Agenda Item No.10

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Caroline Shaw; Chief Executive Officer	Decision		High	Med	Low
	Consideration		√		
	Information	√			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Louise Notley; Associate Director of Quality Improvement	Strategic	√			
	Operational				
	Governance				
	IMPLICATIONS:		**RELATED WORK: (PREVIOUS PAPERS TO BOARD/COMMITTEE)**		
	Patient Care/Safety/ Experience	√			
	Finance	√			
	Workforce	√			
	Policy	√			
PEER ASSIST (inc. clinical engagement):	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led, use of resources)	All Five Domains				

Meeting Date: Tuesday 1st & Thursday 3rd October 2019

Report Title: Integrated Quality Improvement Plan Progress Update

PURPOSE:

The paper is to inform the Board of:

- Progress to date, risks and mitigating actions in relation to our compliance and progress against the improvement actions detailed within the Integrated Quality Improvement Plan.
- Progress of the overarching Quality Improvement Programme.

SUMMARY:

This report summaries progress made over the past month against improvement actions detailed within the Integrated Quality Improvement Plan (IQIP), associated risks and mitigating actions taken. Progresses against the Section Notices are detailed within a separate Conditions Notices Board report.

The report confirms that completion deadlines have been set for improvement actions within all three elements of the IQIP. Reporting for September is therefore against these agreed deadlines, providing progress against trajectory and a forecast position. The report details an overall Trust view of progress and at Divisional Level.

The Deep Dive presented at the Oversight and Assurance Group in September was 'Staff engagement and communication' which forms one of the seven Strategic Improvement Priorities.

Supporting papers referred to in this report are available on the Trust's website in the Board Meeting Section. Link below:
http://www.qehkl.nhs.uk/board-meetings.asp?s=Trust&ss=the.trust&p=board.meetings

Implications : Financial / Quality / Workforce / Policy:						
Strategic / External	**Operational**	**Financial**	**Clinical**	**Legal/ Regulatory**	**Reputational / Patient Experience**	**Workforce**
✓	✓	✓	✓	✓	✓	✓
RECOMMENDATION/S:						
To note the progress against the trajectories set for the seven Strategic Priorities, and Must and Should Do Actions including next steps.						

Report

The Quality Improvement Programme and progression against the improvement actions within the Integrated Quality Improvement Plan (IQIP) is gaining momentum with improved awareness and divisional ownership of quality improvement priorities and risks.

1. Integrated Quality Improvement Plan (IQIP)

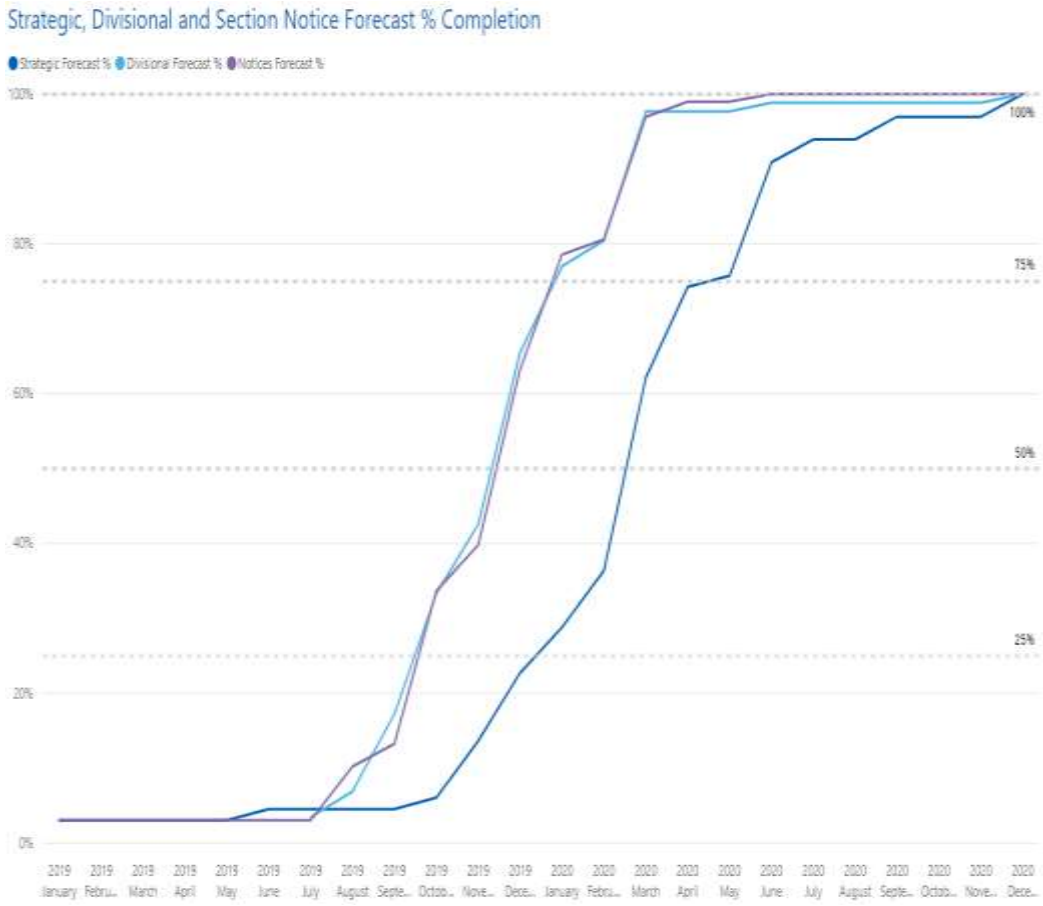
Completion dates for all three elements of the IQIP have now been agreed and 'built' into the reporting functionality of the IQIP. This includes completion deadlines and Action Owners for all three Divisional plans. Reporting for September is therefore against these agreed deadlines, providing progress against trajectory and a forecast position.

