NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

EXCELLENCE STARTS HERE

Section and Warning Notice Update Reporting for February 2023

Quality Committee

28 March 2023

Summary of Progress

- This report details the progress against the remaining four Section 31 Conditions on the Trust Registration during February 2023. This position has not changed since the previous Quality Committee update and any application to request the lifting of the Conditions will not be made until evidence of sustained compliance is achieved.

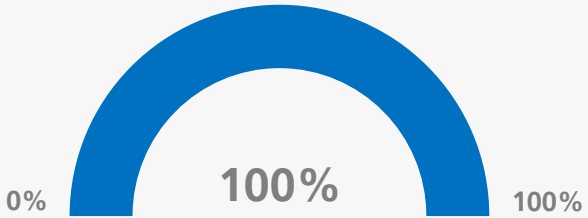
- Support continues for all five Divisional Leadership Teams, alongside monthly engagement meetings with the CQC.

- As previously reported to QC, any application to request the lifting of the conditions will not be made until evidence of sustained compliance is achieved. With the aim to apply in April 2023, the Risk and Compliance team are working with the Divisions to review evidence and an updated position will be presented to QC in March 2023. This review is concentrating on the Section 31 Conditions for Diagnostic Imaging and Maternity and Midwifery Services.

- Work is underway to consider improvements to the reporting mechanisms for ongoing breaches in regulatory compliance and review the effectiveness of current processes for assurance. A meeting to discuss Section 31 reporting requirements moving forward has been planned for 22 March 2023.

The Quality Committee is asked to:
- Note the current 2022/23 Compliance Plan position as at Month 11.
- Note the updates regarding the remaining four Section 31 Conditions, including preparations being made to apply for the lifting of three Section 31 Conditions in April 2023.

CQC Conditions & Notices



4
Total Complete

4
Total Planned

Summary of Progress – Maternity & Midwifery Services

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.

Progress Update:

Medical Hand overs/MDT ward rounds

Following the publication of the Ockenden report into Maternity Services at Shrewsbury and Telford NHS Trust, we have reviewed the timings of the medical handovers and these now happen at 9am, 5pm and 9pm with full MDT ward rounds at 9am and 5pm. Medical handovers continue to provide maximum oversight and assurance that responsible clinicians remain regularly sighted on patient care and any potential escalation requirements.

Medical handovers are fully embedded in consultant schedules as part of job planning.

Action in progress: Three months of medical handover information is currently being transferred into report format and once completed, will be submitted to the Directorate of Patient Safety and Improvement.

MEOWS

Observations are recorded using a MEOWS template, required escalations are actioned and documented promptly, and MEOWS scores are re-taken where necessary.

Action in progress: MEOWS audits will form part of the 2023/2024 audit cycle to ensure continued monitoring.

Delays- Attendance/Escalation

All incidents of delays in clinicians attending, as well as delays in escalating are reported through Datix and investigated accordingly. The Division continuously monitors all incidents related to missed opportunities to escalate deteriorating patients as early as possible. Learning that is identified from these investigations are communicated throughout the division, including discussion at Clinical Governance Meetings, via the “Six Slides” learning packs assembled, and “hot” and “cold” staff debrief sessions.

Audit

MEOWS

The recent MEOWS audit reviewed 80 sets of notes. It demonstrated that all 80 had used the MEOWS tool for documentation of observations appropriately. Of these, 84% had good documentation of escalation, which meant 13 records did not. All women reviewed in this audit had appropriate follow up despite not all MEOWS scores over one being escalated. There was documented evidence of what the individual midwife was thinking and what they had planned.

In addition, where there were more serious concerns about the scores and the wellbeing in general of the women, there was clear documented evidence of more frequent MEOWS being completed and medical reviews undertaken.

The MEOWS Audit 2022 was presented at Clinical Governance in February 23 and ratified.

Delays- Attendance/Escalation

An additional ad-hoc audit has been undertaken into the last two years' data to review all reported incidents of delays to escalate/attend deteriorating patients.

Scope of audit: April 21- Sept 22; all reported patient safety incidents

- The audit reviewed 1,459 recorded incidents, of which 44 were highlighted as requiring a further deep dive to ascertain the cause and outcome of any delay. Only in one incident was it determined that delays in escalation contributed to a baby being born in poor condition (June 22); this incident was managed through the Trust's Serious Incident pathway.

Status Quo for Maternity and Midwifery Services:

Evidence is being gathered to support the application for lifting of this Section 31 notice in April 2023, if appropriate.

Summary of Progress – Urgent & Emergency Care

The registered provider must ensure that there is an effective system in place to robustly assess all patients who present to the ED in line with relevant national clinical guidelines within 15 minutes of arrival.

