The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Wendy Cookson, Interim Director of Quality	Decision		High	Med	Low
	Discussion		√		
	Information	√			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
	Strategic				
	Operational	√			
	Governance	√	**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Essential Standard Ref:	Outcomes 7, 13, 14, 16, 17, 4, 5, 2, 1, 6, 9, 21				
NHSLA Standard Ref:	n/a				
Media / Communications:	Multiple internal and external. NHS Choices website				

Meeting Date: 27th May 2014
Report Title: Quality Improvement Plan Delivery Update

PURPOSE:

To provide an update of the Integrated Quality Improvement programme report as part of CQC and Monitor regulator assurance.

SUMMARY:

The Integrated Quality Improvement report is the main reporting vehicle for external partners, regulatory bodies and public communication on the progress against quality and patient safety non-compliance and warning notices identified in the Trust in 2013. It is completed for the 13th of each month.

Improvements continue in all outcomes with a continued increased focus are outcome 9 – medicine management and outcome 21 – record keeping.

The trust overall A&E performance for April was 91.89%. A Programme Board has commenced with the aim of centrally monitoring and delivering projects such as the ECIST action plan and simple discharge through the PMO.

The CQC has announced it will visit the Trust on the 1st July for 4 days during its 2nd wave of inspections under the new framework. The Trust undertook a Mock CQC of the areas not reviewed in our January Mock visits on Friday 16th May.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

Quality Improvement

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 its contents.

INTEGRATED QUALITY IMPROVEMENT PROGRAMME REPORT

1 INTRODUCTION

1.1 The Integrated Quality Improvement report is the main reporting vehicle for external partners, regulatory bodies and public communication on the progress against quality and patient safety failings identified in the Trust in 2013.

1.2 The report is to be updated monthly. The sixth update was required for May 13th 2014 to support regular meetings with Monitor and CQC assurance.

1.3 The CQC will undertake an announced inspection of the Trust commencing 1st July for 4 days under the new framework for inspections.

2 BACKGROUND

2.1 The Trust entered the Special Measures programme in October 2013, following the publication of two CQC reports in September which identified the Trust as being non-compliant with twelve of sixteen CQC Outcome measures. Under four of outcomes, the Trust received formal warning notices from the CQC. In addition the Trust had a Rapid Response Review led by NHS Midlands and East which resulted in a site visit in August 2013. The resulting report included 27 improvement recommendations.

2.2 In August Monitor found the Trust in breach of its license (as a Foundation Trust). The breach was related to the quality and patient safety breaches outlined in section 2.1, concerns ever the corporate governance of the Trust and failing the 4 hour, 95% target.

2.3 The Integrated Improvement Plan aims to address all of these issues. It has prioritised work requiring immediate action, as per regulatory requirement, but also to urgently address the need to listen to patients and staff, to ensure the delivery of safe care, enabling our staff to give safe and effective care and lead the Trust well. The programme focuses on staff empowerment, engagement and responsibility to ensure that the actions lead to measurable and sustainable improvements in the quality and safety of patient care.

2.4 The CQC inspection in July is an announced visit under the new framework for inspection. The Trust is part of the second wave of inspections and we hope to benefit from any experience and lessons learnt from both the Trusts inspected and the CQC during the first wave.

2.5 To enable the inspectors, the Trust has been asked to submit a considerable amount of data in advance on Friday 23rd May. The 'core' service leads of A&E, services for children and younger people, critical care, end of life, out patients, maternity and family planning, medicine and surgery have been briefed. The inspectors will visit these areas and interview staff and patients in these services as a minimum. Other areas and staff i.e. the Chaplaincy, will be informed of dates for focus groups, interviews and visits as the CQC let us know their timetable nearer the time.

2.6 The new framework of inspection is focused around 5 'Primary Domains':

- Safety - are people protected from abuse and avoidable harm?;
- Effective care – people's care and treatment achieves good outcomes, promotes good quality of life and is evidence-based where possible;
- Caring – staff treat patients with compassion, kindness, dignity and respect;
- Responsive – services are organised to meet people's needs;

- Well led – leadership, management and governance of the organisation assure high quality, patient centred care and promotes an open and fair culture.

