Agenda Item 13

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (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 29th October 2019

Report Title: Integrated Quality Improvement Plan Progress Update

PURPOSE:

The paper is to inform the Board of:

- Progress to date against the Strategic Priorities and 'Must' and 'Should' Do Actions and the CQC Condition and Warning Notices
- The proposal by Hospital Management Board - Quality (HMBQ) to amend the reporting arrangements for the Strategic Priorities
- The proposal by HMBQ to review and synthesise any duplicate 'Must' and 'Should' Do Actions to support improvements to the reporting of the Integrated Quality Improvement Plan (IQIP)
- The proposal by HMBQ to carry out a risk-based assessment on the completion of improvement actions for the next 6 months, the outcome of which will be reported to the November Board

SUMMARY:

This report summarises assurance provided by the HMBQ of the good made progress against the Strategic Priorities, and overall progress against the Must and Should Do Actions and Condition and Warning Notices.

The organisation and its partners have noted both the complexity and volume of actions contained within the IQIP. This paper therefore sets out the proposal by HMBQ to address this concern through a risk-based assessment and prioritisation of improvement actions.

The report summarises the work underway to develop a new reporting template which will provide an overview of progress against each strategic priority and/or condition, together with

a revised BRAG rating to identify where actions have been completed, are on track or at risk of delivery. An example of the new reporting template is included as an appendix.

Implications : Financial / Quality / Workforce / Policy:

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

RECOMMENDATION/S:

- To note the good progress against Strategic Priorities, 'Must' and 'Should' Do Actions and Condition and Warning Notices
- To endorse the proposed changes to the reporting of the Strategic Priorities
- To endorse the review and synthesis of duplicate 'Must' and 'Should' Do Actions to support the reporting functionality of the IQIP
- To endorse the proposal to carry out a risk-based assessment on the completion of improvement actions for the next 6 months
- To note the overall progress and assurance received by HMBQ, in relation to the Conditions and Warning Notices, in line with the agreed completion trajectory
- To note the formal notification received from Ruth May, England's Chief Nursing Officer, following the 'Exit Review' undertaken by NHSI in September, confirming the Trust no longer needs to remain on the Maternity Safety Support Programme

REPORT

1. Overview

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. This has been supported by changes to the Trust's divisional structure – moving from 2 to 4 divisions in September 2019.

2. Strategic Priorities

The Hospital Management Board - Quality (HMBQ) was assured of progress against the original seven Strategic Priorities. Following approval at the September Board of an 8th Strategic Priority – Safe and Compassionate Care, incorporating end of life care and management of the acute and deteriorating patients, work has commenced in both workstreams.

To prevent duplication and repetition in our monthly updates, HMBQ has proposed a change to the current monthly reporting of the Strategic Priorities to provide a more forward-focussed and detailed improvement picture. This focus will be on progress against actions and outcome measures, actions at risk of delivery and mitigations, using a revised BRAG rating.

The proposed changes to the reporting against priorities that will be presented to the Board and Assurance Group monthly can be found in **Appendix One**. This approach was supported at October's Oversight and Assurance Group meeting.

It is recognised that the current IQIP reporting template and BRAG rating does not effectively demonstrate and highlight progress against the improvement actions, particularly in relation to actions which are overdue, or at risk of delivery.

Agreed Actions:

A new reporting template is being developed and will be in place for December Board. This template will provide a summary overview of progress against each strategic priority and/or condition, and a revised BRAG rating will clearly identify where actions have been completed, are on track, or at risk of delivery. A detailed reporting pack will be provided for each division, complete with templates and milestones for each condition, must-do and potentially prioritised Should do's. Summary documents from these packs will then be presented to HMBQ, with highlight and exception reporting. Further reduced summary documents will be provided to Quality & Performance Committee and Trust Board. In taking this approach; all reports will be generated from a single base document ensuring a streamlined monitoring function with a single source of data. An example reporting template can be found in **Appendix Two.**

3. IQIP Progress – Outcome of the October Evidence Assurance Group

7 must and should do actions were approved for closure at the October Evidence Assurance Group (EAG). These actions were within the Division of Women and Children, Medicine and Clinical Support Services. 15 improvement actions comprising conditions and must/should do actions were not approved at the EAG in October.

