



**Trust Board**

**Quality Assurance Committee Chair's Update**

**Public Board – 30 July 2020**

<b>Presented for:</b>	Information
<b>Presented by:</b>	Moira Livingston, Non-Executive Director and Chair of Quality Assurance Committee
<b>Author:</b>	Craig Brigg, Director of Quality
<b>Previous Committees:</b>	Update from Quality Assurance Committee 2 July 2020

<b>Trust Goals</b>	
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	

<b>Key Points</b>	
To provide an overview of significant issues of interest to the Board, highlight key risks discussed, key decisions taken, and key actions agreed.	For Information

## 1. INTRODUCTION

The Quality Assurance Committee (QAC) provides assurance to the Board on the effective operation of quality and clinical governance mechanisms 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 discussed the development of a comprehensive clinical quality strategy; the strategy would incorporate the quality improvement strategy and draw together regulatory requirements and associated activities required in order for the Trust to achieve an Outstanding CQC rating. The Quality Strategy will provide a basis for Committees objectives, support and shape the future workplan and provide a framework for future reports.

## 2. SIGNIFICANT ISSUES OF INTEREST TO THE BOARD

**Leadership Walkaround Programme** – The Committee were informed that a discussion had taken place in relation to the Leadership Walkaround Programme and how this could be adapted to allow for the programme to continue given the constraints of Covid-19. It was noted that a virtual walkaround would be piloted with colleagues with the Emergency Department in July 2020.

**Patient Story: Learning from Pressure Ulcer Incident** - The Committee received an update on the management of pressure ulcers within the Trust, noting that the internal trajectory for 2019/20 had not been achieved. The Committee were provided with a patient story providing an overview of a patient's journey and the care and treatment provided, outlining lessons learned and key actions required. It was noted that an external review of pressures ulcer management had been commissioned. The Committee acknowledged that the Trust was still on a journey to recovery and there was a clear focus for the coming year. It was confirmed that the continued oversight for pressure ulcers would be conducted by Quality Management Group. The Committee agreed that further improvement was required but were assured by the approach driving improvement.

**Clinical Quality Strategy** – The Committee received an update regarding the development of a Clinical Quality Strategy which outlined the focus and ambition of the Trust, with the ultimate vision to be the 'Best for Specialist Care'. The Committee agreed that it was essential that patients were at the centre of the strategy and that a systemwide approach was taken to ensure effective patient pathways and positive patient experience. The Committee explored the 'Quality Ambition' of the strategy and the need for visible and demonstrable improvement; it was noted that the need to continuously strive for improvement and build on the learning culture within the Trust was imperative. The Committee reflected that this was a positive development and would balance the focus of the Trust in line with that of finance and performance. The Committee was supportive of the proposed developments and agreed a further update would be presented at the Quality Assurance Committee in October 2020.

**Mortality Update** - The Committee received an updated position regarding the actions taken in response to the Trusts Summary of Mortality Indicator (SHMI) and Hospital Standardised Mortality Rate (HSMR). The Committee were provided with an overview of the actions taken to further investigation and improve aspects of the

process which were driving the high dataset; it was noted that these largely related to the Trust's low expected death rate and coding practices. An overview of system changes and education and training programmes were outlined. In addition, the Committee were provided with an overview of findings from the external review which had been commissioned in 2019; the final report had been received in April 2020 with detailed analysis of findings underway.

The Committee were informed that in response to the Covid-19 pandemic and to further understand the mortality and morbidity associated with the virus, the Trust had agreed to participate in a bespoke project conducted by representatives from Dr Foster; providing the Trust with benchmarking data, trends and analysis in relation to the mortality rates and national / peer comparatives. In addition, an internal audit of a sample of patient's deaths from March and April 2020 will be undertaken in respect of both clinical coding and provision of care; enabling the Trust to identify lessons learned and areas for improvement, providing the opportunity to share and embed learning across the Trust prior to the receipt and review of national datasets. The Committee sought further clarity in regard to the finding from external report and further details regarding the wider portfolio and it was agreed that a further update would be provided at the Quality Assurance Committee in October.

