Agenda item 20 – Appendix 6

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Committee Annual Report

Annual Report of:	Quality Committee
Annual Report Period:	April 2020 – March 2021
Chair:	Dr Ian Mack, Non-Executive Director
Report to:	Board of Directors (in Public)
Date:	4 May 2021

1 CHAIR'S SUMMARY

The most recent full CQC inspection in 2019 found the Trust to be 'Inadequate' overall, with inadequate ratings in the safe and effective and requires improvement in the caring domains. The Trust therefore remains in Quality special measures and as such, the work of the Quality Committee is more important than ever in overseeing the quality improvement journey and introduction of robust sustainable processes to ensure the provision of safe, high quality care.

This year has seen the introduction of a new non-executive member, and a new executive member of the Committee.

Over the last year the Committee has overseen the removal of 3/3 GMC conditions, and the internal sign off of 178 of 206 CQC recommendations including 40/43 condition notices. The committee has also successfully sought removal of 5 section 31 maternity conditions, lifted in January 2021, 10 further conditions were lifted in March 2021 (although official documentation was not received until April 2021) leaving just 7 of the original 22 section 31 conditions in place.

The trust also underwent an unannounced CQC inspection in September 2020 which was reported in December 2020. Although the overall trust rating can only be changed by a full inspection, this saw a dramatic improvement in the ratings of the individual service of the trust, with 18 inadequate ratings all removed, a move to good for caring for every area and overall, and the removal of 5/21 section 29A warning notices. A process has now been undertaken to close the previous integrated quality improvement plan, and the 28 outstanding actions, as well as all conditions which have not been formally lifted by the CQC and 36 new must and should do recommendations arising from the latest inspection have all been incorporated into a new 2021/2022 IQIP action plan which the committee will oversee for the coming year.

The Committee has also overseen the Trust's improvement journey for infection, prevention and control from red, to amber then green.

2 PURPOSE OF COMMITTEE

The Quality Committee is established to advise the Trust Board on all aspects of quality and patient safety. The role of the Committee is to provide assurance to the Trust Board on the quality of care provided to patients, this is undertaken by:

- Ensuring there are appropriate quality governance arrangements in place to ensure the Trust meets its statutory and regulatory obligations
- Reviewing quality priorities and quality improvement initiatives as set out in the Trust corporate strategy, Quality Account and Quality Strategy
- Monitoring risks associated with quality and safety, and those aligned to key strategic priority SO1.
- Analysing and identifying themes and trends in key quality indicators and ensuring actions are in place to respond and learn from these
- Seeking assurance that appropriate progress is being made with regard to implementing recovery action plans where quality shortfalls have been identified.

The Committee has a key role in promoting the Trust vision and Values "We *Listen, We Care, We Act*", and in developing the culture of a learning organisation and embedding best practice

3 KEY BUSINESS

The Committee structures its agendas to focus on the three CQC quality domains: Safe, Effective and Caring. An overview of Committee business, which is scheduled in a detailed forward plan, is outlined below:

Safe Domain
- All safe metrics as outlined in the trust integrated performance report
- Safe care monthly report – nursing metrics
- Serious incidents monthly reports
- Patient safety quarterly themed reports
- Infection Prevention and Control: quarterly monitoring and annual report
- Safeguarding quarterly monitoring and annual report
- Cancer harm reviews quarterly reports
- Clinical Audit annual report

Effective Domain
- All effective metrics as outlined in the trust integrated performance report
- Learning from deaths quarterly monitoring and annual report
- Cancer harm reviews quarterly monitoring
- Medicines management quarterly reports
- Medical examiner annual report

Caring Domain
- All effective metrics as outlined in the trust integrated performance report

- Patient experience including complaints, PALS, FFT and range of survey outcomes including national inpatient survey, national cancer survey and the Trust's PLACE survey outcomes.
- Healthwatch observational study
- End of Life quarterly monitoring and annual report
- Nursing and Midwifery skill mix review and revalidation reports as they pertain to quality of care