Where approval was not granted, this was due to a lack of evidence to provide the necessary level of assurance, or to demonstrate how the improvement would be sustained and embedded in the division. Clear guidance and feedback has been provided to the divisions outlining the further work required utilising the CQC key lines of enquiry (KLOE) to demonstrate what "good looks like".

Division	Total Presented	Total Approved	Total Declined	Breakdown Approved				Breakdown Declined			
				Conditions		Must	Shoulds	Condition		Must	Shoulds
				29A	S31			29A	S31		
Women & Children	11	7	4	2	2	3			2	1	1
Medicine	13	3	10			3			3	5	2
Surgery	0										
Clinical Support	2	1	1			1			1		
TOTAL	26	11	15	2	2	7	0	0	6	6	3

Actions that were approved at the October Evidence Assurance Group

Must Do	CQC Domain	Division	Action Required
M41	Responsive	Maternity	The trust must ensure that effective arrangements are in place for vulnerable service users
M38	Safe	Maternity	The trust must improve cardiotocography training rates.
M152 2019	Safe	Gynaecology	The trust must ensure that the early pregnancy antenatal unit has portable oxygen and suction available.
M17	Safe	Urgent & Emergency	The trust must ensure that resuscitation trolleys are checked in accordance with the trust policy and resuscitation council guidelines.
M124 2019	Safe	Urgent & Emergency	The trust must ensure that resuscitation trolley checks and other daily environment and equipment checks are completed in accordance with the trust policy.
M134 2019	Safe	Urgent & Emergency	The trust must ensure that the staff required to implement this system are suitably qualified and competent to carry out their roles in that system, and in particular to undertake triage, to understand the system being used, to identify and to escalate clinical risks appropriately.
M54	Safe	Diagnostic Imaging	The trust must ensure staff lock computer screens to protect patient information when leaving them unattended in the breast care unit.

Trust overall must and should do progress by domain

Must

Domain	Completed & Signed off	Not Completed	Total
Caring		1	1
Effective	1	16	17
Responsive	1	5	6
Safe	15	65	80
Well Led		28	28
Total	17	115	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

There are currently 205 must and should do actions in total from both the 2018 and July 2019 report. Since the launch of the new IQIP in June 2019, 17 (12.8%) must do actions and 7 (9.5%) should do actions have been completed and closed. This equates to 24 (11.7%) of total number of this type completed across the IQIP.

The priority has been to focus improvement actions on the safe domain within both the must and should do actions, of which:
15 (18.7%) Safe must do actions have been completed
7 (17.8%) Safe should do actions have been completed

The completion of must do actions is currently slightly ahead of trajectory, with increasing divisional ownership and management of their improvement plans. However, it is recognised that due to the volume of improvement actions still to be completed (181) and the concentration of completion timeframes within the next 6 months, there is a risk to the overall delivery of improvements. It is also recognised that current leadership capacity and capability at divisional and speciality level combined with the expected increase in operational pressures over the winter period, is also a potential risk to the delivery of a number of improvements. As such we are risk assessing and prioritising where we focus our efforts for this next period.

Of the 46 Conditions, the Trust has approved the completion and closure of 11 = 24% since the launch of the IQIP in June 2019; which is ahead of the agreed trajectory. However, an alternative reporting template is to be developed with the support of the PMO team in the form of a Conditions highlight report which will detail milestones, progress through the use of a BRAG status and KPIs where required. These templates are to be developed for the November Board.

4 Conditions were approved for closure at the October IQIP Evidence Assurance Group, all related to Maternity Services.

6 Conditions were presented, but not approved. Where approval was not granted this was due to a lack of evidence required to provide the necessary level of assurance that the Condition had been effectively addressed, or there was a lack of evidence of how the improvement would be sustained and embedded in the Division. It is anticipated that at least 3 of the 6 conditions not approved in October will be ready for closure at the November Condition Notice Oversight Group (CNOG) and Evidence Assurance Group.

