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:		
Emma Hardwick Chief Nurse	Decision		High	Med	Low
	Discussion		✓		
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Lou Notley Associate Chief Nurse - 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: 29th May 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 preparation for inspection of:
  - 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. This includes the identification of areas of compliance risk and improvement actions captured within the CQC Quality Improvement Plan.

To provide an update on the development of the Trust Wide Quality Improvement Plan

Following the first of their unannounced inspection of Medicine as a Core Service from the 4th to 6th April, the Trust has undergone a further inspection on the 1st & 2nd May of five Core Services:

- Surgery
- Urgent and Emergency Care
- Maternity
- Outpatients and Diagnostic Imaging Services

- End of Life Care

The CQC also carried out a Never Event Thematic Review during this inspection.

The Trust has received confirmation that its Well-Led Review will take place on the 19th to 21st June 2018.

The Quality Matters Group (QMG) has reviewed and amended its Terms of Reference (ToR). Which have been approved at the Quality Committee on 15 May 2018.

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 / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
✓	✓		✓	✓	✓

RECOMMENDATIONS:

To receive and note actions progress and next steps

1. INTRODUCTION AND SUMMARY

Following the first of their unannounced inspection of Medicine as a Core Service from the 4th to 6th April, the Trust has undergone a further inspection on the 1st & 2nd May of five Core Services:

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

- Medicine – Inspection team revisited Leverington Ward to review progress of immediate actions.

The CQC also carried out a Never Event Thematic Review during this inspection.

The Trust has received confirmation that its Well-Led Review will take place on the 19th to 21st June 2018.

2. QUALTIY MATTERS – CQC INSPECTION UPDATE

The CQC Inspection of QEHKL commenced on the 4th to 6th April with an unannounced visit of the Core Service of Medicine by 7 inspectors. Following this visit 24 information requests were received, all relating to Medicine and focused largely on nurse staffing, the number of medical outliers and the Escalation Ward. All information requests were

sent promptly to the CQC. No further information requests have been received to date for Medicine as a Core Service

Following the first of their unannounced inspection the Trust has undergone a further inspection by 24 to 27 inspectors on the 1st & 2nd May of five Core Services:

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

- Medicine – Inspection team revisited Leverington Ward to review progress of immediate actions.

The CQC also carried out a Never Event Thematic Review of the CAS Alert for Nasogastric tube placement, during this inspection.

The CQC has been asked by the Department of Health and Social Care to examine the underlying issues in organisations that contribute to the occurrence of Never Events.

This review will try to identify the reasons why initiatives to prevent Never Events have not prevented their occurrence more effectively.

This review is being carried out in up to 20 trusts. Trusts have been selected on the basis of a review of nationally available data and evidence and consideration of CQC's wider inspection activity.

Following the CQC Inspection on the 1st and 2nd May 2018 the Chief Executive Officer (CEO) and Chief Nurse received initial verbal feedback from Tracey Wickington; CQC Inspection Manager and Claire Sewell; CQC Inspector. A formal letter was received by CEO on 4th May 2018 summarising their preliminary findings including the thematic review of the Nasogastric tube CAS Alert.

Core Service Inspection – Positive Findings:

- Staff were caring and passionate about providing the best possible care for patients although there were growing frustrations as they felt this was not always possible.
- Staff were very positive about the palliative care team and reported that they were extremely responsive.
- There was a structured mandatory training programme in maternity to promote compliance.
- There was an established development and preceptorship programme in diagnostic imaging.
- The midwife led tongue-tied clinic was unique. There was a positive impact for patients as the service meant women and children did not have to travel significant distance to receive this care.
- Staff on the surgical assessment unit (Elm ward) provided compassionate care to women who were miscarrying. Keepsake boxes and ongoing support leaflets were in place.
- Following on from the medical core service inspection, 4 to 6 April 2018, the number of patients on Leverington ward had reduced. Staff were positive about the impact this had on their ability to provide appropriate patient care.

Core Services Inspection – Significant Concerns:

The inspection team highlighted some significant concerns which were raised with the senior leadership team during the inspection, the majority of which were within the Emergency Department (ED) (paediatric and main department) and the Maternity Service.

The immediate concerns related to the paediatric resuscitation equipment in ED, paediatric nursing cover in ED and ligature risks in the Mental Health room within ED. These were all responded to by the morning of 2nd May.

The concerns detailed in the CQC letter of the 4th May have been included within the Trust wide Quality Improvement Plan and will be monitored through the Quality Matters Group.

3. QUALITY IMPROVEMENT PLAN

The CQC paid an unannounced visit to the Trust from 4th to 6th April to review the Core Service of Medicine. Following this visit a 34 action point CQC Quality Improvement Plan (QIP) was drafted to address areas of concern and shared with the CQC Inspection Manager – Tracey Wickington and Dr April Brown; NHSI. The QIP template includes Benefits, Outcome Measures and Progress and has been adapted from a QIP template used by Colchester Hospital and recommended by NHSI.

