

Meeting Assurance Report to
the Council of Governors
held on 13 June 2024

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

PURPOSE OF THE REPORT

To provide in summary an update on the key discussions and outcomes of the Committee meetings on 19 February, 18 March and 15 April 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 Council of Governors should 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 Council of Governors is asked to **RECEIVE** and **NOTE** the update provided and respond to any specific points raised within the report.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Council of Governors	13/06/2024	

**Meeting Assurance Report to the
Council of Governors
held on 13 June 2024**

Name of Committee / Group	Quality Committee
Date of Meeting	19 February 2024
Chair	Rosamond Roughton, Non-Executive director
Lead Officer	Angie Legge, Quality Director
Meeting Administrator	Hannah Constantine-Smith

Purpose

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

<p>Agenda items covered at the meeting</p> <p>The February agenda included the following items:</p> <ul style="list-style-type: none"> • Q3 report on infection prevention and control • Estates update • Patient pathway process programme update • CQC action plan update • New never events and closed serious incidents • Controlled Drugs Annual Report 2023 • Highlight reports from the Quality and Safety Executive Committee, the Mental Health Executive Committee; and the Health and Safety Executive Committee.
--

<p>Matters to highlight</p> <p>Specific areas to highlight from February are as follows:</p> <ul style="list-style-type: none"> • The new Director of Infection Prevention and Control, Dr David Partridge, joined the Committee to present Q3 results, and highlighted the focus on cannula care and catheter care. • The Estates Director provided an update on the ongoing maintenance of the estate, particularly where that has a bearing on the Trust's ability to provide safe and high quality care. The Committee noted that the nature of the estate in places made it impossible to eliminate risk completely. • The Committee reviewed progress against the CQC Action Plan and agreed to close the mental capacity work stream which will now be overseen by the Mental Health group, and the 'Incidents, Actions and Learning' workstream within the Quality Governance section. 16 actions remain ongoing overall, with 122 now completed. • Following an earlier discussion at the Committee relating to a serious incident, there was a comprehensive update from the Performance and Information Director on the multi-year programme of work to improve the administrative processes supporting patients. This has led to a number of process improvements such as the production of "breaks in process" reports for individual care groups, the establishment of administrative safety huddles and a review of correspondence to patients. The aim is to ensure smooth and prompt communication about the next steps for patients, including internal referrals. • The Committee received the annual report for 2023 on the management of controlled drugs.

- The Committee noted a new never event, after a period of some months without any never events.

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

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

Nothing to escalate, but I would draw the Board's attention in particular to the importance of the work of administrative staff and systems in providing safe care, and the focus needed on this area as the Trust implements Connect 24.

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 Council of Governors is asked to **RECEIVE** and **NOTE** the update provided and respond to any specific points raised within the report.

**Meeting Assurance Report to the
Council of Governors
held on 13 June 2024**

Name of Committee / Group	Quality Committee
Date of Meeting	18 March 2024
Chair	Toni Schwarz, Non-executive Director
Lead Officer	Jennifer Hill, Medical Director (Operations)
Meeting Administrator	Hannah Constantine – Smith, Compliance 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:

- Medicine Management Quality Objective
- Mental Health Quarterly Update Q3
- Quality – CQC Action Plan Update
- Patient Safety – New Never Events, Closed Serious Incidents and Overdue SI Events
- Dementia – Update on Quality Objective

For Assurance

- Quality and Safety Executive Committee Highlight Report – March 2024
- Equality and Diversity and Inclusion Executive Committee Highlight Report March 2024

Matters to highlight

Specific areas to highlight are as follows:

- Medicine Management – All three quality objectives have improved for Q3 but remain under the target set. Medicines management can be lengthy and a review of checklist will be undertaken to increase the meaningfulness of the exercise. Increased resource in Medicine Governance Nurse Educators who have delivered above target training by end of March. Next steps are to be a formal tender for temperature monitoring system and a review of evidence regarding additional work to reduce air temperature and the effectiveness of this.
- Dementia Update – significant series of work placed interventions which have been monitored over the year – JSET launched in April and current compliance 84% aiming for 90% by end of March 2024. Amendment to training material have been made, acknowledging the impact on colleagues at Level 1 training. 156 Dementia Champions in place across the organisation. Quarterly masterclasses and support service improvements have all taken place. Full engagement with the EPR team and appointment of a Mental Health lead to work with the Dementia Care Group and a Dementia Practitioner team business case is being developed. Due to the significant numbers in this client group it is highlighted to the Board the significant benefit a team could make. Currently there are two Admiral Nurses match funded with Dementia UK for two years in place.

Documents approved were:

- Nil

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 at this meeting

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 Council of Governors is asked to **RECEIVE** and **NOTE** the update provided and respond to any specific points raised within the report.

**Meeting Assurance Report to the
Council of Governors
held on 13 June 2024**

Name of Committee / Group	Quality Committee
Date of Meeting	15 April 2024
Chair	Ros 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 April agenda included the following items:

- Neonatal improvement plan
- New CQC regulatory approach
- CQC action plan update
- Integrated Quality and Safety Report for Q3 23/24
- Report from the College of Clinical Perfusion Scientists
- Quality Committee annual report and objectives for 24/25
- New Quality objectives for 24/25 and quality report timetable
- Learning report (previously new never events and closed serious incidents)
- Review of Mortuary arrangements
- Highlight reports from the Infection Prevention and Control Committee, Quality and Safety Executive Committee, the Mental Health Executive Committee; and the Patient Experience and Engagement Executive Committee

Matters to highlight

Specific areas to highlight from February are as follows:

- There was a presentation of the one-year neonatal improvement plan, which is focused on four workstreams: workforce & staffing; leadership & culture; capacity, clinical processes & outcomes; environment & infection control. The plan was in response to feedback from staff, families and comparative outcomes with previous years. Improvements were already underway eg. with additional training for nurses. There will be an external peer review to provide further feedback.
- There was a presentation on the new regulatory approach to be taken by CQC which will move towards a mixed on-site and off-site assessment, with opportunities for the Trust to share more examples of where improvements had been made. The same ratings and overall categories will remain.
- The Committee reviewed progress against the CQC Action Plan and agreed to close the mental health work stream which will now be overseen by the Mental Health Executive Committee, and the Infection Prevention and Control workstream. 12 actions remain ongoing overall, with 126 now completed.

- The Committee reviewed the Integrated Quality and Safety Report relating to Q3 of 23/24. Progress has been made in increasing the proportion of serious incidents reviewed within 14 days. Examples were shared of work undertaken by individual wards to address feedback from the Friends and Family test, showing an improvement in the positive scores.
- The Committee received a report from the College of Clinical Perfusion Scientists about the service, together with an action plan primarily relating to workforce issues. This will be monitored through the Committee.
- Three new quality objectives for 24/25 were approved: improve pain management; improve assessment and management of pressure ulcer risk; and improve the experience of people who are blind or visually impaired. These objectives had been chosen following review of data, and consultation with stakeholders.
- The monthly report on serious incidents and never events is now in transition as the Trust moves to the new patient safety framework, which sets out a wider range of responses to events. One new Never Event has been reported.
- The Committee received a report about the governance of mortuary services, particularly in light of the recommendations made in the first phase of the inquiry into incidents at Maidstone and Tunbridge Wells NHS Trust. There was a discussion about how to ensure the areas were consistently secure.

Documents approved:

- The annual report of the Quality Committee, including objectives for 24/25 - subject to some minor amendments.

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
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 Council of Governors is asked to **RECEIVE** and **NOTE** the update provided and respond to any specific points raised within the report.