Agenda Item: 9d

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Committee Chair's Assurance Report

Report to:	Board of Directors (in Public)
Date of meeting:	4 October 2022
Title of Report:	Assurance Report from the Quality Committee
Recommendation:	For assurance
Chair:	Dr Ian Mack, Non-Executive Director
Purpose:	The report summarises the assurances received, approvals, recommendations and decisions made at the Trust's Quality Committee meeting on **27 September 2022.**
Background:	The Committee meets monthly and provides assurance on Clinical and Quality performance indicators and standards.
Item for Assurance	**Maternity Improvement Plan** The Committee noted that 3 improvement plan actions are behind plan and 2 are at risk. The Committee noted the national developments on Continuity of Carer and the planning revisions made in response. The Committee heard the new triage unit is open and congratulated the team for winning the regional award for innovation in triage. The Committee noted the positive staffing developments with more appointments and more students and assurance was gained around the support given to newly qualified midwives and international midwives. The Committee noted the intention to recruit more middle grade doctors and to continue to improve the morale within the team. The Committee noted the issue regarding twice daily ward rounds over the weekends. There is mitigation in terms of the additional hours doctors have over the weekends but there is only one Consultant ward round on Saturdays and Sundays. The culture and engagement work is an ongoing programme. The Committee is concerned about the results in the Friends and Family Test however noted the IT issues and different methods of gauging service user's views which are being developed. The Non-Executive Directors will undertake a deep dive of maternity services in October, to visit departments and gain an additional perspective by directly meeting staff and service users, to help triangulate with the maternity metrics and the narrative in the Committees report.
Item for Assurance	**Quality Improvement Board: Chair's Assurance Report – September** This report was a useful source of assurance for the Committee.

	The Committee noted the current review of agendas and the frequency of reporting to the meetings. Quality Committee focussed on key issues regarding the new Learning From Patient Safety Events (LFPSE) reporting system and the challenges of implementation. The Committee gained reassurance on activity and the work at the system level. The Committee will welcome the opportunity to review progress nearer completion. The Committee gained reassurance that actions are being taken to address representation both at the Quality Improvement Board meeting and the feeder meetings to ensure effective internal governance continues.
Item for Assurance	**Compliance Plan including Section Notices and Evidence Assurance Group Report** The Committee noted the position on the Section Notices and the delay in the request lifting 3 of the 4 Section 31 Conditions, as the intention is to gather more evidence on these areas in the first instance. The Committee sought reassurance regarding the pharmacist risk in Critical Care. The Committee gained reassurance around the mitigations in place and how the digital system could modernise the delivery of some aspects of the Pharmacy service. The Committee is concerned about mandatory training and appraisals and requests that the People Committee gives assurance to Board on these important issues.
Item for Assurance	**Safe Executive Group Chair's Assurance Report – September** The Committee noted the concern around the action plans for SIs and is supportive of the work being undertaken with the Divisions to address this. The Committee notes that the conduct of Radiation Safety Committee meetings need strengthening with arrangements in place from October to progress this work. The Committee is reassured regarding security and the rise in the number of incidents is a factor related to the recovery from Coronavirus and notes this will continue to be reviewed. The Committee noted the rationale behind the change to the top 3 risks.
Item for Assurance	**Clinical Audit Quarterly Report (Q1)** The Committee noted the positives around the new audit policy and that the audit plan is underway. There is good data compliance and the Committee noted and commended the fact that the Trust is on the prestigious national Joint Registry as a contributor. The Committee noted some of the challenges of progressing local audits and how the operational pressures impact on the completion of the audits. The Committee discussed limited compliance with updating clinical guidelines and NICE compliance, and sought further clarity on how this will be addressed.

