Agenda item 13

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Integrated Quality Improvement Plan Programme Update Reporting for December 2021

EXCELLENCE STARTS HERE

Board of Directors (Public)
01 February 2022

Summary

- The following slides display the progress of the 2021/22 IQIP against deadlines built into the IQIP's Forward Plan and include a RAG status and narrative update by exception.

- To date, 51 (61%) of the 2021/22 IQIP actions have been approved for closure as of Month 09, demonstrating sustained progress

- In December, 5 actions were submitted for closure to the Evidence Assurance Group (EAG):

    - All 5 actions were approved

- 2 actions are currently RAG rated as 'At Risk' both are due to be presented to the EAG in January 2022

- 5 schemes (22 Actions) are 'Behind Plan' and all have recovery actions in place or resubmission dates agreed. 1 scheme (9 actions) have been approved however as they are part of one overarching scheme, which can only be closed when the EAG is assured of improvement against the whole scheme.

- Whilst deadlines for all actions were agreed in March 2021, a more detailed review as part of the improvement work during 2021 identified more complex and deep-rooted issues in a number of schemes. This required additional and broader measures to be taken to ensure long term improvement is achieved, but resulted in a delay to a number of actions as a consequence. In turn, unrelenting operational pressures as a result of the COVID-19 pandemic with the move to Opel 4 across the N&W system and the National Level 4 incident being declared in December, may also impact on the delivery of a number of actions against recovery timeframes. This will be monitored closely over the next month.

- The EAG continues to provide robust challenge and gain assurance and evidence of completion of all individual actions. Due to the widening of the scope of the EAG against other material action plans, including Serious Incident Action Plans, Maternity, Radiology, Ophthalmology and Clinical Audit Improvement Plans, there will be two EAG meetings held monthly from February 2022.

- Due the CQC Well Led Inspection taking place during January the dates for the onsite review and audit of the IQIP and governance arrangements by Grant Thornton has been moved to February 2022. Supporting evidence has been shared with Grant Thornton to enable the desktop review to commence with clinical visits to assess progress against a selection of closed actions, planned for 16 and 17 February 2022. This audit includes a number of interviews via Microsoft Teams with key members of staff, including the Chair of EAG and Quality Committee. It is anticipated the final report will be ready for submission to Quality Forum and Quality Committee in May 2022, with assurance and escalation to Public Board in June 2022.

- The Monthly Clinical Review Programme was cancelled in December and January to ease pressures on clinical teams in light of the surging COVID-19 cases and subsequent demand and operational pressures across the NHS.

The Board of Directors is asked to note:

- Progress at Month 09
- The potential impact of the significant operational pressures on action progress
- Revised timeframe for the Grant Thornton Internal Audit

Overall Programme Position

- The table below reflects the 83 actions captured within the 2021/22 IQIP with 32 open actions covering Conditions, Must and Should Do actions and structured accordingly.

Status	Must	Section 29A	Section 31	Should	Total
Completed & Signed Off	**13**	**15**	**7**	**16**	**51**
Clinical Support Services		1	2		**3**
Corporate	8	2		7	**17**
Medicine	4	2	2	2	**10**
Surgery				3	**3**
Women & Children	1	10	3	4	**18**
Not Completed	**8**	**1**		**23**	**32**
Clinical Support Services	2			3	**5**
Corporate	5	1		19	**25**
Medicine	1			1	**2**
Total	**21**	**16**	**7**	**39**	**83**

Corporate Action Themes

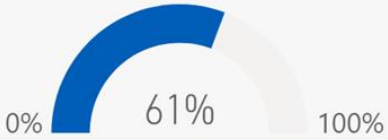
- Of the remaining 32 open actions, 25 have been categorised as 'Corporate' actions as these relate to all four Divisions and or, all Trust staff.

Corporate Theme	Number
End of Life / Palliative Care / MCA / DoLs	2
Staffing	2
Culture	2
HR / Appraisals / Mandatory Training	16
Documentation	3
Total:	**25**

Overall Programme Status

Overall

Performance of Total



51
Total Complete

83
Total Planned

- Of the 83 total planned actions within the IQIP, 51 have been completed
- All 5 actions presented in December were approved

CQC Conditions & Notices

Performance of Total

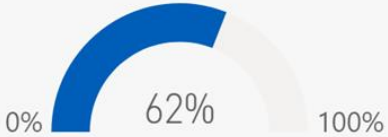
22
Total Complete

23
Total Planned

- 1 29A Warning Notice remains open within the Division of Medicine relating to Documentation
- 4 Section 31 Conditions remain on our Certificate of Registration following the removal of a further 3 Conditions in October 2020.

