

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

Name of Committee / Group	Quality Committee
Date of Meeting	20 January 2025
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:

- Medicines Management
- Improving the experience of people who are blind or visually impaired, with a focus on communication
- Safety incident within the Musculo-Skeletal Care Group
- Learning from Incidents Report
- Learning from Deaths Report
- National Patient Survey Results – Urgent and Emergency Care 2024

For Assurance

- Mental Health Executive Committee Highlight Report
- Quality and Safety Executive Committee Highlight Report
- Infection Prevention and Control Committee Highlight Report
- Patient Experience and Engagement Executive Committee Highlight Report

Matters to highlight

Specific areas to highlight are as follows:

- The Committee held a deep dive into medicines management, which had been flagged up last year in an internal audit as still requiring further work. It also built on actions underway from the 2021 CQC inspection, and a subsequent self-assessment against the new CQC framework. Good progress had been made, for example with 89 per cent of areas now engaging with the monthly medicines management checklist. Further work was needed to embed systematically compliance around safe and secure storage, controlled drugs and omitted doses. The Committee were pleased to hear this area will also form part of the nursing and midwifery PROUD Improvement programme.
- There was an update on one of the three quality objectives for 2024/25 - improving the experience of patients who are blind or visually impaired. Sheffield Royal Society for the Blind have been very engaged partners in this work, which builds fully on feedback from patients and has been co-designed with them. As a result there have been improvements in training, including for

volunteers, refreshed policy on support dogs, better signage, and work continues to explore making available on wards a range of tools and aids to help patients.

- The COO attended the Committee to update on an incident where a number of patients had been referred to musculoskeletal services, but for technical and system reasons had not then been followed up. There had been an extensive and thorough programme of work, clinically informed, to ensure that all the possible patients caught up in this and had been tracked, informed of the error and where appropriate, offered treatment. Ultimately, 44 patients requested to be seen. There has been Trust-wide learning from this, which will also inform implementation of the new EPR.
- The Committee received the two regular reports on learning from incidents and learning from deaths.
- There was a presentation regarding the headline results from the national urgent and emergency care patient survey. Overall, the results suggest that our performance is in line with the national average. Areas that Accident and Emergency Medicine continue to work on are: communication around waiting times, reducing violence and aggression, improving the physical environment in the Minor Injuries Unit and working to promote PROUD behaviours.
- The Committee received four highlight reports from the mental health executive committee, the quality and safety executive committee (QSEC), infection prevention and control executive committee and the patient experience and engagement committee. It was noted that the most recent meeting of QSEC had not taken place because of operational pressures. The Committee expressed their expectation that this would be a rare event, given the importance of the work of QSEC.

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:

There was a discussion about maintaining safety of services when there is high pressure on emergency services. The Committee noted that, despite recent pressures, the Trust had not had to recourse to any so-called "corridor care" with areas being opened, like the Hand Unit, to support temporary peaks. Moreover, there has been immediate follow up on surge wards to ensure safety practices are maintained.

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