	The Committee noted the plans to restructure the clinical audit team, moving from data collection to proactive use of audit, with arrangements in place to recruit a Head of Clinical Effectiveness. The Committee will monitor this and will look to ensure there is no disruption to the audit programme through the restructuring. The Committee noted the different types of audits conducted and where the focus will be for the coming year for local audits. Actions were added to the action log to gain assurance regarding the involvement of Junior Doctors in audits and addressing the delayed audits.
Item for Assurance	**Review the Safe Domain Indicators (IPR)** The Committee is assured that the work to reduce falls and falls with harm is ongoing and that QEH continues to benchmark well against others. Pressure ulcers are falling. Issues in specific areas of the hospital are being addressed. The Committee noted the specific Infection Control issues, including E.Coli infections which will considered at the informal meeting of the Committee in October 2022. The Committee noted the evidence provided around safer staffing levels.
Item for Assurance	**Patient Safety Themed Quarterly Report** The Committee praised the good practice of feeding back to those who report incidents. The Committee is assured in terms of the work that is ongoing looking at changes in the themes identified in SI's going forward. The Committee requested more information on re-admission issues, particularly in relation to Maternity Services.
Item for Assurance	**Patient Experience Annual Report 2021/22** The Committee received the Annual Report which provided a good overview of the work undertaken during 2021/22. The Committee noted the Volunteer Service re-located to the Patient Experience Team during the year. The Committee noted that the patient voice has and will continue to become increasingly important going forward. The Committee noted that the Family Liaison Officer role was a significant development which has been embedded within the Trust and has received national recognition. The Committee noted the approach to the Friends and Family Test and gaining qualitative patient and family feedback on services.
Item for Assurance	**Monitoring Report (Including Patient Experience Strategy)** The Committee noted the report and received assurance and reassurance that issues experienced by patients and their families are being addressed, particularly around staff attitude and communication, and noted the proactive approach being taken. The Committee welcomed that PALS will become a 7-day service in the future.

Item for Assurance	**National Cancer Survey 2021** The Committee noted the good 2021 survey results and commended all colleagues involved in the care of patients with cancer. The Committee recognised there may be common themes that run across other patient services such as information, discharge, planning and support. It was positive to note that results will be shared with Primary Care in view of their involvement in these patient pathways. The Committee noted deep dive work will be undertaken to look at the issues of confidence and trust in all the team looking after individuals, where the Trust performed less well in the survey which will be helpful in targeting interventions to inform further improvement.
Item for Assurance	**National Inpatient Survey** The Committee discussed a short briefing paper on the National Inpatient Survey 2021 and sought clarification of the timeline for an action plan to come to the Committee, together with full details of the National Inpatient Survey and more data and analysis of the survey, including comparisons with the 2020 survey and the action plan from this.
Item for Assurance	**Harm Reviews Report / Cancer Harm Review** The Committee received assurance that the harm reviews have identified that no cancer patients have suffered harm by diagnostic delays to treatment. The Committee welcomed the quantification of harm in the RTT pathways. The Committee wishes to learn more about the desktop and face-to-face elements of the review process and will look at whether this might be via an onsite visit. The Committee received an individual patient harm review report which gave assurance that there was no evidence that the patient suffered physical harm from a delay in their cancer diagnosis.
Item for Assurance	**Effective Executive Group Chair's Assurance Report – August and September 2022** The Committee noted some feeder meetings into this group were cancelled or deferred and emphasised the need to address this going forward.
Item for Assurance	**Review the Effective Domain Indicators (IPR)** The Committee noted the increase in cardiac arrests in the Emergency Department. The Committee noted the Deep Dive undertaken internally and the actions to mitigate this risk, including reminding colleagues of their internal professional standards and the continuing work to reduce delays to admission and ambulance transfers. The Committee received reassurance that the related principal risk was considered in detail. The Committee agreed to look at maternity related metrics during the Committee's visit to maternity services in October 2022.

Item for Assurance	**Caring Executive Group Chair's Assurance Report – August and September 2022** The Committee received and noted the reports for August and September 2022, being helpful in gaining an understanding and some assurance on a number of issues.
Item for Assurance	**Sustainable Bed Capacity and Equitability of Care Delivery** The Committee noted that the winter plan will be presented in October 2022. The Quality and the Finance & Activity Committee Chairs will considering a streamlined process for sharing and discussing the plan.
Item for Assurance	**Significant Risk and Board Assurance Framework** The Committee gained assurance around the rationale for the grading of the risks. The Committee considered and noted the current position relating to significant risks aligned to KSO 1. Board Assurance Framework references will be reviewed to ensure they are up to date.
Risks to refer to risk register	None.
Other items of business	Other items the Committee reviewed: • Caring Domain Indicators (IPR) • Quality Impact Assessments for Proposed CIP Schemes

Attendance

Attendees: Dr I Mack – Non-Executive Director and Committee Chair
Dr C Fernandez – Non-Executive Director
S Hayter – Non-Executive Director
A Webster – Acting CEO
Dr G Raghuraman – Acting Medical Director
H Blanchard – Interim Chief Nurse
L Notley – Director of Patient Safety

Invitees: A Price-Davey – Head of Midwifery (agenda item 7)
T Wickington – Deputy Director of Patient Safety (agenda item 17)
L Purdy – Associate Director of Patient Experience (agenda item 20)
S Witting – Lead Cancer Nurse (agenda item 20)

Observers: A Maltby – Governor
E Corner – Lead Governor

Minute Taker: A Prime – Trust Secretary