Agenda item 10

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Programme Update on Integrated Quality Improvement Plan (IQIP)

EXCELLENCE STARTS HERE

Trust Board of Directors
01 September 2020

Summary

- To date, 137 (67%) of the 206 actions, which are a combination of conditions, must-do's and should-do's have been approved for closure by the Evidence Assurance Group (EAG). 69 actions remain outstanding.

- To date 39 of the 46 (85%) Section and Warning Notice conditions have been approved for closure by the EAG.

- 15 actions were taken to EAG in July, of which 9 were approved. Of the 6 that were declined, EAG agreed 3 actions were suitable for approval via Chair's action, once supplementary information was provided. This reflects an improvement in the quality of documentation that is now being presented as well as the robust challenge from panel members.

- August and September will see 34 actions presented to EAG. Approval or even near-approval of this quantum of schemes will be a significant achievement for the Trust with the outstanding actions more evenly split across the remaining months. 16 of 18 schemes scheduled for review in August are ready for presentation to EAG with clear rationale for two being postponed. This level of commitment to this programme by operational and clinical teams should not be underestimated and is a positive story for all staff in the organisation.

- Focus still remains on embedding and sharing learning. To this end, the Trust was successful in securing partial special measures funding from NHSI&E for two highly skilled interim senior nurse Quality Managers for 6 months. They have now commenced and are working within Medicine initially; and will then broaden their remits.

- As a further level of assurance improvements are sustained and becoming embedded in practice, a Clinical Review Programme has been established with high level findings and themes shared with staff and Divisional Leadership Teams and used to inform and direct further CQC Wellness and IQIP improvement actions.

- A programme of Quality Improvement Deep Dives have been agreed and will be shared with the Board of Directors monthly and OAG bi-monthly. These Deep Dives will provide divisions and their clinical teams with an opportunity to share in more detail the quality improvement projects and initiatives undertaken over the past 12 months. They will also provide members of the Trust Broad and our stakeholders with an opportunity to listen to staff describe stories of improvement and the part they have played in improving care for our patients.

- The Emergency Department's Journey of Improvement and the Same Day Emergency Care Unit (SDEC) will form the Deep Dives to the Board of Director in September 2020.

The Board is asked to note:

a) Good progress against the planned trajectory;

b) Additional resource now in place to support Medicine initially; and

c) The Deep Dives planned for September

d) High level findings from the August Clinical Reviews

Overall Programme Update

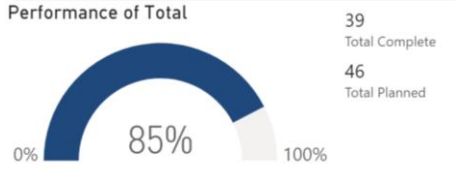
- Since the last report, the Trust evidenced and approved 9 actions bringing the total approved to 137 through the Evidence Assurance Group and the Condition Notices Oversight Group.
- There remain 69 actions which are a combination of conditions, Must and Should Do's still pending completion and validation.

Status	GMC Condition	Must	Section 29	Section 31	Should	Total
Completed & Signed off	**3**	**67**	**15**	**21**	**31**	**137**
Clinical Support Services		5	3	4	3	**15**
Medicine		17	2	6	6	**31**
Standard Practice		27			13	**40**
Surgery		2			2	**4**
Trust Board	3	6			1	**10**
Women & Children		10	10	11	6	**37**
Not Completed		**38**	**6**	**1**	**24**	**69**
Clinical Support Services		1			1	**2**
Medicine		13	6	1	8	**28**
Standard Practice		18			4	**22**
Surgery					6	**6**
Trust Board		5				**5**
Women & Children		1			5	**6**
Total	**3**	**105**	**21**	**22**	**55**	**206**

Overall Programme Status

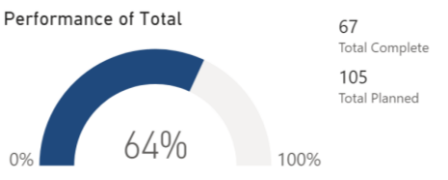
- This slide illustrates the current completion of all actions within the programme.

Conditions and GMC



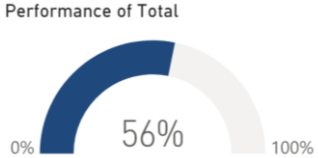
- 4 Notices were approved for internal closure at the July Evidence Assurance Group. These include 2 Section 29 and 2 Section 31.

