

Executive Summary

Report to the Board of Directors

Being Held on 23 July 2024

Subject	Quality Committee Meeting Assurance Reports
Author	Ros Roughton, Non-Executive Director and Committee Chair
Status¹	Note

PURPOSE OF THE REPORT

To provide in summary an update on the key discussions and outcomes of the Committee meetings on 20 May, 17 June and 15 July 2024.

KEY POINTS

The report(s) provides a summary of the Quality Committee agenda items, matters escalated and next steps to address any new significant issues or areas of concerns which the Board of Directors needs to be aware of.

IMPLICATIONS²

Aim of the STHFT Corporate Strategy		✓ Tick as appropriate
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Create a Sustainable Organisation	✓
6	Deliver Excellent Research, Education and Innovation	✓

RECOMMENDATIONS

The Board of Directors is asked to **NOTE** the update provided and respond to any specific points raised within the two reports.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Board of Directors	23/07/2024	

**Meeting Assurance Report
to the Board of Directors**

Name of Committee	Quality Committee
Date of Meeting	20 May 2024
Chair	Rosamond Roughton, Non-Executive Director
Lead Officer	Angie Legge, Quality Director
Meeting Administrator	Hannah Constantine-Smith / Andrew Timms

Purpose

The purpose of this report is to provide in summary an update on the key discussions and outcomes of the above meeting.

Agenda items covered at the meeting

The May agenda included the following items:

- Accessible information standard
- Falls improvement work
- Quality governance at Charles Clifford Dental Services
- Infection prevention and control Q4
- Annual infection prevention and control priorities and actions 2024/25
- CCQ assurance report
- CQC action plan update
- Learning from incidents report (previously new never events and closed serious incidents)
- Learning from deaths Q2
- Clinical effectiveness quarterly report and TCAP
- Learning from incidents internal audit report
- Highlight reports from the Quality and Safety Executive Committee (QSEC), and the Mental Health Executive Committee (MHEC).

Matters to highlight

Specific areas to highlight are as follows:

- There was a presentation of the work conducted to improve compliance with the Accessible Information Standard, which was one of three quality objectives for 23/24. Good progress has been made, including better data capture and better awareness amongst staff. The team were working closely with the Connect 24 team for the future electronic patient record.
- There was a presentation on the work to reduce the number of people falling in hospital, which showed significant improvement: falls have reduced from 7.4 falls/1000 bed nights in May 2022 to 5.0 falls/1000 bed nights in March 2024. There has been a 30% reduction in harm to patients. Strong nursing leadership has been key, along with focused action in those wards where the risks are greatest. Going forward there was going to be a trial of offering by default decaffeinated drinks in some wards, building on initial trials elsewhere which were looking positive.
- As part of the new programme for the Quality Committee for 24/25, we aim to hear from each Care Group over the next 24 months around quality governance. This month we heard from the

leadership team at the Charles Clifford Dental Services. The Clinical Director talked through two of their most frequent quality issues, and the steps taken to reduce the risk of these issues reoccurring; as well as the overall processes used to manage and improve quality.

- The Director of Infection Prevention and Control presented the detailed figures for Q4, and the plan for 24/25. This includes some focused work on improving intravenous line care, new work on sustainability, and on improving resilience to the potential increasing prevalence of Carbapenemase-producing Enterobacteriaceae (CPE) - bacteria which are developing resistance to carbapenems, a powerful group of broad-spectrum penicillins and often the last effective defense against some infections.
- The Committee received a very detailed report of self-assessment against the new CQC Quality Standards. This work is not yet complete but demonstrated both the improvements made since the last CQC visit, together with the areas where continued improvement work is required. There was also considerable detail about what to learn from inspections of other Trusts where there were examples of best practice, and these will be shared with specific teams as appropriate. The Committee also reviewed the outstanding work against the CQC action plan, and agreed to close the operational risk management workstream,
- The Committee received the new style learning from incidents report. One new never event was reported. It was agreed that we should keep under review how to make this report meaningful over time, so that it could be clearer whether there were particular trends that needed to be tackled.
- The Q2 Learning from Deaths report did not flag any new concerns, and it was noted that deaths following fractured neck of femur were now within the expected range for both Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) indicators.
- The Committee noted for assurance the clinical effectiveness quarterly report, the internal audit of learning from incidents which had an overall finding of significant assurance; and the meeting reports from the Quality and Safety Executive Committee (QSEC) and the Mental Health Executive Committee (MHEC).