Must's

Performance of Total



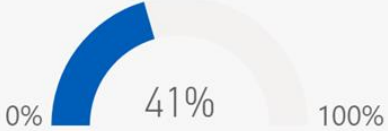
13
Total Complete

21
Total Planned

- 1 Must Do action was approved in December 2021 for the Division of Medicine
- The remaining 8 Must Do actions continue to be reviewed at the IQIP Monitoring Meetings to track progress, escalate concerns and where required, agree recovery actions.

Should's

Performance of Total



16
Total Complete

39
Total Planned

- A total of 4 Should Do actions were approved in December 2021
- Improvements against all Should Do actions were noted by the CQC in the services inspected in December 2021. However the Trust will wait for the full CQC report before making a decision to close any further actions relating to their inspection findings.

Section 31 Condition – Formal Application Outcome

- All of the four remaining Section 31 conditions have been closed internally by the Trust and ongoing compliance is monitored as part of business as usual at Divisional and Corporate level. A weekly compliance report is also submitted to the Chief Executive Leadership Meeting, which is chaired by Caroline Shaw; CEO, confirming no breaches of these conditions.

Section 31 Condition Status

Core Service	Date Received	Total Section 31 Conditions Received	Date Lifted	Number of S31 Lifted	Total Section 31 Conditions Remaining
Maternity & Midwifery Services	July 2018	10	Jan 2021	5	1
			April 2021	2	
			October 2021	2	
Urgent & Emergency Care	March 2019	8	April 2021	6	1
			October 2021	1	
Diagnostic Imaging	May 2019	4	April 2021	2	2
Total Remaining Section 31 Conditions		**22**		**18**	**4**

Section 29A Warning Notices

Section / Warning Notice	Date Section or Warning Notice received	Total number of Warning Notices	Closed By CQC in 2020	Included within the IQIP 2021/22
29A Maternity	17th May 2018	10		10
29A Medicine	19th March 2019	8	3	5
29A Diagnostic Imaging	23rd May 2019	3	2	1
Total		21	5	16

- Whilst the CQC carried out an onsite inspection in September 2020, due to COVID and the limited nature of their inspection, they were unable to complete a full review of all Section 29A conditions. As a result only five were reviewed fully and therefore removed. The remaining 16 conditions will be reviewed once the CQC have published their latest inspection report.

Forward plan for the completion of actions

- This table details a breakdown of all 83 actions within the IQIP which are included within the Forward Plan.

Area	Completed & Signed Off	Behind Plan	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Total
Clinical Support Services	**3**		**2**		**3**			**8**
Must			2					**2**
Should					3			**3**
Section 29A	1							**1**
Section 31	2							**2**
Corporate	**17**	**20**	**3**			**2**		**42**
Must	8	4	1					**13**
Should	7	16	1			2		**26**
Section 29A	2		1					**3**
Medicine	**10**	**2**						**12**
Must	4	1						**5**
Should	2	1						**3**
Section 29A	2							**2**
Section 31	2							**2**
Surgery	**3**							**3**
Should	3							**3**
Women & Children	**18**							**18**
Must	1							**1**
Should	4							**4**
Section 29A	10							**10**
Section 31	3							**3**
Total	**51**	**22**	**5**		**3**	**2**		**83**

RAG Rated Programme Position as of December 2021

- The following sets out the overall programme position.
- 22 actions rated as 'Behind Plan' and recovery actions have been agreed.

