Agenda item 10

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Integrated Quality Improvement Plan Programme Update Reporting for February 2021

EXCELLENCE STARTS HERE

Board of Directors (Public)
7 April 2021

Summary

- The following slides display the structure of the new 2021/22 IQIP and reflects the official removal of five CQC Section 31 conditions, five CQC 29A conditions and three GMC conditions

- The Trust made a further application to the CQC in February 2021, to request the lifting of 11 of the remaining 17 Section 31 conditions. Following formal review of the evidence by the CQC, the Trust received verbal confirmation on 17 March 2021, that the CQC have approved the lifting of 10 of the 11 Conditions, which span Maternity, Medicine and Diagnostic Imaging. This is extremely positive news for the organisation and provides further external validation of sustained progress and improvements in the delivery of safe care.

- The Condition not lifted by the CQC relates to the escalation of deteriorating patients within Maternity Services. The CQC confirmed there was evidence this action had been addressed, but In light of the recent publication of the Ockenden Report, it was felt further assurance that improvement would be sustained was required.

- The 2021/22 IQIP incorporates the 28 open actions from the existing IQIP and the 36 Must and Should Do Actions from the December 2020 report

- The 2021/22 IQIP confirms a significant reduction in the total number of actions from 206 to 93. Of the 93 actions, 30 are the completed Section 31 and 29A Warning conditions within the existing IQIP which have been closed internally, but remain open with the CQC and 3 Must Do actions closed at the February Evidence Assurance Group (EAG).

- It is essential the closed Section and Warning conditions are incorporated into the new IQIP to ensure transparency of monitoring and monthly reporting to the Board, the CQC and to the Oversight and Assurance Group

- The development of the 2021/22 IQIP provided the Trust with an opportunity to strengthen all remaining open actions transferred from the 2019/20 plan and develop Plans on a Page (POAP) for all new actions. This will ensure cross-divisional improvements are incorporated where required and in turn reflect the impact of the COVID-19 pandemic. This work will help ensure improvement timeframes are realistic, outcomes measurable, with actions remaining a priority for the organisation

- A number of action have been directly aligned to broader Trust improvement programmes supported by the PMO, such End of Life Care. Maternity and Urgent and Emergency Care, all with dedicated PMO support.

Summary

- Strengthening and or development of the Plans on a Page (POAP) have been undertaken during March and include completion deadlines, RAG status and trajectory for the year ahead.

- The standard reporting format of the IQIP remains unchanged and follow the established governance arrangements which have supported the Trust's Quality Improvement Programme since 2019

- The EAG has been effective in assuring progress of IQIP and internal closure of CQC actions. The EAG format has been expanded to provide robust challenge and assurance against other material action plans. The February meeting was the second meeting which included the review of Serious Incidents and Maternity Improvement Plan actions. This arrangement will continue with the transition to the 2021/22 IQIP.

- Following a temporary pause to the Clinical Review Programme due to COVID-19, these will recommence on 31st March and be 'scaled' up monthly.

The Board of Directors is asked to note:

- The transition to the refreshed 2021/22 IQIP
- The new reporting count of 93 actions
- Progress at Month 11
- The verbal notification of removal of a further10 Section 31 Conditions from the CQC, leaving just 7 Section 31 Conditions in place

Overall Programme Structure – 2021/22 IQIP

- The new reporting numbers reflect 93 actions captured within the new IQIP with 60 open actions covering Conditions, Must and Should Do actions and structured accordingly.

Status	Must	Section 29	Section 31	Should	Total
Completed & Signed off	**3**	**13**	**17**		**33**
Clinical Support Services		1	4		**5**
Corporate	1				**1**
Medicine	2	2	7		**11**
Women & Children		10	6		**16**
Not Completed	**18**	**3**		**39**	**60**
Clinical Support Services	2			3	**5**
Corporate	12	3		26	**41**
Medicine	3			3	**6**
Surgery				3	**3**
Women & Children	1			4	**5**
Total	**21**	**16**	**17**	**39**	**93**

Notification of the lifting of 10 Section 31 Conditions was received after the running of this report and will be removed from the overall count from April . This will take the number of Section 31 Conditions down to 7, changing the overall IQIP action count

Overall Programme Status

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

CQC Condition Notices

30
Total Complete

33
Total Planned

- 30 completed actions have been included with the 2021/22 IQIP, while they remain open with the CQC
- Three 29A Warning Conditions remain open and work is in progress to strengthen the POAP with measureable actions and realistic timeframes
- Following notification of the lifting of 10 Section 31 Conditions by the CQC, these will be removed from the overall count from April taking the Total Planned down to 23

