Agenda Item 1

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE OVERSIGHT & ASSURANCE GROUP (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Jon Green – CEO	**Decision**		**High**	**Med**	**Low**
	Discussion	✓	✓		
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Louise Notley – Associate Director Quality Improvement - Programme Director	**Strategic**				
	Operational	✓			
	Governance	✓	**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	All				

Meeting Date: **22 November 2018**

Report Title: **The Report of Board of Directors**

PURPOSE:

To provide a summary update to the Oversight & Assurance Group in respect of the Trust's work in delivering the Trust's Quality Improvement Plan (QIP), providing:

- Assurance, where actions are on track for delivery and assimilation into 'Business as Usual'
- The reporting of exceptions and key risks to the delivery of the Trust's Quality Improvement Plan, together with associated recovery plans
- Summary progress updates on the work of the five workstreams reporting to the QPB, via high-level dashboards

EXECUTIVE SUMMARY:

This paper provides a summary of progress against the Quality Improvement Plan (QIP), including a summary of action progress within each of the five workstreams and details of risks and issues identified to date.

Following the appointment of three Improvement Project Managers as of 14/11/18, a detailed review of all QIP actions is currently being carried out. It is anticipated a number of QIP action changes will be required to ensure the impact of actions are evaluated and action deadlines amended and aligned accordingly. This report details the need for a formal QIP Action 'Change Process' to be established which includes approval by the Quality Programme Board (QPB).

The report highlights the BRAG status of Blue actions which includes a number that have transitioned from both the Immediate Action and Maternity Action QIP and the decision to establish an Evidence Assurance Group. The BRAG status also highlights 40 actions which have moved to Red against the original deadline set. A review of these actions has identified progress, but evaluation of the impact of actions needs to be 'built into' the QIP. This will

provide the necessary level of assurance that changes and improvements are effectively addressing the Must of Should Do actions, to consistently improve the quality of care our patients receive.

It is anticipated this review will result in a number of changes to the QIP and BRAG status which will be included in the December QPB report to the OAG.

Jon Green, CEO and QPB Chair

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

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

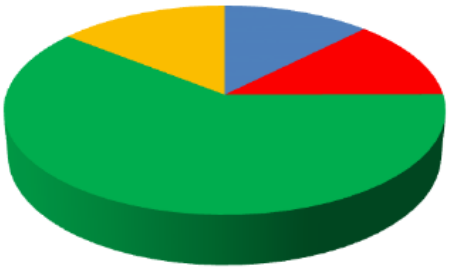
RECOMMENDATION/S:

The Oversight and Assurance Group is invited to comment on the progress of the Trust's QIP.

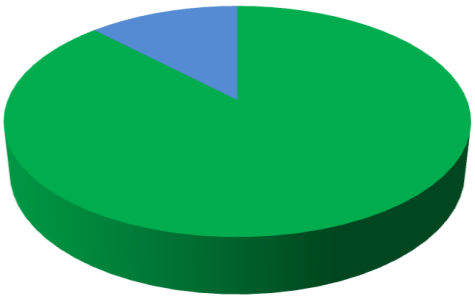
Quality Improvement Plan Summary Dashboard and supporting narrative

Summary – All Workstreams

ASSURANCE - all workstreams (current month)



ASSURANCE – all workstreams (previous month)



ACTION STATUS (current month)

	Red	Amber	Green	Blue
No.	40	46	195	40
%	12.5%	14%	61%	12.5%

Data for November 2018

CQC Domain	Red	Amber	Green	Blue	TOTAL
Safe	17	29	91	17	154
Safe – previous 6 months					e.g. May–Oct 18
Effective	3	5	25	3	36
Effective – previous 6 months					e.g. May–Oct 18
Caring	0	0	1	7	8
Caring – previous 6 months					e.g. May–Oct 18
Responsive	5	8	41	6	60
Responsive – previous 6 months					e.g. May–Oct 18
Well-led	15	4	37	7	63
Well-led – previous 6 months					e.g. May–Oct 18

For the November meeting an overarching highlight report has been completed by the Executive Leads for each of the 5 workstreams capturing key risks and issues identified at this stage.

