Agenda item 10

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Integrated Quality Improvement Plan Programme Update Reporting for March 2021

EXCELLENCE STARTS HERE

Board of Directors (in Public)

4 May 2021

Summary

- This report details the finalised 2021/22 IQIP following the completion of new and strengthened Plans on a Page (POAP) with agreed completion deadlines for all actions. These deadlines have been built into the IQIP's forward plan and include a RAG status and narrative update by exception.

- A number of actions have been directly aligned to broader Trust improvement programmes supported by the PMO, which cover:
  - End of Life Care
  - Maternity action plan
  - Urgent and Emergency Care
  - Planned care restoration and improvement
  - HIP2/RAAC and estate strategy

- For complete transparency a copy of the finalised 2021/22 IQIP has been included as an appendix (See Appendix A).

- Following an application submitted to the CQC in February 2021 to remove eleven Section 31 conditions, the Trust received formal notification on 14th April 2021 confirming ten Section 31 conditions have been removed from the Trust's registration. These conditions span the core services of Maternity, Urgent and Emergency Care and Diagnostic Imaging (See Appendix B).

- This is extremely positive news for the organisation and provides further validation of sustained progress and improvement in the delivery of safe care and confidence in the Trust's leadership.

- The one condition not lifted by the CQC relates to the escalation of deteriorating patients within Maternity Services and Consultant medical handover. The CQC confirmed there was evidence this action has been addressed, but in light of the recent publication of the Ockenden Report, it was felt further assurance of sustained improvement is required before this action is closed (See Appendix C). This will be monitored through the Maternity Improvement Plan.

- Seven, Section 31 conditions remain on the Trust's certificate of registration. With all Section 31 conditions closed internally with ongoing evidence of compliance and improvement, it is proposed an application to remove these remaining conditions is made to the CQC around June 2021 in preparation for the Trust's Well-Led inspection.

- The removal of these 10 conditions has reduced the number of actions within the 2021/22 IQIP, from 93 to 83.

- 24 = 29% of the 2021/22 IQIP actions have been approved for closure as of the Month 12. It is important to note that 20 of these actions are the completed Section 31 and 29A Warning Conditions transferred from the 2019/20 IQIP which have been closed internally, but remain open with the CQC.

Summary

- The standard reporting format of the IQIP remains unchanged and follows the established governance arrangements which have supported the Trust's Integrated Quality Improvement Programme since 2019.

- Three conditions remain open on the IQIP. These are 29A Warning Notice conditions and relate to Documentation, MCA and DoLS and Palliative Care Consultant Cover. As part of the refreshed 2021/22 IQIP the Plans on a Page for the 3 conditions have been updated and strengthened, with revised completion deadlines to reflect the Quality Forum's decision to ensure these improvements extend beyond a single core service and form cross divisional improvements.

- 1 x 29A Condition Notice was declined for closure at the EAG in March relating to Palliative Care Consultant Cover. The EAG noted good progress against the action. Palliative Care Consultant cover is present and input is in place at the QEH with a further Palliative Care Consultant post currently being advertised. To demonstrate completeness of this action it was felt that further assurance was required relating to EoLC ownership within the Specialities and at Divisional Level. This action will be represented to EAG in July 2021 in line with completion deadline.

- The Monthly Clinical Review Programme recommenced in March with visits to Marham, Necton, Oxborough and Windsor. This reports details the high-level findings of these visits and next steps.

The Board of Directors is asked to note:

- Formal notification from the CQC confirming 10 Section 31 Conditions have been removed from the Trusts registration
- The new reporting count of 83 actions
- Progress at Month 12
- The key findings from the Clinical Review visits which recommenced in March

Overall Programme Structure – 2021/22 IQIP

- The total count of 2021/22 IQIP actions has reduced from 93 to 83 following the official removal of 10 Section 31 Conditions.

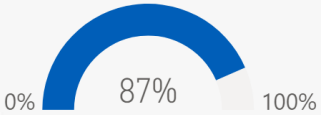
Status	Must	Section 29	Section 31	Should	Total
Completed & Signed off	**4**	**13**	**7**		**24**
Clinical Support Services		1	2		**3**
Corporate	2				**2**
Medicine	2	2	2		**6**
Women & Children		10	3		**13**
Not Completed	**17**	**3**		**39**	**59**
Clinical Support Services	2			3	**5**
Corporate	11	3		26	**40**
Medicine	3			3	**6**
Surgery				3	**3**
Women & Children	1			4	**5**
Total	**21**	**16**	**7**	**39**	**83**

Overall Programme Status

- This slide illustrates the current completion of all actions within the programme.

