders will be in place during November / early December.
11. A QI Programme Manager post (Band 8A) has been advertised for a fixed term of one year following the internal secondment of an existing postholder into the Senior QI Manager FTC role in Outpatients. The interviews are expected to take place in November.
12. Due to the number of vacant posts at present, an interim structure is in place to support the delivery of the IQIP until a review of the programme resources has been undertaken by the Head of QI in late November / early December.

Recommendations

13. The Trust Board is asked to **review** the detail and the escalation within the paper

OxH – Integrated Quality Improvement Programme 2021-22 Trust Board Update November 2021

- Urgent and Emergency Care Programme
- Outpatients Programme
- Planned Care Programme
- Theatres Productivity Programme
- Quality Improvement and Safety Programme



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Start Out

Define & Scope

Measure & Understand

Design & Plan

Implement

Sustain

Integrated Quality Improvement Programme 2021/22

Programme	Update
<p>Urgent and Emergency Care</p> <p>Executive Sponsor: Sam Foster Accountable Officer: Lily O'Connor</p>	<ul style="list-style-type: none"> NHS 111 – Referrals to services have declined in September. End to end reviews are being carried out to understand further detail. Extended LOS – 14.48% of patients at the OUH had an extended LOS against the national target of 12%, therefore was not achieved. Trustwide Urgent Care group meetings have been established and taking place on a monthly frequency. A trustwide internal review against the 10 step UEC recovery action plan is taking place through October. Escalation: N/A
<p>Outpatients</p> <p>Executive Sponsor: David Walliker Accountable Officer: Sharon Barrington</p>	<ul style="list-style-type: none"> Advice + guidance to be delivered via e-RS. Close working with GPs. Non-F2F targets not met by the 30.9.21 deadline. Senior managerial and clinical engagement in progress to improve performance. PIFU – on track to meet H2 target by 31.12.21 Workforce – baseline established, role mapping complete, career progression pathway reviewed, exploring apprentice programme Booking and scheduling – standardising e-RS management Digital – electronic triage project in SUWON, other Divs included Escalation: Divisions mandated to submit clinics to be re-booked into blended builds & resource required to do this work
<p>Planned Care</p> <p>Executive Sponsor: Sara Randall Accountable Officer: Sunil Johal</p>	<ul style="list-style-type: none"> Tumour site – potential trajectories agreed for Gynae and Urology LGI 62 day GP referral audit – recommendations to service Cancer PTL format – recommendations provided to Cancer team Improvement plans in progress for Urology, Spine, Neurophysiology, Oesophageal Manometry and Endoscopy. Endoscopy - further review of plan being undertaken with new OSM Clinical prioritisation – new workflow engineering works completed, testing due to complete 15.10.21. Go-live date to be agreed as matter of urgency. Training and support package will accompany roll out Escalation: N/A

Executive Directors Team Objectives – Linked to all Programmes within the IQIP
Building a sustainable workforce and improving Staff Experience
Identifying and Managing Talent
Building a culture of clinical effectiveness, Quality Improvement (QI) and Safety
Delivering High Quality
Delivering Sustainable Services
Providing an integrated care population and well being

Ownership within services, led by Executive Sponsors and Accountable Officers

Underpinned by the OUH Quality Improvement Methodology, Quality Service Improvement and Redesign (QSIR), embedded across the organisation

