

PUBLIC BOARD

Quality Assurance Committee Chair’s Report 4 November 2021

25 November 2021

Presented for:	Information and assurance
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Previous Committees:	Update from Quality Assurance Committee 4 November 2021

Trust Goals	
The best for patient safety, quality and experience	✓
The best place to work	
A centre for excellence for research, education and innovation	
Seamless integrated care across organisational boundaries	
Financial sustainability	

Trust Risks (Type & Category)				
Level 1 Risk	(□)	Level 2 Risks	Risk Appetite Scale	Tolerance
Workforce Risk				
Operational Risk				
Clinical Risk	✓	<ul style="list-style-type: none"> • Patient safety and Outcomes 	Minimal	↔ (same)
Financial Risk				
External Risk	✓	<ul style="list-style-type: none"> • Regulation 	Averse	↔ (same)

Key Points	
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 4 November 2021.	For Information

1. INTRODUCTION

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, the QAC also carries out more detailed reviews of topic areas, as required. The Committee met on 4 November 2021.

2. SIGNIFICANT ISSUES OF INTEREST TO THE BOARD

Patient Story - The Committee were introduced to a patient story that had been chosen to highlight the important work taking place to improve the Trust’s complaints process. The story was delivered by a patient who described her experience of this process and follow up investigation. The Committee reflected on the approach taken to investigate complaints, and noted the care and compassion described within the patient video. Following the patient story, the Chief Nurse updated the Committee on the process underway to embed new complaint standards across the Trust, and the complaints training programme that had been developed in partnership with AKD Solutions. This is included as an appendix to this report, for reference.

Maintaining Quality During Winter - The Committee were presented with assurance on the actions taken to maintain quality during winter. The presentation included winter planning stages, model scenarios, descriptions of CSU initiatives, system actions taken on ‘no reason to reside’ (RtR) patients, areas of risk, and additional controls in place to mitigate these risks. The impact of staff sickness was discussed, and assurance was provided on the established escalation processes and contingency planning.

The city-wide commitment to reducing the number of patients with no RtR was noted, and the initiatives in place to support this were outlined. It was noted incremental improvements were being made, however there were still challenges in this area, particularly in relation to workforce, across the system.

It was noted that the regular audit cycle within ED would provide assurance that processes were being followed to maintain patient safety. The Committee were briefed on the review that had been undertaken relating to patients waiting for long periods in ED for an inpatient bed in October, as a consequence of system pressures, and it was acknowledged that there remained a risk relating to 12 hour waits in the department. The Executive Team had oversight of this, and it was confirmed that all areas of the presentation were underpinned by action plans with oversight provided by the Quality and Safety Assurance Group.

Maintaining Safety of Patients Waiting for Treatment - The Committee received a summary of the Trust's current and predicted waiting list position on patients waiting more than 104 weeks for treatment, and the actions in place to improve this position and monitor and maintain patient safety.

The deterioration in the Trust's position against operational (capacity planning risk) and clinical (patient safety and outcomes) risk and the impact on risk appetite was noted, due to on-going challenges in responding to the impact of the Covid-19 pandemic.

The Committee discussed the significant risk that the waiting list would increase further at the end of November and into the winter months if capacity for planned and elective care could not be sustained, and it was noted that due to current operational pressures internally and across the system that it was unlikely the Trust would achieve the March 2022 target, however a draft trajectory had been submitted to NHSE/I and robust plans were in place to support this.

The Committee received an update on the actions being taken to support patients and mitigate the risks regarding harm for those patients who been waiting and it was noted that all patients had been written to, apologising for the delay in their care and contact details for further support.

The Committee were advised that a meeting had been arranged with the CQC engagement lead in November to discuss the current challenges and provide assurance on the actions that were being taken to mitigate the associated risks and maintain patient safety.

End of Life Care - The Committee received a progress update on palliative and End of Life Care provision, including assurance on the processes in place and actions taken when care was highlighted as requiring improvement. The impact of bereavement during the pandemic had been significant. The increase in referrals during 2020/21 was noted alongside increased acuity, which was directly related to Covid-19. The Committee discussed the impact on staff experiencing unprecedented levels of mortality and the psychological support offered to staff. The good relationship with local hospices was noted.

