Agenda Item: 19d

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:	7 December 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 **30 November 2021.**
Background:	The Committee meets monthly and provides assurance on Clinical and Quality performance indicators and standards. The Committee concluded business in a shorter period of time in light of the operational pressures being experienced at the time of the meeting.
Item for Assurance	**Divisional Presentation – Medicine Division** The Committee commended the successes of the Medicine Division, including very significant improvements to dementia case finding, duty of candour, improved quality and timeliness of serious incident investigations and better management of complaints despite also coping with the significantly increased operational pressures including those directly related to COVID. The Committee discussed in detail work to address the ongoing challenges of pressure ulcers, falls with harm and C.Diff and welcomed the system wide work to share learning and expertise. The Committee was also assured by improvements in the training and documentation of MCAs (Mental Capacity Act), IPOC (Individualised Plan of Care) and ReSPECT, with audits now in place to continue to drive these improvements. The Committee was also assured by the Division's plans to simplify its approach to reviewing NICE guidance and to maintaining up to date clinical policies and guidelines.
Item for Assurance	**Review the safe domain indicators (IPR)** The Committee was assured by ongoing delivery of the Safe Domain indicators, and by the actions underway to address key areas of challenge as triangulated in the Division of Medicine's report.

Items for Assurance	**Patient Safety Themed Quarterly Report** The Committee is assured that the rate of serious incidents is stable, but that investigations are now being completed in a much more timely fashion to allow learning to be shared appropriately. The Committee notes that the next area of focus is on timely completion of actions and presentation of robust evidence to support this prior to sign off through the Evidence Assurance Group (EAG). The Committee is also assured that the legacy actions from historic plans are being prioritised in order of clinical importance and that more recent action plans tend to be shorter, more focused and SMART. The Committee was assured that much of our learning from incidents falls into a small number of themes such as adherence to guidelines and policies, documentation and communication but was reassured that staff behaviour and cultural issues have not been identified as themes in our incidents to date. The Committee notes the planned deep dive into mental health issues for early in the new year.
Item for Assurance	**Maternity Services** The Committee is assured that steady progress is being made on delivering the Maternity Improvement Plan. The Committee gained further assurance on the robust processes in place to maintain safe staffing despite staff vacancies and sickness absence, with the use of a 4-hour Birthrate Plus acuity tool, clear escalation processes to pull in additional support when needed, and daily reporting to the Chief Nurse/Executive on call. The Committee was also assured by good staff engagement in the plan, with twice weekly multi-professional meetings in place. The Committee also heard with interest about innovative means to address staffing challenges, including a return to practice midwifery course in association with Portsmouth University. The Committee was also assured that all maternity related serious incidents are now shared with the Committee and Board, and received an update on the national maternity survey.
Item for Assurance	**Review the Effective Domain Indicators (IPR)** The Committee is assured by the continued as expected SHMI and the fall in HSMR is reducing and the coding is demonstrating the provision of better care. The Committee noted that the backlog of historic coding has been cleared, but noted ongoing challenges to complete the coding of all episodes in time for national submission. The Committee noted that maternity metrics are improving and will be considered further in the upcoming Board deep dive.
Item for Assurance	**Clinical Audit Annual Report and Quarterly Clinical Audit Report** The Committee was assured by the clear process to determine which audits are undertaken by the Trust. The Clinical Audit team currently supports national audits, those required to support the IQIP and those in response to serious incident action plans only, due to the challenges in completing the recovery work for these priority audits. The Committee noted that a number of audits are behind plan, but there are recovery plans in place. The Committee was assured that

