

## Quality Assurance Committee Chair’s Report 18 April 2024

### PUBLIC BOARD

30 May 2024

<b>Presented for:</b>	Information
<b>Presented by:</b>	Laura Stroud, Non-Executive Director
<b>Author:</b>	Lucy Atkin, Head of Quality Governance
<b>Previous Committees:</b>	Summary of Quality Assurance Committee 18 April 2024

Our Annual Commitments for 2024/25 are:	
Reduce wait for patients	√
Reduce Healthcare Acquired Infections by 15%	√
Reduce our carbon footprint through greener care	
Use our existing digital systems to their full potential	√
Strengthen participation and growth in research and innovation	√
Deliver the financial plan	
Be in the top 25% performing Trusts for staff retention	

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk				
Operational Risk				
Clinical Risk	✓	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	Moving Towards
Financial Risk				
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Towards

<b>Key points</b>	
1. To provide an overview of significant issues of interest to the Board, highlight key risks discussed, key decisions taken, and key actions agreed at Quality Assurance Committee on 18 April 2024.	For Information
2. Trust Board is asked to: <ul style="list-style-type: none"> <li>• Note the Quality Assurance Committee Chair’s report and receive assurance on the items discussed at the Committee on 18 April 2024 that have been summarised in this report.</li> <li>• Consider and approve the Trust response to the CQC regarding the NHS England’s Paediatric Hearing Services Improvement Programme (PHSIP) outlined in appendix 1.</li> </ul>	For approval

## 1. Summary

The Quality Assurance Committee (QAC) provides assurance to the Board on the effective operation of quality governance in the Trust. It does this principally through scrutiny of, and appropriate challenge to, this work. In addition, QAC also carries out more detailed reviews of topic areas, as required. The Committee met on 18 April 2024 in person and via MS Teams.

## 2. SIGNIFICANT ISSUES OF INTEREST TO THE BOARD

The role of the Quality Assurance Committee (QAC) was outlined for all members, attendees, and observers. Members discussed QAC’s role in seeking assurance against clinical and quality associated risk. Key topics on the Committee agenda were highlighted and context provided as to how the Committee triangulated and challenged this information to provide assurance to the Board.

### Matters arising

**Audit Committee Escalation – Perfect Ward Internal Audit Report** - A copy of the Internal Audit review of the Perfect Ward metrics was provided in the Blue Box (following review of the recommendations at the Audit Committee on 28 February 2024 and agreement to share with the QAC for information and triangulation against its reporting) and was received and noted.

**Patient & Volunteer Story** – The Committee were introduced to David’s story and what led him to nominate Mike a Volunteer at the Trust for an Iris award (Inclusive Recognition of Inspirational Staff). David gave an overview of his interaction with Mike after becoming unwell whilst attending an appointment; <https://youtu.be/h50rXFdHuyk>

Members discussed the responsiveness and compassion displayed from the volunteer and further explored the training, guidance and support provided to volunteers. Sarah Rogers, Improvement Lead, Voluntary Services Workforce explained the pre-employment checks and ongoing mandatory training requirements for volunteers and outlined specialised training that is undertaken. She also expanded on the limitations and boundaries to a volunteer role which was emphasised during their training and recognised by staff.

**Quality Assurance Committee Annual Report 2023/24 and updated 2024/25 workplan**

- The Committee received the draft 2023/24 QAC Annual Report and 2024/25 Workplan for comment and endorsement prior to reporting to the Board via the Audit Committee in May 2024.

Members discussed the role of the Committee in seeking assurance against clinical and quality associated risk and triangulating multiple sources of assurance. The provided assurance to the Board that it had enacted its Terms of Reference (ToR) and Committee duties against its workplan and had evaluated its effectiveness.

Members received the annual report and confirmed their agreement that the Committee has achieved its objectives and delivered the terms of reference.

