Agenda Item: 21e

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 October 2021**
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 **28 September 2021.**
Background:	The Committee meets monthly and provides assurance on Clinical and Quality performance indicators and standards. The meeting lasted 3 hours and was held virtually due to the COVID-19 pandemic and fuel difficulties experienced.
Item for Assurance	**Maternity Services Improvement Plan** The Committee received assurance that the multidisciplinary steering groups are in place to lead each aspect of the improvement plan. The Committee received reassurance that work is underway to look at leadership development and international recruitment for maternity services across our system.
Item for Assurance	**Review the Safe Domain Indicators** The Committee was assured by continued good performance in relation to VTE assessment and the reduction in pressure ulcers. The Committee discussed the benefits of visual displays on wards and the need for sustained work to ensure these are used and updated consistently. The Committee noted the change in national SI reporting requirements for 12 hour breaches in ED. The Trust will continue to log, investigate and to meet candour for the incidents whereby any patients subjected to protracted delays but these will no longer require formal SI reporting.
Items for Assurance	**Nursing Metrics** The Committee was advised the metrics dashboard is one of the useful tools used by the senior nurse and executive team to identify areas of the Trust requiring additional support by triangulating data from incidents, staffing, and patient feedback metrics by location. The Committee was also reassured that this and the personal knowledge of our teams allows the practise development and senior nurse teams to support areas where trained staff may not yet have

	all competencies. The Committee learned that the Chief Nurse is arranging to extend the working pattern of senior nursing staff to ensure cover at weekends and outside of standard working hours to provide more oversight to related rota issues. The Committee Chair, CEO, Chief Nurse and Medical Director will be meeting to discuss the approach to assurance reporting, rather than operational reporting, to this Committee to further strengthen the assurance this Committee can provide to the Board.
Item for Assurance	**Falls Report** The Committee received assurance of the excellent work underway by the multidisciplinary falls prevention steering group, to prevent falls with harm and noted a decrease in the number of falls with moderate, severe or catastrophic harm. The Committee heard about the positive impact of the falls awareness week and the actions being taken to reduce falls at high times of risk.
Item for Assurance	**Outcome of exercise to contact patients and families affected by hospital acquired COVID** The Committee approved and commended the document and the process undertaken and suggested this should be shared more widely and submitted for publication. The Committee considered that the recommendations of the report are sensible and cover protection of patient care. The Committee was reassured that there is a wider communications strategy to support the sharing of this document and an easy read document will also be produced. The Committee was assured that this approach remains in place for any recent or future patients who acquire COVID in our care, and that the learning from COVID has been incorporated as part of our continuous improvement journey.
Item for Assurance	**Infection Prevention & Control (IP&C): IP&C Quarterly Report and National Guidance Self-Assessment COVID-19** The Committee was assured by excellent cleanliness metrics in high risk areas and was reassured that the low risk cleanliness metric is not a concern. It also heard about successful recruitment into the team including innovative rotation of a postholder from the domestic team. The Committee was reassured that IP&C training is focused and progressing.
Item for Assurance	**Cancer Harm Reviews Quarterly Monitoring** The Committee is assured that there is a robust system to review all patients on a cancer pathway who breach the 64 day standard and that no harms have been identified in this reporting period. The Committee noted the significant increase in cancer referrals in

	particular to the colorectal team prompted by a communications campaign by the cancer alliance to primary care in West Norfolk. The Committee was reassured by outstanding work by the cancer team to provide first treatment within 62 days in the vast majority of these patients (currently the highest in our region at ~80% against a standard of 85%). However, noted the challenge to maintain performance against the standard as well as performing reviews of all individuals in whom the standard is not met when there are large fluctuations in the number of patients referred. The Committee was reassured that active patient communications are being developed as part of the system elective recovery board regarding potential delays. The Committee noted the challenges within gynae with regard to staffing and endorsed the prioritisation of the delivery of treatment, over completing retrospective reviews.
Item for Assurance	**Patient Safety Themed Quarterly Report** The Committee noted the 18 Serious Incidents (SIs) and noted the contribution 12-hour breaches have made to this figure. The Committee was assured by the clearance of the SI investigation backlog and the sustained improvement with regard to the duty of candour compliance. The progress in embedding learning is noted and the Committee welcomes the adoption of IQIP and EAG process to oversee the completion of action plans, though ownership remains at department and divisional level.
Item for Assurance	**Review the Effective Domain Indicators** The Committee was assured by the reduction in 3rd and 4th degree tears and improved breast feeding rates. The Committee would like to congratulate the team for winning a HSJ Patient Safety award for the development of the SAFIRA device to improve the safety of regional anaesthesia.
Item for Assurance	**Learning from Deaths Quarterly Report** The Committee is assured that SHMI is stable and remains as expected. The Committee is aware of national delays in reporting HSMR data and is well sighted on issues relating to the increase in HSMR since the first wave of the pandemic. The Committee was reassured that the backlog of coding is improving and looks forward to seeing improvements in HSMR as the coding backlog is updated nationally and the impact of primary diagnosis coding and documentation improvements and increased palliative care provision take effect. The Committee noted the learning from deaths action plan in response to the previous external weekend mortality review has been signed off by NHSEI and looks forward to receiving reports on

	this later this year. The Committee commends the good work on reviewing deaths in people with learning disabilities, those who are homeless and other disadvantaged groups.
Item for Assurance	**Review the Caring Domain Indicators** The Committee is assured by sustained improvement in the Trust response to complaints. The Committee was reassured that the maternity and other teams continue to work to increase the number of Friends and Family Test returns and is looking at other methods to capture feedback from users.
Item for Assurance	**National patient surveys – Urgent and Emergency Care Survey** The Committee is assured and delighted with the excellent results of the national patient survey, conducted by Picker across 66 organisations. The Committee congratulated all colleagues who have been involved in this improvement.
Item for Assurance	**Integrated Quality Improvement Plan** The Committee noted that progress has slowed in some elements of the IQIP but was reassured that clear trajectories and submission dates are in place. The Committee was assured that the Evidence Assurance Group (EAG) remains a thorough process, requiring submission of detailed evidence before signing off actions as complete. The Committee noted the need to consider how the new national recovery support framework will impact on our processes and language of IQIP reporting and monitoring. The Committee noted the self-assessment against CQC standards and considered that a realistic approach had been taken.
Item for Assurance	**Significant Risk and Board Assurance Framework** The Committee considered the updates to the significant risk and BAF report, and noted the challenges with regard to increasing demand, and winter planning.
Risks to refer to risk register	None.
Other items of business	Other items the Committee reviewed: • Organ Donation Annual Report • Chair's Assurance Report – Clinical Governance Executive Group • Chair's Assurance Report – Quality Forum • Committee forward plan

Attendance

Attendees:	Dr I Mack – Non-Executive Director and Committee Chair Dr C Fernandez – Non-Executive Director S Hayter – Non-Executive Director A Webster – Chief Nurse Dr F Swords – Medical Director L Notley – Director of Patient Safety
Invitees:	C Shaw - Chief Executive Officer Dr R Govindan - Deputy Medical Director (agenda item 16) K McGuire - Head of Nursing A Price Davey (APD) - Head of Midwifery (Maternity Services Improvement Plan)
Observers:	E Corner – Lead Governor B Lewis - Governor
Minute Taker:	A Prime – Trust Secretary