CQC Conditions & Notices

Performance of Total



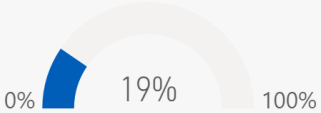
20
Total Complete

23
Total Planned

- 20 completed actions have been included with the 2021/22 IQIP, while they remain open with the CQC
- Three 29A Warning Conditions remain open. All 3 POAP have been strengthened and now form cross-divisional actions to ensure improvements are consistent across all divisions.
- Following formal notification of the lifting of 10 Section 31 Conditions these have been removed from the overall count taking the total number down to 23.

Must's

Performance of Total



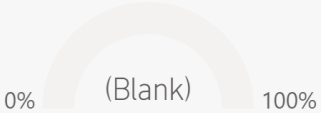
4
Total Complete

21
Total Planned

- 1 Must Do action was approved for closure at the March Evidence Assurance Group
- New POAP have been completed for the remaining 17 open actions with new completion deadlines or links to Trust wide programmes of work such as End of Life Care and Urgent and Emergency Care

Should's

Performance of Total



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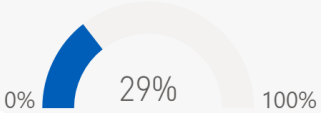
Total Complete

39
Total Planned

- New POAP have been completed for the remaining open actions with new completion deadlines

Overall

Performance of Total



24
Total Complete

83
Total Planned

- Of the 83 total planned actions within the new IQIP, 20 are the completed CQC Conditions
- With new POAP and completion deadlines there are no plans overdue and the fortnightly IQIP monitoring meetings continue to track progress, escalate concerns relating to risks to delivery and where required, agree recovery actions.

Overall Programme Structure – 2021/22 IQIP

- The total count of 2021/22 IQIP actions has reduced from 93 to 83 following receipt of the CQC formal decision to remove 10 Section 31 Conditions. The numbers reflect 83 actions captured within the IQIP, with 59 open actions covering Conditions, Must and Should Do actions and structured accordingly.

Status	Must	Section 29	Section 31	Should	Total
Completed & Signed off	**4**	**13**	**7**		**24**
Clinical Support Services		1	2		**3**
Corporate	2				**2**
Medicine	2	2	2		**6**
Women & Children		10	3		**13**
Not Completed	**17**	**3**		**39**	**59**
Clinical Support Services	2			3	**5**
Corporate	11	3		26	**40**
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Women & Children	1			4	**5**
Total	**21**	**16**	**7**	**39**	**83**

The Section and Warning Notice Condition Breakdown

Original List of Legal Notices	Total
GMC Conditions	3
Section 31 Conditions (covering 3 notices)	22
Section 29A Warning Conditions (covering 3 notices	21
Total	**46**

Legal Notices Officially Removed	Removed	Remainder
GMC	3	0
Section 31 (covering Maternity, Medicine & DI)	15	7
Section 29A (covering Medicine & DI)	5	16
Total	**23**	**23**

Forward Plan for 2021/22 IQIP

- This table details a breakdown of all 83 actions within the IQIP which are included within the forward plan.
- The 2 actions captured within the 'Future' column relate to the Culture & Engagement actions which are due for completion in April 2022
- There is a concentration of actions due for completion in September, so an additional Evidence Assurance Group (EAG) has been planned to ensure all actions are reviewed.
- The fortnightly IQIP meeting will monitor progress against agreed trajectories, escalate risks to delivery and agree recovery actions where required.

Main - Area	Completed & Signed off	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Future	Total
Clinical Support Services	**3**						**2**			**3**					**8**
Must										2					**2**
Section 29	1														**1**
Section 31	2														**2**
Should							2			1					**3**
Corporate	**2**		**1**	**2**	**5**	**1**	**16**	**6**	**4**		**3**			**2**	**42**
Must	2			1	2	1	4		2		1				**13**
Section 29					1		1				1				**3**
Should			1	1	2		11	6	2		1			2	**26**
Medicine	**6**			**2**			**2**	**2**							**12**
Must	2			1			1	1							**5**
Section 29	2														**2**
Section 31	2														**2**
Should				1			1	1							**3**
Surgery			**1**				**2**								**3**
Should			1				2								**3**
Women & Children	**13**		**2**		**1**			**1**		**1**					**18**
Must			1												**1**
Section 29	10														**10**
Section 31	3														**3**
Should			1		1			1		1					**4**
Total	**24**		**4**	**4**	**6**	**1**	**22**	**9**	**4**	**4**	**3**			**2**	**83**

