Agenda Item: 10.1

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Integrated Quality Improvement Plan Programme Update Reporting for October 2021

EXCELLENCE STARTS HERE

Governors Council Meeting
16 December 2021

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, 43 (52%) of the 2021/22 IQIP actions have been approved for closure as of Month 07.

- No actions are currently RAG rated as Amber 'At Risk'.

- 9 schemes (25 Actions) are 'Behind Plan' but all have recovery actions in place or resubmission dates agreed. 3 of these schemes (16 actions) are being presented to EAG in November.

- Whilst deadlines for all actions were agreed in March 2021, a more detailed review as part of the improvement work has identified more complex and deep-rooted issues in a number of schemes. Demonstrating improvements are sustained is essential for long term improvement and a key measure for the CQC. In turn, sustained operational pressures as a result of the COVID-19 pandemic has also impacted on the delivery of a number of actions against original timeframes.

- 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 meeting held monthly from January 2022.

- Following an application to request the lifting of the remaining 7 Section 31 Conditions, the CQC have confirmed 3 have been removed from the Trust's Certificate of Registration.

- The Monthly Clinical Review Programme continued in October with visits to Castleacre Ward, Central Delivery Suite, Elm Ward, Leverington Ward, Marham Ward and Rudham Ward. This report details the high-level findings of these visits and next steps.

The Governors' council is asked to note:

- Progress at Month 07
- 9 schemes 'Behind Plan'
- Removal of 3 Section 31 Conditions from the Trust's Certificate of Registration
- The key findings from the October Clinical Review Visits

Overall Programme Update

- The reporting numbers reflect 83 actions captured within the new 2021/22 IQIP with 40 open actions covering Conditions, Must and Should Do actions and structured accordingly.

Status	Must	Section 29	Section 31	Should	Total
Completed & Signed off	**11**	**14**	**7**	**11**	**43**
Clinical Support Services		1	2		**3**
Corporate	7	1		6	**14**
Medicine	3	2	2	2	**9**
Surgery				1	**1**
Women & Children	1	10	3	2	**16**
Not Completed	**10**	**2**		**28**	**40**
Clinical Support Services	2			3	**5**
Corporate	6	2		20	**28**
Medicine	2			1	**3**
Surgery				2	**2**
Women & Children				2	**2**
Total	**21**	**16**	**7**	**39**	**83**

Forward plan for completion of actions

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

Main - Area	Completed & Signed off	Behind Plan	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Total
Clinical Support Services	**3**			**1**	**2**		**2**							**8**
Must				1	1									**2**
Section 29	1													**1**
Section 31	2													**2**
Should					1		2							**3**
Corporate	**14**	**19**	**4**		**3**			**2**						**42**
Must	7	3	2		1									**13**
Section 29	1	1			1									**3**
Should	6	15	2		1			2						**26**
Medicine	**9**	**3**												**12**
Must	3	2												**5**
Section 29	2													**2**
Section 31	2													**2**
Should	2	1												**3**
Surgery	**1**	**2**												**3**
Should	1	2												**3**
Women & Children	**16**	**1**		**1**										**18**
Must	1													**1**
Section 29	10													**10**
Section 31	3													**3**
Should	2	1		1										**4**
Total	**43**	**25**	**4**	**2**	**5**		**2**	**2**						**83**

Clinical Review Programme: Assurance Actions 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.

The programme is recognised by other Trust as good practice. Brighton & Sussex University Hospital have recently asked us to share documents and assessment templates for the Clinical Review Programme.

Clinical Review 27th October 2021

A team of 11 clinical and non-clinical staff were involved in this review, consisting of the Director of Patient Safety, Compliance Manager, Risk and Governance Lead for Surgery, Clinical Audit Manager, Gynaecology Services Matron, Training Manager and Clinical Educator, as well as external participation from one QEH Governor, one Non-Executive Director, the Chief Executive Officer from Healthwatch and the Assistant Director of Clinical Quality from NHSE/I.

