

Executive Summary

Report to the Council of Governors

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 21 October 2024 and 18 November 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 Council of Governors is asked to NOTE the update provided.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Board of Directors	26/11/2024	

**Meeting Assurance Report to
the Council of Governors**

Name of Committee / Group	Quality Committee
Date of Meeting	21 October 2024
Chair	Ros Roughton, Non-Executive Director and Committee Chair
Lead Officer	Angie Gibbs, 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:

- Community and District Nursing presentation
- Learning Disability Strategic Vision and Action Plan
- Integrated Quality and Safety Report Q1
- Learning from Incidents Report, September 2024
- Infection Prevention and Control Annual Report for 23/24
- For Assurance
 - Health and Safety Executive Committee Highlight Report
 - Infection Prevention and Control Committee Highlight Report
 - Mental Health Executive Committee Highlight Report
 - Patient Experience and Engagement Executive Committee Highlight Report
 - Quality and Safety Executive Committee Highlight Report

Matters to highlight

Specific areas to highlight are as follows:

- There was a presentation from the community and district nursing team, which highlighted the fact that 38% of community nursing activity is centred around support for people with insulin administration. There had been a significant rise in demand just in one year, and the pressure looks set to continue to increase. The Committee was curious about what could be done to prevent this rise; and the opportunities of technology and innovation to reduce the burden on services. The service is a national exemplar site for the introduction of the delegation of insulin administration to healthcare assistants. Alongside other implemented measures, there has been an improvement in glycaemic control by 16mmol/mol, and no increase in related hospital admissions.
- There was a discussion about the learning disability strategic vision 2024-2027, which sets out three key areas: co-production, reasonable adjustments and support. Around 12,500 people are estimated to be living in Sheffield with learning disabilities, with rates expected to increase. Discussion focused around engagement with patients and their families, future coproduction, and measures to increase the use of health passports. It was noted that the vision for people with

autism was being developed separately, but the action plans supporting both visions would be combined.

- The Committee discussed the Q1 data in the integrated quality and safety report. There has been one Never Event in Q1. The increase in violence acts against staff was discussed, as were the actions being taken to address patient complaints about bedside manner.
- The September report on learning from incidents was presented. There was a discussion about the measures being taken to address systematically one of the causes of failure in a particular incident which could have led to serious harm, but thankfully did not.
- The Committee noted the Annual Infection Prevention and Control Report for 2023/24. There was a discussion about appropriate levels of antibiotic prescribing, measures to reduce the risk of surgical site infections, and measures to reduce the risk of infection in the neonatal unit.
- The Committee noted the highlight reports from five executive committees, and asked questions about improving the effectiveness of mortality and morbidity meetings across directorates.

Documents approved were:

Learning disability strategic vision 2024-2027

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:

The Committee were concerned about the rising demand for services as a result of an increase in type 2 diabetes in the population. Whilst this is not within the Trust's control, the impact it will have on services means it is important to keep highlighting the wider issues that contribute to an obesogenic environment.

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.

**Meeting Assurance Report to
the Council of Governors**

Name of Committee / Group	Quality Committee
Date of Meeting	18 November 2024
Chair	Ros Roughton, Non-Executive Director and Committee Chair
Lead Officer	Angie Gibbs, 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:

- Maternity Incentive Scheme (MIS) Year 6 Safety Action (SA) 1, 2, 3 and 6 evidence sign off
- South Yorkshire and Bassetlaw Pathology (SYBP) Service
- Quality
 - Board Assurance Framework (BAF) Deep Dive: Strategic Risk 1
 - CQC Assurance Report
- Patient Safety
 - Infection Prevention and Control Programme Quarterly Report
 - Learning from Incidents Report
 - Learning from Deaths Quarterly Report
- For Assurance
 - Mental Health Executive Committee Highlight Report
 - Quality and Safety Executive Committee Highlight Report

Matters to highlight

Specific areas to highlight are as follows:

- The Committee agreed that the Trust was compliant with the maternity incentive scheme standards 1, 2, 3 and 6. More detailed supporting evidence was also made available to the Committee to consider.
- There was a presentation from the new South Yorkshire and Bassetlaw (SYB) Pathology service about how issues around quality and safety were addressed, and the relationship between the systems of governance in individual Trusts. The Committee noted that, now that STH hosted the whole SYB service, any significant safety incidents would come through STH governance and the Quality Committee. It was clear that an enormous amount of work had taken place to manage the transition safely.
- There was an in depth discussion about the Quality of Care Strategic Risk. In particular, the Committee questioned what further actions and reporting would take place now that the target risk score had been met. It also considered the relationship between the overall strategic risk, and operational risks in individual areas which may score higher at times than the overall risk.
- The Committee considered the self-assessment against existing CQC standards, and noted that there was a high number of actions relating to the transition from children's services to adults, and asked for this to be brought back to the Committee at an appropriate time.

- The quarterly report on infection prevention and control was discussed.
- There has been one new Never Event reported in September 2024, which the Committee discussed, and also findings from one patient safety investigation which suggested that the family had not felt listened to at certain parts of the patient journey. Whilst this had not contributed to the eventual outcome, the Committee considered this to be important learning for the Trust.
- The Committee noted the latest Learning from Deaths report and the return to “as expected” for fracture for neck of femur metrics.
- An action from the previous meeting was to receive the collated data about the experience of people with patients with learning disabilities and autism, specifically gathered to support the development of the related strategy. This had been received and whilst the numbers were small, it did highlight a number of areas of improvement and also good work.

Documents approved were:

- None

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:

Work is required to set out more clearly what we do when the target risk score for a strategic risk is reached.

Implications

Aim of the STHFT Corporate Strategy		✓ Tick as appropriate
1	Deliver the Best Clinical Outcomes	✓
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Recommendations

The Council of Governors is asked to NOTE the update provided.