Other Annual Reports
- Organ donation annual report

Strategic Issues
- The Committee also reviews the quality impact assessments of all new cost improvement programme schemes
- The Committee also reviews the board assurance framework and all significant risks relating to SO1 and SO5
- The Committee has also overseen a piece of work to review all surgical procedures performed at low frequencies and any non-evidence based interventions to provide assurance that the hospital staff and systems are appropriate to undertake all the procedures conducted at the Trust and that these are in line with Royal College and GIRFT recommendations.
- The Committee has also commissioned external reviews of maternity culture, of antenatal care, of weekend mortality rates, and internal reviews supported by external partners into hospital acquired COVID infections and of COVID associated mortality at the QEH.

CQC, Integrated quality improvement plan and Section and Condition Notices
The Committee also scrutinises the progress against the IQIP and Section and Condition Notices on a monthly basis.

Assurance from subgroups
As part of the Committee's governance arrangements the following Executive Groups report into the Quality Committee through chair's assurance reports which ensure the Committee has visibility of the work of these groups and assurance regarding activities , giving the opportunity for groups to escalate issues to the Committee as necessary:
- Clinical Governance Executive Group
- Quality Forum (formerly named the IQIP Review Group)

The Committee also welcomes a presentation from each clinical division focusing on the quality agenda twice each year.

In addition, the Committee requested that the new Patient and Carer Experience Forum reports into the Committee for a period of time whilst the Forum establishes its working arrangements and work plan, to provide oversight and assurance on this important area which is a priority to strengthen across the organisation.

4 CHALLENGES IN THE PERIOD / GAPS IN ASSURANCE

COVID-19 Pandemic
The Committee responded to the COVID-19 pandemic, requesting regular reporting into the Committee on quality issues including:

- Regular COVID-19 safety and operational updates
- COVID-19 Safety Report
- COVID-19 report from the Trust Ethics Committee
- Learning from Hospital Acquired COVID
- COVID-19 mortality and learning from deaths

5 BUSINESS CASES CONSIDERED

Business Case	Decision	Date
None.		

Whilst the Committee has not considered business cases the Committee receives reports on the quality impact assessments (QIAs) of the Trust's Better Hospital Programme cost improvement plan (CIP) schemes. The QIAs are reviewed to provide assurance and oversight of any potential negative impact to patient care or services due to implementation of the identified projects.

6 POLICIES/PROCEDURES RATIFIED IN THE PERIOD

Policy	Date ratified
None.	

7. COMMITTEE EFFECTIVENESS REVIEW AND SELF ASSESSMENT AGAINST TERMS OF REFERENCE

The Committee undertook an effectiveness review during February and March 2021 and reviewed the outcomes from this process and Terms of Reference at the Committee's meeting in April 2021.

Committee Effectiveness Review

Actions to be taken forward in response to the review include:

1. Providing new Committee members, including Non-Executive members and substitute members, and new Executive Directors with an appropriate induction
   - providing an induction pack and an opportunity to meet the Committee Chair and lead Executive Director(s) for the Committee

2. Continuing work to improve the quality of papers and presentations received by the Committee
   - clarification of expectations for report writers and presenters
   - presenters briefed by the lead Executive Director prior to the meeting

3. Relevant sub-groups to provide timely and clear information to the Committee
   - Clinical Governance Executive Group and Quality Forum Chair's Assurance Reports will continue be presented to the Quality Committee

4. Meeting time will be extended to 3 hours in recognition of the size of the quality agenda given the Trust is in special measures. A comfort break will be built into the meetings.

Terms of Reference
The Committee has well-established Terms of Reference, which are reviewed and updated annually.