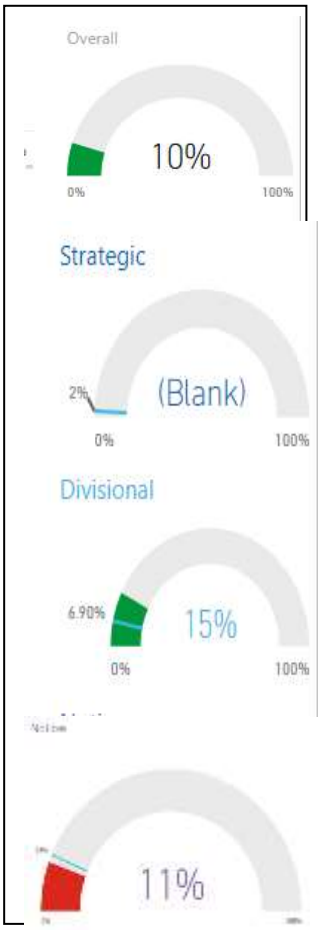
IQIP Components

Category	Division Of Medicine	Division of Surgery	Division of Women and Children	Trust Level	Total
GMC Condition				3	3
Must	52	11	18	51	132
Section 29	10		10	1	21
Section 31	11		11		22
Should	34	19	16	4	73
Total	**107**	**30**	**55**	**59**	**251**

Overall IQIP Progress Against all Three Trajectories

This graph illustrates the Trust's overall position against the completion trajectories within the IQIP for all three elements of the plan.





All improvement actions are in line with the completion deadlines set, with the exception of the Section Notice element of the IQIP, which is currently 11% against a trajectory of 13% for this reporting period. This is due to Condition 1 & 2 (CTG training compliance) as part of the Section 31 for Maternity Services, not being completed by the end of August. Details of this and corrective action taken can be found in the Conditions Notices Board Paper. However, it has since been confirmed that as of 9th September, the CTG training compliance target has since been achieved and this will be reflected in the October IQIP progress report and compliance charts.

All Must and Should Do Actions across all three elements of the IQIP are in line with the completion trajectories set. However, from October the number of actions due for completion increases significantly month on month, as improvement work gains pace. The Divisions and Executive Leads must remain focused on progressing improvement work in line with deadlines set and highlight risks and mitigations in their monthly updates. To ensure there is no delay in reviewing evidence, the IQIP Evidence Assurance Group will need to be responsive to the requests coming through and will plan additional meetings.

Outcome of IQIP Evidence Assurance Group on 6th September

1 Condition and 8 Must and Should Do actions were approved for closure in September.

Division	Total Presented	Total Approved	Total Declined	Breakdown Approved				Breakdown Declined			
				Conditions		Must	Shoulds	Condition		Must	Shoulds
				29A	S31			29A	S31		
Women & Children	4	4	0	0	0	1	3	0	0	0	0
Medicine	2	2	0	1	0	1	0	0	0	0	0
Surgery	5	3	2	0	0	1	2	0	0	2	0

TOTAL	11	9	2	1	0	3	5	0	0	2	0

Trust Level Must and Should Progress Update by CQC Domain

Must

Domain	Completed & Signed off	Not Completed	Total
Caring		1	1
Effective	1	16	17
Responsive		6	6
Safe	9	71	80
Well Led		28	28
Total	**10**	**122**	**132**