Mortality Improvement - In addition to the Q1 Learning from Deaths Report, the Committee received the annual report of the Mortality Improvement Group (MIG) for information and assurance of the detailed work that was taking place to review, appropriately investigate and learn from mortality across the Trust and consider strategies to improve care and reduce avoidable mortality. Assurance on data analysis and coding was provided, with the use of external reviews for validation. It was also noted that the reference to 'avoidable deaths' would change as the Patient Safety Incident Response Framework (PSIRF) was implemented, with a focus on learning and improvement, and this would be reflected in future reports.

Serious Incidents - The Committee received a summary of Serious Incident reporting themes and trends during Q2 2021/22. It was noted that two Never Events has been reported in this period, both of which had been discussed at the WYAAT shared learning group. It was noted that a Quality and Safety briefing has been issued to all staff to raise awareness of Never Events and setting out the action

taken to reduce the risk of recurrence. This had also been discussed with clinical leaders at Executive Management Group (EMG).

The minutes of the WYAAT shared learning group from September were shared with the Committee, noting that the Trust continued to lead this group, providing opportunity to share key learning points from Never Events and serious incidents and to consider the continued impact of the pandemic.

The Committee was also briefed on progress related to the Patient Safety Incident Response Framework (PSIRF), and it was noted that a detailed proposal including the Patient Safety Incident Response Plan (PSIRP) would be discussed at the Quality and Safety Assurance Group at the meeting in November.

Duty of Candour - As part of the report on Serious Incidents the Committee was informed of the Trust's position on Duty of Candour and the actions taken to support specialty teams and CSUs in this. Clinical Service Units are responsible for ensuring that the Duty of Candour Regulations are followed and applied for all relevant notifiable patient safety incidents that are categorised as moderate harm or above. To support CSUs in monitoring compliance a Duty of Candour dashboard has been developed on Datix for each CSU to access and monitor incidents to ensure compliance. Patient Safety and Quality Managers attend CSU governance forums to provide support and advice, and additional support is provided by the Risk Management team through the weekly review meeting.

The Committee were advised that the Risk Management team delivered a master class to clinical leaders and senior managers to support them in applying Duty of Candour, setting out a series of clinical scenarios to illustrate this. Compliance at CSU level will also be monitored in the round of Quality Framework (performance) Review meetings that are being undertaken in November, led by the Medical Director (Governance and Risk) and Director of Quality.

Routine Reports - The Committee also received routine information, including the Essential Metrics, Learning from Deaths Report Q1 2021/22, Integrated Incidents, Inquests, Claims Report 2020/21, Serious Incident Report Q2 (2021/22), and Infection, Prevention & Control.

3. KEY RISKS DISCUSSED

The Committee discussed the risks associated with the number of patients waiting more than 104 weeks for treatment. The actions taken to mitigate risks regarding harm for those patients who had been waiting were discussed and current challenges and mitigations were being shared with the CQC engagement lead.

The Committee also discussed the risk to maintaining quality during winter, which remained a significant challenge for the Trust in line with the national position, and the actions being taken to mitigate the associated risks were noted.

4. AGREED KEY ACTIONS

It was agreed that the Committee would meet a minimum of six times a year and that the next meeting would be scheduled in January 2022 to continue the alignment with Trust Board.

It was agreed that a further update on maintaining quality during winter would be brought to the Committee in March 2022, with an option to bring forward any escalations in January 2022 if required.

It was agreed that there would be a focused discussion to provide assurance related to nurse staffing in January 2022, including the outcomes from the individual ward and CSU establishment reviews and the proposed investment in nurse staffing presented to November Board.

5. FUTURE BUSINESS

The next meeting of the Quality Assurance Committee will be 06 January 2022

6. 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 4 November that have been summarised in this report.

Laura Stroud
Non-Executive Director and Chair of Quality Assurance Committee
November 2021