Agenda Item No.13

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 27th August 2019

Report Title: Integrated Quality Improvement Plan Progress Update

PURPOSE:

The paper is to inform the Board of:
Progress to date, concerns and mitigating actions in relation to our compliance and progress against the improvement actions detailed within the Integrated Quality Improvement Plan.

SUMMARY:

This report summaries progress made over the past month against improvement actions detailed within the Integrated Quality Improvement Plan (IQIP), associated risks and actions taken to address areas of risk related to strategic priorities and Divisional Must and Should Do Actions. Progresses against the Section Notices are detailed within a separate report to the Board.

The report confirms that progress in line with the 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) on 14th August 2019.

In view of the significant work required and concerns regarding lack of progress for End of Life Care and the deteriorating patient, both related to conditions within the Section 29A for Medicine, the Conditions Notice and Oversight Group recommended to the HMBQ to consider establishing two additional strategic priorities based on patient safety. Following discussion the HMBQ agreed for End of Life Care, and the management of the deteriorating patient, to become two additional strategic priorities with dedicated programmes of work under the Executive Lead of the Chief Nurse. Specialist additional project support is being sought from NHSI to establish these two work programmes of work with the aim of securing this resource

for September 2019.

Six conditions and seven Must / Should Do actions were approved for closure at the IQIP Evidence Assurance Group in August and detailed within the report. Progress of improvement actions within the Division of Surgery and Women's and Children's is reflected within the report. There is an ongoing lack of assurance of progress and improvement arrangements within the Division of Medicine. The Associate Director of Quality Improvement is meeting the new Divisional Leadership Team (DLT) on the 22nd August to agree a Divisional Improvement plan and support arrangements.

Implications : Financial / Quality / Workforce / Policy:

Strategic / External	Operational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience	Workforce
✓	✓	✓	✓	✓	✓	✓

RECOMMENDATION/S:

To note the progress against the seven Strategic Priorities, and Must and Should Do Actions including next steps.
To approve the recommendation made by HMBQ to develop two further Strategic Priorities to provided dedicated workstream and project support for End of Life Care and the management of the deteriorating patient.

Report

1. Strategic Priorities

Progress in line with the 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) on 14th August 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.

In view of the significant work required and concerns regarding lack of progress for End of Life Care and the deteriorating patient (both related to conditions within the Section 29A for Medicine), the Conditions Notice and Oversight Group recommended to the HMBQ to consider establishing two additional strategic priorities based on patient safety. Following discussion the HMBQ agreed for End of Life Care, and the management of the deteriorating patient, to become two additional strategic priorities with dedicated programmes of work under the Executive Lead of the Chief Nurse. Specialist additional project support is being sought from NHSI to establish these two work programmes of work with the aim of securing this resource for September 2019.

Strategic Priority One: Leadership

Progress since last month

- Board appointment, Board development and leadership development all on track and in line with plan
- Substantive Chief Nurse commenced in post – July
- Interviews for substantive Medical Director and CEO in Sept 2019
- Substantive Finance Director commence Jan 2020 – strong deputy providing interim support
- Special measures funding approved to deliver leadership programme for Band 7 staff – to provide training for 100 staff to be completed by March 2020
- Special measures funding acquired for 'Preparing for High Performance' programme for new Divisional Triumvirate
- National leaders continue to deliver Leadership Masterclass sessions
- Divisional restructure progressing in line with plan – moving to 4 Divisions with launch planned for 2nd Sept 2019
- QSIR training for 40 staff commenced in Sept 2019 with 6 Consultants booked to attend

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

Mitigation

- New Divisional Leadership Team for Medicine appointed to positions from August, 2 week transition period, includes experienced Divisional Director and Associate Chief Nurse from Surgery

Next Steps

- Continued appointment into substantive Executive Director roles in line with plan
- To confirm leadership training dates and programme.

Strategic Priority Two: Culture and Engagement

Progress since last month

- Engagement with Trust on Divisional Restructure completed
- Review of complaints and SI process
- Number of employee relations cases has decreased with six being closed in July 2019.
- Improvement in appraisal compliance
- Nomination process for Staff awards began on 15th July (254 nominations across all 11 categories at 9th August)
- Listening events with staff held and well attended

Key Risks/Concerns

- Gaps within the Divisional triumvirate leadership teams
- Number and responsiveness to complaints
- Number of open SI and Duty of Candour not consistently carried out
- Responsiveness to employee relations cases

Mitigation

- Movement of divisional triumvirate team to Medicine to support
- Clinical member of staff assigned to complaints team

