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 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 **26 January 2021.**
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** The Committee was partly assured by an explanation of the increase in case numbers relating to an increase in the number of patients admitted to our care as well as their increasing acuity potentially compounded by staffing challenges. Rates remain below Trust target but are variable across individual wards. The Committee appreciates that not all falls are preventable but understands the actions being taken to reduce the harm associated with them. The Committee will require a deep dive into falls when operational pressures associated with the COVID pandemic have improved. The Committee was assured by the low rates of pressure ulcers and that staff continue to report and take actions to address any modifiable factors that are found with individual cases of pressure ulcers and are not complacent concerning this. The Committee recognised the ongoing improvements in incident reporting culture. Strengthened weekly reporting processes are in place to identify themes and actions arising from incidents.
Item for Assurance	**Safe Care Monthly Report – Nursing Metrics** The Committee discussed complaints and identified the theme of communication and received reassurance that current underperformance of complaints metrics was being addressed. Actions are being taken to respond to the communication challenges arising from COVID. The Committee received reassurance on expectations of care standards and behaviour of agency as well as of substantive staff, being aligned to the Trust's

	culture work. It was reported that the extreme pressures of COVID meant that teams had had to form rapidly. The Committee received reassurance that senior nursing staff are more visible on the wards, working alongside ward-based colleagues in place of the formal "Back to the Floor Friday" which has been suspended during the pandemic. Re-assurance was particularly sought in respect of wards where there was a high level of use of agency and bank staff, and where the ward's role is to care for COVID patients who have an agreed 'Ceiling of Care' and there have been a high number of expected deaths over the past month. The Committee have asked for consideration to be given on capturing the outcomes and themes from senior staff's attendance on wards to formalise assurance in future reports.
Item for Assurance	**Review of the Effective Domain Indicators** The Committee were reassured with regards to obstetric middle-grade cover at night. Mitigations are in place to ensure that patient safety is maintained and to prevent staff burn out, which had been reported as a risk in the IPR for maternity, with the use of locums while the Trust is in the process of recruiting additional staff. The Committee was assured about excellent progress recruiting to NIHR COVID-19 and other clinical trials.
Item for Assurance	**Perinatal Mortality Audit Outcomes and Response** The Committee was assured that the review has not identified any significant concerns with the antenatal care provided to our patients. The Committee notes that the audit was of a limited size and notes the recommendations to undertake further work to ensure that women with specific vulnerabilities e.g. mental health needs, obesity, those who have booked late and those for whom English is not their first language, have equal access to care appropriate for their needs. The committee was given re-assurance that these groups' engagement would be part of the action plan. The Committee noted the positive work with the Midwifery Hub in North Cambs and the opportunity for the service to learn from their progress. The Committee notes that an action plan will be developed and combined into the same governance route as the maternity action plan.
Item for Assurance	**Emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust** The Quality Committee reviewed and approved the Assessment and Assurance tool that the Divisional Leadership Team have completed for submission to the Regional Chief Midwife by 15 February 2021.
Item for Assurance	**Maternity Action Plan** The Committee noted the current status of the action plan developed in response to the external review of culture of the maternity team with multiple actions being submitted for approval at the Evidence Assurance group this month.

	The Committee notes the ongoing work to amalgamate all of the action plans developed in response to various national and local reports on maternity services. The Committee will then continue to have oversight of progress against one coherent action plan encompassing all of these issues. The Committee sought re-assurance that the importance of communication with front line staff was recognised in order to ensure ownership of actions and to support the shaping of a positive culture .
Item for Assurance:	**Review of Maternity Metrics in the Integrated Performance Report** The Committee welcomed proposed new maternity metrics for measuring the delivery of safe and effective care for the Integrated Performance Report, approving the recommendations to monitor 3rd and 4th degree tears, breastfeeding rates, post partum haemorrhage rates, perinatal mortality and a perinatal outcomes dashboard. The Committee will continue to receive assurance on the use of caesarean sections but the Trust will no longer measure this against a set target, rather receive assurance that these are always subject to appropriate multidisciplinary clinical review in line with recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust. This approach will help identify any themes or issues relating to poor or outstanding clinical practice.
Item for Assurance	**Review of the Caring Domain Indicators** The Committee noted that achievement of the April target for dementia case finding may be impacted by continuation of operational pressures. Complaints remain a top priority and the Committee noted the number of actions being taken to strengthen the team, modernise the approach to responding to complaints and ensure a focus on genuine learning and change from complaints.
Item for Assurance	**Integrated Quality Improvement Plan (IQIP) And Section Notices Update** The Committee noted the progress on IQIP and Section Notices. Some delayed actions are being reviewed to ensure realistic completion dates and an updated timetable will be reported to the Committee. The Committee will maintain oversight and assurance of ongoing actions. The Committee welcomed the positive news that the CQC approved the Trust's application to lift 5 Section 31 Conditions for Maternity Services and that 5 of the existing Section 29A conditions have now been removed.
Item for Assurance	**Significant Risk and Board Assurance Framework (BAF) Report** The Committee considered the significant risks and noted the update from the Assurance & Risk Executive Group on changes to risk gradings which will be reflected in the significant risk report to the Board in February.

	The Committee endorsed the significant risk and BAF report.
Risks to refer to risk register:	None
Other items of business:	• CQC Report • Corporate Strategy KPIs Quarterly Monitoring (Q3) • Clinical Governance Executive Group Assurance Report • Quality Forum Assurance Report

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
C West-Burnham – Director of Strategy
A Prime – Trust Secretary (minutes)

Invitees: A Price-Davey – Head of Midwifery (items 9 - 12)
A Velusamy - Consultant Obstetrics (items 9 - 12)
K McGuire – Deputy Chief Nurse

Observers: Governors - A Compton, E Corner