Agenda Item 11

The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Catherine Morgan Director of Nursing Dr Beverley Watson Medical Director	Decision		High	Med	Low
	Discussion	√		√	
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
	Strategic		1		
	Operational	√			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	All domains				

Meeting Date: 26 January 2016
Report Title: Aiming for excellence – quality update

PURPOSE:

To update the Board on our journey of improvement – Aiming for Excellence

SUMMARY:

The Board will recall that the CQC's July 2015 report acknowledged the very significant improvements made at the Trust since their previous visit and that this led to the Trust being removed from Special Measures.

The CQC did highlight 3 key areas for further improvement:

- Obstetrics and Gynaecology
- Outpatients
- End of Life care

Since the CQC visit, the Trust has put in place a number of improvements in these areas, including:

Obstetrics and Gynaecology:

- Opening of Midwife-led Birthing Unit (MLBU)
- External support (CQC Inspector) secured - labour ward lead (safety and governance on delivery suite)
- Instrumental delivery trainer procured
- Support for development of new workforce model for obstetrics in development

Outpatients:

- 'Hub' Vision development
- Work being undertaken on DNA and ASI rates
- Partial Booking developments

End of Life Care:

- New 'End of Life' Care Co-ordinator recruited
- Mortuary / bereavement suite improvements complete
- Registrar offering on-site service
- Specialist palliative care to move to NCH&C, located at Tapping House. Non-specialist EoL care remains with Trust.
- 'Preferred place of death' baseline established.
- Audit to measure compliance with NICE EoL standards being undertaken.

In December 2015, the CEO led a multidisciplinary session for staff as an opportunity to review the progress we had made more broadly, since the CQC report in July.

This report summarises the views of many front line staff and managers of 'where we are' against the recommendations contained within the CQC report and some further updated information available since that time.

Next steps are presented along with the new framework to ensure oversight of CQC compliance to help drive quality improvement.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

None as a direct result of this report.

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

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

RECOMMENDATIONS:

To note the report and endorse the framework for oversight of CQC compliance

An update on our journey of improvement – Aiming for Excellence

In December 2015, the CEO led a multidisciplinary session for staff as an opportunity to review the progress we had made since the CQC report in July.

This table summarises the views of many front line staff and managers of 'where we are' against the recommendations contained within the CQC report and some further updated information available since that time.

Area	Comments	Target for March 16	Comments Score /10 Dec 15	Target score/10 March 2016
ARE WE SAFE?				
Falls related incidents	Still challenging We need to continue to work with identified wards areas	Reduce trend down for next 3 months	6	7-8
Pressure Ulcers	Marked improvement over recent months. Needs to be sustained	Encourage system wide involvement to reduce numbers coming into Trust with ulcers Sustain reduction in device related pressure damage	7	8-9
Infection Control	Norovirus control good, but C Diff control has not been sustained well enough	C.Difficile will be reduced and be brought back on track	7	9
Never Events/SIs	1x Never Event reduced to SI as only Never Event if input electronically and we input manually.	Continue to keep trending down and improving		
Learning from NE/SIs	**Oxygen:** Greater control and processes – recent external BOC review		7-8	8-9
	Diabetes: improved diabetes related safety but still areas for further work		6-7	6-8
	Procedure related: WHO checklists now visible. Can articulate what is required. Significant piece of work to be done for invasive procedures in line with new NHSE NatSSIPs guidelines.	RCA Investigations to be linked to Clinical Audit plans from April 16.	Dermatology/Orthodontics 9-10 Rest of Trust 8-9	
Medical Outliers	Procedures and protocols are improved. All patients are identified as appropriate to move. Electronic	Reduce the number of moves. Improve continuity of medical		