No documents were approved.

New significant issues / concerns escalated including proposals on the next steps to address this

New areas which the Committee / Group wishes to escalate as potential areas of non-compliance, that need addressing urgently or escalating:
Nothing to escalate.

Implications

Aim of the STHFT Corporate Strategy		✓ Tick as appropriate
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Create a Sustainable Organisation	✓
6	Deliver Excellent Research, Education and Innovation	✓

Recommendations

The Board is asked to **NOTE** the update provided and respond to any specific points raised within the report.

Meeting Assurance Report to the Board of Directors

Name of Committee / Group	Quality Committee
Date of Meeting	17th June 2024
Chair	Ros Roughton, Non-Executive Director and Committee Chair
Lead Officer	Angie Legge, Quality Director
Meeting Administrator	Hannah Constantine-Smith/Andrew Timms

Purpose

The purpose of this report is to provide in summary an update on the key discussions and outcomes of the above meeting.

Agenda items covered at the meeting

The agenda included the following items:

- Deep dive into the Board Assurance Framework: Strategic Qisk 1: Quality of Care
- Presentation about the Inventory Management System
- Actions following staff culture survey in theatres
- Six month progress report from the mental health executive committee
- CCQ assurance report
- Learning from incidents report (previously new never events and closed serious incidents)
Highlight reports from the Health and Safety Executive Committee, Quality and Safety Executive Committee (QSEC), the Mental Health Executive Committee (MHEC) and the Equality, Diversity and Inclusion Executive Committee.

Matters to highlight

Specific areas to highlight are as follows:

- Deep dive into Strategic Risk 1 (quality): It was noted that there had been significant improvements on a systematic basis in a number of areas of quality, and the executive were invited to consider whether it was now appropriate to improve the scoring. However, the committee also considered a continued focus was needed on ensuring that services were culturally sensitive, as appropriate.
- Presentation on inventory management system. The Committee heard about the implementation of the new "Scan for Safety" scheme in Operating Services, Critical Care and Anaesthesia. This was designed to reduce the risk of use of expired stock, and enable tracking of products in the event of recall. It was also aimed to improve stock management (currently 36,582 items are stocked). This was all work in progress, with potential for more improvements over time.
- Theatre Culture Survey. The Committee had previously asked for an update on the actions taken following a SCORE survey of the over 800 staff working in theatres. This survey is recommended nationally and looks particularly at culture and engagement. Work has been undertaken to address issues surrounding the availability of equipment, and the planning process for theatre lists - together with issues around communication. Human factors training has been delivered to teams in neurosurgery, ophthalmology and the elective orthopaedic centre, with an excellent evaluation. Safety Culture discussion cards have been introduced into multi-disciplinary team meetings with the objective of flattening the "power gradient".

- Mental Health - six month update - this report highlighted continued progress in ensuring people's mental health needs were considered alongside their physical health needs. Compliance with job-specific essential training for mental health remains above 90%. Phase one of the safer spaces plan has been completed, including within the emergency department. There have been improvements in the liaison service, although pressure remains in ED. It was also noted that the demand on the specialist learning disability and autism practitioners continues to grow.
- The Committee received the next level of self-assessment against the new CQC Quality Standards, focusing this month on the "caring" domain.
- The Committee received the new style learning from incidents report, and discussed in detail one incident.
- The Committee noted for assurance the good clinical outcomes for cardiac surgery. This has been specifically requested by the Committee.
- The Committee noted for assurance a number of highlight reports from executive committees, and in particular the action taken following guidance on Entonox.

