Agenda Item No. 13

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Caroline Shaw; Chief Executive Officer	Decision	✓	High	Med	Low
	Consideration		✓		
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Louise Notley; Associate Director of Quality Improvement	Strategic	✓			
	Operational				
	Governance				
	IMPLICATIONS:		**RELATED WORK: (PREVIOUS PAPERS TO BOARD/COMMITTEE)**		
	Patient Care/Safety/ Experience	✓			
	Finance	✓			
	Workforce	✓			
	Policy	✓			
PEER ASSIST (inc. clinical engagement):	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led, use of resources)	All Five Domains				

Meeting Date: Tuesday 26th November 2019

Report Title: Integrated Quality Improvement Plan Progress Update

PURPOSE:

The paper is to inform the Board of:

- Progress to date against the Strategic Priorities and 'Must' and 'Should' Do Actions and the CQC Section Notices

SUMMARY:

This report summarises assurance provided by the HMBQ of the progress against the Strategic Priorities, Section Notices and Must and Should Do actions. Following approval at the October Trust Board, work has commenced with the Divisions to re-prioritise the Must and Should Do actions that are to be delivered by March 2020 and the development of the new Divisional reporting templates.

Implications : Financial / Quality / Workforce / Policy:

Strategic / External	Operational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience	Workforce
✓	✓	✓	✓	✓	✓	✓

RECOMMENDATION/S:

- To note the good progress against Strategic Priorities, 'Must' and 'Should' Do Actions and Section Notices
- To note the removal of 47 duplicate Must and Should Do actions from the IQIP
- To note the work underway following approval at the October Trust Board of the re-

prioritisation of the Must and Should Do Actions and development of the new reporting templates for launch in January 2020.

- To note and discuss the concerns raised regarding medical engagement and its potential impact on the delivery of improvements within the timescales agreed

REPORT

1. Overview

The Quality Improvement Programme and progression against the improvement actions within the Integrated Quality Improvement Plan (IQIP) continues to gain momentum, with good engagement and Divisional ownership of quality improvement actions. In view of the volume and complexity of Must and Should Do Actions, duplicates have been removed and work has commenced with the Divisions to review and re-prioritise actions that need to be delivered by March 2020, as agreed at the October Trust Board. This work is being supported by the PMO through the development of new reporting templates, which include a revised BRAG status to effectively monitor progress and highlight risks.

2. Strategic Priorities

The Hospital Management Board - Quality (HMBQ) was assured of progress against the eight strategic priorities. In line with the new monthly reporting arrangements, a more detailed update was provided for the strategic priorities - Leadership and Management and Safe and Compassionate Care, with Medical Education planned to be presented as the Deep Dive at the November Oversight and Assurance Group.

In view of sustained progress against the Must and Should Do actions aligned to the strategic priority - Leadership and Management under the Executive Lead of Carline Shaw; CEO, a separate paper accompanies this report detailing evidence of the completion of six of the eight Must and Should Do actions relating to leadership. The Board will be asked to review this evidence and approve the closure of these actions and refer the outcome of this review to the IQIP Evidence Assurance Group in December for formal ratification and closure.

3. IQIP Progress

The Conditions Notice Oversight Group and the IQIP Evidence Assurance Group are robust and functioning well, providing assurance of actions assessed as complete with evidence of sustained progress. The DLT, with the support of the Quality Improvement Team are working more proactively in the management of their improvement plan and this will be strengthened further with the establishment of their new divisional governance and reporting structures.

A further **22** actions (a combination of Conditions, Must and Should Do actions) were submitted to the IQIP Evidence Assurance Group for closure in November. **15** were approved spanning all four Divisions. Where actions were not approved, this was due to insufficient evidence and therefore the group were not effectively assured the action had been completed and/or improvement sustained. Clear guidance and feedback has been provided to the Divisions outlining further work required. Going forwards, it is anticipated the number of actions presented, but not approved, will reduce as the Divisions respond to feedback and develop a consistent understanding of evidence that demonstrates assurance.

In October the Trust Board approved the removal of duplicate actions and 47 actions have since been removed from the IQIP. These have been logged to ensure a clear audit trail of actions can be shared with the CQC.

With the removal of 47 duplicate actions, there are now a total of 204 actions within the IQIP, which are a combination of Must and Should Do Actions and Section Notice Conditions.