Conditions approved for closure (via internal reporting) in October 2019

MATERNITY 29A CONDITION 02	**Vulnerable service users were not prioritised by the service. The service ran a limited number of vulnerable service-user antenatal clinics and the demand exceeded the number of appointments available. There was not an effective system in place for women who could not be offered an appointment at vulnerable women clinics.**
MATERNITY 29A CONDITION 04	The environment in the Early Pregnancy Assessment Unit (EPAU) was not fit for purpose and risked the safety of service users. There was a wall between the scan room and the door, which meant that women could not be safely transferred in the event of a medical emergency. There was nowhere to lay down a miscarrying woman should they deteriorate
MATERNITY 31 CONDITION 01	The Registered Provider must ensure with immediate effect that staff reviewing, interpreting and classifying Cardiotocography (CTG) traces are trained and competent to do so.
MATERNITY 31 CONDITION 02	The provider must submit to the Care Quality Commission written evidence of the completion of CTG training for all midwifery and medical staff that are currently working
M38	The trust must improve cardiotocography training rates.
M41	The trust must ensure that effective arrangements are in place for vulnerable service users
M152 2019	The trust must ensure that the early pregnancy antenatal unit has portable oxygen and suction available.

Notices

Category	Completed & Signed off	Not Completed
GMC Condition		**3**
Trust Overall		3
Section 29	**7**	**14**
Diagnostic Imaging		3
End of Life Care		1
Maternity	6	4
Medicine	1	5
Urgent & Emergency		1
Section 31	**4**	**18**
Diagnostic Imaging		4
Gynaecology		1
Maternity	4	6
Urgent & Emergency		7
Total	**11**	**35**

HMBQ was assured of the progress and monitoring arrangement of the Section Notices within Maternity Services and Gynaecology. The recent visit by NHSI's Maternity Specialist, Sacha Wells-Munro, confirmed improvements and evidence of a change in culture and behaviours. Formal positive feedback has been received following this 'Exit Review', confirming the Trust no longer needs to remain on the Maternity Safety Support Programme.

HMBQ is assured of the progress and monitoring arrangement of the S31 for Urgent and Emergency Care and improvement is supported by the 2020 programme.

HMBQ was partially assured of the progress and monitoring arrangements of the S31 and 29A Notices relating to Diagnostic Imaging following a breach of Condition 2 of the Section 31 condition relating to Patient Group Directions. Immediate actions were taken and monitoring

arrangements strengthened to provide the required level of assurance. Robust breach reporting to the CQC and Oversight and Assurance Group is in place.

HMBQ received limited assured of the progress and monitoring arrangements of the Section 29A Medicine. However work is gaining pace, following dedicated external and internal resource as of September, to support the improvement work required for End of Life Care and the Deteriorating Patient.

Following concerns raised at the September Oversight and Assurance Group (OAG) regarding Radiology, a Deep Dive was presented at the October OAG outlining the improvements and changes to address concerns and risks. The group welcomed the positive progress that has been made in Radiology. This presentation can be accessed via this link

Actions Agreed:

A review is underway to identify the number of duplicate must and should do actions spanning the 2018 and 2019 inspection reports with a proposal to remove these from the plan. This will support the revised reporting functionality of the IQIP, whilst ensuring a clear record is maintained of all must and should do Actions. Currently there are approximately 25 duplicate must or should do action statements which were identified and reported in the 2018 and then again in the 2019 CQC report.

A further risk assessed approach will be undertaken following this 'refresh' to ensure the Trust focuses its resources and capacity for delivery on the Strategic Objectives, Conditions and Warning Notices, and Safe must do actions over the next 6 months. This will also incorporate the improvements essential for the embedding and sustaining of quality improvements. This review has commenced and the findings and recommendations will be presented to the November Trust Board, along with the revised reporting templates for the IQIP as supported by the PMO.

An alternative Conditions reporting template is to be developed with the support of the PMO team, which will detail milestones, progress through the use of a BRAG status and KPIs for each Condition.

4. Recommendations

- To note the good progress against Strategic Priorities, 'Must' and 'Should' Do Actions and Condition and Warning Notices
- To endorse the proposed changes to the reporting of the Strategic Priorities
- To endorse the review and synthesis of duplicate 'Must' and 'Should' Do Actions to support the reporting functionality of the IQIP
- To endorse the proposal to carry out a risk-based assessment on the completion of improvement actions for the next 6 months
- To note the overall progress and assurance received by HMBQ, in relation to the Conditions and Warning Notices, in line with the agreed completion trajectory
- To note the formal notification received from Ruth May, England's Chief Nursing Officer, following the 'Exit Review' undertaken by NHSI in September, confirming the Trust no longer needs to remain on the Maternity Safety Support Programme