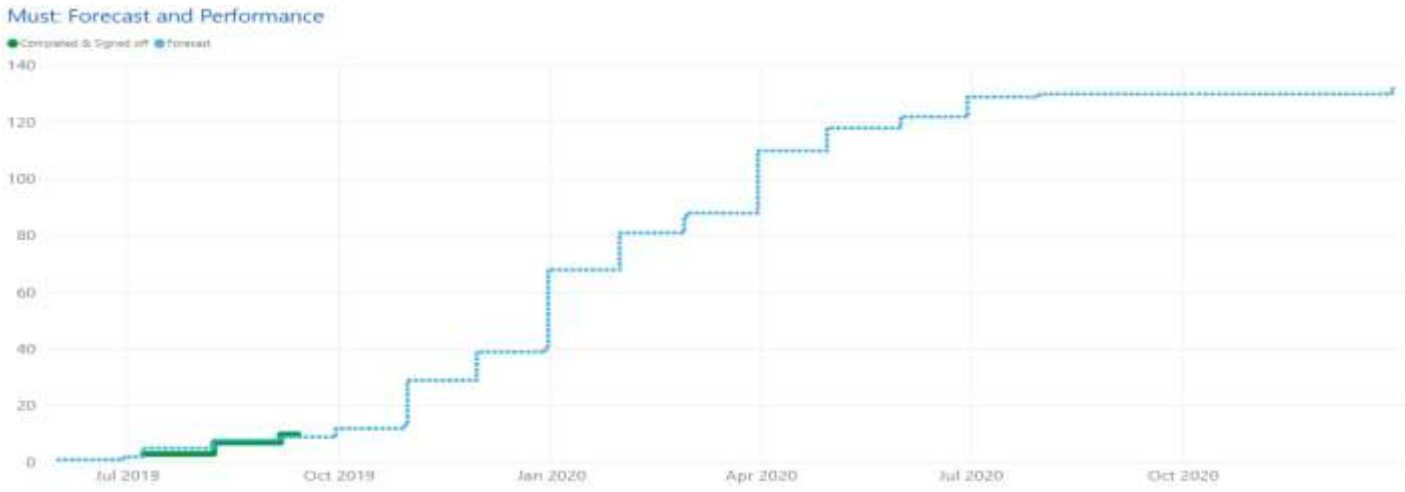
Should

Domain	Completed & Signed off	Not Completed	Total
Caring		2	2
Effective		11	11
Responsive	1	17	18
Safe	5	23	28
Well Led	1	13	14
Total	**7**	**66**	**73**

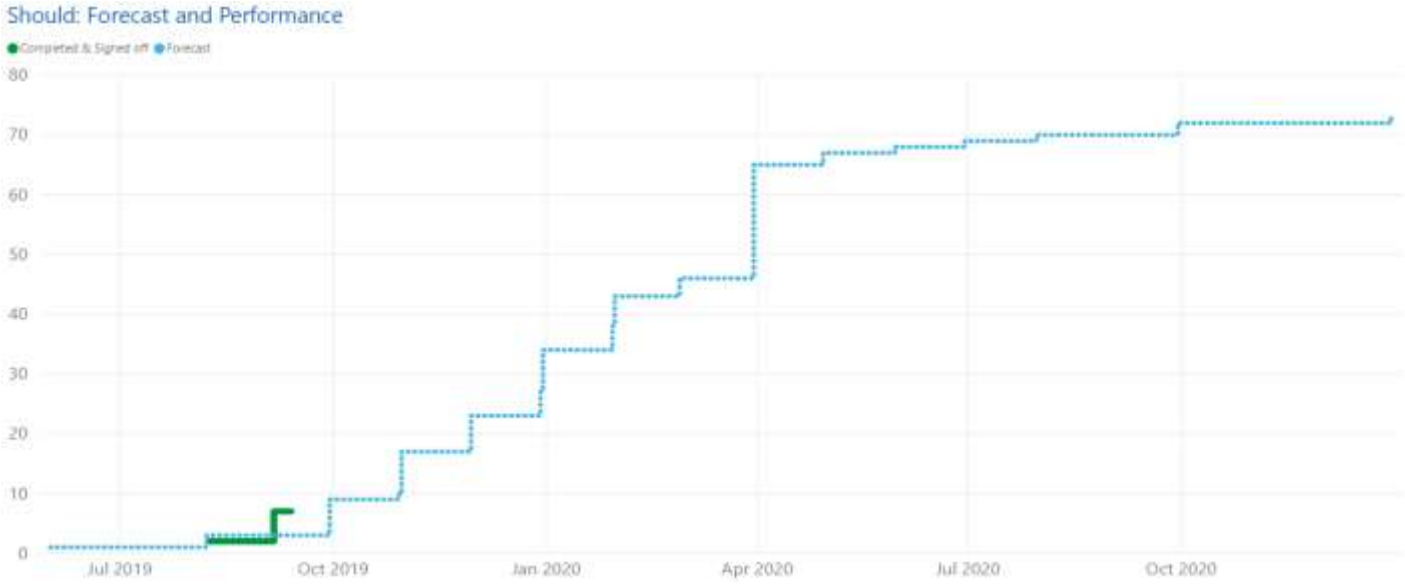
Of the completed actions to date, the majority (82%) are within the safe domain in line with the prioritisation of actions.

Progress Against all Must and Should Do Actions Across all Three Elements of the IQIP

Progress Against all Must Do Actions



Progress Against all Should Do Actions



IQIP Risks and Mitigations

With the work against the improvement actions gaining pace and completion deadlines set, the number actions due for completion each moth by the divisions and as part of the strategic priorities under the named Executive lead increases significantly from October 2019.

It is essential the Divisional Leadership Teams (DLTs) and Executive workstream Leads remain focused on progressing improvement work in line with deadlines and agree actions to mitigate risks and identify any additional resource required.

Concerns regarding leadership capacity and capability within the Division of Medicine have impacted on the progress of the Section Notices. This has been addressed through the establishment of a new Divisional Leadership Team (DLT) during early August. The new DLT for Medicine has been supported to develop its Divisional Improvement Plan.

HMBQ is not assured of progress within the areas of End of Life Care and the management of the Deteriorating Patient as part of the 29A Section Notice for Medicine. In view of the significant work required and the importance of this work, it was agreed at Board in August for these to become two additional Key Strategic Priorities, with dedicated programme support under the Executive Lead of the Chief Nurse. These will be reported as part of the Strategic Priority updates as of October 2019.

Specialist project support has been sought from NHSI, with identified medical and senior nursing lead support from within the organisation. Professor Bee Wee (National Clinical Director for EOL care) and Sherree Fagge (Head of nursing for EOL care) from NHS England/Improvement, have agreed to visit the Trust in October to undertake a diagnostic review of EoLC, to identify key areas of focus and improvement, which will inform the development of the EOLC improvement plan. A similar approach was taken to support the Isle of Wight Hospital, moving End of Life Care from Inadequate to Good within a 12 month time frame.