With the appointment of the three 3 Improvement Project Managers (IPM) from the 14th November, all Workstream reports from December onwards will be submitted using the QPB approved Workstream Highlight template, which will provide a greater level of detail against the progress of individual actions, including RAG status updates. The IPMs will work with both the Workstream Executive Leads and the Action Owners to compile these reports.

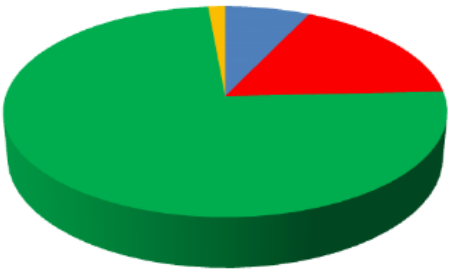
It is anticipated following a detailed review of every action in the QIP, a number of changes may be required to ensure actions effectively meet the outcome measure and address the Must or Should Do requirements. It is possible, that having explored specific issues in more detail, the completion deadlines for some actions may also need to be altered. Following discussion with Philippa Slinger; NHSi Improvement Director, a Change Control Process is being established to ensure robust governance arrangements track and record any changes. This Change Control Process will be in place for the December QPB.

With the establishment of a QIP Evidence Assurance Group, the QPB has agreed for completed actions from earlier plans that have been RAG rated Blue will be submitted through the new QIP Evidence Assurance Process for further assurance.

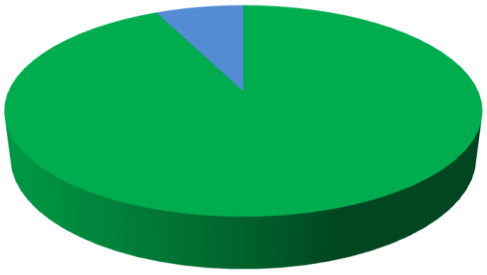
Louise Notley
Associate Director Quality Improvement
Programme Director

People

ASSURANCE – current month



ASSURANCE previous month



ACTION STATUS (current month)

	Red	Amber	Green	Blue
No.	12	1	52	5
%	17%	1%	74%	7%

There are five blue areas in the Quality Improvement Plan – People workstream, that have been. These are

- P5.1 – CTG training and record management
- P15.4 – Delivery of leadership Summit on 2 October 2018
- P16.1 – Recruitment and appointment of the Freedom to Speak Up Guardian (FTSUG)
- P16.2 – Trust wide promotion of the role of the FTSUG
- P18.1 – The launch of the Behaviour Framework and Values

Remaining areas in the People work stream are beginning to be critically reviewed and assessed by the Director for HR&OD with the newly appointed Improvement Project Manager (IPM) (commenced on 14 November 2018) to ensure alignment and compliance with the required governance and reporting processes (inclusive of the formal requirements to change the status of areas in the People QIP). This was alluded to in the previous report and will be picked up moving forward. As a consequence, the Board is asked to note that the status of a number of areas is likely to change by the time the next report is produced.

The Board can take assurance from the fact that in future the Executive Lead for the People workstream and the Quality Improvement Team will be closing working together to ensure that there is improvement in reporting; that it will be timely and that it will be consistent with the processes being applied to other work streams.

The one point I would ask the Board to consider is that the work being undertaken by HR and OD may not always appear to fall into precise delivery times as products and evidence material will need to approved by other Trust Committees and therefore may generate more change orders than other work streams

Identified risks to changing assurance next month

A number of duplications and errors have been detected in the QIP and these will need to be handled through the change notice process. P9.1 and P.2 are repeated at 10.7and 10.8 and only need to be included once. In updating the outcome measures to those mentioned above we will amend the text on the QIP in line with change notice requirements.

