Agenda Item 1

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Jon Green Chief Executive	Decision		High	Med	Low
	Discussion		✓		
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Lou Notley Associate Director of Quality Improvement	Strategic				
	Operational	✓			
	Governance	✓	**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	Safe, Caring, Effective, Responsive and Well-led				

Meeting Date: 25th September 2018

Report Title: Quality Programme Board

PURPOSE:

The purpose of this report is to:

- update the Board in respect of the Trust's:
  - Special Measures Programme
  - Quality Programme Board

SUMMARY:

Following publication of the CQC Inspection Report on 13th September 2018, the Trust has been rated 'Inadequate' and NHS Improvement has placed the Trust in Special Measures Programme.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

This programme includes the key Quality priorities identified and is intended to help to ensure the Trust is compliant with its regulatory standards and to support the Trust in improving its rating of Inadequate which has placed the Trust into Special Measures.

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

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

RECOMMENDATIONS:

To receive and note actions progress and next steps

1. SPECIAL MESURES PROGRAMME

The Speacial Measures Programme consist of a range of interventions designed to support the Trust in achieving rapid improvement in the areas of concern identified by the CQC's report and to ensure that patients are receiving the high quality, safe care they deserve from a responsive, well-led organisation.

The package of support includes:

- support and development from an Improvement Director (ID), Philippa Slinger, supported by an associate ID, to work with the trust to improve the quality of care and the way the trust is governed and led;

- a 'buddying' relationship with one or more trusts which will offer enhanced peer support and direct, hands-on assistance and advice from experts in NHS care and management;

- support from the NHS Improvement regional team to tackle key issues that were raised in the CQC report;

- wide stakeholder engagement in the Quality Oversight process and the Sustainability and Transformation Partnership to ensure that improvements are supported by efforts in the local health system; and

- Special Measures funding support accessed through NHS Improvement and developed by the Trust with support from our Improvement Director and Regional team.

There will be an Oversight and Assurance group involving the Trust and its stakeholders to help support and track the improvements needed to ensure a better quality of service is provided to the patients served by the Trust.

2. QUALITY PROGRAMME BOARD

As part of the programme I will hold a monthly Quality Programme Board which will oversee and drive the Must and Should do actions at pace via the Trust Quality Improvement Plan.

There will be 5 workstreams, each with an Executive Lead as below.

Trust Quality Improvement Plan (QIP)				
People	Caring Well	Environmental	Performance	Governance & Learning
Exec Lead – Karen Charman	Exec Lead – Emma Hardwick	Exec Lead – Roy Jackson	Exec Lead – Jon Wade	Exec Lead – Nick Lyons
11 Musts	18 Musts	7 Musts	5 Musts	14 Musts
9 Shoulds	5 Shoulds	3 Shoulds	10 Shoulds	11 Shoulds
Total 20	Total 23	Total 10	Total 15	Total 25

Attached are draft Terms of Reference for the Quality Programme Board. (Appendix A)

Jon Green
Chief Executive
20/09/2018