

Quality Assurance Committee Chair's Report 20 April 2023

Public Board
25 May 2023

Presented for:	Information
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Previous Committees:	NONE

Our Annual Commitments for 2023/24 are:	
Effectively develop and deploy new assets (buildings, equipment, IT)	
Reduce healthcare associated infections	✓
Improve staff retention	✓
Deliver the financial plan	
Reduce average length of stay by 0.5 days per patient	
Achieve the Access Targets for Patients	
Support a culture of research	

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	↔ (same)
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	↔ (same)

Key points	
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 20 April 2023.	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, QAC also carries out more detailed reviews of topic areas, as required. The Committee met on 20 April 2023 as a hybrid meeting with members in person and on MS Teams.

2. SIGNIFICANT ISSUES OF INTEREST TO THE BOARD

Patient Story – The Committee were introduced to the Patient Story, which shared patients experience of accessing maternity services in Leeds which is available to view via the following link; [Maternity Lives Matter - YouTube](#)

The story reinforced the importance of patient centred care and ensuring patients and their careers were an active participant in their births. Communication and respecting cultural values were vital to providing holistic care to the patients. The importance of patients having a personalised experience was described, and the importance of having a diverse workforce was highlighted as making a big difference to patient experience.

The Committee explored the wider use of the video in training and education noting the strong focus on kindness and engagement, and the relevance to all specialities of the focus on human values that people want when accessing healthcare, including kindness and patient centred care.

The Committee commended the openness within the video and the strong evidence of the women's voice in their own narrative.

Quality Goals 2023/24 – The Committee received an overview of 2022/23 Quality Account production and the recommended quality goals and priorities for 2023/24 patient safety, clinical effectiveness, and patient experience.

The Committee received and endorsed the report, subject to final review by the Committee NED members. It confirmed its support for the 2023/24 quality goals and confirmed its assurance that the Quality Account would be finalised and published in line with the national guidance and Quality Account toolkit.

Cancer Board Annual Assurance Report – The Lead Cancer Nurse and Lead Cancer Manager presented the Annual Cancer Assurance Board (CAB) Report. The report provided an overview of the role of the CAB and sought to provide assurance of the management of quality and risk through this forum.

The CAB oversees the delivery of cancer services across the Trust; all CSUs who treat patients with cancer-related conditions are represented within the CAB. The Board met monthly and was chaired by a Lead Cancer Clinician with escalation to the Cancer Delivery Board (which had been introduced in 2022/23) when required. A further Cancer

Transformation Board was to be established within 2023/24 to oversee the transformational work taking place within the cancer pathways.

The Committee received key points of note, including the operational focus during 2022/23, which has reduced the backlog of patients waiting longer than 62 days for Treatment; Performance against the Cancer Waiting Times constitutional standards had improved over the last six months, however there were further challenges including industrial action, which would impact on this progress; Significant progress had been made in reducing the number of patients waiting 104 days on the cancer treatment pathway with the majority of remaining patients waiting as a direct consequence of their own choice; Dedicated teams were looking across the full patient pathway to see where further improvements could be achieved with performance reviewed on a weekly basis and plans for long waiters reviewed to mitigate against patient harm.

Members were advised that in the last year the CAB had developed a risk register, which contained cross-CSU risks related to cancer delivery and was reviewed regularly. The CAB also reviewed patient safety incidents, Quality Service Dashboards and received any cancer related data prior to it leaving the Trust. The Committee had also introduced a Patient Story at the start of their meetings.

The Committee received the report and the assurance provided in the Cancer Assurance Board's annual report.

Maintaining Quality in Urgent and Emergency Care – The Committee received an assurance report on the quality and safety of patient care in urgent and emergency care pathways, as well as providing information regarding usage and care delivery in Exceptional Surge Areas (ESAs) as part of the revised full capacity plan and escalation process.

Members received and reviewed the report noting the key risks associated with winter and pressures within the urgent and emergency care pathways and were reminded of the ESA Standard Operating Procedure (SOP) agreed in November 2022 as part of the revised full capacity plan (FCP).