Must do's

3
Total Complete

21
Total Planned

- 3 Must Do actions were approved for closure at the February Evidence Assurance Group
- New POAP have been completed for the remaining 18 open actions with new completion deadlines or links to Trust wide programmes of work such as End of Life Care and Urgent and Emergency Care

Should do's

(Blank)
Total Complete

39
Total Planned

- New POAP have been completed for the remaining 18 open actions with new completion deadlines

Total Plan

33
Total Complete

93
Total Planned

- Of the 93 total planned actions within the new IQIP, 30 are the completed CQC Conditions
- 3 further Must Do actions were approved for closure at the February Evidence Assurance Group
- The remaining 60 open actions span all four Divisions and Corporate Objectives

Forward Plan for 2021/22 IQIP

- This table details a breakdown of all 93 actions within the new IQIP which are included within the forward plan
- The 22 actions captured within the 'Future' column relate to 6 overall schemes, where completion dates will be confirmed over the next 2 weeks. These 6 schemes contain duplicate actions which largely relate to Mandatory Training, Appraisals and the management of staff grievances. With the newly appointed Director of People starting in March, it is important they have an opportunity to review and strengthen these programmes of work with their team and agree realistic delivery timeframes.

Main	Completed & Signed Off	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Future	Total
Clinical Support Services	**5**							**2**			**3**			**10**
Must											2			**2**
Section 29	1													**1**
Section 31	4													**4**
Should								2			1			**3**
Corporate	**1**	**4**		**3**	**2**	**1**		**4**	**4**			**3**	**20**	**42**
Must	1	2			1	1		2				1	5	**13**
Section 29		1						1				1		**3**
Should		1		3	1			1	4			1	15	**26**
Medicine	**11**				**2**			**2**	**2**					**17**
Must	2				1			1	1					**5**
Section 29	2													**2**
Section 31	7													**7**
Should					1			1	1					**3**
Surgery				**1**									**2**	**3**
Should				1									2	**3**
Women & Children	**16**			**2**		**1**			**1**		**1**			**21**
Must				1										**1**
Section 29	10													**10**
Section 31	6													**6**
Should				1		1			1		1			**4**
Total	**33**	**4**	**0**	**6**	**4**	**2**	**0**	**8**	**7**	**0**	**4**	**3**	**22**	**93**

Actions Approved at the Evidence Assurance Group in February

ID Ref	Main - Area	Category	Description	Owner	Due Date	Date Approved
014	Corporate	Must	The trust must ensure that patients at risk of deterioration are appropriately escalated for review.	Deputy Medical Director	February 2021	23 February 2021
053	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.	Safeguarding Adults and Children Lead	February 2021	23 February 2021
054	Medicine	Must	The trust must continue to monitor and take action to improve completion of do not attempt cardio pulmonary resuscitation (DNACPR) forms and that appropriate mental capacity assessments are undertaken for patients with a DNACPR in place.	Clinical Director Acute Medicine	February 2021	23 February 2021

Actions Declined at the Evidence Assurance Group in February

ID Ref	Main - Area	Category	Description	Owner
019	Corporate	Must	The trust must ensure patient care records are accurate, complete and contemporaneous and stored securely.	Head of Nursing Medicine
019	Corporate	Should	The trust should ensure all patient care records are completed in line with national standards.	Head of Nursing Medicine
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
020	Corporate	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.	Safeguarding Adults and Children Lead
050	Corporate	Should	The trust should ensure staff store patient records securely.	Head of Information Governance
051	Medicine	Must	The trust must ensure that fluid balance charts are properly completed.	Deputy Chief Nurse
052	Medicine	Must	The trust must ensure mental capacity assessments are consistently and competently carried out where required.	Safeguarding Adults and Children Lead
068	Clinical Support	Should	The trust should review processes to ensure that patients are able to access diagnostic imaging services in a timely manner.	DLT Clinical Support Services

Actions Declined at the Evidence Assurance Group in February

019 **Documentation** – This is an historic action from the 2019/20 IQIP and was presented to EAG during this period. The EAG noted good progress in February with the actions linked to both the Documentation Group and Recognise & Respond Forum. However this action was declined as further evidence of consistent improvement and compliance was requested supported by further baseline audits. Work has taken place to strengthen the Plan on a Page with a new completion date and milestones which will support these improvements across medical and nursing documentation with a programme of audits to consistently monitor progress.