Area	At Risk	Behind Plan	On Plan	Total
Clinical Support Services	**2**		**3**	**5**
Must	2			**2**
Should			3	**3**
Corporate		**20**	**5**	**25**
Must		4	1	**5**
Should		16	3	**19**
Section 29A			1	**1**
Medicine		**2**		**2**
Must		1		**1**
Should		1		**1**
Total	**2**	**22**	**8**	**32**

Actions Approved at the EAG in December 2021

- 5 actions were approved at EAG in December 2021

ID Ref	Service	Category	Action Description	Owner	End Date	RAG Status
052	Medicine	Must	The trust must ensure mental capacity assessments are consistently and competently carried out where required.	Chief Nurse	31/12/2021	B
059	Surgery	Should	The trust should ensure patients on the 62-day pathway receive treatment in line with the national target.	Chief Operating Officer	31/12/2021	B
061	Surgery	Should	The trust should ensure that patients commence treatment for cancer within 62 days in line with national guidance.	Chief Operating Officer	31/12/2021	B
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	31/12/2021	B
066	Women & Children	Should	The service should work towards achieving 100% labour ward co-ordinator supernumerary status at all times.	DLT Women & Children	31/12/2021	B

Actions At Risk at the end of December 2021

- 2 actions are currently rated as 'At Risk'

ID Ref	Service	Category	Action Description	Owner	End Date	RAG Status
057	Clinical Support Services	Must	The trust must ensure that staffing levels are adequate to provide safe care and treatment to patients in a timely way.	DLT Clinical Support Services	31/01/2022	A
058	Clinical Support Services	Must	The trust must be assured that the out of hours staffing arrangement is sustainable and robust to provide safe care and treatment to patients.	DLT Clinical Support Services	31/01/2022	A

057 – 058 Clinical Support Services
These 2 actions have been moved to At Risk as they relate to recruitment. Both actions are due to be submitted to the Evidence Assurance Group in January for closure. These actions have been incorporated in the Radiology Improvement Plan and monitored through the supporting governance arrangements .
To be submitted to EAG in January 2022

Actions Behind Plan at the end of December 2021

- 5 schemes (22 Actions) are currently rated as 'Behind Plan'

ID Ref	Service	Category	Action Description	Owner	End Date	RAG Status
007	Corporate	Should	The trust should ensure that waiting times from referral to achievement of preferred place of care and death are timely.	Chief Nurse	31/10/2021	R
015	Corporate	Should	The service should ensure that performance in national and local audits is in line with targets. (UEC)	Director of Patient Safety	31/10/2021	R
015	Corporate	Should	The service should ensure that performance in national and local audits is in line with targets. (Med)	Director of Patient Safety	31/10/2021	R
015	Corporate	Should	The trust should ensure that compliance with national and local audits is in line with targets (EOL)	Director of Patient Safety	31/10/2021	R

007 Timely Referral to Preferred Place of Care and Death
This action was declined in November as the panel wanted to understand how long patients are waiting from referral to achievement of preferred place of care. Following discussion with the CQC they have confirmed that they would be looking for evidence of improvement, process and that we know our data and gaps.
This action will be presented to EAG in January 2022

015 National and Local Audit Targets
This scheme (3 actions) forms part of the wider Clinical Audit Improvement Plan.
Recovery actions and revised submission dates have been agreed for February 2022.
This action will be presented to EAG in February 2022.

Actions Behind Plan at the end of December 2021

- 5 schemes (22 Actions) are currently rated as 'Behind Plan'

ID Ref	Service	Category	Action Description	Owner	End Date	RAG Status
017	Corporate	Must	The trust must monitor medical staff training rates, and improve appraisal rates to meet the trust target.	Director of People	30/11/2021	R
017	Corporate	Must	The trust must ensure that staff receive an annual appraisal.	Director of People	30/11/2021	R
017	Corporate	Should	The service should ensure that nursing appraisal rates are in line with trust targets.	Director of People	30/11/2021	R
017	Corporate	Should	The service should ensure that nursing appraisal rates are in line with trust targets.	Director of People	30/11/2021	R
055	Medicine	Must	The trust must improve its performance times in relation to ambulance turnaround delays, four-hour target, patients waiting more than four hours from the decision to admit until being admitted and monthly median total time in A&E.	Chief Operating Officer	31/10/2021	R
055	Medicine	Should	The service should ensure that care and treatment are accessible at the time of need and referral to treatment times and waiting times are in line with national standards.	Chief Operating Officer	31/10/2021	R

017 Appraisal Rates

Although significant progress has been made with appraisals and current Trust Appraisal compliance, the panel asked for a further breakdown of data to show the Emergency Department compliance and the Medical Division compliance. Due to the Opel 4 and National Level 4 Incident, sickness levels and the availability of managers being able to be released from clinical duties to carry out the appraisals this action remains 'Behind Plan'

This action will be submitted to the EAG in February 2022.