Next Steps

- Rainbow badge pledges made and badges rolled out to all staff
- Initial pulse checks to be circulated to all staff by 31st August 2019
- New divisional structure in place by 2nd September 2019
- Development of Trust's People plan by 31st October 2019
- Review of HR processes and systems to be completed by 31st October 2019
- Partnership conference taking place on 3rd October 2019
- Staff awards ceremony to take place on 7th November 2019
- Long service awards to be reinstated from October 2019

Strategic Priority Three: Governance

Progress since last month

- HMB Sub-committee structure agreed
- Joint Working with CCG on SI sign off and action monitoring agreed
- Agreed new internal timeline for the management of SI and Duty of Candour
- Further development of the Integrated Governance and Accountability Framework (on track to be presented to Board for approval 01/10/19)
- Director of Governance Role advertised (interviews in September)

Key Risks/Concerns

- Complex changes being implemented to create a simplified structure

Mitigation

- Engagement with ED and NED, communication plan being developed, Integrated Governance and Assurance framework to be presented at CELM (5/9/19), HMB (11/9/19) and Board (1/10/19)

Next Steps

- Refinement of the Framework following engagement
- implementation

Strategic Priority Four: Recruitment and Retention

This forms the Deep Dive for the August Oversight and Assurance Group and can be found in **Appendix One** of this report

Strategic Priority Five: Emergency Department Environment

Progress since last month

- Phase I works commenced: 3 cubicles being created
- Visit to JPUH to learn from their estate redesign experience
- Emergency floor redesign work commenced

Key Risks/Concerns

- Delay of c. 4 weeks due to requirement to go to tender

Mitigation

- Potential requirement for tender process identified early and timescales will be kept to a minimum

Next Steps

- Tender process for phases 1b, 2 and 3 commencing
- Phase 1b commences 25 November: new reception area
- Phase 2 commences 16 December: ambulance entrance
- Phase 3 due for completion pre-Christmas: create external canopy, ambulance handover area and reconfigure co-ordinators area

Strategic Priority Six: Closer working with external partners

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 since last month

- The Trust has in place a buddy scheme for F1s – this will be promoted during the Preparation for Professional Practice week in August 2019.
- The new clinical lead for O&G has now been appointed and has commenced in post. The Lead Educational Supervisor post in O&G has been advertised with a closing date of 13th August 2019.
- HEE have approved the combined HEE and GMC action plan
- QA visit from Cambridge School of Clinical Medicine July 2019 satisfactory.

Key Risks/Concerns

- Newly appointed posts will need time to establish

Mitigation

- The August Medical Education Group meeting will be used exclusively to invite all Educational Supervisors with the aim of ensuring that they are aware of their educational obligations and to identify support required.

Next Steps

- The Trust will aim to develop a process to audit changes in culture as a result in Q3 2019/20
- Further work to be undertaken with trainee representative, in order to evidence Junior Doctor Forum meetings have taken place.
- Special measures funds being utilised to complete a baseline culture assessment for Obstetrics and Gynaecology

Strategic Priorities: Next Steps

To establish End of Life Care and the Deteriorating Patient as two new Strategic Priorities with dedicated internal and external programme management support. At the time of writing this report, dedicated NHSI support is being confirmed for both workstreams with an identified medical and senior nursing lead from the QEHKL, with the aim of securing this for September 2019.

2. Progress against Must and Should Do Actions

All Must and Should Do Actions form the 2019 report have been mapped across to the IQIP and included in one of the three elements of the plan – Strategic Priorities, Section Notices or Divisional Must/Should Do Actions.

The Trust has a total of 132 Must Do and 73 Should Do Actions spanning the 2018 and 2019 CQC reports. In turn, the Trust has 3 Section 31 and 3 Section 29A Notices.

Overall Summary

Category	Completed and Signed off	Not Completed	Total
Strategic Priorities	0	66	**66**
Conditions	6	40	**46**
Divisional Must and Should	9	130	**139**
Total	**15**	**236**	**251**

Tracking the completion of the Must and Should Do actions and Section Notice conditions will be captured on the IQIP rating status of completed or uncompleted actions and colour coded accordingly.

Progress since last meeting

The IQIP Evidence Assurance Group (IQIP EAG) met on 8th August 2019 and Chaired by Chief Nurse; Libby McManus to provide a further level of assurance of completed actions.

The meeting functioned well with the NHSI Improvement Director in attendance. A comprehensive review of evidence was undertaken of 6 Condition Notices and 9 Must and Should Do actions considered complete and ready to be moved to Business as Usual by the Conditions Notices and Oversight Group, or the Divisional Leadership Team (DLT).

