Agenda Item No.14

NHS
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 Lead	Strategic		BAF 1	BAF 2	BAF 3
	Operational	✓	BAF 4	BAF 5	
	Governance	✓	**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	All				

Meeting Date: 27 March 2018

Report Title: Quality Matters

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 preparation for the forthcoming CQC inspection. This includes the identification of areas of compliance risk and improvement actions required.

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

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

RECOMMENDATION/S:

The Board is invited to:

- note the Quality Matters progress update
- commission additional work to provide further assurance as required

1. INTRODUCTION AND SUMMARY

The Quality Matters team have continued to prepare for our upcoming unannounced CQC inspection and are looking forward to being able to assist is showcasing the good work that Team QEH does on a daily basis.

An external clinical review carried out by NHSI and colleagues from West Norfolk CCG and Colchester Hospital University NHS Foundation Trust. Feedback from this visit is covered later within this report.

The CQC have also requested a focus group with a cross section of staff who work on our medical wards on Tuesday 20 March.

2. CQC PROVIDER INFORMATION REQUEST (PIR)

All PIR requests were signed off by a member of the Executive Team and authorised for submission. The Associate Chief Nurse – Quality Improvement reviewed all submissions prior to submission to ensure there was an overview of information provided and that there was correlation of data.

It is important to note that the PIR did not highlight any surprises for the organisation but confirmed known areas of improvement and risk.

Services of concern highlighted in the PIR:

Obstetrics and Gynaecology in relation to the Medical leadership of the service.

Outpatients and Diagnostics in relation to Appointment Slot Issues (ASIs). This was identified as an area of concern in 2015 and there has been a deteriorating position with the number of ASIs currently.

Challenges to ensuring quality of care and safety
High staff vacancies within the medical and nursing workforce and high sickness were identified as a significant concern and challenge to the organisation. Details of innovative and proactive recruitment were highlighted, but this continues to be a key area of concern and is also impacting on staff morale.

IPAC concern, in respect of the effective cleaning of a challenging site and its impact on infection, prevention and control.

The organisation is not able to consistently demonstrate how it learns and practice changes as a result of findings. There is good evidence of audit, investigation reports, survey results etc. but is unable to effectively demonstrate how improvements are made as a result of these findings.

Governance arrangements need to be strengthened. There was inconsistency in the reporting arrangements and variability in the quality of meetings and agenda items discussed, with CKIs not consistently forming part of the reporting and escalation of concerns.

3. QUALITY ASSURANCE VISITS

QEHKL internal assurance visits continue and there is only one inpatient ward left to visit at the time of writing this report. The team will continue to visits to the remaining areas of the Trust including outpatients, theatres, Endoscopy etc.

It is important to note that quality assurance visits have not highlighted any 'surprises' for the organisation

4. NHSI EXTERNAL VISIT SUMMARY

A Clinical Review Day led by NHSI, with WNCCG and Colchester Hospital Representatives was completed on Friday 9 March. Although this could be considered a 'light touch' review it is always helpful enlisting a 'fresh eyes' and unbiased approach to the quality of care we deliver and triangulate this with what we already know. A review of this kind also allows us to draw on the positive findings and ensure areas for improvement form part of our overall improvement work with the more immediate 'quick fixes' to be addressed so we are consistent in the care we deliver.

Areas Reviewed:
Emergency Department - reviewed twice
Necton
Rudham
Windsor
Critical Care
West Newton
Gayton

There was a plan to review Terrington Short Stay. However this area was not reviewed as a request was made by the team to carry out a second visit to the Emergency Department.

A full report has been completed and shared with Dr April Brown from NHSI who formed part of the inspection team and all areas inspected have received verbal and written feedback.
(Board members wishing to read the full report are invited to contact Lou Notley x 3787).

There was one immediate concerns raised during the inspection, which related to the identification of a ligature point in the Clinical Decisions Unit. This was addressed immediately and risk removed. There were no further immediate concerns raised during the day.

Areas of good practice and themed positive findings
There was an overarching theme that the staff at QEHKL are welcoming, friendly and professional. It was apparent to the review team that staff are extremely loyal and committed to the organisation with a strong desire to deliver high quality care. There was a strong sense of 'TEAM' and MDT working. There was a recognition that staff are working extremely hard under significant ongoing operational pressures, but the resilience of some groups of staff is being eroded as a consequence.

Opportunities for Improvement
Opportunities for improvement were identified by the team in all the areas they visited, although this related to one aspect of improvement only for Critical Care. Opportunities for improvement focused largely on areas of clinical practice and quality standards that should be maintained as part of business as usual and those which form part of wider organisational challenges and risks, particularly in relation to operational pressures and leadership.

Staff Feedback
Due to the number of staff who responded to the focus group invitation, two focus groups were held. One led by Dr April Brown and the other by Matron Baker.

Staff feedback was variable. Staff spoke highly of their colleagues and were proud of their teams and the desire to deliver high quality patient care. However, staff morale within some groups is poor with staff articulating that they do not always feel listened too and supported by senior management and the Executive team, with a lack of visibility of Executive Team

Patient / Carer and Healthwatch Feedback
Patient feedback within the clinical areas was very positive and it was reported that staff looked well cared for. The feedback from the Patient Experience group highlighted the inconsistencies in care, particularly in relation to discharge planning and communication between teams and with patient/carers.