020 / 052 **MCA/DoLS** - This is an historic action from the 2019/20 IQIP and presented to EAG in February. The scheme originally incorporated three separate actions, but these have now been split with new Plans on a Page. The action relating to the MCA/DoLS processes was presented to EAG in February and approved for internal closure and move to Business as usual. (053) leaving the remain actions linked to mandatory training and staff's application of MCA.

050 **Patient Records** – This is a historic action and was previously included within 019. Within the new IQIP this is a stand alone action as this relates to the storage of patient records. A new Plan on a Page has been compiled with the Head of Information Governance as the action owner. A completion date of October 2021 has been agreed to allow time for evidence of compliance through audit and clinical reviews to take place.

051 **Fluid Balance Charts -** Further audits have been requested to show compliance of improvements following changes to the Perfect Ward Questions. This action will be represented to EAG in June in line with a revised completion date.

068 **Access to Service - Diagnostic Imaging** - This is an historic action from the 2019/20 IQIP and presented to EAG in February. This was declined at EAG in February as additional information was requested regarding reporting waiting times and will be represented to EAG in March for closure.

060 **Surgery Strategy** - This action was **deferred** and not presented – Significant progress made and aligned to the Trust's Corporate Strategy, but time to launch and implement is required . The scheme will be presented in May 2021 in line with the new agreed completion timeframe.

RAG Rated Programme as of February

- The following sets out the overall programme position.

Main - Area	At Risk	On Plan	Total
Clinical Support Services		5	5
Must		2	2
Should		3	3
Corporate	2	39	41
Must	2	10	12
Section 29		3	3
Should		26	26
Medicine		6	6
Must		3	3
Should		3	3
Surgery		3	3
Should		3	3
Women & Children	1	4	5
Must		1	1
Should	1	3	4
Total	3	57	60

RED	Behind Plan
AMBER	At Risk
GREEN	On Track

Actions At Risk at the End of February

ID Ref	Main - Area	Category	Description	Owner	Due	RAG
001	Corporate	Must	The trust must ensure clear processes are in place for sharing learning from incidents, complaints and audits with staff.	Director of Patient Safety	September 2021	
003	Corporate	Must	The trust must ensure that the duty of candour is carried out as soon as reasonably practicable, in line with national guidance.	Director of Patient Safety	June 2021	
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	October 2021	

1 Learning from Incidents

Progress has been made across the organisation to establish robust arrangements both corporately and within the divisions to share learning from incidents and audits, but there is inconsistent evidence of learning from complaints which has been impacted further by COVID. Under the Executive Lead of the Chief Nurse, the arrangements in place as part of recovery, will incorporate the capture and sharing of learning.

3 Duty of Candour

Significant improvements have been made in relation to Duty of Candour, including the accuracy of data. 3 Divisions have demonstrated improvement and compliance as evidenced at the EAG in January. However, the Division of Medicine has not achieved compliance. EAG therefore did not approve the closure of this action. Additional Clinical Governance support has been aligned to the Division of Medicine through an experienced senior nurse to support these improvements and work with the DLT and clinical teams. To strengthen the monitoring and divisional accountability relating to Serious Incidents, DoC and complaints further, these have been incorporated in the Quality Forum agenda as of March, providing further Executive oversight.

Staffing

The action has been identified as at risk. Whilst funding has been approved for an additional 10 Midwives, the delivery of this action is dependent on recruitment and the impact the consultation for Continuity of Carer which remains uncertain at this time. More detailed information regarding recovery actions will be included in the April report.

Actions to be Submitted to the Evidence Assurance Group in March

ID Ref	Main - Area	Category	Description	Owner	Due Date	EAG Date
002	Corporate	Must	The trust must ensure that processes for incident reporting, investigation, actions and learning improve and become embedded across all services.	Director of Patient Safety	March 2021	23 March 2021
004	Corporate	Must	The trust must address specialist palliative consultant staffing and put measures in place to improve in line with national standards.	Medical Director	March 2021	23 March 2021
004	Corporate	Should	The trust should continue to address specialist palliative consultant staffing to put measures in place to improve in line with national standards.	Medical Director	March 2021	23 March 2021
004	Corporate	Section 29	There was a lack of palliative care consultant staffing compounded by a lack of ownership for end of life care by each speciality throughout the trust.	Medical Director	March 2021	23 March 2021
068	Clinical Support	Should	The trust should review processes to ensure that patients are able to access diagnostic imaging services in a timely manner.	DLT Clinical Support Services	December 2021	23 March 2021