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

SUMMARY REPORT FROM THE QUALITY IMPROVEMENT GROUP (QIG)			
QIG Meeting Date/s:	**July 2016**		
Chair:	**Medical Director – Bev Watson**		
TO:	**Board of Directors**	**DATE:**	**26 July 2016**
WORK COMMISSIONED / COMPLETED			

'15 Steps' Visits:

- Annual visits due to be completed by September.
- Results to be presented to Quality Committee.
- New form designed for non-clinical areas – approved by QIG.

End-of-Life (EoL):

- Trust did not trigger on perinatal mortality.
- Work continuing on access to Palliative Care Team and facilities – issues with feedback from patients.
- 67% of patients in chosen place of death, improved from 57% last year.
- 'Learning from Death' report will be presented to QIG on completion.
- All learning-disability deaths to be independently reviewed.
- Improved engagement with Cambridgeshire but not with Lincolnshire.
- CCG to do a review of EoL care in August.

Paediatric Outpatients:

- Asher Dino met with Alistair Nelson and Nigel Tarratt – agreed sufficient capacity in Roxburgh to accommodate Paediatric Physio, however issue when gym equipment needed. Teresa Coe to meet with Alistair and Nigel to look at gym area.
- Plans to develop Main Outpatients waiting area similar to ED.

Mental Health:

- Potential CQC visit to ED on 15/07/16 (part of NSFT inspection) – concerns regarding potential for a sectioned patient in ED as CQC may want to review.
- DoLs audit complete – to go to CQRM.
- Mental Health Act audit complete – to go to CQRM.
- DoLs Policy and Mental Health Act Policy to go to Clinical Governance Committee on 12/07/16 for ratification.
- Joint MH Liaison Team to work on obtaining Accreditation Training.
- Liaison Team having weekly training from Consultant Psychiatrist.
- Unison study day well received.
- Mandatory training now covers acute mental illness.

Emergency & Urgent Care:

- Action plan is 'live' document but needs work to combine with risk register.
- Risk register has been updated but still rated 'amber'. Work ongoing to identify risks

rather than issues.

- Resus in ED was 'amber' – now 'green' as processes and daily checks in place. Significant improvement.
- Overcrowding still a challenge – mitigated by track curtains. Workforce aware, assessment tool implemented. Refreshed policy with ambulance service and cohorting – should have themes by August.
- Shortage of paediatric nurses in ED but good working relationship with paediatric team on Rudham ward.
- Liaison Mental Health Nurse decommissioned by CCG – safeguarding cover by limited resource within safeguarding. Not a robust process.
- Concerns with medicines management on Discharge Lounge. CCG doing assurance visit. Andy Evans to provide list of actions currently in progress for feedback to Maggie Carter at CCG.
- Compliance with care bundles in acute medicine rated 'amber'.
- Response to mental health issues and availability of MH beds rated 'amber/red'.

Medicines Management:

- Fridge monitoring on wards – infrastructure in place, just remaining issue with supplier over contact details when fridge goes out of range. Catherine dealing.
- Draft report available for quarterly medicines management audit – issues with stocking drug trolleys and patient-specific items on drugs trolleys (should be in bedside pods). Wards have received feedback – re-review due to commence.

Outpatients:

- Asher Dino carrying out weekly audit of safety and security of medicines in Main Outpatients. Improved.
- Walk around with governors, Guide Dogs charity and N&N Association of the Blind to review signage. Positives included improved brightness, black writing on white signs and use of volunteers.
- Results of audit on communication of delays in Outpatients to be produced next week.

Inpatient Survey:

- Generally improved since last year, issues remain concerning noise at night and information communication.
- Proposals from outside organisations for provision of comprehensive staff training programme to be reported via EDs.

Serious Incidents – Open SIs relating to Fundamentals of Care:

- Number of 'red' actions likely to be complete and removed from the table by 18/7/16.

Near Misses – Wrong Site surgery:

- Generally 'caught' by WHO checklist.
- Slight increase in marking on wrong site, no consent issues.
- BW to share issues re. wrong-site surgery with theatre staff and other relevant staff.

FP10 Audit:

- Audit revealed areas with 'unaccounted for' forms. Storage issues in Macmillan Centre.
- Asher Dino to resolve with pharmacist – reconciliation.
- Audit to be included on standard assessment tool. Results to Medicines Management Committee.

PLANNED WORK & TIMETABLES	**Quality Summit** – next date to be confirmed. Likely to be early September.