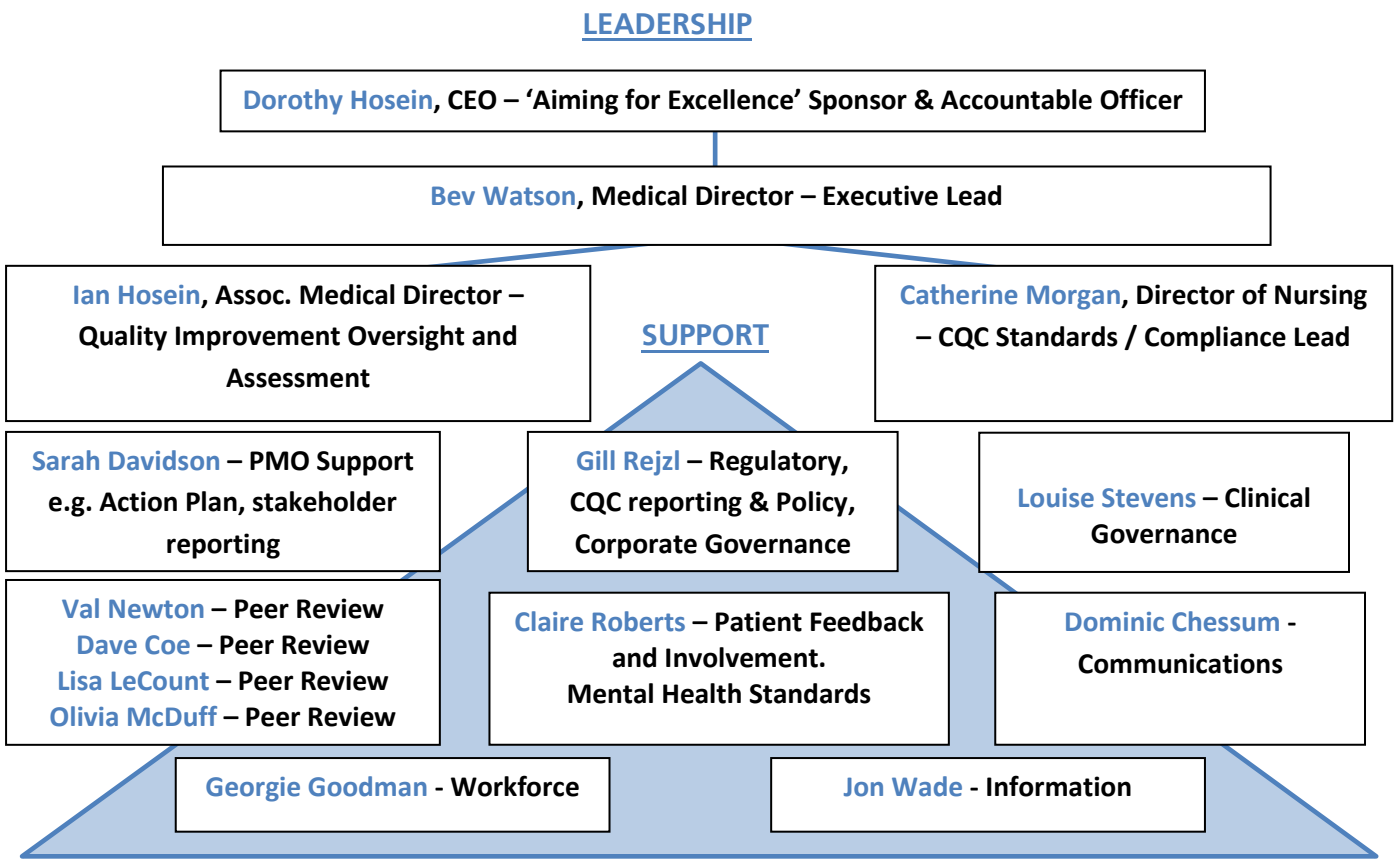
	tracking not always used in real time but team are aware of where their patients are, this has been led and owned by the Juniors with much improved daily clinical handover in the ops centre	support		
ARE WE EFFECTIVE?				
Safeguarding	Requirements for doctors to complete L3 to be established. Mental Health group established – gap analysis being done. Training programme in place for NAs 1:1 starting date to be confirmed, this will also relate to falls.	Breakaway training for international nurses to be 85%		
Staffing	Staffing still challenged but not unsafe. Medical Division most challenged, both nursing and medical staff. 3xdaily reviews nursing numbers to continue. Staffing levels are not based on numbers but on acuity of patients by area.	eRoster compliance. Acuity tool implemented. Communication around leadership/development programmes (Nursing & Medical) Communicate how staffing numbers are planned by area based on acuity. Weekly review of junior doctors placement	Safe – Yes, but continues to be challenging	
End of Life Care	A number of internal initiatives completed to improve patient and relative experience with positive impact. National Audit complete (a snapshot view) results will be available in spring. Single point of access for patients outside the hospital being developed by NCH&C , together with review of medical staffing provision for service leadership	Promote the new bereavement room in the Mortuary, staff to be given opportunity to view for themselves. Work to be done with partners on the appropriateness of some transfers to hospital at EoL	CQC would still rate as Requires Improvement mainly due to lack of Specialist Palliative Care consultant leadership.	
Information Governance	Spot audits being carried out and comms support to raise awareness.			
Maternity Services	Improved oversight and governance. Midwifery and obstetric external support sourced to drive further improvements.		Would still be 'requires improvement'	
Hospital @ Night	Weekend cover from December 15. 24/7 cover			

	dependant on recruitment. Model will be very beneficial but needs further development.			
ARE WE RESPONSIVE				
18 weeks and cancelled operations	No major concerns.	Ensure beds are ring fenced and capacity available in DSU		
A&E Access Target	Very challenging in face of winter pressures. Remodelling of our front door in line with post-CPT plans is underway.	Reduce the 70% of patients tied up in Long stays. Reduce the % of discharges after 4pm. Achieve 30% of discharges before midday	If CQC returned they would find department safe and staff aware of what process for double up of cubicles and escalation process at night	
Ambulance Handover	Still frequently challenging	Ensure triage is lean, correct and slick		
Stroke	Good improvement in many metrics.	Improve the door to scan times. Improve time to ward (<4 hours)		
Outpatients	Environment and call response improved however still much more to do! Clinic cancellations remain high	Reduce cancellations and ASI through tighter controls and Business Planning process.	Still requires improvement	
Cancer Pathways and Access Standards	Improvement on 62 day target, but histopathology turnaround times may introduce a new challenge in Q4	Continue to achieve target and sustain.		

Our key next steps:

- Recognise that improvement is for the patients and Trust not the CQC.
- Maternity and Outpatients – convert from 'requires improvement' to 'Good'
- Focus on outcomes
- Ward Assurance – invigorate energy and support
- Team led, information driven improvement plans
- Focus on behaviour, good practice and compliance to be business as usual

- Reflect on what has been done but what difference has it made to the patients
- By June 2016 no areas to be 'Requires Improvement'
- Re-assess in March and communicate outcomes to teams

Oversight of CQC compliance to help drive quality improvement

The re-visit of our CQC compliance will be further driven, supported and overseen by key staff as shown below: