Agenda Item 16

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Emma Hardwick Chief Nurse	Decision		High	Med	Low
	Discussion		✓		
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Lou Notley Associate Director of Quality Improvement	Strategic				
	Operational	✓			
	Governance	✓	**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	Safe, Caring, Effective, Responsive and Well-led				

Meeting Date: 31st July 2018

Report Title: Quality Matters Update

PURPOSE:

The purpose of this report is to:

- provide assurance to the Board in respect of the Trust's compliance with the CQC's Fundamental Standards
- identification of risks and mitigation and improvement actions
- update the Board in respect of the Trust's:
  - Core services assessment
  - Well-Led assessment

SUMMARY:

To share the Quality Matters Programme progress on actions being taken, under the leadership of the Chief Nurse as part of our quality improvement work and compliance requirements.

The 2018 QEHKL CQC Inspection has concluded with the Well-Led Inspection between the 19th to 21st June. We expect the draft report to check for factual accuracy in mid to late July 2018, with the final report expected at the end of August or early September 2018.

Section 31 Notice received on 19th July detailing 10 conditions for the regulated activity of Materntiy and Midwifery Services. Maternity Quality Improvement Plan has been updated to incorporate these 10 conditions. The Board will receive a separate report from the Medical Director detailing the Trust's response and actions to address conditions set out in the Section 29A and Section 31 notices.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

This programme includes the key Quality priorities identified and is intended to help to improve the Trust's June 2015 CQC rating of 'Requires Improvement'.

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic /	Operational/	Financial	Clinical	Legal/	Reputational /

External	Organisational			Regulatory	Patient Experience
✓	✓		✓	✓	✓
RECOMMENDATIONS:					
To receive and note actions progress and next steps					

1. INTRODUCTION AND SUMMARY

The Trust's CQC Inspection Programme has concluded with the Well-Led element of the inspection between the 19th to 21st June.

The Trust has been informed to expect a draft version of the CQC's report some time in mid to late July to check for factual accuracy. Once the check has been completed we can expect to receive the final report in late August to early September, with our updated CQC rating. Those services not inspected will maintain the same rating as that awarded in the 2015 inspection, but we expect a rating for the six core services inspected as part of the 2018 inspection.

- Medicine
- Surgery
- Urgent & Emergency Care
- Maternity
- Outpatients and Diagnostic Imaging
- End of Life Care

The Trust was issued a Section 29A Warning Notice for Maternity and Midwifery Services on 17th May following the CQC's on site inspections. Following further signigicant concerns, the Trust was issued with a Section 31 Notice on 19th July detailing 10 conditions for the regulated activity of Maternity and Midwifery Services. The Board will receive a separate report from the Medical Director detailing the Trust's response and actions to address conditions set out in the Section 29A and Section 31 notices.

2. CQC INSPECTION UPDATE

The inspection has comprised a number of onsite visits both announced and unannounced, spanning six core services.

The Well-Led Inspection conducted over two and a half days involved all Board and Divisional Leads and identified service leads.

Generic themes identified through hot-debriefs:

- Trust vision and strategy
- Clarity on new Divisional structures and reporting arrangements
- Implementation strategy to deliver new divisional structure
- Executive and Non-Executive relationships
- Ward to Board – reporting effectiveness
- Maternity Improvement Plan & S29A
- Culture of the organisation
- Senior leadership
- Visibility of senior leaders
- Staff morale and listening to staff

High level feedback summary:
Fiona Allinson and Tracey Wickington shared brief high level feedback with Jon Green, Edward Libbey and Emma Hardwick at the end of the Well-Led inspection.

- Thanked staff for being welcoming, professional and for their openness

- Whilst there was assurance regarding the majority of actions on the Maternity Improvement Plan, there was a lack of assurance and significant concern expressed about the robustness of the plan to bring about the cultural changes required. A request was made for the Trust to consider further actions including pastoral care and support for the teams to enhance the building of relationships. Following this feedback Jon Green has sought further advice from NHSI who have offered specialist pastoral support for identified teams and team members. This has since been included in the Maternity Improvement Plan and shared with the CQC.

- Concerns raised regarding the implementation strategy and support for the new Divisional and Clinical Business Unit structure and triumvirate leads to function effectively in line with new operational and governance responsibilities and cross organisational working.