50 (24%) actions have been approved as complete, by the IQIP Evidence Assurance Group, since the relaunch of the IQIP in June 2019. A list of all Must and Should Do Actions and Condition Notices approved as complete can be found in **Appendix One.**

Outcome of IQIP Evidence Assurance Group on 11th November

Division of	Total Presented	Total Approved	Total Declined	Breakdown Approved				Breakdown Declined			
				Conditions		Must	Shoulds	Condition		Must	Shoulds
				29A	S31			29A	S31		
Women & Children	5	5			2	1	2				
Medicine	6	4	2		1	3					2
Surgery	8	3	5			3				3	2
Clinical Support	3	3		1	1		1				
TOTAL	**22**	**15**	**7**	**1**	**4**	**7**	**3**			**3**	**4**

Must Do Actions approved for closure in November 2019

Must Do	CQC Domain	Division	Action
M25	Safe	Medicine	The trust must ensure staff have ready access to required equipment, including resuscitation equipment.
M52	Safe	Surgery	The trust must ensure resuscitation equipment in the paediatric clinic is checked daily.
M35	Safe	Surgery	The trust must ensure that the world health organisation (WHO) and five steps to safer surgery checklist is used consistently in theatres and that effective process is in place for quality audit of all five steps of the checklist.
M149			The trust must ensure that main theatre improve the use and audit of the World Health Organisation (WHO) and five steps to safer surgery checklist. Ensure that all steps are fully documented, and that sufficient audit is undertaken to ensure effective quality monitoring and improvement of patient safety.

Should Do Actions approved for closure in November 2019

Should Do	CQC Domain	Division	Action
S90 2019	Safe	Clinical Support	The trust should ensure that resuscitation equipment in the breast care unit is easily accessible to all staff.
S202 2019	Well Led	Women & Children	The service should ensure oversight of CYP services through discussions at all levels of governance
S191 2019	Responsive	Women & Children	The service should establish an effective information system on their trust website to inform women and their families.

HMBQ was assured of Must Do action progress, in line with trajectories within the Division of Women's and Children's, Surgery and Clinical Support Services. The Division of Medicine is behind its delivery trajectory. HMBQ were not fully assured the Division will be able to deliver all the required improvements within the current timescales set. This is largely due to operational capacity and the need for leadership development within the specialities, compounded by high numbers of Must and Should Do actions. The work to re-prioritise actions for delivery by March 2020 within this Division will support the DLTs ability to focus on specific areas of improvement within the domains of safe and caring. Two Quality Improvement Managers are also providing dedicated support to the Division of Medicine.

HMBQ highlighted the importance and need to improve medical engagement and ownership of improvement actions, which is currently inconsistent. April Brown; Improvement Director has commenced in post following the retirement of Alan Thorne. April Brown will be providing dedicated support to the Quality Improvement Programme and working with both the Medical Director and Chief Nurse focusing on professional standards within both the nursing and medical workforce.

Section Notices

Good progress has been maintained over the past month. All Section Notices are in line with the current trajectory with 34% completed.

- 5 Conditions were approved for internal closure at the November IQIP Evidence Assurance Group.

- 3 Must Do actions associated directly with Condition Notices were also approved for internal closure at the November IQIP Evidence Assurance Group and are listed below.

Conditions and associated actions approved at the November IQIP Evidence Assurance Group

Condition	CQC Domain	Division	Action Required
S31 RAD 03	Safe	Clinical Support	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.
29A RAD 02			Staff in diagnostic imaging were unclear of the escalation process to ensure the correct escalation of patients with significant findings on diagnostic imaging.
S31 ED 03	Safe	Medicine	The registered provider must ensure that effective systems are in place for booking-in walk-in patients to ensure that patients at risk of deterioration are identified and escalated appropriately. Non-clinical staff responsible for booking in patients must have a clear set of written criteria which would require them to escalate patients to clinical staff and be trained and assessed in its use.
M21			The trust must review the arrangements for booking in patients and for the waiting area to ensure that patients at risk of deterioration are identified and escalated appropriately. Non-clinical staff responsible for booking in patients must have clear criteria for escalating patients to clinical staff.
M131 2019			The trust must ensure that effective systems are in place for booking-in walk-in patients to ensure that patients at risk of deterioration are identified and escalated appropriately.
S31 ED 08 Gynae	Effective	Women & Children	The registered provider must ensure that there is an effective system in place to monitor and follow up patients within the gynae/oncology service post-surgery, review or investigations.
M154 2019			The service must ensure that robust processes are in place to monitor referral to treatment and follow up appointments effectively.
S31 MAT 06	Safe	Women & Children	The Registered Provider will ensure that all women and babies will receive ongoing risk assessments for the duration of their maternity care.

Notices

Category	Completed & Signed off	Not Completed
GMC Condition		**3**
Trust Overall		3
Section 29	**8**	**13**
Diagnostic Imaging	1	2
End of Life Care		1
Maternity	6	4
Medicine	1	5
Urgent & Emergency		1
Section 31	**8**	**14**
Diagnostic Imaging	1	3
Gynaecology	1	
Maternity	5	5
Urgent & Emergency	1	6
Total	**16**	**30**

CNOG was assured of the progress and monitoring arrangement of the Section Notices within Maternity Services and Gynaecology, with the assurance of 2 further completed conditions at the November IQIP Evidence Assurance Group.