The review spanned 6 wards - Castleacre Ward, Central Delivery Suite, Elm Ward, Leverington Ward, Marham Ward and Rudham Ward.

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 KLOE focused on patient and staff experience whilst drawing on broader findings through the use of the '15 Steps' methodology.

Areas of Good Practice:

- All review teams felt they had positive visits to all wards
- All areas were welcoming and accommodating on arrival - All staff were engaged, enthusiastic and happy to speak to the review team
- Across all wards the review team observed positive interactions between staff and patients – Staff introduced themselves
- Whilst all ward areas were busy, staff appeared calm and in control
- It was evident that staff on the wards share positive team spirit
- The wards exhibited really good multidisciplinary team working
- Patient care was good, caring and compassionate across all wards
- Patient feedback was positive – Patients and relatives feel informed
- Patients talked about feeling able to talk to any member of ward staff and know that their request would be actioned
- Staff demonstrated learning from serious incidents and complaints
- Staff praised the support they had received during and post COVID-19
- Most wards were able to talk about their improvement journeys
- Most wards felt confident about speaking up and knew the method for raising concerns

Areas for Improvement:

- Most ward information boards were blank / not up to date
- A number of areas raised concerns about staffing and recruitment challenges
- Call bells and ward telephone calls were not always answered promptly
- On the whole documentation was good, however on Elm Ward the review team found one instance where a patient did not have a fluid balance chart completed (not documented in the notes) and on Marham Ward the review team found one instance where low oxygen scores for NEWS 2 were not acted on (not documented in the notes)

Clinical Review Programme: Identified Areas for Action Update

The table below details a number of themes identified during these clinical reviews and the action taken to address these areas of concern

Theme	Action Required	Action Taken
16yr patients on Surgical Wards	A 16 year old patient was admitted to a surgical ward and the parents were informed they were unable to accompany them due to visiting restrictions	The ward had since rectified this error and the parents had been allowed to visit and stay with the patient during their inpatient episode. The team escalated this immediately to the Nurse in Charge and it was agreed to revisit previous communications that had been shared to ensure that all staff were aware that should a 16 – 18 year old patient be admitted to any surgical area the parents are allowed to be with them at all times .
Fluid Balance Charts	The review team found one instance where a patient did not have a fluid balance chart completed (not documented in the notes	Refresher training has been offered to staff and an in-depth audit was completed on the ward with finding shared with the Matron for further discussion at team meetings.
Unlocked sluice door	The review team found an unlocked sluice door behind the nurses station on Marham Ward	The door lock was broken and therefore unlockable. This has now been replaced and is fully working and locked.
'Smiley Cards'	Feasibility of introducing a pictorial card to overcome language barriers	The New menu tablets have pictures to support patients to choose their meals. A digital version of the Learning Disabilities Information is being reviewed by the Liaison Nurse. A system wide approach including Access Migrant Support in King's Lynn to support people who were born or grew up outside the UK to understand what different parts of the NHS are for is being discussed with the Patient Experience Teams across Norfolk and Waveney.
CPAP Training	There is a lack of equipment training for CPAP on Rudham ward	Respiratory Nurse and Practice Development Nurse are providing equipment training.
Top 3 Risks	The review team found that staff on the ward were not able to consistently articulate the wards top 3 risks	The Risk Manager provides a monthly snapshot of the highest current risks to each area. In addition the Risk Manager has designed a Risk Awareness and Management video and quiz for all new Trust employees, which will form part of the Trust induction pack. This module will be included in the new ESR framework with an estimated rollout date of January 22. A more comprehensive Level 2 Risk Management training module has also been refined.
Pharmacy Support	There is a lock of Pharmacy support on Leverington Ward due to current workforce vacancies within the Pharmacy Department	Raised with the Chief Nurse at the feedback session. Discussions in progress regarding Pharmacy support for Leverington Ward.