Actions approved at the Evidence Assurance Group in March

ID Ref	Service	Category	Action Description	Owner	End Date	EAG Date	RAG Status
002	Corporate	Must	The trust must ensure that processes for incident reporting, investigation, actions and learning improve and become embedded across all services.	Director of Patient Safety	31/03/2021	23/03/2021	B

Actions declined at the Evidence Assurance Group in March

ID Ref	Service	Category	Action Description	Owner	End Date	EAG Date	RAG Status
004	Corporate	Must	The trust must address specialist palliative consultant staffing and put measures in place to improve in line with national standards.	Medical Director	31/07/2021	23/03/2021	G
004	Corporate	Section 29	There was a lack of palliative care consultant staffing compounded by a lack of ownership for end of life care by each speciality throughout the trust.	Medical Director	31/07/2021	23/03/2021	G
004	Corporate	Should	The trust should continue to address specialist palliative consultant staffing to put measures in place to improve in line with national standards.	Medical Director	31/07/2021	23/03/2021	G
068	Clinical Support Services	Should	The trust should review processes to ensure that patients are able to access diagnostic imaging services in a timely manner.	DLT Clinical Support Services	31/12/2021	23/03/2021	G

004 - Palliative Consultant Staffing

This action was presented to the Evidence Assurance Group (EAG) meeting in March, but declined for internal closure. Palliative Care Consultant cover is present and their input is in place at the QEH with further Palliative Care Consultant posts currently being advertised. To demonstrate completeness of this action it was felt that further assurance was requested relating to EoLC ownership within the Specialities and at Divisional level. This action will be represented to EAG in July 2021 in line with completion deadline to allow 3 months additional evidence to be collated.

068 - Access to Service

This action was declined for closure at the EAG in March. Whilst the EAG noted good progress against the action, additional evidence was requested which demonstrates current, average and longest wait times within Radiology.
This action will be represented to EAG in April 2021 ahead of completion deadline.

RAG rated programme as of March

- The following sets out the overall programme position.

Main - Area	At Risk	On Plan	Total
Clinical Support Services	**1**	**4**	**5**
Must		2	**2**
Should	1	2	**3**
Corporate	**2**	**38**	**40**
Must	2	9	**11**
Section 29		3	**3**
Should		26	**26**
Medicine		**6**	**6**
Must		3	**3**
Should		3	**3**
Surgery		**3**	**3**
Should		3	**3**
Women & Children	**1**	**4**	**5**
Must		1	**1**
Should	1	3	**4**
Total	**4**	**55**	**59**

RED	Behind Plan
AMBER	At Risk
GREEN	On Track

Actions At Risk at the End of March

ID Ref	Service	Category	Action Description	Owner	End Date	RAG Status
001	Corporate	Must	The trust must ensure clear processes are in place for sharing learning from incidents, complaints and audits with staff.	Director of Patient Safety	30/09/2021	A
065	Women & Children	Should	The service should ensure that there are enough maternity staff with the right qualifications, skills, training and experience to provide the service.	DLT Women & Children	31/10/2021	A
070	Clinical Support Services	Should	The trust should develop a formalised vision and strategy in radiology.	DLT Clinical Support Services	30/09/2021	A

1 Learning from Incidents

Progress has been made across the organisation to establish robust arrangements both corporately and within the divisions to share learning from incidents and audits, but there is inconsistent evidence of learning from complaints which has been impacted further by COVID. Under the Executive Lead of the Chief Nurse, arrangements in place as part of recovery, and will incorporate the capture and sharing of learning.

65 Staffing

Birth rate plus has been completed and the Trust has approved the business case for 10 wte additional Midwifes. The delivery of this action is dependent on recruitment and the impact the consultation for Continuity of Care. The Division has recently closed the advert to recruit the Band 5/6 Midwives and as anticipated, the majority of applicants are our current students who will not receive their PINs until approximately September 2021. Next steps will be working closely with the Trust Communications Department to develop a recruitment plan which will include Social, Local and National media campaigns including some short videos from the current teams, to try and entice more Midwives to work in this area. Once CoC consultation has commenced it is thought the package will be desirable to Midwives who may consider a move to QEH. 4 new Band 7 Midwives have started in post on Monday 12 April (2 of these are external candidates) with a further advert w/c 6 April for additional Band 7 Midwives.

