

PUBLIC BOARD

Quality Assurance Committee Chair's Update

5 October 2021

Presented for:	Information
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Previous Committees:	Update from Quality Assurance Committee 8 September 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	

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Risk
Workforce Risk		Choose an item.	Choose an item	Choose an item.
Operational Risk		Choose an item.	Choose an item	Choose an item.
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	↔ (same)
Financial Risk		Choose an item.	Choose an item	Choose an item.
External Risk		Choose an item.	Choose an item	Choose an item.

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.	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.

2. SIGNIFICANT ISSUES OF INTEREST TO THE BOARD

Patient Story – The Committee were introduced to a patient story that had been captured by Healthwatch and illustrated the experience of a patient who was receiving treatment for renal failure and a range of co-morbidities. The focus was on the patient's anxiety relating to increased waiting times for appointments during the COVID-19 pandemic and the support and communication provided by services in relation to this. The patient emphasised the importance of keeping patients 'in the loop' with what was happening with their care. The Committee discussed further collaborative working with Healthwatch and noted the introduction of a programme called 'How Does it Feel for Me' which was set up to respond to a recommendation from the CQC Leeds-system review to seek feedback from patients at multiple points of the healthcare system.

Never Events & Serious Incidents - The Committee received oversight on the Never Event position of the Trust, with a summary of the volume and categorisation of Never Events that had occurred from 2018-19 to date. The update received included an overview of the management of Never Events and how lessons learned were shared and embedded.

It was noted that a workshop had been arranged with colleagues from the Clinical Commissioning Group (CCG) and partner organisations in October 2021 to provide assurance and reflect on actions taken as a result of the Never Events reported in 2020/21. An internal audit had commenced of Never Event incidents and investigations as part of the rolling programme of clinical governance audits.

The Committee noted that where appropriate, patients were engaged and informed of the post-learning actions. The role of human factors was explored and the Committee expressed the need for this to be further embedded in training and the sharing of lessons learned.

Nurse Staffing - The Committee received a report in relation to local nursing workforce challenges experience across the Trust from 1 June to 31 July 2021, and the processes in place to mitigate risks and impact on patient safety. It was noted that the pressures had continued into August 2021.

A high level summary was provided, and it was noted that nurse staffing pressures had been exacerbated by a reduction in available temporary staffing, an increase in staff absence and an increase in operational activity.

The position of Critical Care was outlined, and it was explained that the service continued to remain under significant pressure. It was explained that the Executive Team had accepted that in order to optimise care for P1 and P2 patients, there was a risk of diverging from staffing standards as outlined within the Guidelines for Provision of Intensive Care Services (GPICS). The Critical Care Team had developed a framework and

toolkit for working outside of GPICS and the CQC and CCG had been informed of this position.

The Committee supported the transparency of the report and confirmed it was assured on the arrangements in place to monitor and support reduced staffing levels or skill mix in relation to patient safety.

Maternity Update - The Committee received a report on the thematic review undertaken by the Women's CSU of recent maternity specific CQC inspections of Trust's rated as 'requires improvement' or 'inadequate' in order to identify opportunities for learning and improvement.

It was noted that previous areas highlighted in the 2016 CQC review for improvement had been in relation to medical staffing, staff Education & Training and provision of elective caesarean lists which had all been addressed.

The regional midwifery team attended to reflect on the findings of the Ockenden review, and were complimentary of the Trust's submission response which had provided significant assurance underpinned by good evidence and a clear commitment to achieving follow up actions.

The Committee explored the involvement of service users and there were discussions in relation to the active forums in place to ensure the experiences of women were taken into account by the service. In addition it was noted that there was a focused annual plan of engagement with women which aimed to include all sections of our service user population.

The Committee received the report and noted the additional assurances received from the attendance and comments by the regional midwifery team.

Covid-19 Vaccine Programme - The Committee were provided with an update on the West Yorkshire Vaccination Programme and received assurance on the delivery of the COVID-19 vaccinations.

It was noted that Leeds had provided over 1,000,000 doses of COVID-19 vaccinations and that plans were being worked up for the Phase 3 Boosters and Flu programme, in addition to vaccinating 16 and 17 year olds; additional training will be provided to vaccination staff including a wider scope of safeguarding.

