

# Quality Summit Pledges update, Jan 2019

## Introduction

In line with the Trust CQC Governance arrangements progress against the pledges are reviewed and considered at the Monthly CQC Improvement and Transformation programme to confirm and challenge with the Executive and Divisional Triumvirates, second week of each month.

The key issue that emerged as part of the session on the 16<sup>th</sup> January 18 was specifically related to the Future of Ealing Hospital as set out below. The proposal is to provide an exception report to the committee on progress against the pledges going forward.

However it is important to assure the committee that the Executive team are held to account on their responsibilities for taking the pledges forward by the CEO and deputy CEO.

Update on Theme 3 Ealing Hospital

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## Theme 3: Ealing Hospital

**SRO:** Simon Crawford, Director of Strategy & Deputy CEO

### Pledge 1

Produce a new plan for Ealing Hospital with partners from the health economy based on a fresh evaluation of data on patient activity demand and capacity, noting:

- That NWL commissioners' intention to refresh activity modelling based on current levels and future forecasts of demographics and new models of care [to be procured commercially, with ambition to produce outputs in c3 months]
- The plan must set out both the need to continue to maintain safe services at Ealing Hospital for the next 5-7 years, including A&E as well as the potential for a new end state for Ealing Hospital

### Update

CCG has established a working group bringing together partners. First meeting of the Ealing Hospital Workshop was held on 9th January 2019. This group will oversee the development of the plan.

## **Pledge 2**

To work with system stakeholders to maintain safe services at Ealing Hospital [recognising the need to retain acute services including A&E on site for at least 5-7 years], with a specific recognition that short- and medium-term solutions and investment are required for the following critical services:

- HDU
- Ambulatory care unit
- Frailty unit
- JAG accredited endoscopy unit

## **Update**

Capital expenditure for developments identified for the Ealing site were not approved as part of wave 4 funding. Trust currently pursuing land sale at NPH to provide alternative source of capital for investment in improving hospital infrastructure. Operational plan for 2019/20 will include objectives to implement changes on the Ealing site aligned to this pledge.

Estates are supporting the surgery division in preparing a business case to create additional critical care and recovery beds at Ealing. The indicative programme of works would achieve this in over c11 weeks:

- Phase 1: Convert 4 HDU side rooms into 3 bedded open plan space
- Phase 2: Convert 6 Recovery beds to 4 HDU beds
- Phase 3: 3 North Ward into 8 recovery beds

## **Pledge 3**

Establish a working group to oversee the development of the future plans for Ealing Hospital with representation from local stakeholders including:

- Ealing clinicians / staff
- Commissioners (Ealing & NWL)
- Ealing LA [observers]
- Patient Groups

Communicate the plan once developed for Ealing Hospital to staff and the local community to address uncertainty over the future of the hospital which is a barrier to recruitment and major factor public issue for staff local people and the Council.

## **Update**

See pledge 1 update.

Ralph Elias

17 Jan 2019

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## Theme 1: Leadership, Culture, Patient Experience and Staff Engagement

**SRO:** Claire Gore, Director of Human Resources & Organisational Development

### **Pledge 1 –SRO working with HENWL**

HENWL to support the development of a diverse workforce

- Development of different workforce models by sharing best practice and successes across specialities and staff groups to enable creation of new roles such as Physician associates
- Treating our staff grade doctors as though on training programme; making ward managers supernumerary
- Enabling transfers into speciality roles then back into the organisation

### **Pledge 2-Board workshop held with ongoing steady progress**

NHSI to support the implementation of the patient experience framework

- Board leadership to ensure patient experience is a priority
- Empowering staff and leaders at all levels of the organisation to do more; by providing protected time to managers ('head space')
- Valuing staff
- Highlighting the strong link between staff experience and patient care – unlocking the culture that blocks communication, staff experience clinics and valuing staff
- Linking objective setting to professional development
- Refocus/labelling – emphasis on a culture of safety
- Resolving systems issues

### **Pledge 3-HR progressing it**

Trust to review and consider the implementation of the work of the Compassionate Mind Foundation to inform its OD strategy & Leadership Development plans