Alison Hendron; NHSE/I will be providing 3 days week support for the Management of the Deteriorating Patient leading this programme of improvement.

Risk Register
Work to theme and align the Condition and Warning Notices and Must and Should Do actions with the Trust's Risk Register has commenced.

CQC and Risk Register Alignment Breakdown

137 Risks identified once themed
69 Risks already reflected on the risk register but required updating or rewording to accurately reflect risk
68 Risk not on the risk register and require risk assessments

All current or new risk owners notified and work to be completed by 27th September

Next Steps
During the month of October the Divisional Plan element of the IQIP will be split into four divisions in line with Clinical Support Services Division being established in October. All Must and Should Do actions will have to be mapped against this new division, but timeframes will not be adjusted. The reporting element will also be adjusted to reflect this change. As of November reporting will reflect progress of actions within all four divisions. Currently the actions which will ultimately be moved under the Division of Clinical Support Services are being reported within the existing three divisions.

The Chief Nurse for End of Life Care and the Deteriorating Patient will agree the outcome measures for both strategic priorities by the end of October and following the diagnostic review by NHSI of End of Life Care.

2. Progress Against Current Strategic Priorities

Progress overall in line with the current outcome measures and timeframes set for the seven strategic priorities, has continued over the past month and reported to the Hospital Management Board Quality (HMBQ) in September 2019. The HMBQ were satisfied with the current level of progress, confirming recent 'Special Measures' funding approval to support and develop essential leadership capacity and capability across the organisation. Progress against the two additional strategic priorities – End of Life Care and the Management of the Deteriorating Patient will commence from October.

Strategic Priority One - Leadership & Management

Progress since last month
Board appointment, Board development and leadership development all on track - in line with plan.

- Substantive appointment of CEO on 2nd September
- Substantive appointment of Medical Director on 9th September

- Special measures funding acquired for 'Preparing for High Performance' programme for new Divisional Triumvirate – Programme to commence November 2019
- Divisional restructure operational in September 2019. 3 Divisions operational as of 2nd September, with Division of Clinical Support Services going live as of 23rd September. New Divisional Leadership Team for Medicine commenced in post
- First QEH QSIR Training Programme commenced 9th September. Training 37 staff to be QSIR Practitioners.

Key risks/concerns

- Leadership capacity and capability at Divisional level impacting on the pace of required improvements at divisional level
- Divisional leadership team for Medicine not functioning effectively and ceased operating in their positions at end July 2019. New leadership team needs time to establish and agree priorities
- Delayed start date for Band 7 leadership programme due to procurement – impact on trajectory of 100 staff trained by March 2020

Mitigation

- Experienced Executive interim arrangements in place
- Accountability framework in place

Next Steps

- Interview for new Director of Governance scheduled for October – new post
- 4th Division – Clinical Support Services operational as of 23rd September. Recruitment into the Divisional Leadership Team during September, with Divisional Director interviews on 16th September and advertising for Head of Nursing and General Manager
- Exploring further QI support from NHSI/E – meeting planned 13th September
- Secure start date for leadership programme for Band 7 and above supported by Special Measures funding – expected to commence in November 2019.
- Planning Board Development session on 'improved use of data' – supported by NHSI Head of Improvement Analytics
- Working with NHSI to design 'Well-Led' leadership CQC inspection preparation
- Each Division have been asked to develop their reporting structure, and a half-day session is being planned for late November where these will be presented to HMBQ members.
- The Divisional Leadership Teams have been asked to identify what support and infrastructure they require to enable delivery. To facilitate communication and engagement each division will send individual letters to every member who sits within their division, introducing the Divisional Leadership Team and detailing which division they belong to.

Divisional Leadership Programme – Programme Structure

Supported by Fiona Reed Associates (FRA) – commencing October 2019

FRA Meeting with Executive Team on Monday 14th October:

- To ensure that Executive Team have one voice about the strategy behind the new structure and what it needs to achieve; the requirements of the newly appointed divisional directors; and the lines of accountability/expectations both upwards and downwards to ensure that they are clear, agreed and consistent.
- To agree what needs to be done, in each division, to improve sufficiently for the next CQC inspection to be able to note significant improvement in the interests of improved patient care for the local population.

3 Further Visits

FRA will make three further site visits, each one in two-day blocks over the next few months, to facilitate the further three component parts:

9am - 11am with the exec team and the triumvirate leaders:

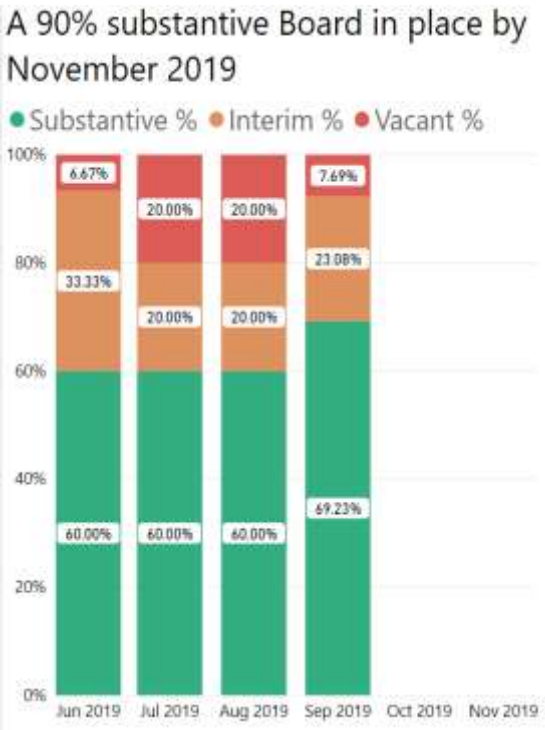
- To agree what needs to be done to blend Trust Strategy with the new divisional structure.
- To agree the roles, responsibilities and lines of accountabilities and communication between the exec team and the divisional leaders.