**Quality Account: Quality Goals 2024/25** – The report provided an update of the progress to finalise and publish the 2023/24 Quality Account, in line with the national guidance, and sought endorsement of the proposed Quality Goals for 2024/25.

Members reviewed the Quality Goals for 2024/25 which were in line with the previous year and focused on three key areas of patient safety, clinical effectiveness, and patient experience.

The Committee confirmed its assurance of the progress of the Quality Account, and noting the detail within the report, confirmed its endorsement of the 2024/25 Quality Goals.

**Industrial Action Report** – The Committee received an assurance report regarding the impact on patient treatment, safety, and experience during periods of industrial action. The report summarised a detailed review of incidents, elective and outpatient cancellations, readmissions and complaints and PALs.

Members were advised that readmission, complaints, and PALs would continue to be routinely monitored to ascertain if any statistically significant deteriorating trends in variation occurred in future months. The risk team would continue to review incidents categorised as moderate harm and above at the weekly risk management review meeting, significant patient safety incidents would be escalated and discussed with the Chief Medical Officer and Interim Chief Nurse at the Weekly Quality Review meeting.

The Committee received the report and confirmed its assurance of the oversight of patient safety and quality during the latest period of IA, noting the most significant impact of industrial action was on elective and outpatient cancellations to maintain patient safety and mitigate staffing risks agreed to share the report with the Finance and Performance Committee.

**Healthcare Associated Infection Assurance report** – The report provided an update on progress against the 'Reduce Healthcare Associated Infections (HCAI)' annual commitment. The report evaluated the effectiveness of the existing HCAI performance and advised on further actions outside the current HCAI annual programme and IPC Board Assurance Framework (BAF).

The Committee received a high-level overview of the detail within the report and noted the national benchmarking data demonstrated that the Trust had remained in the top quartile for four of the five mandatory reportable HCAI's (MRSA, CDI, E.coli and Klebsiella),

however targeted actions within CSUs were beginning to deliver identifiable improvements and had reduced on the previous year.

Members discussed of the comparison of the Trust against other Trusts and requested the data be reviewed against a smaller comparison of similar sized peer Trusts and that it be included within the June 2024 report. Members also discussed discuss digital pathways and medical leadership data, which would support clinical teams with the understanding of the key triggers and risk factors for interventions.

The Committee received the report and confirmed it had received sufficient assurance that the interventions identified were appropriate to address compliance with the National Framework and HCAI Annual Commitment.

**Maternity Services assurance report** – The Committee received a report to provide assurance regarding risk management, safety, and quality in the maternity service.

The Committee received key points of note and learning in regard to incidents and investigations. Members were informed that confirmation had been received of the external verification that the service had achieved all 10 safety actions for year five of the Maternity Incentive Scheme (MIS) and would receive the return of its financial contributions to the incentive fund. This confirmation was currently under embargo by NHS Resolution who would make the findings public. The year 6 scheme had been published with a link to the document included within the report and confirmation that the Maternity Leadership Team was actively reviewing this.

The Committee were provided with a summary of a deep dive had taken place against Obstetric Anal Sphincter Injuries (OASI) (3rd and 4th degree tears) following an increasing trend since October 2023, despite previously seeing a statistically significant decrease in OASI and being below the national and MBRRACE average. The deep dive had found that proportionately more cases were associated with instrumental birth than spontaneous birth and there was concern at the position of some women in labour, with further investigation and training scheduled and evidence-based interventions to support a reduction in OASI being undertaken. Members reflected that it would triangulate this with the work on health inequalities and the cohort of women who were more likely to experience difficulty in labour.

Members were also advised of the introduction of a new telephone system that enables the recording and performance reporting of all calls into the maternity assessment centres; the final report of the Birthrate Plus review commissioned at the end of 2023 had been received and the Leadership Team were reviewing the recommendations, which would be incorporated in the Phase 1 Staffing Establishment review with the Chief Nurse team, scheduled 22 April 2024.

