Agenda Item: 21d

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:	5 April 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 **29 March 2022.**
Background:	The Committee meets monthly and provides assurance on Clinical and Quality performance indicators and standards.
Item for Assurance	**Women & Children's Divisional Presentation** The Committee noted the many positives within the Division including success in research, the development of the Emerson Unit, Duty of Candour performance at 100%, improved FFT, improved VTE completion, the NICU which will be open soon, the positive community hub services offering opportunities to improve recruitment and retention of staff. The Committee noted the ongoing culture work focused on maternity services. The Committee heard about the challenges within the Division including the need to complete incident investigations and their associated action plans in a timely fashion, and the need for a substantive Risk and Governance role to lead on the identification of themes and sharing of learning. The division also needs to focus on out of date clinical guidelines and NICE compliance and to consider the opportunities to address these through joint working with trusts across the Norfolk and Waveney system. The Committee is not assured by the ongoing staff sickness and vacancies particularly that of the Head of Nursing post for paediatrics and maternity staffing levels but notes the plans for a more creative approach to fill the Head of Nursing role and good progress with recruitment: 15 newly qualified midwives interviewed by the system indicating that they would like to work at QEH.
Item for Assurance	**Maternity Improvement Plan including actions to address Ockenden Year One Report** The Committee noted 81 of the 102 actions have been completed. The Committee has requested an update on the reasons for the delay in completing the clinical pathway review action and assurance on the

	ability to deliver to the revised timescale. The Committee noted the need for considerable additional midwifery recruitment and training to enable the implementation of Continuity of Carer. The Committee noted the Ockenden year 1 position and remedial actions planned to address specific schemes. The Committee is assured that the Maternity Voices Partnership is helping to support those whose first language is not English and has requested further information on the work of this partnership. The Committee noted that other actions, for example evening consultant ward rounds 7/7, are challenging to deliver and will require further staff recruitment. The Committed noted that a number of Maternity Safety and Strategy Forum meetings have been cancelled due to operational pressures but that the dashboard is still reviewed monthly by the Clinical Governance Executive Group, and highlighted the importance in the continuation and attendance at those meetings.
Item for Escalation	**Ockenden Year One Report** The Committee escalates to Board that the system requirement to establish a Maternity Medicine Centre at NNUH has been delayed.
Item for Assurance	**Review the safe domain indicators (IPR)** The Committee is assured by the cleanliness in high risk areas and requested further information on cleanliness scores for low risk areas. The Committee is assured that falls are below the national average but supports the ambition of the Corporate Strategy to consistently achieve an even lower level of falls. The Committee is assured by continuing high levels of VTE screening and gained assurance that the prescribing of VTE prophylaxis and non-pharmacological measures to reduce in hospital VTE are also monitored and shared with the teams on a monthly basis.
Item for Assurance	**Winter Plan Quality Update** The Committee was assured that no significant safety concerns have been identified as an impact of the winter plan. However, the Committee noted the major operational pressures caused by the high level of hospital occupancy, which is impacting on the quality of patient care and experience in our ED as well as to patients in or awaiting ambulances elsewhere. The Committee noted that this is being exacerbated by the high numbers of patients with COVID-19, which is found when they are admitted for other conditions and is not the reason for their admission. Far fewer patients are admitted and require treatment for a severe COVID infection.
Item for Assurance	**2-Week Wait (Breast Symptomatic) Performance** The Committee noted the impact that a breast team staffing shortage had on 2 week wait performance in November and December. This led to the cancellation of various clinics, and was compounded by a spike in

	referrals of breast symptomatic patients. However, the Committee was assured that the 28 day standard was met and that all patients with confirmed cancer went on to be treated appropriately within 62 days and that no patients came to harm as a consequence of this. The Committee was also assured by the recovery plan to achieve good performance by the end of March and was delighted to hear of the successful recruitment of an additional breast radiologist. The Committee noted the outstanding commitment of clinical staff and the operational team to address this issue and considered the importance of collaborative working with system partners to address the fragility of some of our smaller services in future.
Item for Assurance	**Safeguarding Quarterly Report (Q3)** The Committee was assured by the improved training position. The Committee was reassured that level 4 training is complete for all staff who need to undertake this, and that progress is being made with level 3 implementation across all staff groups. However, all training, in particular that requiring longer and face to face sessions, is significantly challenged from operational pressures such as COVID. The Committee noted the high level of safeguarding referrals. The Committee noted that the implementation of Liberty and Protection Safeguards has been delayed and is out for consultation with Mental Capacity Act (MCA), with implementation likely to be no earlier than October 2022.
Item for Assurance	**Review the Effective domain indicators (IPR)** The Committee was assured by the SHMI remaining as expected. The Committee was also assured by the falling HSMR and the clearance of the previous coding backlog but noted that this remains above expected, and noted that the rebasing exercise by Dr Foster and recent changes to Trust activity may have unpredictable effects on HSMR calculations for the Trust. The Committee noted the increased number of cardiac arrests in month, and the findings of reviews that some of these might have been pre-empted by earlier conversations with patients regarding the likely outcome of future resuscitation attempts. It was helpful to understand data regarding Caesarean Sections and the Committee requested that the Maternity Safety and Strategy Forum make a recommendation of how this data should be reported in future in light of the Ockenden recommendations on use of the Robson Criteria.
Item for Assurance	**Clinical Audit Quarterly Report** The Committee was assured by good progress with national audits including MINAP, heart failure and COPD clinical audits. The Committee noted the support provided by junior doctors working with the clinical audit team and highly values this positive support as

