

Executive Summary

Report to the Board of Directors

Being Held on 26 March 2024

Subject	Quality Committee Meeting Assurance Report
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 19 February and 18 March 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 report.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Board of Directors	26/03/2024	

**Meeting Assurance Report
to the Board of Directors held on 26 March 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.
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<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	✓
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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
held on 26 March 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

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Recommendations

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