Agenda Item: 10a

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 February 2023
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 **31 January 2023.**
Background:	The Committee meets monthly and provides assurance on Clinical and Quality performance indicators and standards.
Items for escalation	**Stroke Improvement Plan** Quality Committee Members visited the Stroke Unit in April 2022 and reported back their findings and concerns to Executives and the service team. The Finance and Activity Committee received a deep dive briefing on the Stroke Improvement Plan in September 2022. The IPR shows no evidence of improvement in Stroke Metrics and the Trust benchmarks very poorly in relation to others delivering Stroke services, both for peer comparator trusts and nationally. An External review was requested, which took place in November 2022. Details are contained within the assurance item below. **Risk Register to reflect the change in portfolios with Executive Director departures potentially impacting on Quality and Patient Safety** The Committee requires assurance in terms of how the Risk Register will reflect the change in portfolios with Executive Director resignations. **Acutely unwell Mental Health patients in all age groups increasing length of stay** Action needed at system level to ensure that the needs of individuals with acute mental health needs are transferred to facilities that will be able to meet their needs in a timely fashion.

Item for Assurance	**Stroke Improvement Plan** Findings from the External review - Integrated Stroke Delivery Network visit were shared with the Quality Committee and it was reported will be incorporated within the Stroke Improvement Plan. The Quality Committee noted: • Patients' length of stay is three days longer when compared with other trusts within the region. • Bed modelling indicate there is a need for a further six beds on West Rayham Ward. • A dedicated Discharge Co-ordinator will be recruited to facilitate and drive discharges. • The need to review the skill sets of the nursing team, to ensure the Trust has the right balance across the unit. • The issues relating to medical outliers requiring work with the Head of Patient Flow. • CTA reporting is an urgent concern and its implications for access to thrombectomy at regional centres. • Reassurance was received that plans are in place to increase the number of Thrombolysis nurses on each shift. Demand is to be reviewed. Confirmation was given that there is 24-hour Thrombolysis cover. • Assurance received that earlier assessment should be possible within the Emergency Department following confirmation that the Trust will become early adopters of AI technology. • Re-assurance given to confirm that SSNAP data does not include the whole cohort of inpatients and must include outlying stroke patients outside the stroke unit. This is a common approach across all hospitals. • Only some of the recommendations from the ISDN review were found to have actions on the update the Committee received • The report included performance data which showed only 16.39% of patients are admitted to the Stroke Unit in 4 hours – SSNAP grade E • Only 38.33% of stroke patients spend 90% of their time on the Stroke Unit – SSNAP grade E • It was noted that the Quality Improvement Board have concerns regarding the robustness of the current Stroke Improvement Plan, it was reported that plans are in place to review the Stroke Improvement Plan and ensure the reporting provides a greater level of detail regarding outcome measures and progress against agreed deadlines.
Item for Assurance	**Maternity** It was noted: • 5 Serious Incidents remain open and under investigation. • 3 Serious Incidents have been closed and 1 Serious Incident has been declared within the quarter and is subject to an external review. • Funding for CTG training has been received, to be completed by the end of March. • The Trust is actively working in the Norfolk system to encourage collective training for CTG.

	• Assurance received regarding the process followed for Serious Incidents and immediate actions taken when required. • Assurance received that inequality data will be captured when reporting on a Serious Incident • The Trust's formal Regulation 28 response to the Coroner, is to be sent to the Committee members. • The Maternity Improvement Plan update was reviewed and it was noted that of the 5 open trajectories behind plan, 2 had now been closed. • Assurance received that Nitrous Oxide levels within the Delivery Suite continues to be monitored. Results from recent testing still to be received. This is fully sighted on the Risk Register with clear mitigation in place.
Item for Assurance	**Quality Improvement Board Chair's Assurance Report (January 2023)** The Committee was advised that: • The Quality Improvement Board (QIB) will be combined with the Hospital Management Board from April 2023. The agenda will cover both Quality, Performance and Finance with all the Executive Directors and Divisional Leadership Teams present. • The Quality Committee sought reassurance that the time pressures in a unified meeting would not adversely impact on Quality improvement, including on the specific Improvement Plans. • The Committee also sought reassurance that a compliance approach of 'Self Regulation' could be achieved in an environment where there was currently a significant turnover of senior managers. • Assurance received that all agenda items will be captured within the Chairs Assurance Report to Quality Committee. • To note that following conversations with the CQC Relationship Managers, the CQC will attend an on-site informal visit to view several estate developments included the Education and Innovation Centre, Maternity Triage and Bereavement Suite and plans for the new Hospital. • To note that the CQC have agreed to cover a Board Development session in March to talk about the new CQC Inspection Framework due to be launched later in 2023. • To note that a review has been commissioned spanning the three-week period over Christmas and New Year, to identify if any patients suffered harm and/or poor patient experience as a result of the extreme operational pressures. • To note that plans are on track to apply to the CQC to request the lifting of 3 of the 4 remaining Section 31 actions in April 2023.
Item for Assurance	**Compliance Plan including Section Notices & Evidence Assurance Group Report.** • The Committee noted the progress made within the Compliance Plan • The Committee noted the slow progress made regarding appraisals and training and impact of the extreme operational pressures over Christmas and New year.