Integrated Quality Improvement Programme 2021/22

Programme	Update
<p>Theatre Productivity</p> <p>Executive Sponsor: Meghana Pandit Accountable Officers: Christopher Palin, Andrew Price, Mark Scarfe and Jaideep Pandit</p>	<ul style="list-style-type: none"> • NOC – one stop shop and 3 session days being explored • SUWON – staff vacancy / sickness, ITU / HDU beds, theatre activity matched to staffed inpatient beds - all impacting re-opening of 10 theatres • WW / JR2 – range of issues impacting utilisation and efficiency e.g. critical care bed availability • Cardiothoracic – overruns continue, lack of ICU beds are causing cancellations • Escalation: N/A
<p>Quality Improvement (QI) & Safety</p> <p>Executive Sponsor: Meghana Pandit Accountable Officer: Andrew Brent</p>	<ul style="list-style-type: none"> • QSIR-V (virtual in progress) with BOB ICS. Bespoke programme for OUH staff on waiting list to be explored with new Head of IQIP. Local delivery refresh with BOB ICS • Bi-weekly QI stand-ups well attended • QI hub programme cohort in progress, cross divisional representation. • QSIR-V participants to share projects at QI stand up events • GIRFT – SOP developed to support delivery of Trust GIRFT programme, defining roles and responsibilities • Escalation: N/A
<p>IQIP Team Resources</p>	<ul style="list-style-type: none"> • Active recruitment underway with majority of substantive posts now filled in the team following restructure in 2020 • Head of QI: 1 WTE to start on 15th November 2021 • Portfolio and QI Team Leads: Recruitment complete, 2 WTE in post, 1 WTE to start on 1st November 2021 • Senior QI Manager: Recruitment complete, Start Jan 22 • 1 Year Fixed Term Posts OP Programme: (2 WTE) to support Outpatients Programme (funded by ERF) both posts recruited to, postholders commencing in November • QI Programme Manager 1 Year: Recruitment underway

Executive Directors Team Objectives – Linked to all Programmes within the IQIP
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Urgent and Emergency Care Programme

Executive Sponsor: Sam Foster

Accountable Officer: Lily O'Connor



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Sustain

NHS 111 First

- The number of referrals during September from NHS 111 to Urology, children's CDU, AAU and RAU have all declined. OUHFT continue to carry out end to end reviews which have shown that there are more patients that can be referred to SDEC and speciality SDEC units.
- NHS 111 to finalise the frailty score required to refer to UCR and SDEC. NHS 111 are carrying out a focused approach with the CAS to increase referrals to SDEC units across Oxfordshire from end of October through out November.
- The head injuries virtual pathway continues to take patient referrals which would have been directed to ED.

Children and Young People's Eating Disorders Project

- The OUH Paediatric Team and the Oxford Health Children's Community Nurses commenced the pilot of the acute paediatric hospital at home service via the virtual ward.
- This is a newly delivered service supported by the Children's Community Team and the OUH Paediatricians. The pilot is working through and resolving issues being identified, but currently nothing major identified. Funding has been agreed to recruit additional staff.

Children's Ambulatory & Community Nursing Project

- The national and regional Teams requested that all PLACE based teams develop pathways and processes to improve the management of children and young people with eating disorders.
- A new group has reformed, and the first meeting was held on 12 October. The focus includes preventative admissions, with a whole targeted programme to include school's education including mental health, GPs guidance, bespoke training sessions for children's social workers.
- Training for staff in OUH on eating disorders is expected to commence before the end of October 2021.

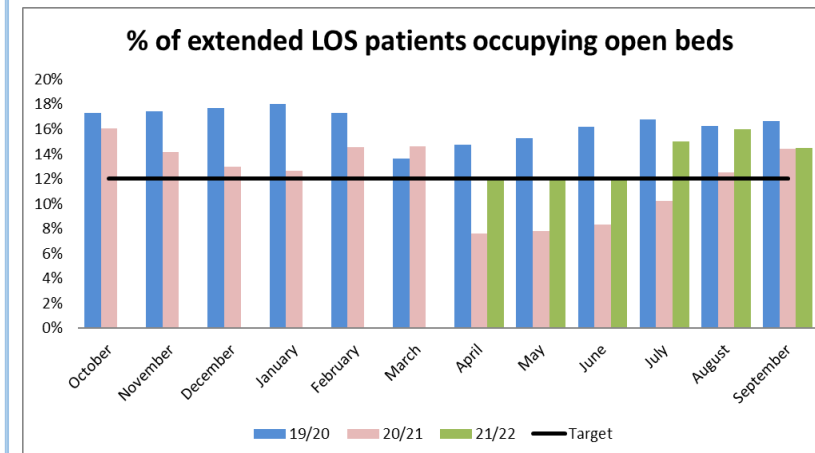
MRC Urgent Care Improvement Programme Overview

ED new Clinical Standards - Performance

- OUHFT carried out the first submission week 11th October
- As the reporting of the information has only just been implemented, a period of several weeks is required to ensure the data is flowing through correctly and any data quality issues are addressed accordingly.
- After this period, reporting of booked appointments on the Monthly ED Sitrep will be possible as will the metric for Clinically Ready to Proceed.

