

Minutes: Kent and Medway System Quality Group

Tuesday 18th October, 09.30-11.30

Virtual via MS Teams

Chair: Dame Eileen Sills, Chief Nurse, Kent and Medway ICB (ES)

Present:

Attendee	Job title	Organisation	Initials
Eileen Sills	Chief Nurse	Kent and Medway ICB	ES
Lee Martin	Chief Delivery Officer	Kent and Medway ICB	LM
Siobhan Jordan	Interim Director of Nursing	Kent and Medway ICB	SJ
Chloe Dyer	Quality Intelligence Lead	Kent and Medway ICB	CD
Rebecca Holden	Quality Intelligence Lead	Kent and Medway ICB	RHo
Becky Collins	Director of Maternity and Neonatal services	LMNS	
	Deputy Chief Nurse	MTW	
	Responsible Senior Officer for Social Care reform	KCC	
	Independent Chair of Kent and Medway Safeguarding Adults Board	KCC	
	Head of Clinical Quality and Improvement	NHSE Southeast region	
	Senior Quality and Safeguarding manager	NHSE Spec Comm	
	Director of Quality and Safety	DGT	
	Deputy Chief Nurse DGS	DGT	
	Regional Quality Director	IC24	
	Medical Director	EKHUFT	
	Deputy Chief Nurse	EKHUFT	
	Employer liaison advisor	GMC	
	Chief Nursing Officer	MCH	
	Chief Nurse	KMPT	
	Deputy Director of Quality and Safety	KMPT	
	Associate Director for Nursing Essex and Kent	NELFT	
	Assistant Chief Constable Crime	Kent Police	
	Lead for Quality and Safeguarding	SPFT	
	Business Manager for the Medway Safeguarding Children's Partnerships	Medway Council	
	Strategic Business Adviser Social Care & Cover for Systems Improvement Manager	Kent Safeguarding Children Multi-Agency Partnership	

**Note 1 – Please see note one on the response letter*

Notes:

Item	Notes	Action and owner
1	Welcome and introductions ES opened meeting and welcomed all members to the meeting.	
2	Terms of Reference Review The terms of reference was reviewed page by page and amendments noted.	

	<p>Action: Terms of reference once updated, to be circulated with the action log and taken as agreed.</p>	<p>Rebecca Holden</p>
<p>3</p>	<p>Action Log Review</p> <p>Action 56 – Closed as to be discussed at CNO meetings</p> <p>Action 57 – Closed as to be discussed at CNO meetings</p> <p>Action 58 - Closed as to be actioned within the HCP</p> <p>Action 59 – Closed as to be managed through safeguarding route and will go back to Partnership Board</p> <p>Action 60 - Closed as to be actioned within the HCP</p> <p>Action 61 - Closed as to be actioned within the HCP</p> <p>Action 62 - Closed as to be actioned within the HCP</p> <p>Action 63 - Closed as to be actioned within the HCP</p> <p>Action 64 - Closed as to be actioned within the HCP</p> <p>Action 65 – Closed as LA and CQC have spoken and are overseeing Rapport</p> <p>Action 66 – Closed as DV actioned and LFPSE meeting scheduled with SJ</p> <p>Action 67 and 68 - Merged as they are the same action and to be left open to receive feedback at next meeting</p> <p>Action 69 - Close as completed</p> <p>Action 70 – Action Closed</p>	
<p>4</p>	<p>HCP Quality Board Development</p> <p>[] updated the group around the development of the Medway and Swale Health Care Partnership (HCP) and the progress made so far. The Quality Board has been in place proactively since 2021 and made steady progress but further clarity was gained with the publication of the NQB Guidance as this allowed for governance to help the HCP gain traction.</p> <p>The group has continued to meet and engage, working across other HCP forums and subgroups with collaboration workshops to help engage them as partners. MFT and MCH as larger organisations have done quite a lot of work across various pathways whilst Healthwatch have been key by producing a Medway and Swale report as the voice of the patient.</p> <p>It was agreed to have a Quality and Safety workshop across all HCPs to agree function at the Board and allowing further understanding of the ICB expectations. Although there were issues identified, it was very much about the benefits as a collective community and helped to formulate what the structure would be from a governance point of view.</p>	

	<p>The challenges are being experienced at different levels across the HCPs and there is a need to work on engaging with all providers around networking and matrix working and how to build trust that they are part of the same system.</p> <p>There is data available, but it currently does not tell us what we need so the HCP needs to look at data analysis and BI support. The other risk is around who is the ICB, who is the HCP and identify any risk of duplicating things workstreams.</p> <p>It was noted that Primary Care were represented at the workshops as well as the LMC, PCNs and Clinical Directors.</p> <p>It was also noted the importance of having colleagues from Mental Health services to be represented at HCP level and HM stated that this was a missing link and there is a need to consider where that sits at HCP level. ES also stated that Healthwatch must have presence, so they bring in that patient voice but also to think about how we engage to hear the voice of the child and the young person.</p> <p>Action: [] and [] to discuss a future workshop with other HCP leads around the governance HCP journey so far and the future development of the HCPs</p>	
5	<p>HCP Issues and Concerns Discussion</p> <p>EK –</p> <p>WK –</p> <p>DGS –</p> <p>Winter planning –</p>	

6	Other Members Escalations	
7	Patient Safety Update <p>The PSIR guidance was received in August, and it was requested before this meeting that the members provide a baseline of where they are with implementation, thank you, all providers replied. Some are further ahead but will all come together as a system. [] is to share a rollout plan once completed as it is about changing the approach, learning and themes, not just the investigation.</p> <p>It was confirmed that safety leads within Providers had been identified and shared with the group.</p> <p>[] raised that there is an engaging family's document which looks to improve duty of candour so suggested a group to look at this going forwards. [] agreed and asked for support on the patient partners work to help strengthen relations with families in the future.</p>	
	Items to Communicate to IOEC	

Date and time of next meeting: 15th November 2022, 9.30-11.30am

***Note 2 – Please see note two on the response letter*

Final 01/11/2022