Members were also advised of an index case related to an infant death raised at the previous meeting and informed that the Trust had met with the CQC to review this case, a further meeting had been scheduled on 30 April 2024.

The Committee received the report and confirmed the assurance it had received.

**Patient Safety Incidents and Never Events Report** – The Committee received an assurance report on patient safety incident reporting themes and trends and the incidents

reported against the Patient Safety Incident Response Framework (PSIRF) between the period 1 February 2024 to 31 March 2024.

Members received and reviewed the report noting the summary of the lessons learned and improvement actions from the PSIRF completed investigations and the dissemination of learning across CSU's; the value of the WYAAT Shared Learning Network Meeting and the external source of assurance it provided and commended as good practice.

Members were advised that the Trust had expressed an interest in joining a pilot in relation to Martha's Rule and noted the further detail within the report and recognising this would create initial challenges in its implementation, however the Trust was committed to supporting this important initiative to improve patient safety and support families.

The Committee received the report and confirmed their assurance of the progress of the PSIRF, and the actions taken to mitigate risks and share learning.

**CQC registration annual assurance** - The report provided an annual update on the Trust's compliance with CQC standards, and the outcomes of CQC visits, inspections, and engagement during the year 2023/24.

Members were advised the Trust was currently compliant with CQC registration and the Trust was rated overall as Good. There had been three planned inspections in year (maternity, radiotherapy, and nuclear medicine), all of which were now closed. There were no responsive (unannounced) inspections and the Trust continued to engage with the CQC on any areas of potential concern. There had been 81 routine enquiries from the CQC regarding treatment and care during 2023/24, which was a decrease of 33% on the previous year, and the majority of recommendations from these were confirmed as closed with oversight of this reported quarterly through Quality and Safety Assurance Group (QSAG).

The Committee received the annual report and it was confirmed that a copy would be provided to the Trust Board via the Blue Box.

**Nursing & Midwifery Quality & Safe Staffing Workforce Report** – The Committee received the Nursing and Midwifery Quality and Safer Staffing report (NMQSSR), which triangulated key quality and staffing information for the period January to February 2024 and provided oversight of current staffing levels and action being taken to mitigate vacancies and ensure safe staffing.

The Committee were advised of the process to review wards that fell below 80% with regards to achieving its planned nursing numbers by shift. A number of quality metrics were reviewed to identify whether patient care and outcomes had been affected due to the planned establishment not being fully met. Where concerns were identified as part of the Ward Health Check programme a ward would enter into an escalation stage and be subject to further support and multidisciplinary discussion and input.

Members discussed key points of the report in particular the action taken to mitigate red shifts and red flags and reviewed the hard truths data. In February 2024 the financial report showed that the Trust had a registered nursing, midwifery, and operating department practitioner vacancy of 372.54 WTE. The current Registered Nursing turnover rate was 5.87%. Recruitment to vacant posts remained a priority.

The Committee received the report, noted the quality and staffing information for January to February 2024 and confirmed its assurance of the daily processes to monitor and manage nurse staffing levels at ward level through the SafeCare system and Red Flag escalation process.

**Maintaining quality during winter** – The Committee received a report which provided assurance of the quality and safety of patient care during winter, and specifically during periods of increased operational pressures when the Full Capacity Plan (FCP) was enacted. Data contained within the report was from the period 2 October 2023 to 25 February 2024.

Members were advised of the key areas of identified risk to maintain the safety of patients, which included; Congested Emergency Departments (ED) and assessment units; patients being cared for outside of their specialty bed base; Patients in hospital for a long period with no Reason to Reside (RtR); patients being cared for in surge beds / exceptional surge areas (ESA); patients undergoing multiple ward moves, including out of hours transfers and patients requiring isolation due to infection (e.g., CPE/Covid/flu etc.).