- Compassionate therapy approach to culture and values (Living the HEART Values)
- Relying on a strong evidence base to create a learning organisation through compassionate leadership, culture of safety and freedom to speak up
- Eliminating a culture of fear
- Unlocking the culture that blocks communication
- Undertaking staff experience clinics

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## Theme 2: Maternity

**SRO:** Barbara Beal, Interim Chief Nurse

### **Pledge 1-Progress has been made after the diagnostic phase by NHSI**

NHSI National Maternity Team offer to support the Trust in engaging with Epsom and St Helier Maternity Unit – Cultural work programme ‘Every Voice Heard’. Maternity to then consider and potentially build this into the wider Cultural programme

### **Pledge 2-Linked to Theme 3 work led by Simon Crawford**

NHSI and Local [NWL] Maternity System to support the Trust with an external peer review of maternity SIs

### **Pledge 3-Due to be discussed with the CCG on 15/02/19 at the NHS CQRM**

NHSI and Commissioners to engage in a workshop/s with the maternity service/Trust to understand further the actions and support required to assist the Maternity services/Trust with their improvement journey

### **Pledge 4-As for pledge 3 above**

NHSI/Commissioners to support the Trust with implementing, evaluating and learning from recording Cultural Issues on Datix

Additional points

Commissioners require the establishment of an additional group to provide constant dialogue, assurance and oversight of evidence/progress/learning. TOR to be jointly agreed and aligned with NHSI-related oversight and assurance to avoid duplication and diverting resources in maternity services from the delivering and sustaining of improvement.

All agreed on the need for the maternity services and the Trust to reclaim pride in areas of best practice with and through their staff and clinicians, especially to external parties.

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## Theme 4: Continuous Quality improvement and Transformation

**SRO:** Martin Kuper, Medical Director & Deputy CEO Transformation

**Updated at the CQC Improvement and Transformation Programme meeting (minutes awaited)**

### **Pledge 1**

To carry out regular ‘pulse checks’ with staff, external stakeholders and patients, to keep us grounded, by testing that our quality improvements linked to transformation themes are felt to be on the right track.

### **Pledge 2**

To involve patients in our programme and in particular to work with Brent CCG to explore using their Partners Forum as a route for patient engagement.

### **Pledge 3**

To work together with NHSI on Board Development in relation to Quality Improvement, and specifically for NHSI to provide a session for the Trust Board on Measurement for Improvement.

### **Pledge 4**

To explore developing live patient tracking visible both within the hospital and to both patients and their GPs as an aspirational but potentially extremely useful pledge.

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## **Theme 5: Patient flow**

**SRO:** Arshiya Khan, COO

### **Progressing and overseen by the COO**

#### **Pledge 1**

Reduce LOS – in particular for emergency admissions, with measures including:

- Changes to weekend working across the health and social care system including senior clinical decision-making
- Reaching a shared view with commissioners of the services and capacity required on each site and the best use of the Trust's assets / sites

#### **Pledge 2**

Continue to harness the relationship and engagement between clinicians and management for pathway redesign

#### **Pledge 3**

Use the Trust's estate as effectively as possible and be single-minded about those changes that we can make within our existing resources that we believe will have the greatest benefits for patients through enabling pathway changes

### **Overarching issues**

1. Taking ownership of our [LNWUHT staff] responsibility for improvement
2. Ambition to achieve demonstrable progress against all pledges before CQC visit expected in Sep. 2019 – especially in those areas where improvements are entirely within the gift of the Trust
3. Staff have to be engaged in change and empowered to make changes – we need to find ways to help all staff groups do this, with particular emphasis on the large cohort of middle management and bands 7-8a/b

4. Data needs to be deployed much more effectively both to support improvement and to inform discussions with external parties
5. Real commitment is needed from our external partners – in particular the three local CCGs – if we are to successfully tackle the biggest transformation and improvement challenges, like frailty, which are system-wide issues
6. We must set ourselves the ambition to achieve a rating of Outstanding, but to do this we have to hold ourselves to account and we need the ability to measure progress