Progress Update

- Triage performance Feb 23 was 66.9%, a 12% improvement on Jan 23. This was achieved by adjusting the clinical capacity to meet the clinical demand presented within ED, and providing the necessary support and focus to ensure every patient is triaged as soon as practicable to maintain effective, timely flow.
- Paediatric triage for Feb 23 was 62.6%.
- Average triage time Feb 23 was 18 minutes 13 seconds.
- All patients arriving by ambulance are clinically assessed <20 minutes of arrival. If ED does not have capacity, but it is safe to do so, these patients are returned to the ambulance until space becomes available. If patients arriving by ambulance are identified as a clinical priority they remain within ED and commence treatment and are not returned to the ambulance.
- Triage times are incorporated on the weekly performance dashboard

Risk & Mitigations

- Embedding triage changes remains a challenge due to inconsistency of clinical priorities which can result in insufficient triage cover during busy periods.
- This risk is mitigated through daily engagement and oversight of patient flow to ensure appropriate clinical cover is provided when necessary.
- Patients arriving by ambulance may have long waits, therefore could clinically deteriorate.
- This risk is mitigated by embedding a robust Rapid Assessment and Treatment, RAT, process and ensuring clinically urgent patients are seen and treated within ED.

Next steps

- To provide the necessary daily support and focus to ensure triage remains a key element in the ongoing delivery of ED performance.
- Compete and submit the ED staffing proposal to support the progression of the right clinical skills, in the right area at all times across UEC.

Summary of Progress – Diagnostic Imaging

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.

Progress Update

This is linked to Phase 2 of the Radiology Information System (RIS) project. As previously highlighted, work is ongoing to improve the failsafe processes for escalation of significant findings. The SMTP relay is now in place, so emails can now be sent by the RAD Alert system. Some work is still required on the email box requirements, but work is underway. The next task is to align the agreed alert codes with the new system: codes have been reviewed and agreed by the Consultant Radiologist team. However, launch dates for each phase of the system rollout are still TBC.

The Radiology Team will audit the system's use after 2-3 months to evidence sustainability.

Risk & Mitigations

Lines of communication have been established for escalation of significant findings, and these are well embedded. This includes manual escalation via the Medical Secretaries in usual working hours, and the Out Of Hours (OOH) provider has mechanisms in place to escalate to clinicians significant findings. The OOH reporting provider audit findings will be ready for highlighting at the next QC meeting.

Next Steps

1)To resolve email box query.

2) Align agreed alert codes with systems.

Evidence is being gathered to support the application for lifting of this Section 31 notice in April 2023 if appropriate.

Summary of Progress – Diagnostic Imaging

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.

Progress Update

Monthly Radiology department engagement meetings continue. In addition, Senior Leadership Team have regular meetings with the Clinical Director to ensure departmental wide communication and established escalation process to improve communication throughout the Department.

Training for incidents and sharing of learning is ongoing as previously reported. Currently no significant changes to practice as a result of the shared learning, but the emphasis on improved awareness of incidents and a "no blame" culture continues to be emphasised. There are subsequently fewer concerns from the team when reporting Datix incidents.

The audit plan for 2023/24 has been drafted and is and ready to be rolled out in April 2023.

Competency frameworks have been developed for staff groups:

- Admin competency document and Nuclear medicine submitted to EAG Jan 2023.
- MRI competency started: to include a self assessment format, leading to a training schedule to address any areas of limited or lacking in competencies.
- CT will be started when substantive modality lead is in post (currently being recruited to).
- Plain film – submitted to EAG on 19 January 2023 and approved.
- To be started: Dexa, Fluroscopy , Clinical Support Workers.
- Mandatory training now at 81% for core subjects , but appraisals fallen to 75%. Leads are aware and action plan in place to address.

Summary of Progress – Diagnostic Imaging

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.

Risk & Mitigations

Support for Radiology Risk & Governance Lead from Clinical Support Services Risk and Governance Lead.

Embedded meetings in Radiology calendar, with allocated time to support.

Audits have been streamlined and made more manageable.

Restart of radiology senior leadership meetings on weekly basis: with robust terms of reference and structured agenda and minutes that can be shared with the wider radiology team. Radiology manager to "own" these once in post.

Radiology manager appointed: due to start in the Trust on 01 May 2023

Next Steps

- Continue to review compliance and structure of competencies and preceptorship of staff. This will be with a view to align with professional internal and external standards.
- To continue to update and progress documentation.
- To focus on the urgent significant findings to ensure that this is a priority to enable the 3 phased plan to progress.
- Evidence is being gathered to support the application for lifting of this Section 31 notice in April 2023 if appropriate.

Section 31 Condition – Formal Application Outcome

- All of the four remaining Section 31 conditions have been moved to business as usual following submission to the Trust Evidence Assurance Group and monitored at both Divisional and Corporate level

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 Section 31 Conditions		**22**		**18**	**4**

Section 31 Condition – Conditions that remain on the Trust's Certificate of Registration

Maternity & Midwifery Services

- 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.

Urgent & Emergency Care

- The registered provider must ensure that there is an effective system in place to robustly assess all patients who present to the ED in line with relevant national clinical guidelines within 15 minutes of arrival.

Diagnostic Imaging

- 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.

- 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.