Summary of findings
A review by an external team is hugely beneficial and provides the Trust with a 'Fresh Eyes' and unbiased approach to care and service delivery. This was a reorganised visit as a result of operational pressures experienced by the Trust in February. However, at the time of this clinical review the organisation was already into its third week of an internal critical incident due to a sustained increase in the demand for inpatient capacity. The findings of this review and that of recent quality assurance visits carried out by the Quality Matters Team have identified a correlation between ongoing operational pressures and staffing shortages and its subsequent impact on staff's ability to consistently deliver high standards of care and its impact on staff morale.

Whilst there were no unsighted risks, except for the ligature point in CDU, its findings have been triangulated alongside the work of the Quality Matters Team and will inform the Quality Improvement programme in place.

Themed findings have also been formulated and shared with the relevant teams with a focus on addressing quality standards with a need to ensure these are monitored as part of everyday practice. The monitoring of these quality standards form part of the Matron Charter and their daily roles and responsibilities.

Findings which relate to organisational leadership, nurse staffing and operational pressures, will form part of the Quality Improvement work and monitored through the Quality Matters Group which reports to the Quality Committee.

5. QUALTIY MATTERS UPDATE

Key Risks	Mitigating actions
High nurse staffing vacancies impacting on the delivery of care See BAF 1 & 4	• This forms part of the workforce strategy. • Recruitment event – 17th March. • Ongoing overseas recruitment in place. • Working with UEA on recruitment initiatives. • To manage the risk daily nurse staffing meetings are held by the senior nursing team to agree actions to mitigate this risk. • There is a need to explore further medium term solutions in the form of over-recruiting Unregistered in Registered Nurse Vacancies to support clinical care.
Ongoing operational pressures impacting on the balance of the delivery of the quality agenda. There is a need to ensure the monitoring of quality standards is part of BAU.	• This was raised at the Quality Matters group and a CKI submitted to the Quality Committee. • Proposal to be considered regarding the introduction of 'Back to the Floor' protected sessions for Senior Nursing team (Matrons/ACN) with clear aims for this session.
Staff are unaware of the details of the organisational restructure and governance arrangements	• This was raised at the Quality Matters group and a CKI submitted to the Quality Committee. There is a need for a communication and training plan to support the introduction of the new Divisional Structure. • Divisional terms of reference in development to support new operational structure.

	• Cascade briefings led by Chief Nurse and Medical Director to the Divisional and Clinical Delivery Group leads and Specialty leads to go through new operational and governance structures, roles and responsibilities.
Sharing information with staff teams regarding patient outcomes, risks and progress is inconsistent	• Re-setting of data to be displayed on the Quality Boards outside wards. • Quality Matters Boards have been designed and distributed to support the engagement & conversations with teams displaying key quality information regarding patient outcomes, risk and ward/dept performance. • Nursing Leadership Boards are now in place awaiting delivery of the staffing pictures for display
Resuscitation BLS training is below the mandatory training compliance standard and checking of the Resuscitation trolleys has been inconsistent.	• External Resuscitation trainer has been sourced for a 2 month period to carry out BLS and Resuscitation trolley training. Targeted training is in progress and reporting a further 220 staff been trained by this Trainer in past month. Longer-term plans in progress regarding succession planning for the Resuscitation Team.
A consistent theme is emerging from staff feedback that there is a lack of visibility and support of the senior team and Executive and Non-Executive Teams	• The Trust's Communication and Engagement Strategy which was ratified on 20th March, outlines key communication and engagement initiatives. • CEO working with Ex team to address perception of lack of visibility and engagement from senior / Ex staff
Significant improvement has been made regarding the reduction of outstanding Trust wide policies with only 16 now outstanding. However, the policy for the Opening of an Escalation Ward remains outstanding and expired in 2014	• This policy is currently being updated by the Chief Operating Officer with SOPs being developed for specific areas of escalation.
There is a lack of assurance regarding the plan to reduce and manage the backlog of Appointment Slot Issues	• Significant issues remain since this was a required action from the 2015 report. Chief Operating Officer to establish an action plan and monitoring arrangement to manage the ASIs. • There are plans in place aligned to the RTT improvement plan which includes extending the polling rages and a process for clinical harm reviews to be carried out.

6. COMMUNICATION

The Quality Matters message continues to be shared with all staff.

A staff engagement event over two days took place on 12 and 13 March where the CEO gave a running presentation every hour on the hour. This was open to all and staff were encouraged to attend. Around 300 staff were able to attend.

The Executive team are planning into the calendars visits to all areas over the next two weeks.

This will include both clinical and non-clinical areas. This will give staff the opportunity to meet with the leadership team plus allow the Executives to support staff and listen to any concerns they may have.

The Nursing leadership and staffing boards have now been positioned in the inpatient areas.

A Quality Matters Board has been designed for all areas across the Trust. It is recognised that sharing information with teams can be challenging, particularly where teams are made up of large numbers of staff, or where operational pressures impact on their ability to meet regularly.

These Quality Matters Boards belong to the teams and therefore information is generated from a combination of monthly metrics and from discussions within teams. These boards are not patient or relative information boards and therefore will not be in a public area. Ideally they will be in a Ward/Dept staff office or around the staff or MDT desk and accessible to staff.

The board should be updated monthly, but can also be populated during the month as events or meetings occur or where key messages need to be shared. The board also invites staff to add ideas and comments.