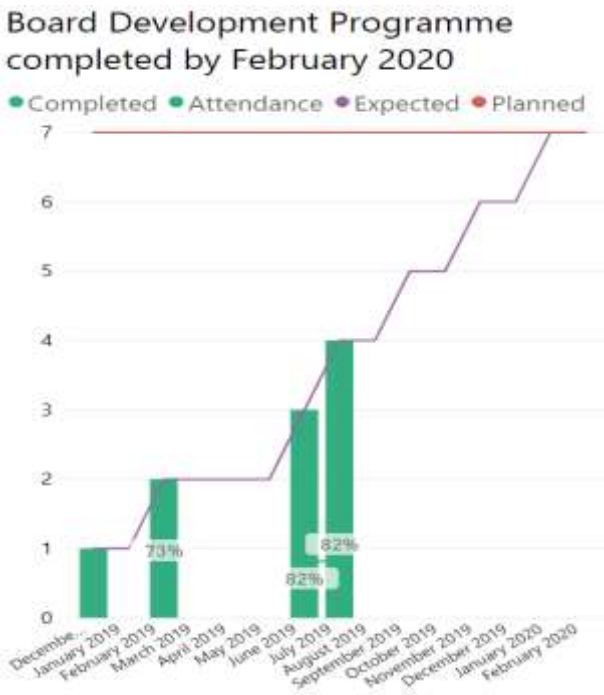
11.30am - 2pm the triumvirate leaders as a team:

- To agree how to decrease silo working and increase and maximise collaborative team working between divisions.
- To agree measurable success criteria for each triumvirate about what they need to do.

Each triumvirate will then have a 'Team@theTop' partnership development session with the facilitators. It focusses on **how** small teams of leaders work together rather than focussing on **what** they do. Each triumvirate will agree a set of measurable Success Criteria which can be scored and which will encapsulate what they need to focus on to lead their divisions in the new structure. Dates for the two-day visits to be confirmed.

Compliance position against outcome measures





Strategic Priority Two – Engagement and Communication

This forms a Deep Dive for the Oversight and Assurance Group for September and can be found in **Appendix Two** of this report.

Strategic Priority Three – Governance Assurance

Progress since last month

- Integrated Governance and Accountability framework drafted and agreed at CELM 04/09/2019
- Board committee and Sub-committee structures and information flows drafted and agreed CELM 04/09/2019
- Framework (on track to be presented to Board for approval 01/10/19)
- Second discussion at Board Development 12/09/2019
- Individual discussion with NEDs commenced 03/09/2019
- Joint Working with CCG on SI sign off and action monitoring agreed
- Further development of the Integrated Governance and Accountability Director of Governance Role advertised (interviews in September)
- Decision taken to bring Quality Improvement and the Patient Safety Team under one line management – to support continuous improvement and ensure quality agenda is internally driven

Key risks/concerns

- Complex changes being implemented

Mitigation

- Engagement with ED and NED
- Second discussion at Board Development 12/09/2019
- Individual discussion with NEDs commenced 03/09/2019
- Communication plan being developed
- Integrated Governance and Assurance framework presented at CELM (5/9/19), and due to be presented at HMB (11/9/19) and Board (1/10/19)

Next Steps

- Refinement of the Framework following engagement
- Implementation

Strategic Priority Four – Recruitment, retention and workforce utilisation

Progress since last month

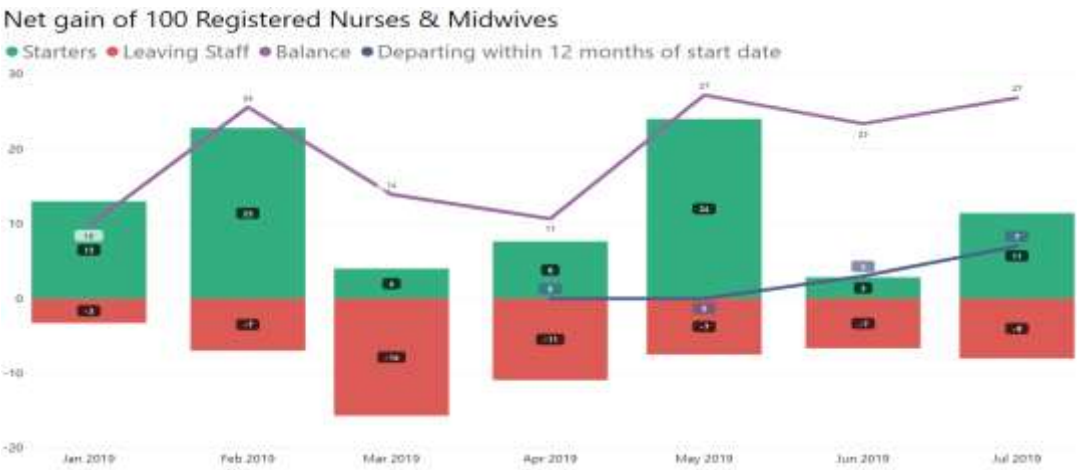
- Slight vacancy reduction for RNs and Midwives
- 13 local RNS commenced in post
- International nurse recruitment continues with an additional cohort planned in November 2019 (82 planned for October / November)
- All student midwives successful in securing a midwifery post
- 36 TNAs on an apprenticeship route – first ones to register in September 2020
- Mandatory training review continuing with visits planned this month to two acute trusts
- Change in nurse recruitment to individualised recruitment
- Successful internal transfer process implemented with 46 individuals utilising this process