The Trust continued to experience significant operational pressures, with current bed occupancy figures of 99.4% (excluding ED beds), therefore the ESA plan remained active and was triggered in response to the daily operational demand (number of patients waiting in ED for an inpatient bed).

Members received assurance of the audit tools in place for patients in ESA's and actions being taken to address emerging themes. Along with the utilisation of ESA's, additional winter wards had also been opened (L12, J11 & J33) with continuous monitoring taking place through the perfect ward metrics safe. Staffing numbers had been maintained throughout the winter period supported by agency staff and successfully recruiting cohorts of international nurses.

The Committee received the report and confirmed it had received sufficient assurance on the actions and audits to maintain quality and safety of emergency care pathways and the care for patients in ESA's.

Maternity Services – information and Assurance – The Committee received a report to provide assurance regarding risk management, safety and quality in the maternity service. The Trust remains fully compliant with the seven Immediate and Essential Actions (IEA) identified within in the Ockenden Report.

The Committee received key points of note and learning in regard to incidents and investigations. Members also noted that the three-year delivery plan for maternity and neonatal services had been published on 30 March 2023 and noted the four primary themes as listening to women and families with compassion which promotes safer care; supporting our workforce to develop their skills and capacity to provide high-quality care; developing and sustaining a culture of safety to benefit everyone and meeting and improving standards and structures that underpin our national ambition. The plan had been developed in collaboration with stakeholders and aimed to support the delivery of safer, more personalised, and equitable care with an associated action plan currently in development (noting that further technical guidance was anticipated from NHSE).

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

28 day cancelled operations – quality and safety – The Committee received a report, which described the process for cancelling a patient's surgery on the day of their expected surgery (Last Minute Cancelled Operation (LMCO)) and the associated constitutional standard to rebook a patient's surgery within 28 days of the cancellation date. This had been referred to QAC following review of the specific risk at Risk Management Committee, to provide assurance on the mitigating actions to reduce patient harm as a consequence of cancelled operations for non-clinical reasons.

Assurance was provided of the clinical prioritisation considered within LMCO, which was supported by the prioritisation categories provided by the Royal College of Physicians (which categorised patients in clinical urgency from one to four); within cancellations time waiting and previous cancellations were also considered.

The Committee received and noted the report and recognised the improvements in the reduction of patients receiving LMCO and the robust clinically led discussions that accompanied the process.

Quality Impact Assessments (Waste Reduction Programme) - The Committee received a report, which summarised the approach taken to the biannual audit of the Trusts Quality Impact Assessment (QIA) process for Waste Reduction Schemes (WRS) identified by CSUs and the results of the Q3 2023/24 QIA audit.

Across the Trust there were 728 individual WRS, which were estimated to deliver a circa £30M saving. All WRS were subject to an initial QIA checklist, which are linked to the five quality domains within the CQC assessment framework. Any assessments that were identified as adversely impacting on one of these elements is subject to a full QIA with the process further described in the paper.

Members discussed the quarter 3 audit of QIA's that was conducted in February 2023. The review team were generally satisfied that the risk scores were appropriate for the schemes in question where there was sufficient information provided to enable a judgment to be made. However, despite a relatively small sample of only ten full-QIAs a high number of corrective actions were identified and noted by the audit review group. Members were advised that all the actions described within the report had been taken forward with ongoing activity taking place.

The Committee received the report and noted the results of the QIA audit and actions to take forward.

Healthcare Associated Infections (HCAI) – The Committee received performance report against the National Standard contract 2022/23 minimising Clostridioides Difficile (CDI) and Gram-negative bloodstream infections objectives and evaluated the effectiveness of the existing Health care associated infection (HCAI) programme to prevent avoidable HCAI's.

Members discussed the escalating position and received a high-level summary against each of the 2022/23 HCAI objectives. Key points of note were that CDI, MRSA and gram negative HCAs were above trajectory with bespoke interventions being taken to address this; Pseudomonas Aeruginosa cases were below trajectory following the launch of the water safety strategy; a Major Outbreak Control Group was established on 23 December 2022 following a Serratia sp. bacteraemia outbreak in neonatal services.