Must do's



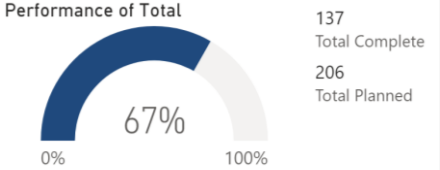
- 2 further Must Do actions were approved for closure in July. 1 related to Medicine Division and 1 related to Women & Children.

Should do's



- 3 Should Do action was approved for closure in July. 2 related to Medicine Division and 1 related to Surgery.

Total Plan



- 67% of all schemes are now approved with evidence.
- There are several schemes due in August (18) and September (16). Work with teams to collate information on progress is now underway; although the scale of work will be material for divisional teams. Early work to review levels of trend-based evidence has commenced as EAG rightly are seeking assurance around the embedding of change.

Actions approved at the Evidence Assurance Group or Conditions and Notices Group in July

- 9 actions were approved since the last report.

ID Ref	Area	Category	Description	Owner	Approved
2.1.10	Women & Children	Must	The trust must ensure that clinical guidelines are regularly reviewed and contain up-to-date national guidance.	Risk & Governance Matron Women & Children	27 July 2020
2.1.10	Women & Children	Section 31	The Registered Provider must ensure that all policies and procedures are in line with national best practice and are current.	Risk & Governance Matron Women & Children	27 July 2020
2.1.9	Women & Children	Section 31	The Registered Provider will ensure that all incidents within the maternity service are reported and investigated in line with trust policy.	Risk & Governance Matron Women & Children	27 July 2020
2.2.8	Women & Children	Section 29	Systems and processes for identifying and managing risk were neither properly established nor operating effectively. We were not assured that duty of candour was being undertaken as required by the regulations. We were not assured that incidents were being investigated or graded to the appropriate level.	Risk & Governance Matron Women & Children	27 July 2020
2.5.10	Medicine	Section 29	Staff understanding of the safeguarding process was inconsistent. We identified a serious safeguarding concern that we escalated to senior ward management. We had no confidence that they would take the required action. We escalated this concern to yourself for immediate action.	Lead Professional for Safeguarding Adults and Children	24 July 2020
2.5.18	Medicine	Must	The trust must ensure that staff follow procedures in relation to safeguarding and that any safeguarding concerns are reported without delay.	Lead Professional for Safeguarding Adults and Children	24 July 2020
3.1.14	Surgery	Should	The trust should ensure that patients receive the medicines at the time they are prescribed.	Surgical Matron, Day Surgery Matron	27 July 2020
3.6.17	Medicine	Should	The trust should ensure that work to review internal professional standards continues in a timely manner.	Divisional Director Medicine	24 July 2020
3.9.6	Medicine	Should	The trust should review the availability and use of communication aids and other provisions to meet patients' individual needs within the department.	ED Matron	24 July 2020

Actions declined at the Evidence Assurance Group or Conditions and Notices Group in July

- 6 actions were declined at EAG. since the last report as set out below. 3 actions required minimal additional evidence and it as agreed these could be approved via Chair's action once provided. Revised trajectories were discussed and agreed for the remaining 3 actions.

ID Ref	Area	Category	Description	Owner	Date Declined
1.1.8	Trust Board	Must	The trust must ensure divisional leadership has the capacity to support significant improvements in the safety and quality of care and that inconsistencies across divisions are reduced.	Chief Operating Officer	27 July 2020

While good progress was noted, development training plans have been impacted by COVID-19. Bespoke leadership programmes are being updated with Fiona Reed Associates, to reflect learning and development as a result of COVID with plans to restart in Sept. EAG requested more evidence of consistency across all four divisions and examples of embedded processes. This was agreed to be collated and re-presented to EAG in September.

ID Ref	Area	Category	Description	Owner	Date Declined
1.3.15	Trust Board	Must	The trust must review, define and implement a corporate strategy aligned to clear strategic priorities. Process for assurance including risk and governance process, accountability frameworks and the board assurance framework need to be revised, aligned and implemented and effectively monitored.	Deputy Chief Executive Officer	27 July 2020

EAG requested further demonstration of the impact of the strategy through further monitoring. It was agreed the outcomes following Quarter 2 reporting will be submitted to EAG in October as evidence of operational delivery.