055 Ambulance Turnaround Four Hour Target,

This scheme (2 actions) formed part of the discussion with the CQC regarding the impact of COVID-19 on national performance standards and expectations regarding evidence to demonstrate this action has been addressed. The CQC confirmed they recognise the national challenges and would look at the systems and process the organisation has put in place since 2018 to safely assess and treat patients with the Emergency Department, including pathways of care, responding to increasing demand, escalation and oversight of the department. In view of this information a decision will now be made by the COO when this action will be submitted to the EAG

Actions Behind Plan at the end of December 2021

- 5 schemes (22 Actions) are currently rated as 'Behind Plan'

ID Ref	Service	Category	Action Description	Owner	End Date	RAG Status
* 018	Corporate	Must	The trust must review the knowledge, competency and skills of staff in relation to the Mental Capacity Act and Deprivation of Liberty safeguards	Director of People	30/09/2021	R
* 018	Corporate	Should	The service should ensure that all staff complete safeguarding adults and children's' training. (Emergency Department)	Director of People	30/09/2021	R
* 018	Corporate	Should	The trust should ensure that staff are up to date with mandatory training. (Diagnostic Imaging)	Director of People	30/09/2021	R
018	Corporate	Must	The trust must ensure that mandatory training attendance, including training on infection prevention and control and safeguarding of vulnerable children and adults, improves to ensure that all staff are aware of current practices and are trained to the appropriate level.	Director of People	30/09/2021	B
018	Corporate	Should	The trust should ensure that mandatory training compliance meets the trust target for all staff groups.	Director of People	30/09/2021	B
018	Corporate	Should	The service should ensure that all staff complete mandatory training in key skills.	Director of People	30/09/2021	B
018	Corporate	Should	The service should ensure that staff have completed the relevant life support training for their clinical roles.	Director of People	30/09/2021	B
018	Corporate	Should	The trust should ensure staffs mandatory and safeguarding training compliance meets the trust target.	Director of People	30/09/2021	B
018	Corporate	Should	The service should ensure that staff complete mandatory training.	Director of People	30/09/2021	B
018	Corporate	Should	The service should improve medical staff compliance with safeguarding training.	Director of People	30/09/2021	B
018	Corporate	Should	The service should ensure that all staff complete mandatory training to improve compliance in line with the trust target.	Director of People	30/09/2021	B
018	Corporate	Should	The service should ensure that safeguarding adults and children's training compliance is in line with the trust target	Director of People	30/09/2021	B

018 Mandatory Training Rates

9 individual actions were approved at Novembers EAG, but 3 were declined. As all 12 actions form one overarching scheme, this can only be approved for closure when the EAG is assured of improvement against all 12 actions. Due to the current Level 4 Incident across the NHS and unprecedented pressures within the Norfolk and Waveney system, high sickness and training temporarily suspended these actions remains 'Behind Plan'.

The remaining three actions will be submitted to the EAG in February 2022.

Actions to be submitted to the EAG in January 2022

- 4 schemes (6 actions) are due to be presented at EAG in January 2022

ID Ref	Service	Category	Action Description	Owner	End Date	RAG Status
007	Corporate	Should	The trust should ensure that waiting times from referral to achievement of preferred place of care and death are timely.	Chief Nurse	31/10/2021	R
019	Corporate	Section 29	Records did not provide a full plan of individualised care and did not accurately reflect the needs or wishes of patients. Patients preferences and individual needs were not considered. There was inconsistent and incomplete record keeping in the emergency department. An individualised plan of care was not established for patients at the end of life. Patients requiring end of life care did not always receive appropriate care that met their needs.	Head of Nursing Medicine	31/01/2022	G
019	Corporate	Should	The trust should ensure all patient care records are completed in line with national standards.	Head of Nursing Medicine	31/01/2022	G
019	Corporate	Must	The trust must ensure patient care records are accurate, complete and contemporaneous and stored securely.	Head of Nursing Medicine	31/01/2022	G
057	Clinical Support Services	Must	The trust must ensure that staffing levels are adequate to provide safe care and treatment to patients in a timely way.	DLT Clinical Support Services	31/01/2022	A
058	Clinical Support Services	Must	The trust must be assured that the out of hours staffing arrangement is sustainable and robust to provide safe care and treatment to patients.	DLT Clinical Support Services	31/01/2022	A