

Quality and Safety Improvement Plan – August 2018

1. Introduction

The Quality and Safety Improvement Plan (QSIP) sets out a programme of improvement work to ensure our patients receive safe care which promotes quality and safety across a range of areas in both and settings.

The 2018/2019 Quality and Safety Improvement Plan addresses issues of quality highlighted by the trust and by the CQC during their 2018 hospital inspection. This paper builds on the information shared in July 2018 particularly with reference to:

- Describes how the regulatory requirements (must do's and section 31) identified during the CQC inspection have been aligned to improvement programmes and will be monitored.
- Confirms the process for monitoring delivery of the improvements against the regulatory requirements.

2. 2018/19 Regulatory requirements

At the time of, and following the 2018 CQC hospital inspection, a number of regulatory requirements were put in place by the CQC. These were in the form of a section 31 which placed 10 conditions on the trust relating to the emergency Department at Pilgrim Hospital Boston. And secondly a number of 'must do's' were incorporated into the inspection report.

2.1 The ten conditions within the section 31 have been monitored continuously since the point at which they were applied in February 2018. The Deputy Chief Nurse and Director of Operations continuously review the detail of improvement work being undertaken within the Emergency Department ensuring that the weekly report demonstrates weekly improvements. The reports are overseen by the Director of Nursing. Following improvements 6 conditions were lifted with regular weekly reports being changed to monthly.

2.2 There is a requirement by the CQC to ensure that the plan put in place by the trust address all the must do's.

The documents at Appendix 1 identify all '*must do's*' and '*should do's*' that are identified within the CQC inspection report to programmes within the trusts Quality and Safety Improvement Plan. A small number of the regulatory requirements (must do's) and a larger number of the improvement suggestions (should do's) map into alternate work streams within the 2021 programme, these are identified.

Work has been undertaken by all work streams leads to identify the specific element which the must and should do's map to, within their individual improvement programme. To ensure effective and comprehensive monitoring of completion of all regulatory requirements occurs, irrespective of the

programme, all are monitored through the Quality and Safety Improvement Board, with a regular report provided to Quality Governance Committee.

Whilst the 'should do's' do not form a regulatory requirement, a number of the 'should do's' for the 2016 CQC inspection turned into 'must do's' in the 2018 inspection. For this reason, mapping and monitoring of the delivery of improvements against the 'should do's' is being undertaken in the same manner as the 'must do's'.

3. Monitoring QSIP improvements

As described within the July Board paper and above, there is a clear internal process to monitor all quality improvements. All work streams have an Executive Director as their SRO. The QSIP is overseen by the Director of Nursing, and the Productive Hospital, Outpatient and Urgent & Emergency Care Workstreams by the Chief Operating Officer. In addition to the agreed reporting arrangements, all quality improvements related to CQC regulatory requirements, are reported into the Quality and Safety Improvement Board with a monthly report to Quality Governance Committee.

Each of the workstreams have a designated lead responsible to the SRO and in some cases, for example safeguarding, there is also a Trust wide forum which has an oversight responsibility for ensuring the delivery of safe quality care for patients. In these cases there is an expectation that the local group, in addition to the QSIB governance process, will ensure they remain sighted on the improvements required and capture this within their regular upward reports. Also that there will be the development of a comprehensive mechanism to incorporate this work into the groups normal work plan. The expectation is that these reports will be of sufficient detail to offer assurance but without duplication. This will ensure a seamless transfer and alignment of improvements into the normal governance oversight and reporting processes.

4. Recommendations

For the Board of Directors to note the approach taken to close the 2017/18 and progress the 2018/19 Quality and Safety Improvement programme.