The inspection will take into account the progress the Trust has made since their last visit and is expected to take an 'appreciative enquiry' approach – one that asks questions of individuals and groups in a way that enables them to focus on the positive aspects of the organisation, service and experience.

3 UPDATE ON PROGRESS

3.1 The full version of the updated report is attached for reference. Key improvements against the four outcomes for which the Trust received warning notices are:

- Outcome 7 - Safeguarding people who use our services

The Trust continues to make significant improvements in targeted training on mental capacity act (45% since November 2013 and dementia awareness, 68% since September 2013) with targeted training for dementia awareness on Gayton and Necton wards at 85% and 96% respectively. 'Barbara's Story' about the experiences of a patient with dementia, has been rolled out to non-clinical staff in March and for all staff in dates for April and June 2014.

- Outcome 13 - Nursing staffing levels

Every general ward continues to monitor, report and escalate its minimum staffing levels of 1:8 (day) and 1:11 (night) trained staff to bed ratios 3 times daily. The level of band 7 nurses achieving 'supervisory' is at 69% which remains a key target for increased senior leadership, teaching and support on the wards. Vacancy rates data is the same as April pending the update of EPR (3.72% for registered nurses and -48.4% for HCA's). The turnover rate of 0.85% for trained staff has seen a slight increase from 0.51% and for HCAs a decrease from 1.03% to 0.62%.

- Outcome 14 - Supporting Workers

The themes that emerged from the 71% of staff who attended the Trust 'Values and Behaviours' workshops are:

- Our most important values need to be recognised, encouraged and celebrated, whilst poor behaviours highlighted and actively discouraged;
- Values and behaviours need to be communicated in a simple way to be meaningful to everyone.

From this a communication plan and foundation for our Quality Strategy has been created:

- Having the courage to do the right thing;
- Providing compassionate care;
- Pride in doing a good job; and
- Constantly being curious.

The Strategy will be introduced and refined throughout June with the staff.

- Outcome 16 - Assessing and Monitoring the Quality of Service Provision

The Trust also reports progress against outcome 17- Complaint management, under this section. The external complaints review action plan has been approved and is being managed by the Chief Nurse. The Trust's revised quality strategy for 2014/16 and implementation plan will be formed for the completion of the quality accounts by June 2014 and based around the core values and behaviours work under outcome 14.

Areas that remain of concern remain:

- Outcome 21 – Record Keeping

Supplementary training by a tailored seminar given by the Medical Defence Union (MDU) took place in 9th May. CDs and clinical governance leads are being asked by the MD and myself how they are now to support the Trust going forward. Senior nurses continue to check-and-challenge staff daily on completion of nursing documentation and documents are audited and revised to enhance compliance to good record keeping guidelines.

- Outcome 9 – Medicine Management

On-going improvement includes the purchase of an automatic fridge temperature monitoring system, capability and capacity reviews of the pharmacy team and drug chart completion is part of the daily senior nurse's check-and-challenge. Drug omission remains an issue for the Trust. Our Medicine Management pharmacist commenced work in the Trust 1st May and will be driving the education and monitoring of this area of concern.

Other key areas are the 95% 4 hour A&E target and Corporate Governance:

- The 95%, A&E 4 hour target.

A key quality indicator, the trust overall performance in April was 91.89%. The performance was disappointing and raises concerns about the sustainability of the achievements of last quarter, especially as a majority of the winter pressures initiatives have now ceased. The CEO held the first Programme Board for the emergency patient flow on 8th May which discussed the implementation of the ECIST action plan and gave staff the opportunity to add other ideas to enable the Trust care for this patient group. The PMO will manage the programme of work overall. The bereavement space for A&E is planned for completion in early June.

- Corporate and Quality Governance

Progress against the KPMG external QGAF assessment and resultant 25 recommendations made in November 2013 continues. Training for committee Chairs below the Board Committee structure will be offered external training through June. Work has commenced on aligning the service line reports to the Board Integrated report and an appointment to the new role of Head of Clinical Governance is anticipated in the last week of May.

5. RECOMMENDATION

5.1 To note the report and its content.