ID Ref	Area	Category	Description	Owner	Date Declined
1.4.5	Standard Practice	Must	The trust must ensure there are sufficient and appropriate induction procedures for agency staff and competency checks for both agency staff and substantive staff who are moved from other areas of the hospital	Deputy Chief Nurse	27 July 2020

Evidence of progress, with systems and processes regarding induction in place. EAG requested further evidence of compliance in relation to Medical Induction, to include evidence of the completion of induction checklist audits.

Actions declined at the Evidence Assurance Group or Conditions and Notices Group in July

ID Ref	Area	Category	Description	Owner	Date Declined
3.4.3	Surgery	Should	The trust should improve waiting times from referral to treatment in respect of plastic surgery, general surgery and orthopaedic surgery.	Divisional General Manager Surgery, Divisional Director Surgery	27 July 2020

EAG requested some strengthening of the narrative around actions taken within the RTT plans, but were otherwise assured by the evidence provided. It was agreed this could be submitted and approved via Chair's action ahead of the next EAG.

ID Ref	Area	Category	Description	Owner	Date Declined
3.4.4	Surgery	Should	The service should ensure that there is a referral to treatment (RTT) recovery plan in place for all specialities and this is monitored effectively.	Divisional General Manager Surgery	27 July 2020

EAG requested evidence of the updated SERU policy but were otherwise assured by the evidence provided. It was agreed this could be submitted and approved via Chair's action ahead of the next EAG.

ID Ref	Area	Category	Description	Owner	Date Declined
3.9.7	Medicine	Should	The trust should ensure there are systems in place to reduce and manage the high number of medical outliers.	Divisional Director Medicine	24 July 2020

EAG requested some strengthening of the narrative around actions taken to reduce medical outliers but were otherwise assured by the evidence provided. It was agreed this information could be submitted and approved via Chair's action ahead of the next EAG.

Actions to be submitted to the Evidence Assurance Group or Conditions and Notices Group in August

- 18 actions will be presented for approval in August.

ID Ref	Area	Category	Description	Owner	End
2.5.9	Medicine	Section 29	Risk assessments were not fully completed for patients or actions taken to mitigate risk. National Early Warning Score 2 (NEWS 2) observations were not completed according to the correct time intervals. Escalation of patients with NEWS 2 scores that should trigger escalation and review was inconsistent.	Head of Patient Experience	August 2020
2.5.4	Medicine	Section 29	Staff understanding of and the application of the Mental Capacity Act 2005 was inconsistent in medical care and the emergency department. Training information supporting staff knowledge and understanding of the Deprivation of Liberty Safeguards (DoLS) was incorrect and not in line with the Act.	Lead Nurse for Older People, Lead Professional for Safeguarding Adults and Children	August 2020
2.3.6	Medicine	Section 31	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.	ED Matron	August 2020
3.4.4	Surgery	Should	The service should ensure that there is a referral to treatment (RTT) recovery plan in place for all specialities and this is monitored effectively.	Divisional General Manager Surgery	August 2020
2.5.25	Medicine	Must	The trust must ensure effective ownership and monitoring of performance to drive improvement within the service.	Head of Patient Experience	August 2020
2.5.4	Medicine	Must	The trust must ensure mental capacity assessments are consistently and competently carried out where required.	Lead Nurse for Older People, Lead Professional for Safeguarding Adults and Children	August 2020
2.5.27	Medicine	Must	The trust must ensure systems and processes are in place, and effective, to identify patients who require end of life care and to instigate an appropriate pathway.	Head of Patient Experience	August 2020
2.5.26	Medicine	Must	The trust must ensure that a personalised plan of care is successfully implemented across the organisation to ensure that end of life patients receive person-centred care that meets their needs.	Head of Patient Experience	August 2020
2.5.6	Medicine	Must	The trust must ensure that Deprivation of Liberty Safeguards (DoLS) are properly applied for and that training materials are accurate and supported by the Act.	Lead Nurse for Older People, Lead Professional for Safeguarding Adults and Children	August 2020
2.5.3	Standard Practice	Must	The trust must ensure that fluid balance charts are properly completed.	Deputy Chief Nurse	August 2020
1.3.19	Standard Practice	Must	The trust must ensure that incident investigations and root cause analysis are robust and identified actions and learnings are implemented and shared.	Director of Patient Safety	August 2020
2.5.13	Medicine	Must	The trust must ensure that patients are treated individually, with dignity and respect and that they are kept informed of and involved with plans for their care.	Head of Nursing Medicine	August 2020
2.5.21	Medicine	Must	The trust must ensure that patients at risk of deterioration are appropriately escalated for review.	Head of Patient Experience	August 2020
1.3.9	Standard Practice	Must	The trust must ensure that serious incident action plans are comprehensive and that the completion of actions is monitored.	Director of Patient Safety	August 2020
2.3.14	Medicine	Must	The trust 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.	ED Matron	August 2020
2.5.4	Medicine	Must	The trust must review its Mental Capacity Assessment and Deprivation of Liberty Safeguarding process and the way this is documented within patients' notes.	Lead Nurse for Older People, Lead Professional for Safeguarding Adults and Children	August 2020
2.5.4	Medicine	Must	The trust must review the knowledge, competency and skills of staff in relation to the Mental Capacity Act and Deprivation of Liberty safeguards	Lead Nurse for Older People, Lead Professional for Safeguarding Adults and Children	August 2020
3.9.2	Medicine	Should	The trust should review the hours that the ambulatory emergency care unit, the paediatric assessment unit and the rapid assessment team are available to maximise admission avoidance.	ED Operational Manager	August 2020