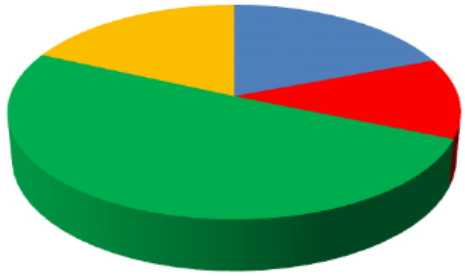
The Board can take assurance from the following actions from two workstream meetings so far:

- The People workstream has been incorporated within the HR Strategic Implementation Plan and cascaded through HR leads
- The Priorities within the Implementation Plan have been revisited in line with the 5 year nature of the strategy to allow resources to support the key deliverables of the next 3, 6 and 9 months
- The appointment of the IPM for the People workstream will undertake re-engineering workshops with clinical teams to increase efficiency and effectiveness of current and future workforce models.

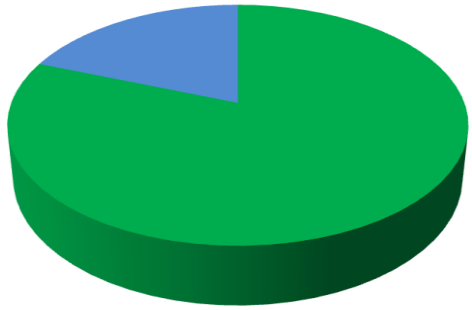
Exec. Lead - Dir. HR&OD, Karen Charman

Caring Safely

ASSURANCE – current month



ASSURANCE previous month



ACTION STATUS (current month)

	Red	Amber	Green	Blue
No.	12	18	50	19
%	12%	18%	51%	19%

There are 19 Blue actions the majority of which relate to completed actions from both the Immediate Action and Maternity Action QIP, which have transitioned across from these improvement plans. With the establishment of a QIP Evidence Assurance Group, the QPB is to decide if completed actions from earlier plans that have been RAG rated Blue are to be submitted through the new QIP Evidence Assurance Process.

Record Keeping

- CS1 On track Patient Assessment documentation booklet at printers - rollout during November.
- CS1.6 Record Keeping Policy was updated and ratified at the Clinical Governance meeting in October 2018.
- CS2 ED Staffing review in progress and on track. Action may require review to ensure outcome is met.

Vulnerable patients

- CS3 MCA/DOLS assessments audit results indicate some improvement within DNACPR. Audit programme established capturing both monthly spot audit and quarterly trust wide audits.
- CS4/ CS5 Maternity actions for vulnerable women progressing well with alignment and support now from the LMS. LMS have started to develop an action plan with Maternity.
- CS6 Chaperoning policy in place. However, there is a lack of assurance this improvement work has progressed. Improvement Project Manager for Caring Safely Workstream commenced in post 12/11/18 and to prioritise this action.
- CS7 Initial audit demonstrated improvements in all areas, monthly and quarterly audit programme in place with peer audit assurance in place. Revised audit tool which has been tested.

Resuscitation Equipment

- CS7/8/9 Resuscitation equipment in place. Trust wide resuscitation audit monthly
- Trust wide Resuscitation audit by buddy trust to be requested. These checks also incorporated into Quality Assurance Visits – triangulation of findings will inform improvement work.

Medication safety

- CS12/13 Diagnostic imaging now included in the quarterly medicine management audit

Infection prevention and control

- CS16 NHSI peer review de-escalated to Amber. Some risk with pace of cleaning training due to recruitment and being able to release staff for training.

Theatre Safety

C17/18 On track, need to identify and develop learning as part of WHO checklist.

Safety Huddles

C19 Observational audit commenced 5/11/18.

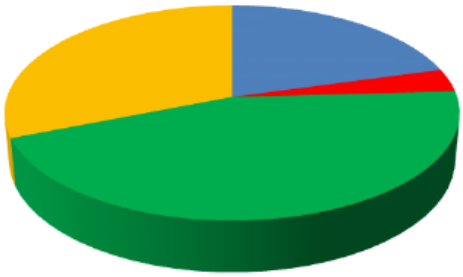
Fundamentals of care

C20 On track improvements seen in audit compliance. Perfect Ward audit system in place and on track some delay in ward to board reporting from this but now progressing. Quality Assurance Visit programme commenced, 3 inpatient wards assessed to date.
Jugs and glasses now available – replaced bottles to improve access to drinking water.