Reduction in the number of patients with an extended Length of stay (LOS) over 21 days

- In October 2021, 14.48% of patients in the OUHFT had an extended LOS, therefore the National Target of 12% was not achieved.
- Work continues with Divisions on the approach for reviewing patients with an extended LOS over 21 days. As of 30/09/21 59% (76 out of 128 patients) were not medically fit.
- Each Division has identified the medical lead for each Directorate to review patients with an extended LOS.
- The OUHFT has seen an increase in LOS with patients who are waiting for repatriation back to their local DGH. Whilst they are waiting they become medically optimised for discharge and then wait further for resources to become available to support their discharge.



Outpatients Programme

Executive Sponsors: David Walliker
Accountable Officer: Sharon Barrington



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Outpatient Improvement Programme DASHBOARD – October 2021
Executive Sponsor: David Walliker **Accountable Officer:** Sharon Barrington

Workstream 1
A&G, NonF2F
appts, Remote
Bloods, PIFU

Advice + Guidance

- New H2 target 12 advice and guidance requests / 100 OP first attendances, or equivalent via other triage approaches, by 31.3.21 – current performance 7.35%
- Proposed A&G platform is to progress with e-RS using existing ScanIT API which enables clinician to use EPR for the majority of this activity
- Awaiting decision from LMC. Close negotiations with OCCG. Next steps: agree roll out strategy, communication / engagement plan, enabling works, training / support package

Non F2F

- Trust has not achieved either of the KPI targets set by NHSE by the deadline of Sept 30th 2021.
- Senior clinical engagement is required as it has been identified that there needs to be a clinical drive to realise the opportunities by increased blended clinic builds.
- Regular data reporting and progress meetings with divisions are in place to closely monitor progress and resolve issues relating to increasing Non F2F activity.
- e-RS linking to blended clinics is increasing, with Operational Services team recruiting additional staff resourcing to further accelerate this work package.

PIFU

- New targets set in H2 of national guidance: **1) Ensure formalised PIFU is in place for at least 5 major specialities** – 5 specialities identified and formalising in progress. **2) Move or discharge 1.5% of all outpatient attendances to PIFU pathways by December 2021** – current performance for September 0.95%
- Unable to report on 3 desirable metrics with 100% accuracy – to be discussed at workstream oversight group 19.10.21
- Trust-wide workshops to explain how to implement/formalise PIFU underway

Remote Bloods (Project Move with The Hill) – implementation underway for 6 month pilot. Soft launch planned for 13/12/21. Advert for NHSP phlebotomists live. Final spec of works required on bus to be agreed by 22.10.21. Agreement with Oxford Bus Co to be finalised 14.10.21. 6 locations agreed in principle with local councils – to be formalised. Inventory of equipment required underway. Network team exploring connectivity options. Comms plan to be drafted. EPR work to be explored.

Booking + Scheduling : Project Governance and Teams established. Report on e-RS - links completed, services with high up-take of virtual appointments to be expedited. Report on status of blended builds shared with divisions/ services. Process mapping of e-RS workflow completed.

Workforce : Project Governance and Team established. Mapping of roles to consolidate job titles has been completed. Baseline undertaken of A&C establishments. Career Progression Pathway for A&C staff developed and practiced by Specialist Surgery, pathway shared with group members for further development. Overview on apprentice programme to maximise apprentice support

Digital: Project Governance and team established. Project launch meeting held on the 22nd of Sep. SUWON has commenced projects to look into electronic triage. IDL's from other division are included.

Workstream 3
Self check-in

Not yet started – awaiting resource to support this workstream. Recruitment in progress.

Other

Clinic Utilisation: BookWise live for Blue Area and Horton OPD Oct 21

Planned Care Programme

Executive Sponsor: Sara Randall
Accountable Officer: Sunil Johal



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Sustain

Planned Care Programme

Project 1

Tumour site recovery

Project 2 and 3

RTT Recovery and
Diagnostics

Project 4

Clinical prioritisation

Programme Status

This project is RAG rated:
Amber: Progress with some issues, close monitorExecutive Sponsor: Sara Randall
Accountable Officer: Sunil Johal