Forward plan for completion of actions

- Actions are continually discussed at both divisional leadership team level and at the IQIP review Group (Chaired by the Deputy CEO in August) to assess where actions can be brought forward for approval at the Evidence Assurance Group.
- The 6 historic schemes refers to schemes behind original plan.

Area	Completed & Signed off	Historic	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Jun 2021	Total
Clinical Support Services	**15**				**1**				**1**		**17**
Must	5				1						**6**
Section 29	3										**3**
Section 31	4										**4**
Should	3								1		**4**
Medicine	**31**	**1**	**14**	**5**	**5**	**1**	**2**				**59**
Must	17		10	2			1				**30**
Section 29	2		2	1	2		1				**8**
Section 31	6		1								**7**
Should	6	1	1	2	3	1					**14**
Standard Practice	**40**	**2**	**3**	**8**	**3**	**1**	**4**	**1**			**62**
Must	27	2	3	7	2	1	3				**45**
Should	13			1	1		1	1			**17**
Surgery	**4**	**1**	**1**			**1**	**3**				**10**
Must	2										**2**
Should	2	1	1			1	3				**8**
Trust Board	**10**	**2**		**2**			**1**				**15**
GMC Condition	3										**3**
Must	6	2		2			1				**11**
Should	1										**1**
Women & Children	**37**			**1**	**2**		**3**				**43**
Must	10			1							**11**
Section 29	10										**10**
Section 31	11										**11**
Should	6				2		3				**11**
Total	**137**	**6**	**18**	**16**	**11**	**3**	**13**	**1**	**1**		**206**

Forward plan and risk assessment

- This table shows the current RAG status of all 69 outstanding actions. 6 schemes are behind plan as detailed in the previous slide with clear plans to re-submit for approval to EAG.
- A full risk-assessment will now be undertaken of future schemes to highlight any at risk of delivery and presented to the Quality Committee in September. Additional support will be provided through the 2 recently appointed interim Senior Nurse IQIP managers.

Area	Green	Red	Total
Medicine	**27**	**1**	**28**
Must	13		13
Should	7	1	8
Section 29	6		6
Section 31	1		1
Standard Practice	**20**	**2**	**22**
Must	16	2	18
Should	4		4
Surgery	**5**	**1**	**6**
Should	5	1	6
Women & Children	**6**		**6**
Should	5		5
Must	1		1
Trust Board	**3**	**2**	**5**
Must	3	2	5
Clinical Support Services	**2**		**2**
Must	1		1
Should	1		1
Total	**63**	**6**	**69**

Assurance actions are sustained and embedded

It is recognised that whilst the Evidence Assurance Group provides robust check and challenge, there is a need to establish a more formal and longer-term assurance framework to ensure improvements are sustained and embedded in practice.