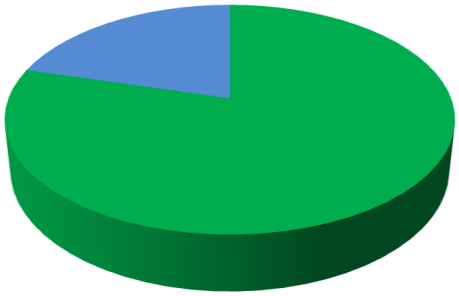
Exec. Lead – Chief Nurse, Emma Hardwick

Environment

ASSURANCE – current month



ASSURANCE previous month



ACTION STATUS (current month)

	Red	Amber	Green	Blue
No.	1	9	13	19
%	2%	21%	31%	45%

Significant progress has been made in response to improvements to the hospital environment, identified by the CQC report and as described in the QIP.

North Cambs Hospital

CQC identified two areas of improvement at North Cambs Hospital for the First Floor Antenatal Clinic and Ground Floor Phlebotomy / Outpatient facilities, currently located in the stand alone building known as the path Lab block.

Immediate remedial improvements to the First floor Antenatal Clinic to improve accessibility were undertaken and plans to relocate the clinic to the Ground Floor Rowan Lodge were agreed in principle with the landlord - Cambridgeshire Community Services NHS Trust (CCS).

QEH have now formally agreed the relocation plans with CCS and the scheme detailed design for Rowan Lodge is now complete. The main contractor is preparing to commence the construction work and the refurbished facilities will be available for QEH to occupy in March 2019, as Phase 1 of the improvements.

Phase 2 briefing meetings are progressing for the relocation of the Phlebotomy facilities to the main Outpatients department and the design team have produced the initial plans, which are agreed in principle. It is planned that construction refurbishment in the Outpatient Department will be complete by Autumn 2019 to enable the permanent relocation Phlebotomy Department, to the new ground floor facilities.

QEH Emergency Department

CQC identified several areas of concern with the Emergency Department environment.

Treatment cubicles had been previously modified to expand A & E capacity, by making two cubicles from the original ones. The reduced space creates tension in the clinical space and only one side of the revised cubicles is serviced with medical gas outlets and emergency nurse call

points.

There is no line of sight between the treatment cubicles and the main nurse base, which presents clinical risk.

There are no hearing loop inductors for people with limiter hearing.

A & E service demand has entirely outgrown the department's capacity. We have appointed an Architect and Healthcare space planner to conduct a review of the ED, with a view to resolving the immediate CQC concerns about the treatment cubicles and line of sight. A multi stakeholder workshop meeting is scheduled for 16.11.18 for all A & E Consultants and nursing management staff, so that improvement plans can be drawn up for the short term, medium term and long term strategic investment requirements, to provide an appropriate and fit for purpose ED.

A third sector specialist consultancy in accessibility – 'AccessAble', have been identified to undertake a review of the entire site, to determine any shortfall in compliance with the environment requirements of The Equality Act (2010). This will enable strategic investment to be planned for future capital allocations and in the immediate instance arrangements are being made to provide Hearing Loop inductors for patients with limited hearing.

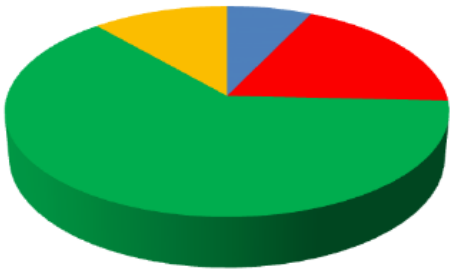
Ward Deep Clean programme

Estates refurbishment works continue on the agreed rolling programme of ward deep cleaning, to enable HPA sterilisation of all wards, as recommended by CQC.