- Rapid Diagnostic Service (RDS) pathway - Initial discussions with Lung and Colorectal regarding RDS pathways and Thames Valley Cancer Alliance (TVCA) recommendations
- Potential trajectories agreed and provided to service – Gynaecology and Urology
- LGI 62 day GP referral audit carried out - results/recommendations shared with service - September 2021
- Review and recommendations of Cancer PTL format for improved use within corporate cancer team - September 2021
- PDSA Lung CXR to CT - Audit analysis of 20 lung cancer patients to establish if shortened time between abnormal CXR and CT scan results in quicker treatment and a more favourable prognosis.
- Personalised Care - project manager recruited and started with team - August 2021

1: Improvement plans

- Review of Urology plan undertaken and 3 streams identified to move forward. Key performance indicators to be confirmed October.
- Endoscopy improvement supported by senior team, further review of project plan to be scheduled with new OSM.
- Spine Improvement – Pathway mapping ongoing, delayed due to sickness/leave and covid isolation. Rescheduled meeting 19th October due to workload, vacation and sickness.
- Neurophysiology – Improvement plan on track for completion by October 2021.
- Oesophageal Manometry – Kick off meeting carried out, estates review booked 14th Oct.

2: Patient Engagement event

- First cohort of SMS sent, further work on standard operating procedure and next tranche of SMS to be planned by end of October 2021

Workflow redesign: Engineering works on the **new workflow is complete**. The final round of scenario testing will be completed by 15.11.21. The new workflow can be released into PROD (live domain) following essential works due to complete in late November. A Go-Live date will be agreed by the Director of Clinical Services as a matter of urgency. An engagement and communication plan is being worked up detailing the launch, the changes along with a training and support package.

Fixing the workflow and data flow issues has been a lengthy and highly complicated process; the release of D-codes added an extra layer of complexity. Cerner engineers have worked alongside the non-clinical EPR Transformation and Information Teams to develop engineering + reporting solutions.

Performance: Inpatient stratification has been between 70-83% against a target of 90%. A step increase is expected when the new workflow is released as this will push the RCS form to all patient listed on inpatient and diagnostic waiting lists.

All DM01 reportable diagnostics are due to be added to national waiting list submissions by 31.12.21. This has been **at risk** due to the delayed release of the new workflow.

The Luna dashboard shows OUH data quality performance as 98.75% in relation to waiting list submissions. NHSEI has rated OUH as an exemplar.

Theatres Productivity Programme

Executive Sponsor: Meghana Pandit

Accountable Officers: Christopher Palin (Cardiac Theatres), Mark Scarfe (SuWON Theatres), Andrew Prince (NOC Theatres) and Jaideep Pandit (NOTTSCaN Theatres)



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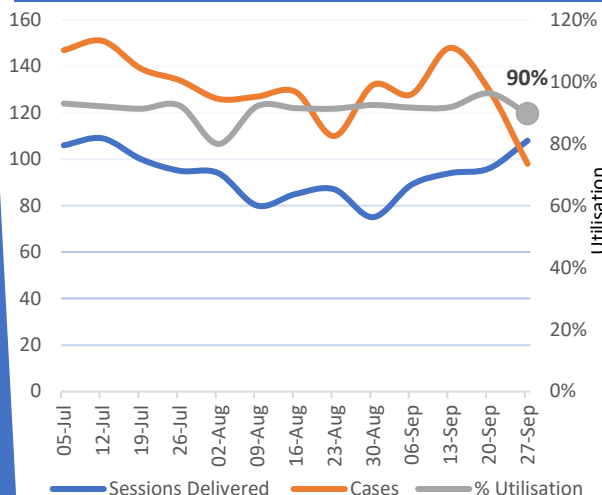
Design & Plan

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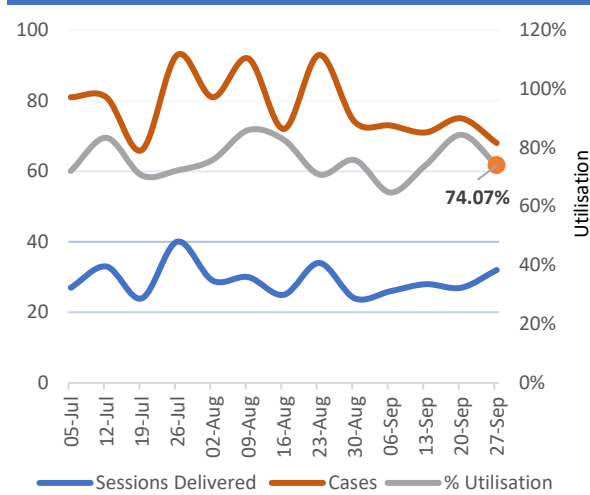
Sustain