	Compliant Y / N	Commentary and action plan where non-compliant
Key responsibilities	Y	
Accountability and relationships	Y	
Membership and attendance	Y	See 'COVID-19 Pandemic – adjustments to governance arrangements' and section 9 below
Quorum	Y	All meetings were quorate
Frequency of meetings	Y	
Rules	Y	There has been increased effort to ensure that agendas and papers are issued in line with requirements
Reporting	Y	Chair's Assurance Reports from each Committee meeting reporting assurance, escalated risks and recommendations where decisions are required, have been provided to the following meetings of the Board of Directors

COVID-19 Pandemic – adjustments to governance arrangements

In March 2020 the Board made adjustments to its governance arrangements around the Trust's Board, Committees and Governors' Council / Committees to ensure the Trust responded to the COVID-19 pandemic in a way which was proportionate to the worsening circumstances. The measures sought to maintain effective corporate governance arrangements, while adhering to national guidance about social distancing, and recognising the operational pressures being experienced by the Trust's executive, clinical and operational teams.

From March 2020, all Quality Committee meetings continued to take place as scheduled but meeting virtually, for a shorter duration (2 hours) and with fewer executive director colleagues in attendance. This enabled continuation of priority Committee business and supported a smooth return to business as usual in June with the extension of meetings to 3 hours.

From January – March 2021, with the second national lockdown and significant operational pressures on the Trust, meetings were again reviewed with the aim of reducing business to 2 hours where possible, with reduced attendance from staff. Divisional presentations were cancelled during this period to minimise the requirements on staff to prepare for and attend meetings.

8 MEMBERSHIP ATTENDANCE

Member's Name / Title	Attendance
Membership	
Dr Ian Mack – NED and Committee Chair	12/12
Jackie Schneider - NED (to October 2020)	7/7
Dr Claire Fernandez - NED (from September 2020)	7/7
David Dickinson - NED (substitute member)	9/9 (sub attended 1)
Dr Frankie Swords - Medical Director	12/12
Libby McManus - Chief Nurse (to July 2020)	4/4
Dr April Brown - Chief Nurse (August 2020 to February 2021)	7/7
Carmel O'Brien – Acting Chief Nurse (from March 2021)	1/1
Carmel O'Brien - Director of Patient Safety (to February 2021)	11/11 (sub attended 3)
Louise Notley – Director of Patient Safety (from March 2021)	1/1
Laura Skaife-Knight - Deputy CEO *	2/0
Core Attendees	
Louise Notley – Associate Director of Quality Improvement (to February 2021)	8/11
Deputy Chief Operating Officer *	0/0
Trust Secretary	10/12

**Agreed reduced attendance during COVID-19*
Shaded boxes indicate members no longer in post

The Trust Chairman and CEO are not members of the Quality Committee, but may choose to attend Committee meetings. During the reporting period the Trust Chairman attended 2 meetings and the CEO attended 10 meetings.

With effect from September 2020 the Committee welcomed two Governor observers to the Committee. This new arrangement will help to strengthen links with the Governors' Council and the work of its Patient Experience Committee, supporting Governors to fulfil their duty to hold Non-Executive Directors to account for the performance of the Board of Directors.

9 OUTSTANDING ASSURANCE GAPS / RISKS AT THE END OF THE PERIOD

IQIP delivery:
Ongoing oversight and assurance of delivery of the IQIP to lift the QEH from special measures on its improvement journey to 'outstanding'. Significant progress has been made on completing 178/206 actions arising from previous inspections and the Committee greatly values the validation of progress to date from the unannounced CQC inspection which took place over two weeks during September 2020. 33/46 conditions had been lifted by March 2021 with confirmation of another 10 being lifted in April 2021. 20 of the remaining 23 conditions have also been moved to business as usual internally. The Committee will maintain its oversight and scrutiny of ongoing progress with the new integrated quality improvement programme which now lists 93 actions as it continues to support the organisation on its journey from special measures to 'outstanding'

HSMR and Weekend mortality:
The Committee has been reassured by the quality of the internal investigations and has been assured by the NHSEI learning from deaths collaborative external review into raised weekend HSMR which demonstrates no concerns about the quality of care provided to patients admitted over weekend days. However, the Committee remains concerned by an increase in overall HSMR and will closely monitor the effects of the trust plan for 4 key actions to address this:

1. Improved palliative care provision for end of life patients
2. Improved coding for non-elective admitted patients
3. Improved learning from deaths by Multi-professional structured judgement reviews with learning shared across all divisions
4. Implementation of the recommendations of the NHSEI learning from deaths collaborative with a focus on improving weekday ward based medical care.