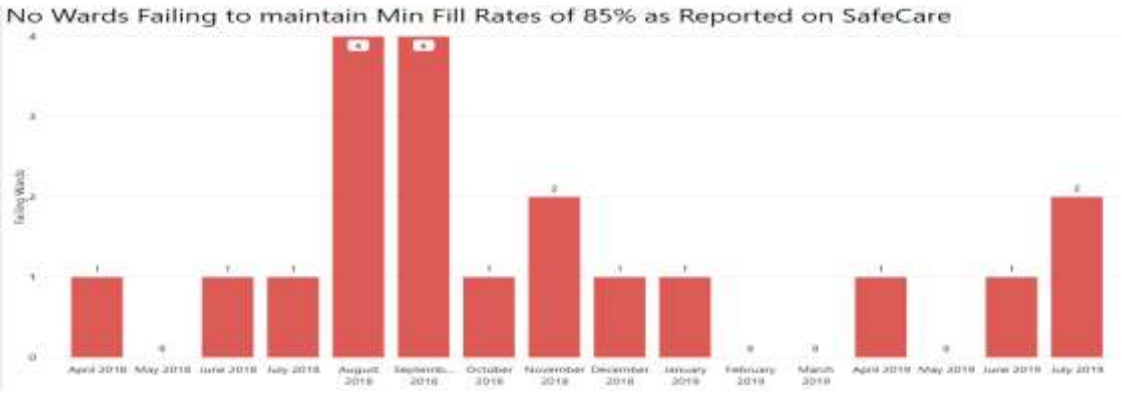
Key risks/concerns

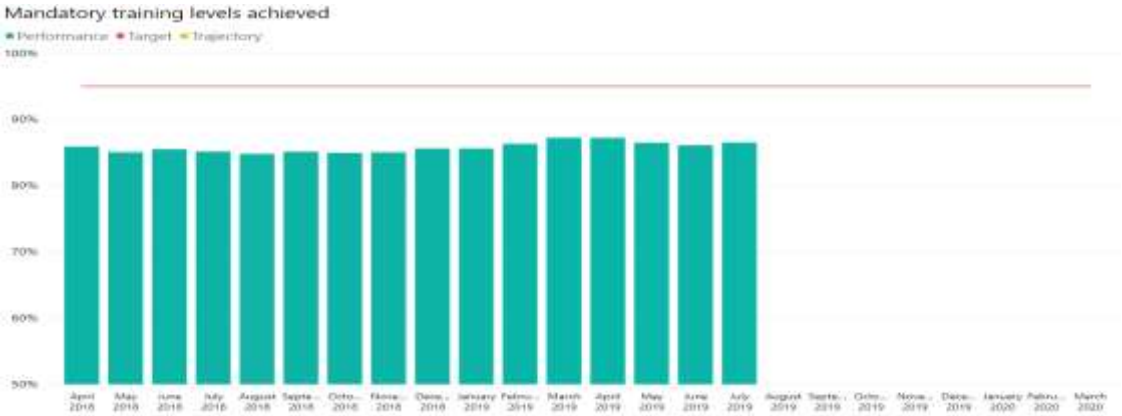
- Delay in review of mandatory training, now back on track to be reported back to People Committee and HMB in October 2019

Progress against outcome measures

July 2019 Nett gain 5 WTE
August 2019 Nett gain 8.17 WTE
Data is based on a predicted level of leavers of 10 per month but over the last six months average 8.34 WTE
March and April leavers – 26.97 WTE
July and August leavers – 15.83 WTE







Mitigation

- Capability and capacity to deliver mandatory training review undertaken

Next Steps

- Launch of recruitment campaign in October 2019
- International Nurse recruitment continuing
- Agency rates and suppliers to be reviewed and reduced
- Additional cohorts of International nurse recruitment

Strategic Priority Five – Emergency Care Environment

Progress since last month

- Phase 1a on track to complete Friday 13 September

Key risks/concerns

- Risk that access to site might be restricted in later phases as peaks in winter demand occur

Mitigation

- Contractor flexibility in working around restricted access
- Winter planning to manage peaks in demand

Next Steps

- Phase 1b starts w/c 16 September 2019
- Phase 2 due to start 16 December 2019
- Phase 3 due to start 6 January 2020

Strategic Priority Six – Closer Working with External Partner

Progress since last month

- Continued attendance at STP and regional meetings by CEO and Chair
- Other Executive attendance at regional meetings consistent
- Trust engaging well with integrated services plan for Urology

Strategic Priority Seven – Medical Education

Progress against this priority is within the Conditions Notice Board report.