Siobhan McClelland; Non-Executive Director has agreed to be a member of the IQIP EAG as of September 2019 and the Term of Reference have been ratified by HMBQ to reflect this change.

Outcome of IQIP EAG – Actions Approved for Closure

6 Conditions closed (details captured within the Conditions Notice and Oversight Group report).
5 Must Do Actions closed
2 Should Do Actions closed

Approved Actions for Closure:

Maternity Section 29A

Condition 3 and Must Do Action N Cambs Antenatal Clinic
Condition 5 and Must Do Action Booking process for Consultant led antenatal clinics
Condition 6 Waiting area Brancaster - antenatal

Condition 7 and Must Do Action Arrangements for women who miscarry up to 16 weeks

Maternity Section 31

Condition 3 Consultant Obstetrician of the Day - rota
Condition 4 Consultant on call rota and out of hours

Medicine

Must Do Action Chaperoning within the outpatient setting

Surgery

Must Do Action Cleaning of toys in the outpatient department
Must Do Action Regular mortality and morbidity meetings for surgery
Must Do Action Staff induction

2 Must do actions were not approved. More evidence is required to provide the necessary level of assurance that improvements are evidenced and embedded in practice.

3. **Divisional Must and Should Do – Trust Wide Position.**

This incorporates all 132 Must Do and 73 Should Do actions.

Must

Domain	Completed & Signed off	Not Completed	Total
Caring		1	1
Effective	1	16	17
Responsive		6	6
Safe	6	74	80
Well Led		28	28
Total	**7**	**125**	**132**

Should

Domain	Completed & Signed off	Not Completed	Total
Caring		2	2
Effective		11	11
Responsive		18	18
Safe	2	26	28
Well Led		14	14
Total	**2**	**71**	**73**

Notices

Category	Completed & Signed off	Not Completed
GMC Condition		**3**
Section 29	**4**	**17**
Diagnostic Imaging		3
End of Life Care		1
Maternity	4	6
Medicine		6
Urgent & Emergency		1
Section 31	**2**	**20**
Diagnostic Imaging		4
Gynaecology		1
Maternity	2	8
Urgent & Emergency		7
Total	**6**	**40**

Allocation of all Conditions, Must and Should Actions and GMC Conditions

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**

Divisional Triumvirate for Surgery and Women's and Children's have demonstrated greater ownership and 'grip' on the progression of their divisional improvement plans to progress Conditions and Must and Should Do Actions. Both divisions provided assurance to the HMBQ and IQIP EAG of improvements and sustained change. All evidence approved is labelled and filed in a dedicated CQC IQIP repository which is directly linked to the IQIP. This will allow direct access through a link to the evidence approved for each action. The CQC will be invited to access this evidence in preparation for their next onsite core inspection.

Following changes to the Division of Medicine and the establishment of a new Divisional Leadership Team (DLT) during early August, there was no DLT in attendance at the August HMBQ. The Deputy Associate Chief Nurse for Medicine attended on behalf of the DLT, but was unable to provide an overview of progress or next steps. The HMBQ were not assured that the Division of Medicine have a planned and structured approach to the improvements required and governance arrangements which unpin this.

Mitigation

A new DLT for Medicine has been established with a transition period during August. The Associate Director of Nursing has arranged to meet with the DLT on 22nd August to agree actions and Divisional plan to progress improvements and establish completion timeframes and action owners.

All three Quality Improvement Managers are currently assigned to either support improvement work as part of Section Notices related to the Division of Medicine or the Must and Should Do Actions.

Next Steps

Following mapping of all new Must and Should Do actions, the DLT have been asked to establish action owners, outcome measure and timeframes for all actions within the IQIP by 28th August 2019. With informatics support, the September IQIP Board report will display data detailing progress by Division and a Trust wide view of overall progress against Must and Should Do actions which have been completed, are overdue, or in progress/on track.

With the creation of a fourth division, Conditions and Must and Should Do actions currently aligned to one of the three Divisions will need to be reassigned to the Division of Clinical Support Services. To allow accurate reporting against the current actions for September, this review and reallocation of actions to the Division of Clinical Support Service, will be completed by the end of September 2019, for reporting in October 2019.

4. Quality Improvement Programme

Work continues beyond the IQIP as part of the Quality Improvement Programme.
The first QEHKL QSIR training programme will commence in Sept (9th to 13th) with 40 Trust staff booked to attend, including 6 Consultants.

5. Visit by National Director of Improvement

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. These storyboards will be shared at the September Board meeting and updated quarterly in this A0 format. This was both a positive and supportive visit and well received by both Hugh McCaughey and the QEH staff he met.