CNOG was assured of the progress and monitoring arrangement of the Section 31 for Urgent and Emergency Care, with the assurance of 1 completed condition at the November IQIP Evidence Assurance Group.

CNOG was assured that progress and monitoring of the Section 29A Medicine is gaining momentum and structure, particularly in relation to End of Life Care (EoLC) which includes the development of a draft EoLC strategy and comprehensive improvement plan to deliver these ambitions. However, evidence of impact of change and improvement is inconsistent within the Section 29A for Medicine and needs to be strengthened with the support of the Qualtiy

Improvement team and the dedicated NHSI resource. The Management of the Deteriorating Patient workstream is 2 weeks behind plan, but is holding its inaugural Steering Group meeting in November with workshops planned.

CNOG was assured of the progress and monitoring arrangements of the Section 31 and 29A Notices relating to Diagnostic Imaging with the assurance of its first 2 completed conditions at the November IQIP Evidence Assurance Group, relating to the escalation of significant findings. There has been no further breach of Condition 2 of the Section 31 relating to Patient Group Directions since 16th September.

4. Recommendations

- To note the good progress against Strategic Priorities, 'Must' and 'Should' Do Actions and Section Notices
- To note the removal of 47 duplicate Must and Should Do actions from the IQIP
- To note the work underway following approval of the October Trust Board of the re-prioritisation of the Must and Should Do Actions and development of the new reporting templates for launch in January 2020.
- To note and discuss the concerns raised regarding medical engagement and its potential impact on the delivery of improvements within the timescales agreed

Appendix 1

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50 Completed and Evidenced Actions – November 2019

Category	Description	Reporting Group
Section 31	We will ensure with immediate effect that staff reviewing, interpreting and classifying Cardiotocography (CTG) traces are trained and competent to do so.	Women & Children
Section 31	By 1 August 2018 we will submit to the Care Quality Commission written evidence of the completion of CTG training for all midwifery and medical staff that are currently working.	Women & Children
Section 31	We will ensure that there is a consultant obstetrician of the day nominated and who has oversight of the delivery suite from 9am to 7pm, Monday to Friday, with appropriate presence between 7pm Friday and 9am Monday.	Women & Children
Section 31	We will ensure a clear process and on call rota in place for consultant obstetric cover out of hours.	Women & Children
Section 31	We will ensure that all women and babies will receive ongoing risk assessments for the duration of their maternity care.	Women & Children
Section 31	The service ran a limited number of vulnerable service-user antenatal clinics and the demand exceeded the number of appointments available. There was not an effective system in place for women who could not be offered an appointment at vulnerable women clinics.	Women & Children
Section 31	We will ensure that effective systems are in place for booking-in walk-in patients to ensure that patients at risk of deterioration are identified and escalated appropriately. We will ensure Non-clinical staff responsible for booking in patients have a clear set of written criteria which would require them to escalate patients to clinical staff and be trained and assessed in its use.	Medicine
Section 31	We will ensure that there is an effective system in place to monitor and follow up patients within the Gynae/oncology service post-surgery, review or investigations.	Medicine
Section 31	We will ensure that an effective system is in place for the regular oversight of the appropriate escalation of significant findings. This will include diagnostic imaging undertaken out of hours to ensure that any patients at risk are escalated appropriately.	Clinical Support
Section 29	We will ensure the maternity clinic facilities at North Cambridgeshire Hospital are fit for purpose and risked the safety of service users. The facilities had only one entrance/exit which involved accessing the service through a narrow staircase with no lift access. Service-users could not be safely evacuated from this area in the event of a medical emergency or fire.	Women & Children
Section 29	The environment in the Early Pregnancy Assessment Unit (EPAU) will be fit for purpose and risked the safety of service users. There was a wall between the scan room and the door, which meant that women could not be safely transferred in the event of a medical emergency. There was nowhere to lay down a miscarrying woman should they deteriorate.	Women & Children