3. Divisional Plans – Progress Against Must and Should Do Actions

Progress against improvement actions across all three Divisions is gaining pace and moment with all three divisions taking ownership of their actions and focusing on areas of priority. Both the Division of Women's and Children's and the Division of Surgery demonstrate measurable progress against improvement actions. The Division of Medicine, with its new DLT has agreed its programme of improvement work and reviewed the extent of the improvement actions required. The DLT for Medicine demonstrates commitment and focus, but will require support to progress the improvement work required within the timeframe set. For this reason all three Quality Improvement Managers are aligned to various aspects of improvement work across the Division of Medicine.

Division of Medicine

Division Of Medicine

* Divisional IP Data Only

Must*

Domain	Completed & Signed off	Not Completed	Total
Caring		1	1
Effective		1	1
Responsive		2	2
Safe	1	10	11
Well Led		1	1
Total	1	15	16

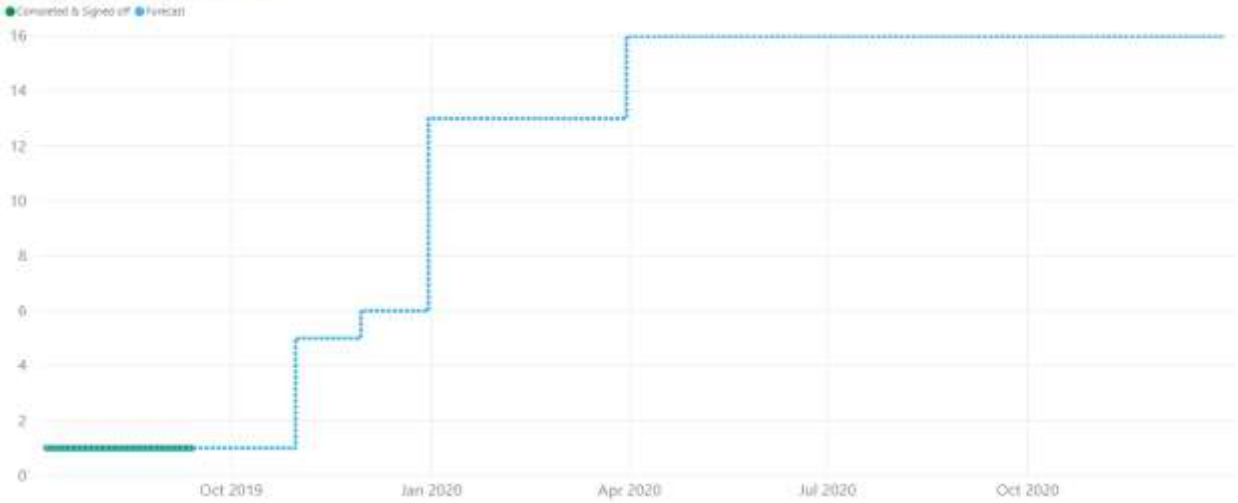
Should*

Domain	Completed & Signed off	Not Completed	Total
Caring		2	2
Effective			
Responsive		11	11
Safe		7	7
Well Led		3	3
Total		23	23

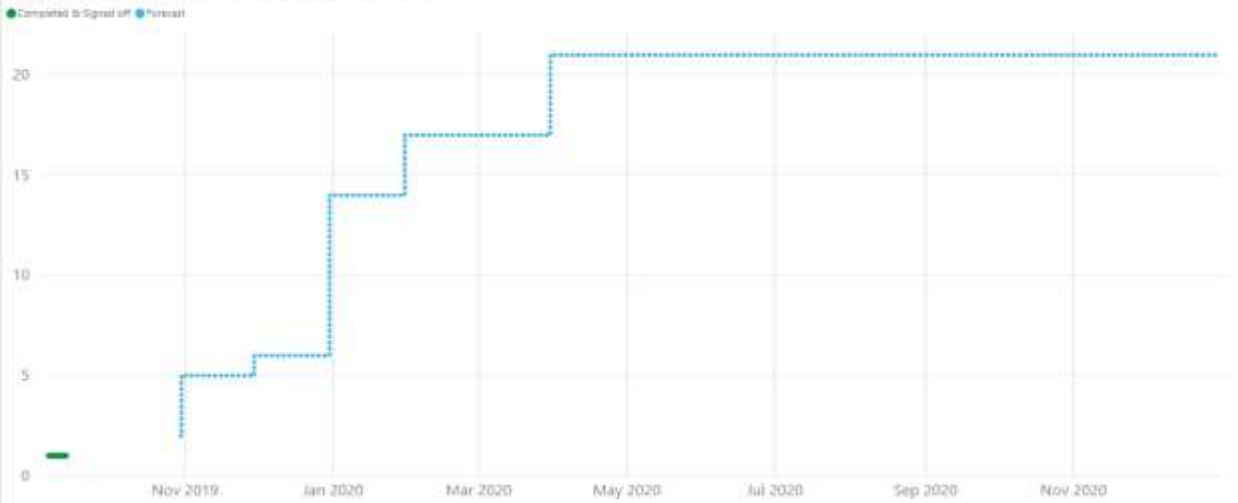
Notices

Category	Completed & Signed off	Not Completed
Section 29	1	9
Diagnostic Imaging		3
Medicine	1	5
Urgent & Emergency		1
Section 31		11
Diagnostic Imaging		4
Urgent & Emergency		7
Total	1	20