70 Radiology Strategy

It is essential the development of the strategy involves staff within Radiology. The action has been identified as at risk as this is linked to the Radiology Culture programme of work currently in place and will need to be informed by its findings.

Actions At Risk at the End of March

ID Ref	Service	Category	Action Description	Owner	End Date	RAG Status
003	Corporate	Must	The trust must ensure that the duty of candour is carried out as soon as reasonably practicable, in line with national guidance.	Director of Patient Safety	30/06/2021	A

003 Duty of Candour

Significant improvements have been made in relation to Duty of Candour, including the accuracy of data. 3 Divisions have demonstrated improvement and compliance as evidenced at the EAG in January. However, the Division of Medicine has not achieved compliance. EAG therefore did not approve the closure of this action. Additional Clinical Governance support has been aligned to the Division of Medicine through an experienced Senior Nurse to support these improvements and work with the DLT and clinical teams. To strengthen the monitoring and divisional accountability relating to Serious Incidents, DoC and complaints, these have been incorporated in the Quality Forum agenda as of March, providing further Executive oversight.

Trust overall

Month Fin Year 2019/20	+/- Incidents in Month	PH1 completed	PH1 count completed with 10 WD's	PH1 % completed with 10 WD's	PH2 Required	PH2 completed	PH2 count completed with 10 WD's	PH2 % completed with 10 WD's
January	17	17	16	94%	13	13	8	62%
February	12	12	12	100%	9	9	7	78%
March	29	28	28	97%	20	20	18	90%
Overall compliance	183	182	174	95%	125	125	89	71% YTD

Medicine	Total of Phase 1 Due	Phase 1 *How many completed*	*How many completed within 10 WD's*	Phase 1 *10 WD Compliance*	Total of Phase 2 Due	Phase 2 *How many completed*	*How many completed within 10 WD's*	Phase 2 *10 WD Compliance*
January 2021	7	7	6	86%	5	5	0	0%
February 2021	4	4	4	100%	3	3	1	33%
March 2021	7	6	6	86%	5	5	4	80%

Actions to be submitted to the Evidence Assurance Group in April

ID Ref	Service	Category	Action Description	Owner	End Date	EAG Date	RAG Status
068	Clinical Support Services	Should	The trust should review processes to ensure that patients are able to access diagnostic imaging services in a timely manner.	DLT Clinical Support Services	31/12/2021	27/04/2021	G

Remaining 7 Section 31 CQC Conditions

- A CQC rating of 'Good' cannot be achieved with any Conditions open against our CQC Registration and it is therefore recommended that work should now commence to submit a formal application and supporting evidence to the CQC around June 2021 to request the lifting of the remaining 7 Section Notices prior to any CQC on-site inspection. The Quality Forum is confident evidence these imporovements have been sustained will be available by June in line with current progress. These condition are listed below:

Urgent & Emergency Care			
037	Medicine	The registered provider must ensure that there is an effective system in place to robustly clinically assess all patients who present to the emergency department in line with relevant national clinical guidelines within 15 minutes of arrival. The registered provider must ensure that the staff required to implement the system are suitably qualified and competent to carry out their roles in that system, and in particular to undertake triage, to understand the system being used, to identify and to escalate clinical risks appropriately.	B
038	Medicine	The registered provider must ensure that clear inclusion and exclusion criteria is in place for the 'fit to sit' area in minors. The registered provider must ensure that there are sufficient numbers of staff available to monitor and review patients who have been placed in the 'fit to sit' area.	B
Maternity & Midwifery Services			
040	Women & Children	The Registered Provider will ensure that there is appropriate escalation of deteriorating patients in line with current guidelines and best practice with full medical handover at 9am and 7pm, with ward rounds at 12.30pm and 5pm.	B
041	Women & Children	The Registered Provider must ensure that a senior daily clinical review is undertaken for every birth in the unit.	B
042	Women & Children	The Registered Provider must ensure there is executive director oversight and a system of monitoring and recording to ensure that senior clinical review is in place.	B
Diagnostic Imaging			
048	Clinical Support Services	The registered provider must ensure that an effective system is in place for the regular oversight of the appropriate escalation of significant findings. This should include diagnostic imaging undertaken out of hours to ensure that any patients at risk are escalated appropriately.	B
049	Clinical Support Services	The registered provider must ensure that there is robust system in place to facilitate effective clinical governance within the diagnostic imaging department. This is to include oversight of training, compliance to scope of practice, learning from incidents and escalation processes. The registered provider must ensure that there is a systematic approach to audit to measure compliance with protocols, processes and professional standards. The registered provider must ensure that there are processes in place for effective communication within the diagnostic imaging department.	B

Clinical Review Programme: Assurance Actions are Sustained and Embedded

It is recognised that whilst the Evidence Assurance Group provides robust check and challenge, it is essential the Trust has a mechanism to ensure improvements are sustained and embedded.

