



PUBLIC BOARD

Quality Assurance Committee Chair’s Report 28 April 2022

26 May 2022

Presented for:	Information and assurance
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Previous Committees:	Summary of Quality Assurance Committee 28 April 2022

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 & 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	↔ (same)
Financial Risk				

External Risk	√	<ul style="list-style-type: none"> Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law. 	Averse	↔ (same)
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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 28 April 2022.	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 28 April 2022.

2. SIGNIFICANT ISSUES OF INTEREST TO THE BOARD

Patient Story - The Committee were introduced to a patient story that had been chosen to inform members of the experience of refugee's and asylum seekers in engaging with the UK healthcare systems and accessing the NHS. The full video is available to view via the following link: [Rawand Ahmed - Engaging with Refugees and Asylum Seekers - YouTube](#)

The Committee noted the examples of targeted work across the organisation to connect and increase engagement across communities who often felt overlooked or unheard and how consideration is being given to the different voices within the community and how the Trust could increase its engagement. The learning from engagement initiatives will link into the work of the wider Health Inequalities Strategy Team and could provide a wealth of information to inform Trust action and strategy; providing a bridge to a current gap across the organisation.

The Committee was keen to see how this work would evolve and was interested to understand more about how the information would be used to support the planning of future services. It was agreed that a progress update would be scheduled within the Committee Forward Plan with an appropriate timescale.

QAC Annual Report - The Committees draft Annual Report was presented for comment and approval prior to submission to the Audit Committee on 5 May 2022 (who would be seeking assurance that the Committee had fulfilled its duties as set out in its Terms of Reference). The Committee approved the annual report with some minor amendments, which were made following the meeting.

Patient Safety in Emergency Care - The Committee received a deep-dive presentation, which sought to provide assurance on the patient safety elements within Urgent Care (UC). Three key areas of risk contributing to patient safety were identified by the CSU: congested emergency departments (ED) and delayed transfers to in-patient beds; maintaining safety of patients who wait a prolonged period in the ED; and safe nurse staffing. A detailed overview of the key mitigating actions underpinning each risk was provided and discussed.

The Committee were advised about the Trust process for ensuring executive oversight of activity and patient safety through weekly review of the ED Patient Safety Dashboard (which is used to track attendances and patient safety incidents on ED in both sites) at the weekly quality meeting chaired by the Chief Nurse and Chief Medical Officer.

The Committee were also advised that the CQC are conducting a system-wide inspection of Urgent and Emergency Care systems in West Yorkshire to understand the patient experience and quality of care. The co-ordinated inspections are designed with the aim to help inform system wide responses to the challenges seen across urgent and emergency care. The Trust are awaiting notification of whether it will be part of the inspection.

A letter was sent to the Urgent Care team from the Chair in recognition of the support they have provided to patients during this continued challenging period, this is attached within Appendix 1.

Quality Account (Inc Quality Goals) – The Committee received an update on progress in drafting the annual Quality Account (QA) and progress against the Trust's Quality Goals for 2021/22. The intended priority improvement areas for 2022/23 were review and discussed. These are set against three key headings; patient safety, clinical effectiveness, and patient experience.

Annual Clinical Audit Programme – The Committee received a report setting out the Clinical Audit Programme for the Trust for 2022/23 and sought endorsement from the Committee following review by the Clinical Effectiveness and Outcomes Group (CEOG). The programme outlines the priorities for annual clinical internal audits and the provision of assurance through the clinical governance structure against national and local priorities. The Committee have scheduled a future review to seek assurance on actions following an audit and the work taking place to close some of the known gaps. The Committee received the report and confirmed its endorsement of the 2022/23 Clinical Audit Programme.

Serious Incidents and Never Events report - The Committee received a summary of Serious Incident reporting themes and trends during Q4 2021/22. It was noted that of a potential 74 SI's reported in Q4, 41 had been reported as SI's to commissioners at Leeds CCG; this was a reduction in comparison with the same period the previous year. There have been no never events reported in Q4 2021/22. The Committee received and confirmed it had received sufficient assurance against the actions taken to mitigate risk and share lessons learnt.

Infection Prevention and Control - The committee received a report and an update on the Infection Prevention and Control Board Assurance Framework (IPC BAF) and

IPC Annual Programme, LTHT HCAI Performance Data (Internal Underreporting) and IPC quarterly update.

The Committee were updated on the identification that the changes to the internal processes for reporting HCAI that were introduced in May 2020 had not been implemented, excluding those for Covid-19. It was noted that this had not impacted on the treatment of infection for individual patients and external reporting had not been affected. The report provided assurance that the data discrepancy was now resolved for all internal HCAI reports and noted the assurance provided to the IPC Sub-Committee and Executive Directors regarding this incident.

The Committee received an update on progress against the updated IPC Annual programme and Board Assurance Framework (BAF). It was noted that the report had been reviewed in detail and supported by the IPC Sub-Committee and a review of external processes by the Trust's internal auditors has been scheduled.

Maternity update – Ockenden Report – The Committee received a report to provide assurance and information on the Immediate and Essential Actions (IEA) taken following the interim Ockenden report and information regarding the final Ockenden report published 30 March 2022.

Following the publication of the final Ockenden report, a letter was received from NHSE/I to all maternity units to review, and suspend if necessary, the existing provision and further roll out of Continuity of Care policy, unless they could demonstrate that staffing levels consistently met the safe minimum requirements. The Committee were advised option 2 met the position for the Trust's service – 'can meet the safe minimum staffing requirements for existing continuity of care but will not be rolling out further teams at present'. The regional maternity team will visit Leeds on 15 July 2022 as a part of the Ockenden assurance visits; LTHT would be the last Trust visited in North East and Yorkshire.

The final published Ockenden report includes 66 local actions for learning for Shrewsbury and Telford NHS Trust (STNT), 15 IEA's with 92 action points for England's maternity units as a whole, which broadly covered four pillars:

- safe staffing levels;
- a well trained workforce;
- learning from incidents;
- listening to families.

The Committee were advised that the Ockenden report had been shared with all CSUs, including those who were not involved in the provision of maternity and neonatal services, to consider and review through their local governance meetings the broader recommendations in the report as there are a number of themes related to governance and quality of care that applied more widely.

Routine Reports - The Committee also received routine reports, including the Essential Metrics, Learning from Deaths Report Q3 2021/22, Serious Incident Report Q4 (2021/22), Falls update and Infection, Prevention & Control.

3. KEY RISKS DISCUSSED

The Committee discussed the risks associated with patient safety elements within Urgent Care (UC). Three key areas of risk contributing to patient safety identified by the CSU: congested emergency departments (ED) and delayed transfers to in-patient beds; maintaining safety of patients who wait a prolonged period in the ED; and safe nurse staffing. The actions taken to mitigate risks were discussed and current challenges and mitigations are discussed at the Weekly Quality Meeting.

4. AGREED KEY ACTIONS

It was agreed that the Committee would continue to seek assurance at a future meeting on the embedding of action plans following a clinical audit and the work taking place to close some of the known gaps.

5. FUTURE BUSINESS

The next meeting of the Quality Assurance Committee will be 23 June 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 28 April 2022 that have been summarised in this report.

Laura Stroud
Non-Executive Director and Chair of Quality Assurance Committee
May 2022