Agenda item: 24d

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:	2 February 2020
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 **15 December 2020.**
Background:	The Committee meets monthly and provides assurance on Clinical and Quality performance indicators and standards. The meeting lasted for one and a half hours and was held virtually under the current restrictions on Board Committees due to the COVID pandemic.
Item for Assurance:	**Review the Safe Domain Indicators (IPR)** The Committee received assurance on cleanliness, VTE and infection prevention and control. The Committee discussed the issue of increased falls and looked at whether this was a reflection of the increased number of medical inpatients and open beds. The current operational pressures on the Trust were explained and the impact from COVID on the Trust and staff was noted. The Committee also discussed the balance of risk of encouraging older people to mobilise to prevent deconditioning in hospital, v the risk of falls from mobilising without sufficient assistance. The Committee heard how Trust staff are working with NSFT colleagues on caring for patients with mental health needs. The Committee requested a deep dive for Non-Executive Directors focusing on falls once COVID pressures have reduced.
Item for Assurance:	**Safe Care Report monthly report – Nursing Metrics** The Committee discussed the nature of some of the incidents reported and the role of the Harm Free Care Forum which is helping the development of a learning culture. The Committee heard how medication errors are addressed. More information will be brought through the quarterly patient safety report. The Committee also heard about the challenge of opening additional wards, and the example of a SOP which has been put in place, learning from previous winter ward openings, to make this process more effective. The Committee is assured there is additional executive oversight of these additional open wards and the necessary ward leadership has been put in place.

Item for Assurance:	**Review the Effective Domain Indicators (IPR)** The Committee Received assurance on the nature of metrics relating to extended perinatal deaths and neonatal deaths. The Committee heard about the staffing challenges in maternity and obstetrics and gynaecology. The Committee looked at issues regarding static targets for caesarean section rates and a report will be brought to Quality Committee in January which will include the Trust's response to the Ockenden report which will also be considered through Board. The Committee recognised the importance of not having rigid target rates and the importance of culture and staff behaviours.
Item for Assurance:	**Review the Caring Domain Indicators (IPR)** The Committee had received reassurance regarding the approach to complaints. There is clearly senior focus on the need for improvement and a number of performance measures are in place. The Committee acknowledge the importance of the sustainability of improvement in this area to be embedded throughout the organisation. Work is underway to engage and educate staff, to motivate all to deliver on this priority area on a consistent and sustainable basis. The Committee heard about dementia case finding and the understandable delays to this programme due to COVID. The Committee received positive reports of developments in this area which are expected to be in place by early 2021, with improvements expected to be seen by February 2021.
Item for Assurance:	**Healthcare Worker Flu Vaccination Best Practice Management Checklist** The Committee thanked all staff involved in achieving an excellent flu vaccination rate for front line staff. The Committee heard that feedback on learning through the process had been passed to the regional network to learn from experience on consistency in supply of vaccine.
Item for Assurance:	**Patient Experience Quarterly Monitoring** The Committee considered the report received to be much improved with better structure and content and a good mix of qualitative and quantitative information. The gaps in the work plan identified by the Committee will be addressed by the Chief Nurse with the Trust's patient experience lead with future reports incorporating the work plan outputs. The Hush project is an exemplar for engagement and there are lots of opportunities to engage with others, including young people, in the future. Next year will be pivotal for improvement of patient experience through engagement. The report received by the Committee has progressed the Trust on its improvement journey and the Committee Chair thanked the Chief Nurse for the work undertaken on the report.
Item for Assurance:	**Integrated Quality Improvement Plan (IQIP)** The Committee noted the good progress overall with the IQIP and Section Notices. The Committee discussed issues with completion of mandatory training and appraisal in the context of COVID. The Committee received reassurance that non-clinical facing teams are being encouraged to access mandatory training particularly in new

	formats. In relation to the Mental Capacity Act the Committee heard about the enhanced approach to working with the Safeguarding Team and the increased visibility of this team on wards, engaging with staff to help improve standards and build on the positive findings of the CQC reports. The Committee noted the significant progress on staff Deprivation of Liberty Safeguards (DoLS) training rates, which has led to better understanding and an increase in formal DoLS applications. In End of Life Care the Committee heard about the work underway to expand the palliative care team and to embed cultural change in recognising patients near the end of life. This was reflected in the findings of the recent CQC visit. Surrogate markers to evidence these changes are also now being measured such as the use of IPOC, preferred place of care and a reduction in the number of calls to the cardiac arrest team in the hospital. The Committee endorsed the application to the CQC for lifting of 17 of the 22 conditions placed on the Trust from previous inspections.
Item for Assurance:	**CQC 2020 inspection report findings** The Committee welcomed the good news on the CQC report which is due to be published tomorrow including extremely good news on the green rating for the 'caring' domain. The Committee recognised the good self-assessment which aligned with the CQC's ratings, and showed the Trust to be appropriately tougher on itself. The Committee looks forward to receiving a report in January on the restructuring of the IQIP, building on the good IQIP work to date and focusing on sustaining quality and actions.
Item for Assurance:	**Maternity Action Plan** The Committee acknowledged this action plan is at its early stages for this new aggregated, combined process and considered it will be important to see the effectiveness of the application of the EAG process for considering completion of actions. The Committee recognised there has already been some progress against the action plan and welcomed the open approach to communication at the start of this process. The Committee welcomed the positive developments on job plans for consultants and were pleased that the Trust's new cultural tool will start to be worked with in this department first. The Committee welcomed progress to recruit to key leadership roles in the department. The Committee will continue to closely monitor progress against this action plan, particularly in light of the recently published Ockenden report, to ensure high quality care for women and the babies born in QEH.
Risks to refer to risk register:	None
Other items of business:	The following reports were also received by the Committee: • Clinical Governance Executive Group Assurance Report • Quality Forum Assurance Report • Quality Committee forward plan

Attendance	
Attendees:	Dr I Mack – Non-Executive Director and Committee Chair Dr C Fernandez – Non-Executive Director D Dickinson – Non-Executive Director Dr F Swords – Medical Director Dr A Brown – Chief Nurse C O'Brien – Director of Patient Safety C Shaw – CEO L Notley – Associate Director of Quality Improvement Dr G Raghuraman – Deputy Medical Director
Observers:	H Geogloman – Consultant, General Surgery and Foundation Training Programme Director