



Integrated Quality Improvement Plan Programme Update Reporting for January 2022



Quality Forum
8 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, 54 (65%) of the 2021/22 IQIP actions have been approved for closure as of Month 10
 - In January, 6 actions were submitted for closure to the Evidence Assurance Group (EAG):
 - 3 actions were approved
 - 3 actions were declined
 - 5 schemes (24 Actions) are 'Behind Plan' and all have recovery actions in place or resubmission dates agreed. Note that 9 actions associated with 1 HR scheme have been approved, however they form 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 across the Norfolk & Waveney 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, particularly in relation to mandatory training and appraisal compliance.
 - 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 but will resume in February.
- The Quality Forum is asked to note:**
- Progress at Month 10
 - 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 29 open actions covering Conditions, Must and Should Do actions and structured accordingly.

Status	Must	Section 29A	Section 31	Should	Total
Completed & Signed Off	14	16	7	17	54
Clinical Support Services		1	2		3
Corporate	9	3		8	20
Medicine	4	2	2	2	10
Surgery				3	3
Women & Children	1	10	3	4	18
Not Completed	7			22	29
Clinical Support Services	2			3	5
Corporate	4			18	22
Medicine	1			1	2
Total	21	16	7	39	83

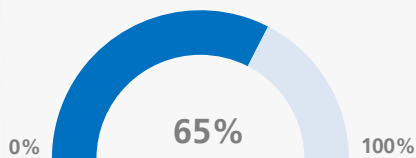
Corporate Action Themes

- Of the remaining 29 open actions, 22 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
Total:	22

Overall Programme Status

Overall Performance



54

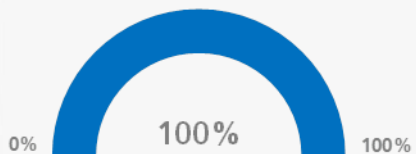
Total Complete

83

Total Planned

- Of the 83 total planned actions within the IQIP, 54 have been completed
- 3 actions were approved in January
- 3 actions were declined in January

CQC Conditions & Notices



23

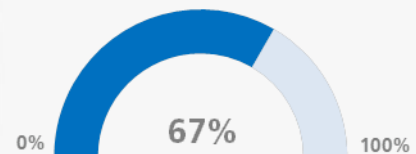
Total Complete

23

Total Planned

- The final 29A Warning Notice was approved in January
- As of January 2022, all CQC Conditions and Warning Notices have been closed internally by the Trust
- 4 Section 31 Conditions remain on the Trusts Certificate of Registration

Must's



14

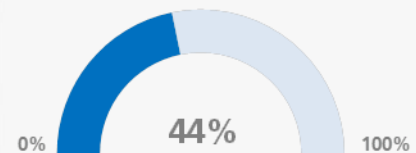
Total Complete

21

Total Planned

- 1 Must Do action was approved in January relating to accurate care records
- 2 Must Do actions were declined in January and have been moved to 'Behind Plan'
- The remaining 7 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



17

Total Complete

39

Total Planned

- 1 Should Do action was approved in January relating to meeting national standards for care records
- 1 Should Do action was declined in January and remains 'Behind Plan'
- 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.

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	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	20	20			2		42
Must	9	4					13
Should	8	16			2		26
Section 29A	3						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	54	24		3	2		83

RAG Rated Programme Position as of January 2022

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

Area	Behind Plan	On Plan	Total
Clinical Support Services	2	3	5
Must	2		2
Should		3	3
Corporate	20	2	22
Must	4		4
Should	16	2	18
Section 29A			
Medicine	2		2
Must	1		1
Should	1		1
Total	24	5	29

Actions Approved at the EAG in January 2022

- 3 actions were approved at EAG in January 2022

ID Ref	Service	Category	Action Description	Owner	End Date	RAG Status
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	B
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	B
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	B

Actions Declined at the EAG in January 2022

- 3 actions were declined 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
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	R
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	R

007 Timely Referral to Preferred Place of Care and Death

This action was declined as the panel asked for the narrative to be updated to detail the timely achievement for patients within the control of the Trust but unable to demonstrate timely achievements when this is outside the control of the Trust. The narrative should also capture that patients are seen again on Day 2 and are asked to consider other PPOC where long referrals occur. KPIs to be split by complex and non-complex patients and the MODE of patients waiting to be transferred to PPOC. The group agreed for this to be closed via Chair's action once the additional assurance is provided.

This action will be re-presented to EAG in February 2022 if not closed by Chair's Actions.

057 – 058 Clinical Support Services

The EAG noted the improvements made relating to these actions however requested additional evidence on fill rates and the process for safe staffing, RTT and Backlog data. These actions have also been incorporated in the Radiology Improvement Plan and monitored through the supporting governance arrangements.

These actions will be re-presented to EAG in February 2022

Actions Behind Plan at the end of January 2022

- 7 schemes (24 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
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

007 Timely Referral to Preferred Place of Care and Death

See Slide 9

015 National and Local Audit Targets

This scheme (3 actions) forms part of the wider Clinical Audit Improvement Plan. Some actions have evolved following the application of the PDSA methodology; as a result, they are currently ongoing. A revised submission date has been agreed for April 2022.

This action will be submitted to EAG in April 2022.

017 Appraisal Rates

Although significant progress has been made Appraisals remain off trajectory and target as full capacity protocols continue to delay appraisals. Appraisals were cancelled due to managers being included within the staffing numbers and sickness of staff. All areas have been asked to reschedule appraisals and complete trajectories for completing appraisals. HR will continue to monitor appraisal compliance rates to ensure these are completed in line with the Trust target. This action remains 'Behind Plan'

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

Actions Behind Plan at the end of January 2022

- 7 schemes (24 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 November's 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. Mandatory training continues to be below target as there has been a removal of MANTRA and a delay due to the transition arrangements to ESR. Most training was cancelled in December/January due to full capacity protocols in place. Risk assessments are in place which give a commitment that staff have to complete their mandatory training within three months. There is also a delay in recording training in ESR against the agreed mandatory training matrix. A new Mandatory Training facilitator now in post to support delivery of face to face training and reduce backlogs (fire & conflict resolution) 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 May 2022.

Actions Behind Plan at the end of January 2022

- 7 schemes (24 Actions) are currently rated as 'Behind Plan'

ID Ref	Service	Category	Action Description	Owner	End Date	RAG Status
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
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	R
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	R

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

057 Adequate Staffing Levels

See Slide 9

058 Out of Hours Staffing Arrangement

See Slide 9

Actions to be submitted to the EAG in February 2022

- 3 schemes (3 actions) are due to be presented at EAG in February 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
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	R
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	R