	well as good engagement of the divisional teams. The Committee is assured that the number of outstanding reviews of our compliance with NICE guidance are reducing, and requested more detail on the system work in relation to clinical guidelines in future reports. The Committee was not assured that Trust IT systems optimally support the work of the Clinical Audit Team, making many tasks more challenging or time consuming to complete, but note that despite this, the team are making excellent progress and are expanding their use of Datix to support their work.
Item for Assurance	**Review the Caring Domain Indicators (IPR)** The Committee was assured by continued excellent dementia case finding rates and good metrics in relation to responding to formal complaints. The Committee noted challenges in relation to mixed sex accommodation breaches resulting from high hospital occupancy particularly around stroke care. The Committee also asked about the Trust's ability to accommodate patients on the stroke unit and was reassured that this was not straight forward. Some patients with stroke also had COVID-19 meaning that it had not been possible to care for them on the stroke unit. The unit was also sometimes occupied by patients who might be suitable for earlier supported discharge.
Item for Assurance	**Patient Experience Quarterly Report** The Committee was assured by the quarterly report, which demonstrated greater depth and breadth in responses and feedback. The Committee requested inclusion of more information on the compliments in future reports and notes work underway to obtain and share wider feedback more consistently.
Item for Assurance	**Compliance Plan and Governance Arrangements** The Committee was assured by the report updating on the Trust's next steps to transition from the IQIP to a new compliance plan for ongoing improvement. The Committee commended and supported the Compliance Plan and accompanying governance arrangements.
Item for Assurance	**Integrated Quality Improvement Plan, Section Notices Update and Evidence Assurance Group Update** The Committee noted the IQIP will transform into the new compliance plan structure. The Committee noted the need to celebrate all the hard work that has been undertaken on the IQIP throughout the Trust's improvement journey to date.
Item for Assurance	**Quality Impact Assessments (QIAs) for Proposed CIP Schemes** The Committee was assured that all proposed CIP schemes are subject to a detailed multidisciplinary QIA before implementation and noted the range of schemes approved, declined and currently under review.

Item for Assurance	**Year 3 Corporate Strategy Priorities SO1 & SO5** The Committee approved the final year 3 (2022/23) Corporate Strategy priorities for SO1 and SO5, the agreed Executive Directors and supporting narrative.
Item for Assurance	**Significant Risk and Board Assurance Framework (BAF)** The Committee noted the significant risk and BAF report and the current position relating to the significant risks aligned to KSO1. The Committee noted plans to reassess the current risk rating of Risk ID 2199 regarding ambulance offload delays in light of ongoing emergency pressures and performance, as well as a recent report by the College of Emergency Medicine relating to excess deaths due to ED crowding.
Risks to refer to risk register	None.
Other items of business	**Chair's Assurance Report - Clinical Governance Executive Group** The Committee sought assurance that action is being taken to improve the attendance at some of the feeding fora to this meeting. The Committee noted adjustments to a number of the Trust's governance meetings terms of reference to address this.
	Committee Terms of Reference and Forward Planner The Committee agreed adjustments to the Committee's Terms of Reference for onward approval by the Board. The Committee has also reviewed its forward planner to take account of adjustments to the Committee's remit with the incorporation of research and innovation, the adjustment to the frequency of Committee meetings and the development of onsite assurance processes for Committee members.
	Enhanced Care Monitoring Plan – received and noted.

Attendance	
Attendees:	Dr I Mack – Non-Executive Director and Committee Chair Dr C Fernandez – Non-Executive Director S Hayter – Non-Executive Director Dr F Swords – Medical Director L Notley – Director of Patient Safety A Webster – Chief Nurse K McGuire – Deputy Chief Nurse C Shaw – CEO
Invitees:	M Catling –General Manager Women & Children (agenda item 6, 7) K Broome – Deputy Chief Operating Officer (agenda item 10) N David-West – Deputy Director of Patient Safety (agenda item 13)
Apologies:	Dr G Raghuraman – Deputy Medical Director
Observers:	A Maltby – Governor and Chair of the Patient Experience Committee E Corner – Lead Governor
Minute Taker:	A Prime – Trust Secretary