Documents approved

- Quality Report 2023/24

New significant issues / concerns escalated including proposals on the next steps to address this

New areas which the Committee / Group wishes to escalate as potential areas of non-compliance, that need addressing urgently or escalating:

None.

Implications

Aim of the STHFT Corporate Strategy		✓ Tick as appropriate
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4	Spend Public Money Wisely	✓
5	Create a Sustainable Organisation	✓
6	Deliver Excellent Research, Education and Innovation	✓

Recommendations

The Board of Directors is asked to **NOTE** the update provided and respond to any specific points raised within the report.

Meeting Assurance Report to the Board of Directors

Name of Committee / Group	Quality Committee
Date of Meeting	15 July 2024
Chair	Ros Roughton, Non-Executive Director and Committee Chair
Lead Officer	Angie Legge, Quality Director
Meeting Administrator	Lucy Middleton, Business Manager

Purpose

The purpose of this report is to provide in summary an update on the key discussions and outcomes of the above meeting.

Agenda items covered at the meeting

The agenda included the following items:

- Feedback from the Board
- CEO Update
- Implementing PSIRF in Accident and Emergency Medicine – Pharmacy (AEM-P)
- Equality Delivery System (EDS2020) of STH's Maternity Services
- Quality
 - Care Quality Commission (CQC) Assurance Report
 - Annual Ward Accreditation Process Review
 - Integrated Quality and Safety Report
- Patient Safety
 - Learning from Incidents Report
- Effectiveness
 - Learning from Deaths Quarterly Report Q3
- For Assurance
 - Infection Prevention and Control Committee Highlight Report – June 2024
 - Mental Health Executive Committee Highlight Report – July 2024
 - Patient Experience and Engagement Committee Highlight Report – June 2024
 - Quality and Safety Executive Committee Highlight Report – July 2024

Matters to highlight

Specific areas to highlight are as follows:

- The Committee received a presentation about the implementation of the new Patient Safety Incident Response Framework (PSIRF) in the A&E department. Whilst it is early days, there were positive signs about how this was enabling a more rapid learning culture, particularly with the use of 'swarm' huddles, and staff reported finding it easier and more conducive to learning.
- The maternity deep dive this quarter looked at progress in providing a more culturally responsive service, and improving data collection and reporting around diversity. There was work to do to improve the confidence of midwives, who were now supported by three cultural safety midwives (1.2 WTE). There was a particular discussion about the work underway in the neonatal unit, which formed a key part of the neonatal improvement programme being undertaken this year.
- The self-assessment against the new CQC framework has been completed, and this month focused on the actions to improve our performance against the responsiveness domain. There

are now only four outstanding “must do” requirements from the CQC inspections in 2021 and 2022 (out of an original 138).

- There was a detailed report down to ward level of the results of the annual ward assurance and accreditation scheme (known as QUEST) which covered 69 wards. Governors had been part of over 50% of the visits this year, providing another level of objectivity to the process. Overall the results were good, with further work required in some areas. Feedback from ward staff was also positive about the process.
- The Committee considered the integrated quality and safety report for Q4. This quarter it included feedback from the complaints survey and the work of a new complaints panel which has been established to provide assurance that the Trust’s complaints process is discharged appropriately. The results of the national maternity survey were also included, as was feedback from patients with learning disabilities or autism, and their carers.
- No new never events were reported, and findings from a number of previous serious incidents were considered.
- The Committee reviewed the Q3 report on learning from deaths. The mortality outlier status from the national hip fracture data national audit has returned to “as expected”.

Documents approved were:

- No documents were approved.

New significant issues / concerns escalated including proposals on the next steps to address this

New areas which the Committee / Group wishes to escalate as potential areas of non-compliance, that need addressing urgently or escalating: None

Implications

Aim of the STHFT Corporate Strategy		✓ Tick as appropriate
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Recommendations

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