Clinical Reviews 12th August 2020:

- A team of 16 clinical and non-clinical staff were involved in this review programme, including senior nurses, clinical educators, a Consultant, a porter, a volunteer, Pharmacist, Safeguarding, student nurses, Infection Prevention and Control staff and a representative from HealthWatch Norfolk.
- Key lines of enquiry were structured around completed Must and Should do actions within the IQIP where ever possible, whilst drawing on broader findings through the use of the '15 Steps' methodology, to explore patient and staff experience.
- Six areas included in the August review: West Newton, Necton, Windsor, Central Delivery Suite, Fracture Clinic, Radiology

Findings:

- A very positive and enjoyable review overall, with further recognition of good practice, evidence of improvement, positive patient experience across all areas with well-engaged staff. However, inconsistencies are apparent and there is evidence some staff / teams have been impacted, due to staff being moved to work in different areas of the hospital during the COVID-19 pandemic

- The reviews carried out in West Newton, Necton and CDS were particularly positive with good evidence of team working, leadership, staff engagement and very positive patient experience.

Immediate Concern:

- 2 staff not wearing masks correctly and Arterial Blood Gas machine required PAT testing in CDS. Poor compliance with the checking of a Paediatric Resus Bag within Radiology. IP&C issues were raised within Radiology related to the cleaning of equipment and cleaning checks. Batteries were not stored securely within the Fracture Clinic All immediate concerns were addressed at the time of the review and will be incorporated in the September clinical reviews as part of a planned ''Look Back' and follow-up of specific actions.

Areas of good practice:

- Welcoming, engaged and enthusiastic staff
- Hello my name is…heard on a number of occasions in different areas
- Sensitive and compassionate care and interactions observed
- Visibility and engagement of CEO
- Staff feel supported and are encouraged to innovate
- Staff reported their 'voices could be heard'
- Some staff reported they feel like they are coming together as a 'Team' following changes due to COVID-19
- Good examples of MDT working
- 100% appraisals for staff in some areas
- Patients looked well cared for
- Patients within fracture clinic felt well informed of treatment plans
- Improved staff awareness of learning from incidents, particularly Radiology but this is not consistent across all areas.
- Privacy and dignity maintained for patients – particularly Radiology
- Good examples of comprehensively completed ReSPECT forms and MCA
- Good examples of documentation but this was not consistent across all areas

Assurance actions are sustained and embedded

Improvements required:

Whilst there were some excellent examples of improvement, care and staff engagement there are inconsistencies which are reflected within the Integrated Quality Improvement Plan, where evidence of improvement actions are inconsistent.

- There remains inconsistencies with nursing documentation.
- Whilst Hello my name is… was heard on a number of occasions, a lack of an individualised approach to care was noted again through the identification of a patient by bed and bay number
- Windsor ward was busy and cluttered with signs of disjoined team working. Call bells were left ringing
- Not all patients were aware of discharge plans
- Staff within Fracture Clinic felt they had not been communicated with effectively regarding their recent relocation, with only a days notice.
- Fracture Clinic Reception area is dark and patient posters not clear or easy to read
- Signage for patients leaving Radiology is not clear leaving, leaving patients entering the corridor and unclear where to go next
- Patient information left displayed on a computer screen
- 'How we are doing' Boards on the wards not updated
- Radiology staffing concerns raised due to increased workload
- Whilst people felt they were coming back together as a Team, it was evident the Trust's response to the COVID-19 pandemic has impact on the re-forming and cohesion of some teams, particularly where staff have been moved to work in other areas of the Trust.
- Telephones not always answered promptly, despite MDT in close proximity
- BadgerNet to include MCA as part of its documentation template

Feedback:

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

Actions:

- Immediate concerns were addressed by the individual review teams during the visit
- Findings will be discussed at CQC Wellness to support CQC Inspection Preparations and actions to be agreed
- Each area has been asked to share findings with their team and action areas for improvement within localised plans
- Broader findings will form Key Messages and shared through wider Trust communication channels supported by the Comms Teams
- Clinical Review in Sept will incorporate a 'Look Back' element, with a team allocated to review specific areas for evidence of assurance that concerns have been addressed
- Findings will continue to inform IQIP actions where relevant
- The two Senior Nurses supporting the Division of Medicine were involved in the review and are focusing their quality improvement work on documentation, professional behaviours and MCA assessment and recording.