Monthly performance across all theatres in OUH from the week commencing 5th July 21 to 27th Sep 21

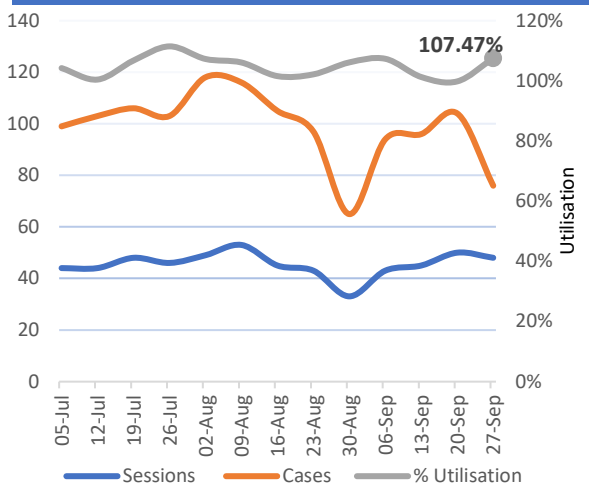
Churchill Theatres



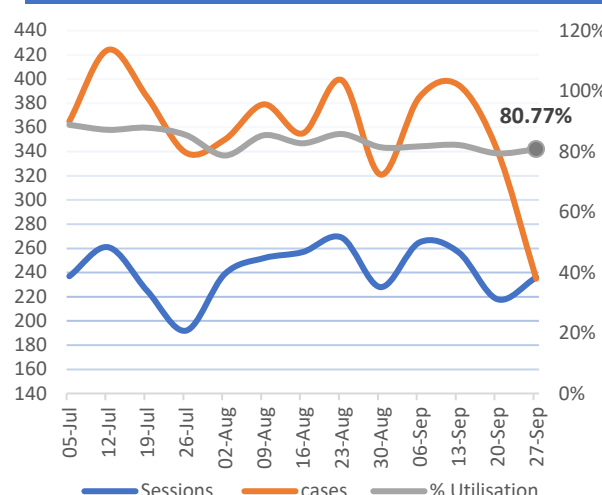
Horton Theatres



NOC Theatres



JR Theatres (Includes WW, JR2 & Women's)



Nuffield Orthopaedic Centre

- Steps to optimise surgical lists: Implemented and monitored weekly
- Process to ensure session start on time : Implemented and monitored weekly
- Improvements to TDA- admission process; Implemented
- “Cancellations on the day”, reviewed monthly, reasons shared with leads.
- Steps to improve emergency provisions, in place

In progress:

- Hip & Knee Pooled Pathway
- HDU provision at NOC
- Digital enablers: POA tracker board, EPR- Cancellations, schedule templates
- Implementing one-stop-shop for appropriate procedures being explored
- Possibilities to deliver 3 sessions a day and weekends, being explored

SUWON

- Initiatives to stabilise list planning and scheduling, completed
- Processes to improve utilisation of planned time and reduce cancellation, agreed.

In progress:

- Consultants to include predictive operating time in their requests
- Booking team to focus on appropriate case mix to reduce turnaround
- Changes to HGH W-DCU, i.e. utilise chairs / beds to support throughput

Critical Issues ; affecting performance and re-opening 10 theatres

- Theatre staff ; High sickness rate and high vacancy rate and reliance of agency
- Availability of ITU/HDU beds , the plan relies on no emergency taking ITU beds
- Effort to ensure theatre activity to match staffed inpatient beds , puts immense stress and increased workload

Theatre Improvement Programme – Oct 2021

Executive Sponsor: Meghana Pandit

Accountable Officer: Mark Scarfe, Jaideep Pandit, Andrew Price

WW & JR2 Theatres

Progress Delivered:

- Theatre User Group within the division, established and weekly meetings scheduled
- Governance processes to monitor and escalate factors affecting KPI's, Utilisation, efficiency, productivity, late starts & over/under runs in established
- Better management of capacity to accommodate emergency procedures
- Improved WHO check list processes
- Management of cancellation for non-clinical reasons
- Moving some of the plastics cases to procedure room to increase theatre utilisation

