

Update report for Merton Health Overview Scrutiny Committee

Name of meeting:

Merton Healthier Communities and Older People Overview and Scrutiny Panel

Document title:

Update on progress with the Trust's Quality Improvement Plan to be considered by Merton OSC

Background:

Our Quality Improvement Plan (QIP) brings together the actions required to address the issues the CQC identified following their inspection of St George's in June 2016. The plan takes account of:

- all the 'must do' and should do' recommendations contained within the inspection reports; and
- a range of improvements identified locally as quality priorities by the Trust.

Progress:

Phase One: Progress to April 2017

Following publication of the CQC's report, a Quality Improvement Plan was put in place by the Trust to tackle the issues raised. It consisted of eight workstreams and over 300 actions.

The workstreams during phase one were: (i) Personalised Care (ii) Safety Culture (iii) Governance (iv) Human Resources (v) Estates (vi) Operations (vii) Healthcare Informatics (viii) Leadership.

As at the end of March 2017:

- 33% (104) of actions embedded (completed and in daily practice).
- 57.6% (182) of actions on target for implementation within the set timescale.
- 6.3% (20) at risk of breaching timescale for implementation.
- 3.2% (10) breached target date for implementation.

Phase Two: Post April 2017

In April 2017, the Trust shifted from QIP one to a new QIP framework. This was to ensure a shift from a task-based plan to one which is geared towards outcomes more closely related to the quality of patient care and patient experience.

The eight workstreams have been refined into five. All of the 'must dos and should dos' have been picked up in the new workstreams, and are still being tracked to ensure nothing is missed during the transition.

New workstreams

Workstream	Examples of recent achievements
Safe & Effective Care	Audited compliance with Infection Control standards, and key performance indicators now in place for monitoring performance
Flow & Clinical Transformation	Implemented a new process for elective theatre planning to ensure optimum use of theatre capacity and forward planning
Quality & Risk Management	External review has been commissioned to review corporate and clinical governance
Engagement & Leadership	New leadership team in post, which will provide the stability the organisation needs
Estates & Informatics Workstream	Undertaken repairs to identified roof leaks and closed beds in those areas affected by water ingress at St George's; demolished the Wandle Unit and relocated staff; relocated the Renal Ward in Knightsbridge Wing to an identified alternative site for Renal Outpatients

As at end of May 2017:

- 44.48% (141) actions have been delivered
- 49.21% (156) are on track to deliver
- 5.05% (16) are delayed but still expected to deliver
- 1.26% (4) are at significant risk to delivery

Section 29A Warning Notice

The Quality Improvement Plan also takes account of the Section 29A Warning Notice serviced on the Trust in August 2016. In this regard, the Board is required by November 2017 to:

- provide NHS Improvement with assurance that it has addressed the 'must do' actions to the CQC's satisfaction;
- be no longer considered by CQC to be inadequate in the 'well led' domain; and
- have improved against all domains rated as inadequate or requires improvement in the CQC's original inspection findings.

The key areas of concerns identified were:

- Unsafe and unfit premises where healthcare is provided and staff are accommodated
- Lack of formal mental capacity assessments and best interest decision making
- Governance arrangements not effective in identifying and mitigating significant risks to patients
- Data used in reporting and managing patients not robust or valid
- Governance underpinning the effective integration of End of Life Care (EoLC)
- Arrangements for ensuring Directors are fit and proper were lacking

In response to these concerns, the Trust identified 21 actions that needed to be taken to provide safe care for our patients in an environment that meets the standards expected by the CQC.

Progress

To date, we have made significant progress in a number of areas, particularly those which relate to the Section 29A Warning Notice.

The CQC carried out an unannounced inspection to St George's Hospital on 10 and 11 May. The purpose of the visit was to check progress against the Section 29A Notice. They will also visit on 22 May to check on the Trust's Fit and Proper Persons compliance.

Initial feedback was positive, but the official report on the outcome of their visits will be available in June.

We have also made progress in a number of other areas. However, the nature of some of the work means that full delivery of some of the actions will inevitably take a longer period to deliver (e.g. significant estates work) and to achieve assurance that the required changes in practice have been fully embedded. In these cases, interim actions have been taken to mitigate any immediate risk to patients or staff.

All actions are currently rated Amber or Green except one which relates to Referral to Treatment (RTT) waiting list management. A significant programme of work is underway but this work remains non-compliant and requires continued dedicated resource and focus to improve our processes, train our staff and manage the clinical risk for our patients.

Next steps

- Schedule of meetings with existing work-stream programme leads, and with a wide range of clinical staff (multi professional to review and develop workstream project areas over the coming weeks, scheduled to be complete by the end of May 2017)
- Development of a Floor to Board reporting matrix to support the implementation at an organisational level, allowing the QIP Project Management Office to monitor where plans are working, as well as where support is required to further drive improvements, scheduled to be completed by mid May 2017 to support the areas of work described above.
- Develop a clearer narrative to better engage staff in the delivery of the QIP which will help staff understand their role in making improvements to the care we provide. It will also give patients and the communities we serve a much clearer idea about what we are trying to achieve in terms of quality improvement.

This page is intentionally left blank