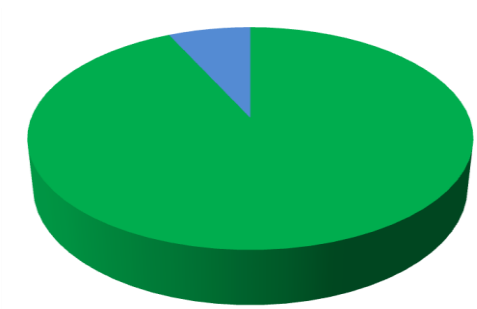
Exec. Lead – DoF&R, Roy Jackson

Performance

ASSURANCE – current month



ASSURANCE previous month



ACTION STATUS (current month)

	Red	Amber	Green	Blue
No.	13	8	44	5
%	19%	11%	63%	7%

Project manager now appointed (due to start WC 12/11/2018 to support delivery of actions).

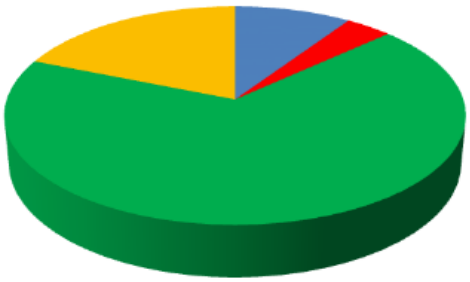
Action owners assigned and aware of their roles within the QIP.
All actions on track (green) or completed.

Currently biggest risk is PF2, the improvement of AE 4 hour standard compliance. While significant work is underway, particularly that with ECIST, the target continues to remain challenging. This action is also monitored through various other committees and at the main Trust Board.

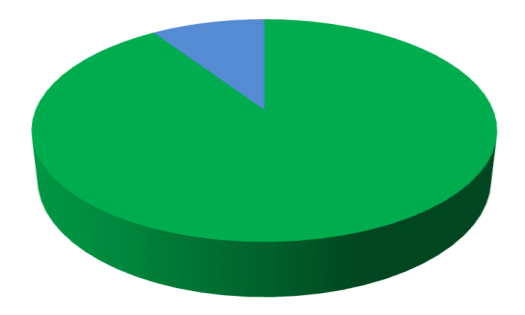
Exec. Lead - COO, Jon Wade

Governance and Learning

ASSURANCE – current month



ASSURANCE previous month



ACTION STATUS (current month)

	Red	Amber	Green	Blue
No.	2	10	36	5
%	4%	19%	68%	9%

The foundations for delivery of the Governance and Learning actions are under development with :

- External assessments and audits of the management of Serious Incidents complete and informing delivery of action points
- Interim capacity in place to ensure Quality Improvement methodology informs the QIP programme
- External assessment of risk management commenced which is informing delivery of action points
- Work underway to develop an effective communications plan to facilitate sharing of learning

Specific actions are completed :

- Reviewing the ToR for Divisional Board and CBUs
- Mortality meetings in the Emergency Department and in Surgery have recommenced with the Summary Judgement Reviews (SJRs) from all Trust areas being reviewed by the Medical Director on a weekly basis
- Associate Director of Quality Improvement is appointed (31.7.2018)
- Root Cause Analysis (RCA) training for staff 20-21 September 2018

Risks:

- Capacity of organisation to adopt new ways of working in governance during the coming winter
- Identification of suitable and affordable resource to deliver change in the QIP

Exec Lead - MD, Nick Lyons

Next Steps:

- **Quality Programme Board agreement on Risks to delivery of the Quality Improvement Programme (QIP).**
- **Further development of the supporting dashboard.**
- **Refinement of 'Highlight Reports'**
- **Embedding of Governance systems to support the Quality Improvement work and ensure robust assurance i.e., QIP Evidence Assurance Group.**
- **Review of the BRAG rating rationale to ensure that actions that have been delivered but are not embedded can be easily identified.**

Jon Green
Chief Executive