Quality Improvement Programme – The Committee received an update on the Quality Improvement (QI) Programme and on the work of the collaboratives, the steering group, the 2022 Improvement Strategy and the Leeds Improvement Method Value Streams. Additionally, the expansion of the Quality Partner Programme was noted.

The use of the Leeds Improvement Method within operational transformation programmes was explored by the Committee, and insight provided into the discharge pathway linking with community service providers.

The implementation work relating to Reason to Reside (R2R) was summarised, which had expanded onto the next steps of the programme to challenge and change behaviours. Data was being used to support discussions across the system. This work was recognised by the Committee as a core component of the Trust's Quality Improvement Strategy, and an important tool in the Trust's recovery and journey to 'Outstanding' CQC rating.

The Committee received the update and were assured by the on-going developments.

Clinical Quality Strategy – The Committee received an update on the progress of the development and publication of the Trust’s Clinical Quality Strategy.

The feedback provided at the July 2021 Committee had been incorporated into the final draft of the document, and would be shared with the Board for approval in September 2021.

The Committee received and noted the update.

Waste Reduction Programme - The Committee received a report on the implementation of a six-monthly audit of the Trust’s Quality Impact Assessment (QIA) process for waste reduction schemes identified by CSUs. Oversight of the process was explored by the Committee and further scrutiny given to the identification and managing of identified risks. . It was noted that a scheme with significant risks identified was not an indication of a negative scheme but that a higher level of decision and discussion would be required.

The Committee were assured by the update provided.

Patient Safety Incident Response Framework: The Committee received an update on the progress of the implementation of the Patient Safety Incident Response Framework (PSIRF). It was noted that the Trust was an early adopter of this programme and that there would be a significant shift in investigation style to reduce the previously resource heavy process. Actions would be aligned to an improvement programme, and the model would move away from root cause analysis.

The Committee received and noted the update.

NHS Framework for Involving Patients in Patient Safety - The Committee received an overview of the recently published NHS Framework for involving patients in patient safety, and noted the actions required to ensure compliance.

The framework was explained to the Committee and detailed that the document described how NHS organisations should include patients in their own safety, with recognition that staff themselves would need to be supported to encourage patients to do so. In addition the framework outlined the expectations regarding recruitment, training and support for people in the Patient Safety Partner roles. The existing patient partner programme was noted; the framework would be an opportunity to expand on this to meet the new requirements.

The Committee noted the value this would provide and reflected on the importance of triangulation with Equality and Diversity and with training requirements.

COVID-19 Outbreaks and Core Principles for COVID-19 Safety - The Committee received an update on exemptions from self-isolation for Frontline staff, a report on IPC core principles and guidance to maintain COVID safety in hospital settings, and details of COVID-19 outbreaks in Q1 2021/22. This was received alongside the IPC annual report for 2020/21.

The report on exemptions from self-isolation referenced the changes in Public Health England Guidance, and assurance was provided to the Committee on the robust internal

processes in place supported by a panel review. The difference in COVID-19 restrictions outside of healthcare settings was noted and the challenge in reinforcing behaviours acknowledged.

It was noted that a key challenge for staff had been the frequent changes to the guidance throughout the pandemic; and it was explained that current guidance would remain in place throughout winter with a review in the New Year to ensure the guidance would be applicable for the longer term and beyond the end of the pandemic.

The Committee were assured by the update and reports.

Routine Reports - The Committee also received routine information, including the Essential Metrics, Serious Incident and Never Event Report Q2 (2021/22), Annual Clinical Audit Report 2020/21, and the Infection, Prevention & Control (IPC) Annual report 2020/21.

3. KEY RISKS DISCUSSED

The Committee discussed the risks associated with nurse staffing particularly in relation to Critical Care. It was noted that the service was currently operating outside of the Guidelines for Provision of Intensive Care Services. The Committee confirmed it had assurance on the arrangements in place to monitor and support reduced staffing levels or skill mix in relation to patient safety.

4. AGREED KEY ACTIONS

It was agreed that the Committee would support a statement of intent in relation to the Patient Safety Partner Role, and that the Committee would publish communications to all staff in Start the Week to recognise and thank staff for the Quality Improvement work taking place across the Trust.

5. FUTURE BUSINESS

The next meeting of the Quality Assurance Committee will be 4 November 2021.

6. RECOMMENDATION

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

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