Clinical reviews were introduced in 2019, but paused during both the first and second wave of COVID-19. Key Lines of Enquiry informed by the IQIP and broader quality metrics direct the reviews and help monitor the impact of improvements on quality of care including patient and staff experience.

Clinical Review 31st March 2021

A team of 8 clinical and non-clinical staff were involved in this review, including senior nurses, clinical educators, This was the first review since October 2020 following restrictions placed on the Trust as a result of COVID-19. The review was limited to 4 wards, as agreed by Dr April Brown prior to her leaving the organisation and involved QEH staff only.

In view of the significant pressures on staff as a result of COVID and an increase in the number of complaints over the past few months, the key lines of enquiry focused on patient and staff experience whilst drawing on broader findings through the use of the '15 Steps' methodology.

The aim of the review is to also capture areas of good and excellent practice and innovation that staff should feel proud of and in turn encouraged to tell their 'improvement story'. Any areas of immediate risk identified must be acted on accordingly and areas for improvement must be addressed through ward/department action plans.

Marham, Necton, Windsor and Oxborough Ward were all visited as part of this review.

Clinical Review Programme: High-Level Findings

Areas of Good Practice:

- Three of the four areas were welcoming and accommodating on arrival.
- Almost all staff were engaged, enthusiastic and happy to speak to the review team
- The review teams observed positive interactions between staff and patients
- Very positive feedback from patients on three of the wards visited.
- Sensitive and compassionate care and interactions observed
- Evidence of safe medicines management – robust processes
- Visibility and engagement of Chief Executive Officer and Deputy Chief Executive Officer were mentioned by a number of staff
- Majority of areas were clean and tidy – I am clean stickers up-to-date
- Staff felt cared for, included, supported and encouraged to innovate
- Staff reported their 'voices could be heard' when improving the ward
- Some staff reported they feel like they are coming together as a 'Team' following changes due to COVID-19, but this has been challenging
- Majority of patient notes were well documented with risk assessments complete
- Overall infection prevention control standards and personal protective equipment standards were good

Areas for Improvement:

- The Family Liaison Officers (FLO) are a welcome support to wards, but the interface between ward staff and FLO needs to be improved to ensure the full benefit of their role is realised.
- There remains inconsistencies with nursing documentation although some improvement in patient's risk assessments were noted and is a specific area of improvement within the IQIP
- Inconsistent staff's awareness of Mental Capacity Assessment, although some staff demonstrated detailed knowledge
- Some teams appeared historically hurt about the changes as a result of COVID-19, however most staff talked positively about the changes
- Patients often expressed how the ward was especially noisy at night and that often call bells / telephone calls are ringing for long periods of time
- Specific concerns were raised about Necton ward. The visiting team were not welcomed Phone not answered and patient experience was poor. Patients reported feeling confused and upset about receiving conflicting information about their care.
- On Marham Ward the Nurse in Charge expressed the need for more Mental Capacity / Deprivation of Liberty Safeguards training on the ward due to new overseas nurses, there is also a concern that junior staff are not receiving the support they require

Clinical Review Actions

Feedback:

- High level verbal feedback was provided to the Nurse in Charge / Department Manager on the day of the review
- Written report detailing findings was sent to each ward, Matron, Ward Manager and Divisional Leadership Team within 48hrs.

Actions:

- Immediate concerns were addressed by the individual review teams during the visit
- Escalation to the Head of Nursing and Chief Nurse regarding Necton ward and ward interface with FLOs. Actions have been agreed to address these two areas including intensive support arrangements for Necton Ward.
- Feedback to Safeguarding Team regarding the need for further staff training on Marham
- Each area has been asked to share findings with their team and action areas for improvement within localised plans.
- Findings to be shared at the Patient and Carer Experience Forum
- Broader findings will form Key Messages and will be shared through wider Trust communication channels supported by the Communications Team
- Findings will continue to inform IQIP actions where relevant
- The Quality Improvement Lead was involved in the review and will be addressing areas for improvement in-between monthly reviews
- ‘Look Back Team’ to be incorporated in all clinical reviews going forwards