Initiatives in progress

- Paediatrics : Improve patient pathway on the day of surgery is in progress
Processes mapping completed, future state to be agreed with service
- General Surgery : Review of HVLC procedures taken to improve productivity
- Implementation of electronic requesting of surgical procedure & Digital Consent forms
- Exploring expansion of children's NCEPOD to create sub-speciality hubs (for children)

Issues :

- Availability for critical care beds has an impact of utilisation and efficiency , particularly spine
- Lack for TDA and Pre-Op for paediatric patients delays patient flow
- Specialist Surgery : staff shortage (A&C) resulting in delayed POA , increasing "cancellation on the day".
- Cervical spine cases are limited by theatre space, as they can only be performed at JR
- Consultants job-plans not aligning with their theatre schedule (spines)

Cardiothoracic Theatres

Progress Delivered:

- Processes to improve schedule and list planning , implemented
- Regular review of Utilisation of planned time, theatre start on time and cancellation on the day on weekly basis

Issues:

- Cancellations due to lack of ICU bed
- Overruns is still an issue

Business case

- Business case to increase surgical HDU capacity submitted to Business Planning Group.

QI Work in-progress

- Elective C- Section Pathway: Process mapping for the patient pathway and workflow completed, focus is to streamline the workflow, use of EPR and recording information
- Paediatric: Improve Patient Journey to Theatre , Process mapping competed. Establishing future state and implementation of changes in progress
- Information Dashboard: Engagement workshop with services to demonstrate and provide training to service users to make use of the Theatre Performance Dashboard. Cardiology - Completed
- Improving recording of cancellation on the day and updating (NOC) Theatre scheduling templates

Quality Improvement and Safety Programme

Executive Sponsor: Meghana Pandit

Accountable Officer: Andrew Brent



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Accountable Officer

Andrew Brent

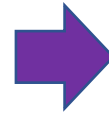
Programme Managers

Jo McMahon / Arnold Victor

Project 1

Quality Service Improvement and Redesign (QSIR)

- Embedding QSIR methodology across OUH
- Building capability using QSIR
- Introduction of QSIR Virtual at OUH
- Collaboration with BOB ICS QSIR Faculty



Project 1 Update - October 2021

Quality Service Improvement and Redesign (QSIR)

- QSIR Virtual (QSIR V) Programme – Cohort 2 underway with positive feedback to date. 15 participants from BOB ICS registered, majority of staff from OUH
- Consideration required for OUH only Programme due to long waiting list for QSIR Practitioner, predominately OUH staff. To be planned with Head of QI in Autumn (QSIR Practitioner courses paused at present as cannot undertake classroom teaching sessions)
- Local delivery plan being refreshed at present, co-written with BOB ICS faculty

Project 2

Integration of Quality Improvement across OUH

- Integration of all QI activities across the OUH
- Introduction of Ulysses QI Form – recording of all QI projects at OUH
- Intranet page for OUH QI – access for all
- Collaboration between QSIR faculty and QI Hub team



Project 2 Update – October 2021

Integration of Quality Improvement across OUH

- “QI Stand Ups” continue alternate weeks with two presentations each session and strong cross-divisional attendance and support to progress projects where required.
- Quality Improvement Hub – 4th QI Hub cohort underway with good representation across OUH; plan to strengthen project focus on Trust priorities for future cohorts.
- Expectation that QI Hub and future QSIR-V participants share QI project at QI Stand Up to spread good practice
- OUH winners of the ‘HSJ Changing Culture Award – Creating a Culture of Improvement’

Project 3

GIRFT

- Development of existing GIRFT support
- Progress GIRFT action plans
- Engagement with local GIRFT team systems
- Progress Financial Benefits - QI activities



Project 3 Update – October 2021

GIRFT

- GIRFT Trust Level Gap Analysis has been completed and shared at TME
- GIRFT oversight embedded in terms of reference of new Clinical Improvement Committee
- Reviewed current status of all action plans, recommendations and priorities with regional GIRFT team.
- SOP developed to define roles and timelines to support efficient delivery of Trust GIRFT policy.
- Follow up is in process for the most recent GIRFT visits (Rheumatology, Plastics, Neurology)
- Routine GIRFT Urology follow up ‘re-visit’ scheduled for December 2021



Underpinned by the OUH Quality Improvement Methodology, Quality Service Improvement and Redesign (QSIR), embedded across the organisation