Section 29	The booking process for consultant-led antenatal clinics was not effective; there was no tracking or monitoring of referrals. Referrals were regularly lost resulting in high-risk service-users experiencing delayed or missed appointments.	Women & Children
Section 29	The waiting area arrangements for antenatal clinics on Brancaster were unsuitable. The waiting room was shared with gynaecology which meant that gynaecological patients with fertility concerns were seated with pregnant women attending antenatal clinics.	Women & Children
Section 29	Arrangements for women who miscarried up to 16 weeks were unsuitable. Women who miscarry up to 16 weeks gestation were placed on Elm ward which is a surgical ward.	Women & Children
Section 29	We will ensure there will not be controls of substances hazardous to health (COSSH) contraventions in medical ward areas and hot water risks in sluice areas.	Medicine
Section 29	We will ensure staff in diagnostic imaging are clear of the escalation process to ensure the correct escalation of patients with significant findings on diagnostic imaging.	Clinical Support
Must	We will improve cardiotocography training rates.	Women & Children
Must	We will ensure that effective arrangements are in place for vulnerable service users. Vulnerable service users were not prioritised by the service.	Women & Children
Must	We will ensure that the environment at Wisbech hospital and in the early pregnancy unit is appropriate to provide safe care and treatment.	Women & Children
Must	We will review the antenatal booking process to ensure that referrals are tracked.	Women & Children
Must	The trust must ensure that women who have miscarried up to 16 weeks are cared for in a suitable environment.	Women & Children
Must	The trust must review the arrangements for booking in patients and for the waiting area to ensure that patients at risk of deterioration are identified and escalated appropriately. Non-clinical staff responsible for booking in patients must have clear criteria for escalating patients to clinical staff.	Medicine
Must	We will ensure that effective systems are in place for booking-in walk-in patients to ensure that patients at risk of deterioration are identified and escalated appropriately.	Medicine
Must	We will ensure that the staff required to implement this 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.	Medicine
Must	We will ensure that robust processes are in place to monitor referral to treatment and follow up appointments effectively	Medicine
Must	We will ensure that all Control of Substances Hazardous to Health (COSHH) covered cleaning materials are securely stored and other potentially harmful items such as batteries are also secured.	Medicine
Must	We will ensure that plans to improve arrangements for disposing of waste on SAU and Elm ward are implemented, to ensure compliance with infection prevention and control procedures.	Surgery
Must	We will ensure that staff in theatres have clear guidance, and effective processes are implemented, in relation to the required safety checks for anaesthetic equipment and the malignant hyperthermia trolley.	Business As Usual

Must	We will review the location of the elective admissions unit to ensure that the needs of patients are met.	Surgery
Must	We will ensure that the world health organisation (WHO) and five steps to safer surgery checklist is used consistently in theatres and that effective process is in place for quality audit of all five steps of the checklist.	Business As Usual
Must	We will ensure that main theatre improve the use and audit of the World Health Organisation (WHO) and five steps to safer surgery checklist. Ensure that all steps are fully documented, and that sufficient audit is undertaken to ensure effective quality monitoring and improvement of patient safety.	Business As Usual
Must	We will ensure resuscitation equipment in the paediatric clinic is checked daily.	Business As Usual
Must	We will ensure infection prevention and control audits are completed regularly and action taken to address concerns including cleaning of toys in waiting areas.	Business As Usual
Must	We will ensure that resuscitation trolleys are checked in accordance with the trust policy and resuscitation council guidelines.	Business As Usual
Must	We will ensure staff have ready access to required equipment, including resuscitation equipment.	Business As Usual
Must	We will provide all patients with the option of a chaperone when undergoing diagnostic imaging in the cardio respiratory department.	Business As Usual
Must	We will ensure that resuscitation trolley checks and other daily environment and equipment checks are completed in accordance with the trust policy	Business As Usual
Must	We will ensure that the world health organisation (WHO) and five steps to safer surgery checklist is used consistently within obstetric theatres.	Business As Usual
Must	We will ensure that the early pregnancy antenatal unit has portable oxygen and suction available.	Business As Usual
Should	We will ensure that regular and minuted mortality and morbidity meetings take place for surgery services.	Business As Usual
Should	We will ensure all staff have access to relevant information management systems to meet patient needs.	Business As Usual
Should	We will ensure there are clear processes in place for sharing information with ward staff.	Business As Usual
Should	We will ensure that plans in relation to development of a vision and strategy for the surgery service are implemented.	Surgery
Should	We will ensure that another fridge is sourced to ensure that medications are kept separately to human tissue samples to prevent cross contamination.	Business As Usual
Should	We will obtain a portable telephone to enable staff on Rudham ward to take confidential calls in private.	Business As Usual
Should	We will ensure representation of the CYP service at mortality review meetings.	Business As Usual
Should	We will establish an effective information system on their trust website to inform women and their families.	Women & Children
Should	We will ensure oversight of CYP services through discussions at all levels of governance	Business As Usual
Should	We will ensure that resuscitation equipment in the breast care unit is easily accessible to all staff.	Business As Usual
Should	We will ensure staff lock computer screens to protect patient information when leaving them unattended in the breast care unit.	Business As Usual