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

SUMMARY REPORT FROM THE QUALITY IMPROVEMENT GROUP (QIG)			
QIG Meeting Date/s:	**Up to 14th September 2016**		
Chair:	**QIG Chair – Ian Hosein**		
TO:	**Board of Directors**	**DATE:**	**27 September 2016**
WORK COMMISSIONED / COMPLETED			

Introduction:

This report gives the Trust Board oversight of key Quality & Safety issues raised at the Quality Improvement Group and also issues which have come to the attention of the QIG chair through other Trust Groups/committees which will be brought to QIG for action or oversight.

The approach in this report is to give Board members Quality & Safety themes developed from analyses of evidence.

1. Need for Improvement driven by Project thinking:

The work of committees and groups needs to be more rigorous in identifying :

- What is the gap to improvement?
- Who will lead this improvement?
- When will it be done?

It is this lack of project approach with rapid intervention for non-delivery within plans that leads to the same issues coming up over and over at multiple committees e.g. medicines safety including:

- medication errors continue – to be reviewed in depth at Quality Committee in October
- illegible signatures
- omitted doses still occurring
- unplanned admissions to ITU

Action: The QIG will adopt this methodology and other committees will be asked to adopt this project thinking by the QIG chair.

2. Communication & Documentation

There is a cross cutting theme of serious incidents and near misses that we are not communicating as well as we should.

Evidence of this includes:

1. Two Juniors doctors requested to attend QIG and raised the issue that calls from ward nursing staff to see patients are not prioritised or communicated well enough so they cannot judge the '*immediate see*' from the '*can wait a bit*' with multiple calls.

2. Serious Incident Panel:

- Falls documentation not to standard
  (medical review not timed in notes; no documentation of footwear; lack of communication amongst staff about changing risk of fall status)
- ECGs being done but not read so myocardial infarct in one patient and heart block in another were missed
- Injection of gentamicin into the anterior chamber of the eye leading significant loss of vision failure to escalate significant bleeding in post-partum patient with retained products of conception

Action:

1. With the Director of Nursing, QIG to re-launch SBAR training for nursing staff and this must be extended to all other clinical staff

2. Issue to be raised by QIG chair at Associate Medical Directors meeting for action within divisions and for medical education

3. Staff Training

We need more assurance of our status as regards staff training.

Issue: MANTRA:

MANTRA is a programme that was owned by Mandatory Training and was launched via a staff magazine. This used to be a set yearly programme that was sent out bi-monthly via Broadcast email. There is currently a lack of visibility throughout the Trust and only two issues have been released to date this year with no alert to presence on the intranet.

The concern is that once the update is issued training records are automatically updated to reflect that all relevant staff are compliant when they may not be.

Action:

- MANTRA needs to be relaunched by Mandatory Training, via communications and other Trust forums, with a clear process and method of recording to ensure staff are compliant.
- A Staff training assessment to be reviewed By HR

4. Eastern Pathology Alliance

- UKAS accreditation unlikely to be achieved;
- EPA Management Committee feels that EPA Board is not aware of current problems with staffing and quality.

5. Well-led Framework:

- The Trust has embarked upon self-assessment against the criteria of the Well-led Framework governance. This will be aligned with the CQC 'Well-led' domain.

• It is critical that this will be rigorous looking for evidence of action and improvement gaps	
PLANNED WORK & TIMETABLES	**For Information: Another Trust-wide Quality Summit** is being planned – date to be discussed at EDs' meeting and confirmed shortly.