Members commended the openness and transparency of the report, recognising the deterioration in HCAI's and that the Trust was an outlier but also the focussed action and intervention for improvement.

The Committee received the report and noted the escalating position in the mandatory reportable HCAI categories and noted the Trust's annual commitment to reduce HCAI in response to this. It confirmed its assurance of the leadership and actions in place to address this and confirmed it would continue to provide oversight against this position.

Nursing and Midwifery Quality and Safer Staffing – The Committee received the revised Nursing and Midwifery Quality and Safer Staffing report (NMQSSR), which triangulates key quality and staffing information and replaces the bi-monthly report to the Trust Board NMQSSR and Quality and Safety Assurance Groups (QSAG) Perfect Ward report. The revised report provides context to the safer staffing metrics and ward Healthcheck measures; data within the report was for February 2023, future reports will include two months' worth of data.

Members discussed key points of the report in particularly the action taken to mitigate red shifts and red flags and reviewed the hard truths data.

The Committee received the report, noted the quality and staffing information for February 2023 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.

Members commended the new report format and the assurance it provides. Going forward the Committee will receive the report at each meeting and assurance will be provided to the Board through the Quality Assurance Committee Chairs Report. The Board will also receive a nurse staffing report every six months.

Patient Safety and Never events – The Committee received the report,, which provided a summary of patient safety incident reporting themes and trends from 1 February 2023 to 31 March 2023. Since 1 April 2022 a total of 35 patient safety incidents reported for investigation under the new Patient Safety Incident and Response Framework (PSIRF). A total of four Never Events were reported in 2022/23, which was a statistical reduction on previous years and was evidence of the Trusts strong patient safety and checklist culture.

The Committee were provided with an update on an incident within haematology related to laboratory testing. A further update will be provided to the Board Workshop by the Chief Medical Officer.

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

Mortality Review (Q3 Learning from Deaths) – The Committee received the quarter 3 report, which seeks to provide assurance that the Trust had appropriate processes in place to report on and review patient deaths and ensure that lessons were being learned and improvements outlined.

Members discussed the Summary Hospital-level Mortality Indicator (SHMI) publication for the 12-month rolling period November 2021 to October 2022 was at 1.1290 (up from 1.121 in February 2023), which was banded 'higher than expected'. The SHMI continues to be 'as expected' for both LGI and the SJUH sites when broken down at site level.

The Committee were informed of the detailed reviews and assurances provided through the Mortality Improvement Group; members of the Committee were invited to observe this meeting for assurance on the level of detail reviewed and assurance provided.

The Committee received the report and confirmed its assurance on the processes in place to report on and review patient deaths. It was noted that a copy of the report would be provided to the Board via the Blue Box.

Routine Reports - The Committee also received routine reports, including the Essential Metrics and Falls Assurance Report.

Annual reports – The Committee received and noted the Cancer Assurance Board Annual Report and the Medical Devices Accountable Officer Annual report.

The Committee received and approved the Clinical Audit Programme for 2023/24.

3. KEY RISKS DISCUSSED

The Committee received the report and noted the escalating position in the mandatory reportable HCAI categories and noted the annual commitment to reduce HCAI in response to this. It confirmed its assurance of the leadership and actions in place to address this and confirmed it would continue to provide oversight against this position.

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.

4. AGREED KEY ACTIONS

The Committee agreed that the Quarter 3 Learning from Deaths report would be presented to the Board via the Blue Box.

The Committee agreed the new report format of the Nursing and Midwifery Quality and Staffing report and confirmed the Committee will receive the report at each meeting and

assurance will be provided to the Board through the Quality Assurance Committee Chairs Report. The Board will also receive a nurse staffing report every six months.

5. FUTURE BUSINESS

The next meeting of the Quality Assurance Committee will be 22 June 2023.

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 20 April 2023 that have been summarised in this report.

Laura Stroud

Non-Executive Director and Chair of Quality Assurance Committee

April 2023