- Concerns regarding no current vision and corporate strategy

- Staff feeling they are not being listened to.

3. QUALITY IMPROVEMENT

Associate Director of Quality Improvement
Lou Notley has commenced in the post of Associate Director of Quality Improvement, and will be responsible for providing corporate leadership and support to ensure delivery of effective and efficient programmes to drive continuous improvements in healthcare service delivery underpinned by a Quality Improvement Programme of work.

Quality Improvement Plans
The Quality Improvement Plan generated to address immediate concerns raised by the CQC following their visit to the Core Services of Medicine and Urgent and Emergency Care is updated and shared weekly with the CQC. This plan is named ***Immediate Action Quality Improvement Plan (Immediate Action QIP).***

There are 46 separate actions in the Immediate Action QIP.
Of the 46 actions, 11 will transition to the new Trust Quality Improvement Plan (Trust QIP) for further improvement work and monitoring, to ensure these actions become embedded and form part of business as usual. All other actions have been completed closed following review of evidence and professional challenge by the Quality Matters Group.

It is anticipated the Trust QIP will be launched late August 2018 and will be monitored as part of the work of the Quality Matters Group.

The improvement work required to address the significant concerns outlined in the Section 29A and Section 31 notice has been captured within the **Maternity Quality Improvement Plan**.

Submission of Progress Reports to CQC

The CQC are satisfied with the current progress and governance arrangements of the Immediate Action QIP as detailed in the summary reports they recieve weekly.
It has been agreed with the CQC for the submission of progress against actions within the Immediate Action QIP to now move to fortnightly and then to monthly, once the new Trust QIP is launched.

It has been agreed with the CQC for the submission of progress against actions within the Maternity Improvement Plan to continue weekly until the launch of the Trust QIP and to then review submission arrangements.

Trust Quality Improvement Plan (Trust QIP)

The Trust QIP is being finalised and will be presented separately to the Board in August. The Trust QIP captures improvement work identified through the work of the Quality Matters Team and work identified within the Immediate Action QIP, to ensure actions are embedded in practice and impact-assessed. The Maternity QIP will also be incorporated into the Trust QIP as a separate work stream.

Actions within the Trust QIP have been themed to support work streams, with both Executive and Action Leads identified.

The Trust QIP includes a Quality Improvement Programme of work and Quality Improvement methodology, which will help embed quality improvement within the organisation to drive continuous improvements as part of transformation. This will be further supported with our participation in the NHSi Challenged Provider Programme.

Whilst the QMG will commission Task and Finish groups to drive completion of actions and support the resource management element of this work, it is important to acknowledge that the Trust's QIP will be further informed following receipt of the forthcoming CQC report. The work of identifying risks and compliance gaps through both Quality Matters and the findings of the CQC has highlighted the importance of establishing a robust quality improvement programme and further consideration of the resource required to ensure delivery against the actions. Once the Trust QIP includes the findings from the CQC report, there will be a need to prioritise actions in line with the 'Musts' and 'Shoulds' identified by the CQC, with Quality Impact Assessments supporting decision making where required. To secure effective monitoring of Quality metrics aligned to measurable outcomes in the Trust QIP, informatics support will be required as part of this programme of work.

The QMG has been chaired by the Chief Nurse monitoring the delivery of the Immediate Action QIP. The decision has been taken for the CEO to now chair this group to support the effective delivery of the Maternity QIP and Trust QIP once it is approved for launch in August.

4. QUALITIY MATTERS UPDATE

To establish Quality Matters within the organisation and generate a culture of quality improvement, a number of initiatives are to be launched including holding quarterly Quality Summits to share best practice and innovation across the Trust which involve and engage with front line staff. Dates have been set for the next 12 months.

Quality Matters will be working to strengthen the governance arrangements to support the new operational structure and secure consistency. We plan to begin at Divisional Board and Clinical Business Unit-level and Trust Secretary, Gill Rejzl will provide development workshops for Divisional Board and Clinical Business Unit chairs.

The workshops will take place in September to enable everyone to pick a date/time to suit diaries.

A similar workshop has been established for the representatives of the Quality Matters Group and it has been identified by the QMG that a further workshop for the Divisional and CBU administration staff is required to support the accurate completion of minutes and CKIs. Gill Rejzl will roll out these additional workshops, following the September programme for chairs.

Emma Hardwick
Chief Nurse
24.07.18