

Meeting Assurance Report to the Council of Governors

Name of Committee / Group	Quality Committee
Date of Meeting	16 October 2023 and 20 November 2023
Chair	Rosamond Roughton, Non-Executive Director
Lead Officer	Angie Legge, Quality Director
Meeting Administrator	Rachel Whitehead and Andrew Timms

Purpose

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

Agenda items covered at the meeting

The agendas included the following items:

- Maternity services - review of stillbirths and neonatal deaths
- Maternity services - maternity survey results
- Deep dive into patient engagement work
- CQC Action Plan updates
- Infection prevention and control annual report for 2022-23 and 2023-24 Quarter 2 performance
- Deep dive into survey results from staff working in theatres (called SCORE)
- New never events, closed serious incidents and overdue reports
- Papers for assurance or to note: Health and Safety Annual Report 2022-23, Clinical Effectiveness Annual Report (22-23); Safeguarding Assurance Group Annual Report (22-23)
Highlight reports from the Quality and Safety Executive Committee; the Mental Health Executive Committee; Infection Prevention and Control Executive Committee; and Patient Experience and Engagement Executive Committee.
- Deep dive into work to implement the Accessible Information Standard
- Board Assurance Framework Strategic Risk 1: deep dive
- Monitoring of quality - an overview
- Maternity Incentive Scheme CNST - safety actions 2, 7 and 9
- Quarterly report on learning from deaths

Matters to highlight

Specific areas to highlight are as follows:

- The Committee received a detailed analysis of stillbirths and neonatal deaths at the Trust, and comparisons with other Trusts across Yorkshire and the Humber. The Committee discussed the learning from these sad events, and the identified areas for improvement and noted that there were key issues to address to improve outcomes for people from Black, Asian and Minority Ethnic (BAME) communities, and to reduce health inequalities. The Committee noted the level of external oversight and input now in reviewing stillbirths and neonatal deaths.

- The Committee received the results of the most recent maternity survey, which had a 40% response rate. Overall, this showed an improvement from the previous year, with STH ranked as one of the most improved Trusts in the country. There were also clear areas where the Trust can improve further.
- The Committee reviewed the work underway to implement the patient engagement workstream, which is part of the Trust's five year Quality Strategy. A new patient experience system was launched in June which will help to improve analysis of all qualitative feedback. The Committee heard a patient story directly.
- In reviewing the update on the CQC Action plan, the Committee noted that of the 85 original "must do's" from CQC, only eighteen were still open, which was a very positive sign.
- The Committee had previously asked to see the full results of the survey of the 850 theatre staff about the culture in theatres (called a SCORE survey), which had been carried out partly in response to a number of never events last year. Response rate was 45%, and the results show room for improvement on a number of operational issues and some cultural issues, with STH below average on most domains. There is now a detailed action plan in place, which will include all permanent theatre staff undertaking the one-day human factors workshop as job-specific essential training. Feedback to date is that staff have welcomed the opportunity to discuss issues following the survey.
- The Committee received an update on the work to deliver one of the Trust's three quality objectives for the year - improving the standard of accessible information. The Committee heard about measures to improve the recording of patients' communication needs within the record, the work with local disability groups, and the extensive training of staff in the Patient Booking Hub. We saw examples of the 'icon-led appointment letters' which are much easier to understand, and the work with the Connect 24 programme to look at how this can be built into Oracle Cerner going forward.
- The Committee reviewed strategic risk one of the Board Assurance Framework, and was satisfied with the range of controls and assurances in place to manage the risk. For the first time, the estates aspect of the risk was now part of this review and the Committee discussed the interaction with Finance and Performance Committee.
- Following a previous request by the Committee, after the events at the Countess of Chester, the Committee received a detailed report of the myriad ways in which the Trust is able to monitor and triangulate data relating to safety and performance, both at a system and individual level.
- The Committee signed off the evidence and scoring for the maternity CNST safety actions 2,5 and 7 - subject to a number of additions which the Chief Nurse has requested.
- The update on infection prevention and control for Q2 showed some improvement in C Difficile; the working assumption was that the restarting of deep cleans were making an impact, although there was still work to do on e coli and the Committee noted that the catheter and cannula management working groups had been re-established.
- The Committee noted the SI reports, and discussed in particular two areas where the administrative processes had led to delays or harm. The Committee has asked for clarity on how this work is monitored by TEG, and also highlighted that these examples lent weight to the need to use standardised administrative processes.
- Documents approved were: Clinical Effectiveness annual report 2022-23; Safeguarding Assurance Annual report 2022-23.

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

The SCORE theatre survey results showed room for improvement in several areas. The action plan will be kept under review by the Quality and Safety Executive Committee who report to the Quality Committee of the Board, alongside the routine reporting and monitoring of never events and serious incidents.

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 **NOTE** the update provided and respond to any specific points raised within the report.