The Trust is required to provide the CQC and NHSI with a weekly Friday update of its progress and delivery against the actions within the CQC QIP. The CQC have approved the format of our weekly submission in the form of a summary slide-deck of progress against all 34 actions, with an 'at a glance' Tracker log. Please see Page 5 for the latest Tracker Log. The full summary report can be found attached to this report as **Appendix One.**

Following submission of the CQC QIP, an initial review of actions has identified more detailed work is required to ensure the action is comprehensively completed with evidence of compliance and outcome measures. Following the completion of the immediate actions, where required, new actions will be generated and captured within the Trust wide QIP as part of ongoing quality improvement and compliance monitoring. The Chief Nurse has discussed the need to amend the completion timeframes for a small number of actions with the CQC Inspector Manager – Tracey Wickington. It has been agreed that any deadline date changes will be discussed and agreed by the Quality Matters Group with a clear record of any changes. Any changes will need to be reported to the CQC to ensure a transparent process is maintained and to provide a clear audit trail of evidence.

Quality Improvement Plan Governance Arrangements

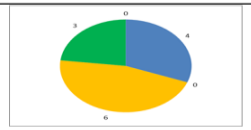
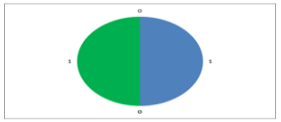
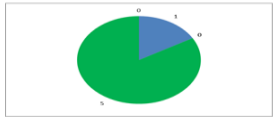
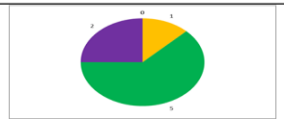
The Quality Matters Group (QMG) is established as a working group of the Quality Committee to:

- Oversee, drive and monitor the delivery of the Trust's Quality Improvement objectives
- Oversee, drive and monitor the Trust's consistent compliance with the Care Quality Commission's Fundamental Standards of Care

The Terms of Reference for the Quality Matters Group have been revised and approved by the QMG on 9th May 2018. The Quality Committee approved these revised ToR, on 15 May 2018.

The QMG will manage and monitor the delivery of the actions detailed with the QIP. As actions are completed the QMG will review evidence of completion and compliance as part of its assurance arrangements.

Weekly Tracker Log – Updated 4th May 2018

Immediate Patient Review	Review of elective and other services to support safer staffing	Safe Staffing Levels	Other staff	Technology	Closure of escalation beds	Planning to support management of use of escalation areas
Ensure all inpatients (medical incl outliers) have a documented senior medical review by 06/04/18 All surgical patients have senior review with additional sub-specialty review for appropriate patients by 09/04/18	Review of inpatient surgical elective activity	Visibility of plans for recruitment to RN posts	Ensure Housekeeper cover for all inpatient areas 7 / 7 days	Implement Allocate upgrade to support SAFE care	Undertake detailed bed modelling in partnership with WNCCG to model the bed closure requirements linked to the implementation of Discharge to Assess	Develop robust plan to support decant of wards for deep cleaning programme (IP&C)
Ensure all inpatients have complete senior nursing review by Matron / ACN by 06/04/18	Review of sub specialties / workload and ability to support inpatient ward areas	There is a significant and substantial shortfalls in registered nursing staff . The wards throughout the Trust have very high agency usage,	Ensure Ward Clerk cover for all inpatient areas 7 / 7 days		Implementation of West Norfolk Discharge to Assess intervention to support proactive management of planned acute bed closures	Develop plan for parameters for opening winter escalation beds
Develop thematic review based on outputs of audits		Visibility of plans for recruitment to HCA posts (planned over-recruitment)			High number of patients on MFFD/DTOC List	
DNAR status for all adult in patients to be reviewed by senior medical staff.		Review non-patient facing roles to support inpatient ward areas			Reduce inpatient bed numbers to support safer staffing levels (5 Actions)	
Implement phone line for escalation of immediate concerns if unable to complete DATIX		Review of education / training / R&D activity and ability to support inpatient ward areas				
Patient review of all inpatients on Oxborough to ascertain clinical reasons for IV infusion and urinary Catheter by Adult Safeguarding Lead		Ensuring that organisational development work addresses any staff issues identified consequent to the review				
Audit of urinary catheters - Trustwide						
Audit use of IV fluids and length of use on 2 medical and 2 surgical wards						
Ensure integrated clinical record Doctors, Nursing and AHP supports effective continuity of care (3 Actions)						
Implementation of Perfect Ward technology to support Board to Ward reporting of clinical area audits						
Implementation of Enhanced Care Team						
Implement regular staff listening events 'Ask and Act'						
Implement daily schedule of ward safety huddles on all inpatient areas						
						

Actions Completed & Evidenced	BLUE	6
Actions Overdue	RED	0
Actions at Risk of Delivery	AMBER	9
Actions on Track	GREEN	17
Action System Wide	PURPLE	2

4. CQC INFORMATION REQUESTS

Following the CQC Inspection of the 1st & 2nd May the Trust has received further Provider Information Requests (PIRs). This takes the total number of PIRs to 241.

The majority of the latest PIRs focus on the Core Services of Emergency and Urgent Care, Surgery, Outpatients and End of Life Care. The CQC have not set a submission deadline, but the Quality Matters Team aim to respond to all information requests by 25/05/18. The Trust has been thanked for its cooperation and arrangements for the CQC visit and prompt submission of all PIRs to date.

Emma Hardwick
Chief Nurse
22.05.2018