The Committee discussed the opening of two additional wards and use of the full capacity plan and the opening of the Same Day Emergency Care (SDEC) unit at SJUH, which had seen over 5,000 patients since December and was supporting flow and performance within the Emergency Department. The HomeFirst Programme was also discussed which had been piloted in Speciality Integrated Medicine (SIM) CSU and to date had resulted in a reduction of stay from a baseline of 10.3 days to 4.7 days and increased discharge from 82% to 87%.

Members discussed the use of Exceptional Surge Areas (ESA) and were advised that a full quality impact assessment (QIA) had been completed on implementation with the QIA risk for the use of ESA scored at an initial 15, however confirmed that following the result of successful mitigations this had now reduced to 12.

The Committee received the report, confirmed its assurance of the action taken to maintain patient safety during winter and recommended the report be provided to the Trust Board via the Blue Box.

**Dementia report** - The Committee received the Dementia Annual Report which provided an update on the activities of the LTHT Dementia Leads, Dementia Steering Group and colleagues who had a specific remit for supporting care of those people living with dementia and their carers for the financial year 2023-2024.

The Committee were advised of the scale of the work of the Dementia Team as in January 2024 there were an estimated 5,891 people aged 65 or over listed on the dementia register in Leeds, however it was believed the actual figure was in excess of 8,700, as not everyone with dementia received a formal diagnosis. The rate of admissions for dementia patients to the Trust in 2023/24 remained similar to the previous year with 3.7% of all admissions to SJUH and 1% in Wharfedale related to dementia.

Members received an updated on the role of the Dementia Steering Group, transitions of Care Admiral Nurse service pilot which has continued into its second year (launched in April 2023) and had been broadened to include the LGI site and updated that the Strategy and objectives regarding dementia education.

The Committee received the report and confirmed its assurance of the work taking place to improve the experience of people living with dementia, their families and staff who are caring for them and provide assurance.

**Resuscitation Report** -The report sought to provide assurance on compliance with the Trust deteriorating patient and resuscitation standards, as set out in the Policy for the Prevention and Management of the Deteriorating Adult Patient.

The Committee received a high-level overview of the detail within the report with a summary of the key points related to Resuscitation training compliance, audit of 2222 calls by Adult Resuscitation Services for submission to the Resuscitation Council UK (RCUK), National Cardiac Arrest Audit (NCAA) and an overview of Deteriorating Patient and Resuscitation Governance.

The Committee received the report and the assurance within it and suggested areas of focus for the improvement of training compliance and crash trolley audits.

**Patients waiting for treatment for cancer** - The report provided an update on the clinical harm review process for long waiting patients and current harm assessment review and provided detail to the proposed update to the process. In addition, the Cancer Wait Times Annual Assurance Report was provided in the Blue Box for information.

The Committee were provided within an overview of performance against cancer targets which focused on those patients who had waited beyond the 62 day and 104 day threshold in 2023/24, key pathways affected by longer waits and the measures taken to monitor these patients and assess for any resulting clinical harm.

Members discussed the performance and assurance provided and agreed overall, there was a minimal risk for patient safety and outcomes. The Trust will continue to provide high quality services to patients and manage risk that could limit the ability to achieve safe and effective care for patients.

The Committee received the report and confirmed its assurance of the process to monitor and assess the potential harm to patients waiting long periods of time for treatment.

**Annual Clinical Audit Programme** – The report sought approval of the 2024/25 Clinical Audit Programme following a recommendation of approval from the Clinical Effectiveness and Outcomes Group. Included within the reports appendices was the Trust Mandatory CAP Medical 2024/25 and the Trust Mandatory CAP Nursing 2024/25.

The Committee received the report and confirmed its approval of the 2024/25 Clinical Audit Programme.

**Annual reports** – The Committee received the Annual Cancer Report, Quality Assurance Committee Annual Report 2023/24 and Annual CQC assurance reports.

**Regular reports - Essential Metrics Report** – The Committee received the report provided as information for members and provided an update on the latest performance against key Quality Metrics for triangulation with the wider Committee reporting.