Must: Forecast and Performance



Notices (29/31 & GMC): Forecast and Performance



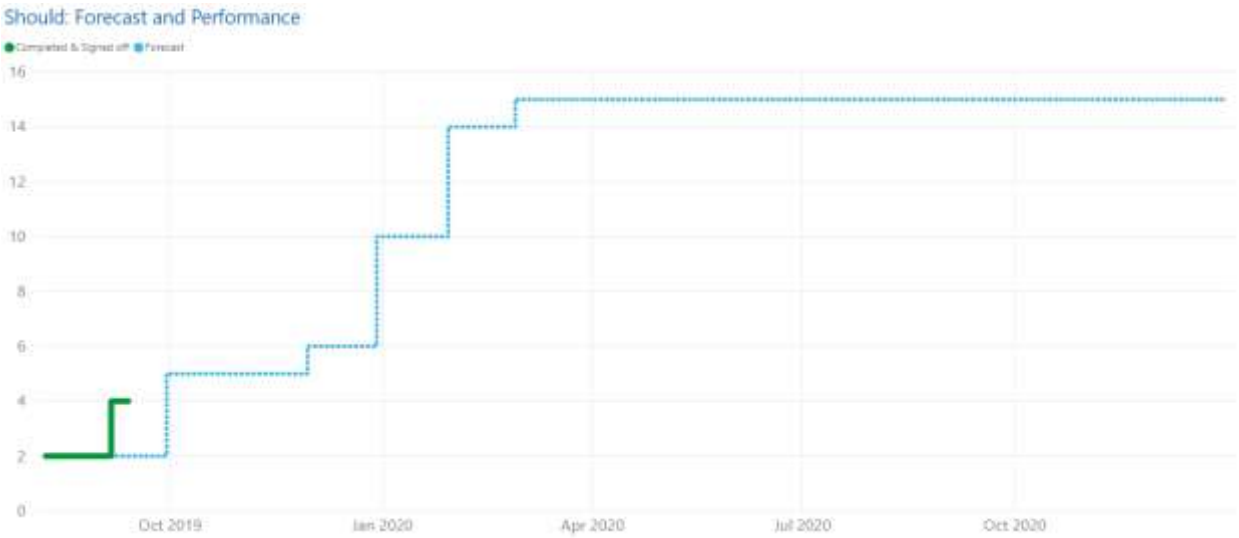
Division of Surgery Progress against Divisional Plan

Must*

Domain	Completed & Signed off	Not Completed	Total
Effective			
Responsive			
Safe	4	6	10
Well Led		1	1
Total	**4**	**7**	**11**

Should*

Domain	Completed & Signed off	Not Completed	Total
Effective		3	3
Responsive	1	3	4
Safe	2	3	5
Well Led	1	2	3
Total	**4**	**11**	**15**



Women's and Children's Progress against Divisional Plan

Must*

Domain	Completed & Signed off	Not Completed	Total
Effective			
Responsive			
Safe	1	5	6
Well Led			
Total	**1**	**5**	**6**

Should*

Domain	Completed & Signed off	Not Completed	Total
Effective		1	1
Responsive		1	1
Safe	3	7	10
Well Led		4	4
Total	**3**	**13**	**16**

Must: Forecast and Performance

Should: Forecast and Performance

4. Quality Improvement Programme

QSIR

The first cohort of QEH staff attended QSIR training from 9th to 13th September, delivered by our 'Buddy' Trust; Sherwood Forest. A cross section of staff attending - 37 in total. These 37 staff are now our first group of QEH QSIR Practitioners, taking forwards and supporting quality improvement projects within their areas of work. A second cohort is being planned for February 2020.

The Associate Director of Quality Improvement is currently in discussion with NHSI to secure further Quality Improvement support. This will include the 'fast tracking' of 4-5 QEH QSIR Practitioners to attend and complete QSIR College training to become QSIR Facilitators by April 2020. This will support our work to establish a QEH Quality Improvement Academy with a QSIR programme that supports 3 or 4 QSIR Practitioner cohorts per year with QSIR awareness and introductory training for all staff.

5. External Visits

Hugh McCaughey; National Director of Improvement visited the Trust on the 15th August to meet with members of the Executive Team and staff to discuss the current challenges and improvement work underway. Hugh McCaughey was accompanied by Laura Wade-Gery; Non-Executive Director for NHSE/I and Alison Taylor; Director of Intensive support NHSE/I. Visits to Maternity Services, the Emergency Department, Radiology and the Surgical Extended Recovery Unit also formed part of this visit, where storyboards were displayed to illustrate their improvement journey so far. This was both a positive and supportive visit and well received by both Hugh McCaughey and the QEH staff he met.

Elizabeth Truss MP will be visiting the Trust on 13th September and meeting with the Executive Team.

Sacha Wells-Munro; NHSI will be carrying out a 2 day visit of Maternity Services from 17th to 19th September. This visit will include individual meetings with members of the Executive Team and Maternity Leads, with focus groups arranged with various staff groups including Midwives, doctors and Sonographers. It is anticipated a review of the evidence for the Section and Warning Notices will be completed during this visit as part of their assurance of progress.

It has been confirmed that Professor Ted Baker, Chief Inspector of Hospitals, CQC will visit the QEH on 10th October. The visit will include meeting staff within the areas where we have our Section and Warning Notices, providing Professor Baker an opportunity to meet with these teams to talk through the improvement work in their areas. Story Boards will be designed to illustrate the improvement work to date.