Improving patient experience:
The Committee has a priority focus on strengthening engagement with patients, carers and their families to ensure the Trust is able to learn from their invaluable feedback and experiences to improve services for all. The Committee has oversight of the quality and timeliness of our response to complaints and will maintain oversight of the work of the new Patient and Carer Experience Forum as it establishes as a new group. The Committee has welcomed the introduction of a new associate director of patient experience and the introduction of new family liaison officer roles, and will maintain oversight of delivery of the patient experience and engagement work plan to ensure there is a richness of data and information to draw on to inform service improvement and action plans in response to surveys and other sources of feedback.

Learning from incidents:
The Committee is assured that the process for fulfilling and documenting duty of candour, of reporting and reviewing incidents in a timely fashion, and of performing a thorough and appropriate investigation of moderate and severe incidents has improved dramatically over the past 12 months. The emphasis continues on maximising the learning from incidents and complaints and on sharing this widely with staff to support an open and learning culture. There has been significant emphasis on improving the accuracy and timeliness of reporting and on undertaking higher quality investigations which has been highly effective. For next year, the focus needs to shift to more timely completion of investigations and on the closure of incident investigation actions.

Clinical Audit, and NICE and local guideline compliance
This is another key corporate function which previously struggled to deliver sufficient assurance. However, the improvements required in this area are now well understood, a new audit manager has been appointed and recovery plans are in place. Excellent progress has been made with guideline compliance and progress has also started to be made along the improvement journey for clinical audit. The Committee will work closely with the Audit Committee to ensure that quality aspects are monitored and supported.

Consistency in the quality of patient records and documentation
The Committee has welcomed the actions taken to improve the consistency in health records documentation. There has been a relentless focus on improving the basics of good care delivery by the clinical divisions, but the quality of documentation remains variable. The committee will continue to monitor progress to embed a discipline which

recognises the importance of maintaining quality patient records in all cases, such as completion of IPOC (individual plan of care), and appropriate documentation of fluid balance and Mental capacity act assessments in all areas.

Recognition and management of the deteriorating patient and end of life care
The Committee has noted the development of the deteriorating patient workstream: with expansion of the critical care outreach team, introduction and training in the use of NEWS2 escalation tool, the appointment of a new deteriorating patient lead, expansion of the palliative care team and partnership working with the NNUH to build on work undertaken to improve the early recognition of end of life patients, the implementation of IPOC, documentation of preferred place of care, use of the PEACE and ReSPECT forms.

Maternity Action Plan
The Committee is overseeing progress to implement the Trust's comprehensive maternity action plan in response to previous whistleblowing concerns in this department. This dynamic plan aims to address the ongoing recommendations to improve safety and outcomes for mothers and babies and strengthen our culture within the service and incorporating. This plan incorporates the actions following an independent review of culture in the team, concerns raised by whistleblowers and in listening events, the outcomes of an independent review of antenatal services, a Royal College of Obstetrics and Gynaecology clinical review and the Trust response to the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust.

10 CONCLUSION

The Committee has fulfilled all of its core functions, and overseen a significant improvement in the oversight and quality of care provided at the QEH. This has been exemplified by the positive feedback received by the CQC following the unannounced inspection in September 2020, and other external partners in the Oversight and Support Meeting and Oversight and Assurance Group, and by an improvement in the infection prevention and control ratings.