**Process for Care Home Discharges** - The Committee received a report outlining the process followed by the Trust regarding the transfer of Medically Optimised for Discharge (MOFD) patients to an appropriate/ safe place of care, to provide capacity for the expected influx of COVID-19 positive patients. It was noted that the Trust followed the national guidance provided and a timeline of actions and key issues were highlighted to the Committee. The substantial work undertaken was scrutinised by the Committee and the improved relationships with the care homes were noted. The Committee were assured by the report.

**Phase 2 Recovery Plan** – The Committee were provided with an overview of the Quality Impact Assessment (QIA) process adopted for the review of the current service provision and to outline the impact of service changes in response to the Covid-19 pandemic. A significant number of QIA's had been completed by CSU and these had been reviewed and validated; 21 specialities, out of 136 had recorded the impact of change as high risk, these had been escalated to the Deputy Director of Operations and Director of Quality for further review and discussion with the Executive team.

The Committee scrutinised the impact Covid-19 had on quality aspects such as complaints and litigation, it was noted that this had been considered as a secondary harm as a result of Covid-19 and had been outlined on the corporate risk register. It was confirmed that oversight of these risks were discussed at the Risk Management Committee, in addition Quality Management Group provided monthly oversight. The Committee sought further clarification on the process and the action taken from review of the high risk areas therefore it was agreed a further update would be presented to the Quality Assurance Committee in October 2020.

**NHS Nightingale Yorkshire and the Humber: Phase 2** – The Committee received a report outlining the repurposed function of the NHS Nightingale Hospital Yorkshire and the Humber (NHYH). It was noted that the NHYH would be used as an ambulatory outpatient imaging department to enable local Trusts to offer CT scans to patients to support the phase 2 recovery plan. The Committee discussed the

functionality and associated accountability of the facility and noted that this would be utilised on a rotational basis between LTHT and Harrogate District Foundation Trust. The Committee scrutinised the governance and accountability to the Trust Board in detail, alongside the regulatory registration requirements and communications with the CQC. The Committee agreed that it had received assurance however due to the complexity and ongoing review it was agreed that this would be further discussed with Executive Directors and at Trust Board in July 2020.

**Infection and Prevention Control (IPC) Board Assurance Framework** - The Committee were presented with the IPC Board Assurance Framework, which provided assurance in relation to guidance published by NHSE/I on 4 May 2020; the framework provided a self-assessment against Public Health England and other Covid-19 related IPC guidance. The Committee acknowledged that the assessment was still a work in progress, with CSU's further exploring the framework at a local level; it was confirmed that regular oversight would be provided by the IPC Committee. In addition, it was noted that the IPC Board Assurance Framework would be discussed with the CQC at an engagement meeting on 16 July 2020 and would be included on the agenda at July Board, to be received for assurance/information (blue box item). The Committee were assured by the report.

**Complaints Review Process** – The Committee received a report, which provided an overview of the findings following the external review of the complaints process which was commissioned in October 2019. The Committee scrutinised the findings of the report and noted that 22 recommendations had been identified, and an action plan was being drafted. It was noted that the responsiveness to patient concerns would be included in the Clinical Quality Strategy and would be reviewed with each CSU. It was confirmed that the Trust Board would continue to receive oversight of the key complaint's metrics outlined in the IQPR. In addition, once the action plan had been finalised this would be shared and updates on progress would be included in reports to the Trust Board workshop.

**Routine Reports** - The Committee also received routine information, including the Serious Incident and Never Event Report Q1(2020/21). The Committee also received an updated position on the production of the Quality Account 2019/20 and noted that the publication date had been delayed to December 2020 in line with national guidance.

### **3. KEY RISKS DISCUSSED**

The Committee discussed the risk assessments undertaken in response to the Phase 2 recovery plan. The Committee also discussed and sought assurance on the process for the transfer of patients Medically Optimised for Discharge.

### **4. AGREED KEY ACTIONS**

It was agreed that a number of updates would be provided to the October 2020 meeting, this included; Clinical Quality Strategy, Mortality and Phase 2 Recovery update.

### **5. FUTURE BUSINESS**

The next meeting of the QAC will be 1 October 2020.

**6. RECOMMENDATION**

The Trust Board is asked to receive and note the Quality Assurance Committee Chair's report.

**Prof Moira Livingston**  
**Non-Executive Director and Chair of Quality Assurance Committee**  
**July 2020**