Agenda Item 18

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS

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 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 Matters Update

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:
  - Core services assessment
  - Well-Led assessment

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, with the appointment of an Improvement Director. As part of its summary of findings, the inspection report details the actions it 'Must' take to improve, to comply with its legal obligations and actions it 'Should' take to comply with a minor breach that did not justify regulatory action.

This paper also includes progress against actions in the Immediate Action Quality Improvement Plan and the Maternity Improvement Plan in response to the Section 29A and Section 31 notices and details the arrangements in place to map the CQC 'Must' and 'Should' actions to the current draft Quality Improvement Plan.

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. CQC INSPECTION REPORT UPDATE

Following a factual accuracy check of the draft CQC Report, the final QEHKL CQC Inspection Report was published on 13/09/18. Of the 114 factual accuracy challenges, 84% were approved either fully or in part and amendments made prior to the publication of the final report. However, the Trust's challenge of the 'Requires Improvement' rating for Caring for the Core Service of Medical Care was not accepted by the CQC.

The final report has confirmed the Trust's rating of 'Inadequate' and NHS Improvement has placed the Trust in Special Measures, with the appointment of an Improvement Director.

QEHKL CQC Inspection Ratings:

- Safe — Inadequate
- Effective — Requires Improvement
- Caring — Good
- Responsive — Require Improvement
- Well-Led — Inadequate

Safe	Effective	Caring	Responsive	Well-led	Overall
Inadequate ↓ Aug 2018	Requires improvement ↓ Aug 2018	Good → ← Aug 2018	Requires improvement → ← Aug 2018	Inadequate ↓ Aug 2018	Inadequate ↓ Aug 2018

As part of its summary of findings, the inspection report details the actions it 'Must' take to improve, to comply with its legal obligations and actions it 'Should' take to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future.

The Trust received 56 Must actions and 38 Should actions, totalling 94.
Whilst 17 of these are Trust wide actions, the remainder are predominately aligned to Maternity, Urgent Care, Medical Care and Surgery.

Core Service	Must	Should	Total
Trust Overall	17	1	18
Urgent & Emergency	7	11	18
Medical Care	5	6	11
Surgery	8	9	17
Maternity	13	0	13
End of Life Care	2	1	3
Outpatients	2	4	6
Diagnostic Imaging	2	6	8
TOTAL	**56**	**38**	**94**

The Trust is required to submit its Quality Improvement Plan to the CQC by 7th October 2018.

2. NEW TRUST QUALITY IMPROVEMENT PLAN

The 94 Must and Should actions from the CQC report have been mapped against the current draft version of the Trust Quality Improvement Plan (QIP). It is evident from the Must and Shoulds listed, there are a number of duplicate actions which span more than one core service and these will be combined to form one specific issue and action in the new QIP.

This review has confirmed that whilst some actions need to be expanded further and new actions added, the majority of the 'Must' and 'Should' actions are already captured within the existing draft QIP.

The Trust's QIP will now be divided into key workstreams, as informed by the Must and Shoulds, with an Executive Lead for each workstream. The QIP will also incorporate the Maternity Quality Improvement Plan (which includes the Section 29A and 31 Notice actions) and any remaining actions from the Immediate Action QIP. This will ensure the Trust has one overarching QIP and actions will not be lost.

The resources required to effectively deliver the Trust's QIP and Improvement Programme, will need to be assessed and identified to effectively support its delivery of actions at pace. This includes, administration and project management support for the workstreams and effective informatics support to provide a robust monthly 'data feed' of quality metrics to monitor measurable outcomes agreed within the QIP.

3. CURRENT QUALITY IMPROVEMENT PLANS

Immediate Action Quality Improvement Plan (IAQIP)

Work to complete the remaining actions within Immediate Action Quality Improvement Plan continues and is monitored fortnightly through the Quality Matters Group.

There are 46 separate actions in the IAQIP.
Of the 46 actions,11 will transition to the Trust's new Quality Improvement Plan for further improvement work and monitoring, to ensure these actions become embedded and form part of business as usual. All other actions have been completed and closed following review of evidence and professional challenge by the Quality Matters Group.

Progress of Immediate QIP action:

36	Blue Actions	Completed and Evidenced
8	Green Actions	3 on Track (5 have been approved for transition to Trust QIP to build on improvement work or embed into practice)
0	Amber Actions	At Risk of Delivery
2	Red Action	Overdue

Red Actions:

- *Safety Huddles.* Delay in the implementation of safety huddles within inpatient wards. This was initially delayed due to the Action Owner being off sick. This action has since been reassigned and led by the Associate Chief Nurses and Associate Medical Directors who have developed a Standard Operating Procedure (SOP) for the MDT Safety Huddles to be carried out in in-patient

wards across Division One and Division Two. There was a 'soft' launch of Safety Huddles on 02/09/18 supported by wider communications as part of 'Roll-Out' plan for a 2 week period, leading to full launch on 17/09/18. Senior Nursing and Quality Matters team members are timetabled to attend Safety Huddles over a 4 week period from 17/09/18 to support and coach teams. A monitoring and audit process is to be planned to ensure Safety Huddles are embedded in practice.

- *Opening winter escalation beds*. Delay in finalising the winter plan. A further discussion was held with NHSE Regional Director on 05/09/18. The current Winter Plan has been drafted and is to be finalised with system partners at the end of September ready for reporting to NHSE Regional Director.

Maternity Improvement Plan

The Maternity Improvement Plan includes actions to address the Section 29A and 31 Notices.

The Maternity Risk Oversight Group (MROG) drives delivery of Maternity Quality Improvement Plan. The Quality Matters Group (QMG) oversees and monitors the delivery of the Maternity QIP and reviews all evidence of completed actions to ensure there is the necessary 'check and challenge' in place.

Progress of Maternity QIP action:

25	Blue Actions	Completed and Evidenced
13	Green Actions	
2	Amber Actions	At Risk of Delivery
3	Red Action	Overdue
1	System wide Action	

Red Actions

Consultant Job Planning. 2 Red actions are directly linked as a result of aligning Consultant job plans with required service changes. Whilst these actions have breached their August timeframe, the review and amendment of Consultant job plans is nearing completion, but remains challenging. Final sign off of some job plans have taken place. Whilst the new timetable remains accepted by all the respective Consultants, the details in some job plans (not related to clinical work at QEHKL) has resulted in the BMA being involved in the negotiation of detail as part of the formal job planning process.

Care plan audit. 1 Red action is related to a required audit of high and low risk women care plans on Badgernet. Whilst the audit for low risk women has been completed, there has been a delay in the completion of the audit relating to high risk women by the identified Consultant. External support in the form of an Independent Senior Midwife is reviewing this specific action and establishing a plan to ensure it is completed within an agreed revised timeframe.

As highlighted earlier in this paper, the actions from both the IAQIP and Maternity Improvement plan will be incorporated into the Trust's new QIP, with a clear audit trail to track the transition of actions.