**Escalation from Sub Groups - Clinical Effectiveness and Outcomes Group  
Escalation – Paediatric Audiology Services**

The audit of Paediatric audiology as part of NHS England's Paediatric Hearing Services Improvement Programme (PHSIP) was discussed at the Clinical Effectiveness and Outcomes meeting in April.

The audit took place in October 2023 and the findings and subsequent improvement action plan were reported to the Quality and Safety Assurance Group. The overall rating for the Trust was B low risk.

The review did not identify significant concerns within this service. However, some areas for improvement were noted and an action plan requested. In April 2024 a letter was received from the CQC requesting that the Trust Board considers the assurance that they have about the safety, quality, and accessibility of children's hearing services provided by the Trust.

The letter and proposed responses are presented within Appendix 1. The Board are asked to confirm their approval of this response.

### **3. Financial Implications**

There are no financial implications detailed within this report.

### **4. Risk**

The Quality Assurance Committee provides assurance oversight of the Trust's Patient Safety and Outcomes risks, which cover the Level 1 risk categories (see summary on front sheet). Following discussion at the Quality Assurance Committee meeting there were no material changes to the risk appetite statements related to the Level 2 risk categories and the Trust continues to operate within the risk appetite for the Level 1 risk categories set by the Board.

### **5. Communication and Involvement**

This report will be available to members of the public, patients, and staff through publication of the Board papers.

### **6. Equality Analysis**

Not applicable

### **7. Publication Under Freedom of Information Act**

This report has been made available under the Freedom of Information Act 2000

### **8. Recommendation**

Trust Board is asked to:

- Note the Quality Assurance Committee Chair's report and receive assurance on the items discussed at the Committee on 18 April 2024 that have been summarised in this report.
- Consider and approve the Trust response to the CQC regarding the NHS England's Paediatric Hearing Services Improvement Programme (PHSIP) outlined in appendix 1.

## **9. Supporting Information**

Appendix 1 - NHS England's Paediatric Hearing Services Improvement Programme (PHSIP)

**Laura Stroud**

**Non-Executive Director and Chair of Quality Assurance Committee**

**May 2024**

## **Appendix 1 - NHS England's Paediatric Hearing Services Improvement Programme (PHSIP)**

A letter has been received from the CQC requesting that the Trust Board considers the assurance that they have about the safety, quality, and accessibility of our Children's hearing services following the audit of Paediatric Hearing Services. This response should be received by no later than 30 June 2024.

CQC have requested a response to the information below. The Trust response is included for information and review by the Board:

**1. Whether we have achieved IQIPS accreditation, including whether there were any improvement recommendations made or whether we are working towards IQIPS accreditation.**

The Trust are working towards IQPS accreditation.

**2. What stage that work has reached and the assurance the board has about paediatric audiology, using the IQIPS standards as a guide for the areas to tell us about.**

The audit completed by the ICB highlighted two amber sections:

- **Calibration** – The provider is due to perform our annual calibration in May. We have requested they include a section on measurement of uncertainty and a diagram room layout.
- **ABR** – We have checked the protocol on the machines, removed the one that was incorrect and reviewed the correct protocol. We have reviewed the records of all children in last 5 years who could have had that specific protocol used (profound deaf children and auditory neuropathy children), to ensure that there no child has suffered detriment. There was one child where these protocols had been used and this didn't affect the clinical outcome of their review.

**3. The expected timeline for gaining accreditation.**

Two years

**4. The number and severity of incidents where a child has suffered detriment due to delayed or missed diagnosis or treatment or not received timely follow up care and support.**

The Trust have reviewed the records of all children in last 5 years who could have had that specific protocol used (profound deaf children and auditory neuropathy children), to ensure that there no child has suffered detriment. There was one child where these protocols had been used and this didn't affect the clinical outcome of their review.