Item for Assurance	**Safe Executive Chairs Assurance Report (December 2022 & January 2023)** • To note that approval was received to increase the existing Significant Risks for Risk ID's 2984 & 2199 relating to Ambulance offload delays and delays to patients receiving treatment within the Emergency Department, from a rating of 15 to 16. • To note approval was received from the Safe Executive Group (SEG) to change the process to manage Serious Incidents Action Plans with the aim to reduce, mitigate risk and improve Patient Safety with a focus on immediate and high-risk actions. • To note that an ICB member from the Nursing Quality Team is now attending identified quality related meetings such as Safe, Caring and Effective Executive Groups. • Re-assurance was requested and received regarding concerns of gaps in attendance at fora meetings of clinicians and other staff.
Item for Assurance	**Review the Safe Domain Indicators (IPR)** • Assurance given relating to delays in treatment for patients. • Re-assurance given in relation to the improved processes with ambulances to reduce delays in assessment of patients and to identify deteriorating patients and of the work continuing to improve professional standards . • Assurance given that the Medical Director will be meeting Clinical Leads regarding Sepsis and will report back. • Noted that a number of elements of care relating to Nutrition and Hydration will be addressed with specific actions.
Item for Assurance	**Serious Incident Monthly Report (December)** • Noted a separate graph for Serious Incidents will be presented at future meetings as the scale makes it difficult to identify the more significant ones. • Assurance received regarding a good reporting culture of incidents within the hospital.
Item for Assurance	**Harm Reviews** • Noted decreased volume of patients in harm reviews, which is a positive development. • Paper to be presented at future meetings to include some details of harms experienced rather than a simple nominal report. • Regarding Cancer Harms it was recommended and agreed that a further deep dive qualitative report would be helpful for further assurance.
Item for Assurance	**Winter Plan** • Assurance received that feedback following the deep dive undertaken regarding whether any patients came to harm during the Christmas and New Year period will be presented at the March meeting. A verbal update will be given in February with the formal report being presented in March 2023.

Item for Assurance	**Review the Effective Domain Indicators (IPR)** • Noted the continued raised HSMR. • Regarding HSMR members raised concerns that data collection sources vary between hospitals and there should be a more standardised approach locally to allow comparison. • Assurance received that we continue to engage in the regional mortality forum and to welcome visits from external advisors regarding HSMR. • Assurance received that weekly clinical review meetings take place and the Robson criteria is used with regards to the reasons for caesarean sections. It is recognised that the Trust needs to ensure better information is presented to families regarding caesarean sections. • Noted the issue of poor rates of breast feeding on discharge and the Quality Committee will welcome a refreshed narrative on actions to make improvements in this in the next report.
Item for Assurance	**Review the Caring Domain Indicators (IPR)** • At the meeting the Committee was informed that a review is underway of how complaints are recorded and that a new policy will be reported to Quality Committee in April.
Item for Assurance	**Health Inequalities Bi-annual Report** • Members raised concerns regarding the quality of data being used for inequality reporting. Assurance given that there is ongoing work to improve this. • The Committee recommended that more work was needed on metrics that would demonstrate the impact of improvement schemes. • Re-assurance provided that Public Health were closely involved in Health Inequalities work, including with regard to smoking cessation.
Item for Assurance	**Significant Risk and BAF Report** • The Committee was assured relevant significant risks had been discussed throughout the meeting in relation to key agenda items. • The Committee requires assurance in terms of how the Risk Register will reflect the change in portfolio's, with Executive Director changes. • Assurance received that the Significant Risk related to paediatric in-patients with mental health issues is likely to be downgraded in the next month and with the recent appointment into pharmacy vacancies it is hoped this risk will be downgraded in the next 2 months.
Risks to refer to risk register	None.
Other items of business	**Other items the Committee reviewed:** • Effective Executive Group Chair's Assurance Report (December 2022 & January 2023) – The report was received, read and noted. • Caring Executive Group Chair's Assurance Report (December 2022) – The report was received, read and noted.

	• Corporate Strategy – The report was received, read and noted. • Forward Planner – Received, read and noted. All aware this will change from April 2023.

Attendance	
Attendees:	Dr I Mack – Non-Executive Director and Committee Chair Dr C Fernandez – Non-Executive Director S Hayter – Non-Executive Director J Schneider – Associate Non-Executive Director Dr G Raghuraman – Acting Medical Director H Blanchard – Interim Chief Nurse L Notley – Director of Patient Safety
Invitees:	L Bradley – Acting Divisional General Manager Medicine Division (agenda item 7) A Kellythorne – Service Manager (agenda item 7) A Price-Davey – Head of Midwifery (agenda item 8) C West-Burnham – Director of Strategy (agenda item 22)
Observers:	A Maltby – Governor E Corner – Lead Governor
Minute Taker:	S Fowl – Executive Assistant