	the team now has excellent leadership in place with a clear plan for delivering improvement and a tracker introduced to support visibility and ownership of audit, policy and guidelines activity by the Divisions. The Committee noted there has been identification of the need for standardised processes and a task board is now in place to support this work. The Committee will receive further updates through the ongoing quarterly reports.
Item for Assurance	**Radiology Improvement Plan** The Committee was assured that staff are well engaged in this plan which has benefited from the learning from the Maternity Improvement Plan. The Committee was assured that the same process of robust oversight will be provided through the Radiology Improvement Forum, with robust check and challenge to ensure that actions are both complete and embedded before sign off through the Evidence Assurance Group (EAG). Further assurance was gained when the Committee Chair made an unannounced visit to the Radiology Department immediately after the meeting. The Committee approved the proposed governance structure for the radiology, maternity and other improvement plans with monthly reporting to the Quality Forum and a quarterly report through the Quality Committee.
Item for Assurance	**Winter Plan Highlighting Potential Quality Impacts and Monitoring** The Committee endorsed the proposed quality monitoring metrics and was assured that it was appropriate to use existing reporting and structures to oversee the impact of the winter plan on the safety of patients attending our emergency department, of patients admitted to our care and to the care of patients awaiting care from our ambulance colleagues. The Committee requested that a monthly exception report be presented throughout winter, comprising the weekly safety metrics already presented weekly to the Executive Team. The Committee also requested that the system is encouraged to consider producing a set of Urgent and Emergency Care metrics to demonstrate the safety across our system which can be shared at respective Trust quality meetings, given the reliance on the whole system contribution.
Item for Assurance	**Review the Caring Domain Indicators (IPR)** The Committee noted that excellent work continues on the management of complaints, dementia case finding and the infrastructure to support this and the Committee acknowledged the ongoing challenge of mixed sex accommodation particularly in patients admitted to the hyperacute stroke unit.
Item for Assurance	**National Patient Surveys: Inpatient Survey Results** The Committee noted the actions taken in response to the outcomes of this national survey. The Committee was assured on the governance and reporting structure. Reports will also be received by the Governors' Patient Experience Committee.

	The Committee noted intended actions regarding patient information and discussed the importance of getting patient information right and this being provided in the most accessible form.
Item for Assurance	**Integrated Quality Improvement Plan** The Committee noted the confirmation of a further 3 conditions lifted by the CQC. The Committee received an update on the outcomes of the November EAG meeting, the actions approved and deferred, and was assured of the robust process in place with reference to specific examples shared by the Chair.
Item for Assurance	**Quality Impact Assessments for Proposed CIP Schemes** The Committee was assured that a clear process is in place to undertake a quality impact assessment prior to approval of all current and future CIP schemes, and was reassured that appropriate quality metrics proformas are included within the Project Initiation Documentation. The Committee was assured that all staff and teams are encouraged to bring forward ideas for innovation, quality improvement and CIP schemes, with support and leadership for CIPs from the Finance team and quality improvement support from the Better Hospital team. The Committee also considered plans to move to a continuous improvement model in the coming year, to build on the transactional IQIP currently in place in response to the Trust being in Quality Special Measures.
Item for Assurance	**Significant Risk and Board Assurance Framework** The Committee noted the significant risks, including the reduction of the cancer harm risk score, in light of only one incident of harm identified and in line with the Trust risk scoring matrix.
Item for Assurance	**Quality Forum Terms of Reference** The Committee approved the updated Quality Forum Terms of Reference.
Risks to refer to risk register	None.
Other items of business	Other items the Committee reviewed: • Chair's Assurance Reports for the Clinical Governance Executive Group and the Quality Forum • Clinical Governance Executive Group Annual Report • Quality Committee Forward Planner

Attendance	
Attendees:	Dr I Mack – Non-Executive Director and Committee Chair Dr C Fernandez – Non-Executive Director S Hayter – Non-Executive Director C Shaw – CEO Dr F Swords – Medical Director A Webster – Chief Nurse

	L Notley – Director of Patient Safety
Invitees:	K Strong, Head of Nursing, Medicine (agenda item 6) K Owens – Deputy Head of Midwifery (item 11) N David-West – Deputy Director of Patient Safety (item 11 & 12) C Benham – Director of Finance (item 18)
Observers:	A Maltby – Governor E Corner – Lead Governor
Minute Taker:	A Prime – Trust Secretary