

Quality Assurance Committee Chair's Report 6 December 2023

PUBLIC BOARD

25 January 2024

Presented for:	Information
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Previous Committees:	Summary of Quality Assurance Committee 6 December 2023

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	Moving Towards
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	Moving Towards

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 6 December 2023.	For Information

1. Summary

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 6 December 2023 in person and via MS Teams.

2. SIGNIFICANT ISSUES OF INTEREST TO THE BOARD

Matters arising

Thirlwall Inquiry

Members were notified that the Trust had received a request for information from the Thirlwall Inquiry. The Thirlwall Inquiry was established on 19 October 2023 following the convictions on 18 August 2023 of Lucy Letby. The Inquiry had written to the Trust on behalf of The Rt. Hon. Lady Justice Thirlwall DBE, Chair of the Inquiry, to make a request for information under Rule 9 of the Inquiry Rules 2006. The questionnaire had been sent to every Trust providing neonatal services in England in order to gain an understanding of the reality of how neonatal unit's worked.

The Inquiry asked for a single questionnaire response to be completed by the Medical Director and a non-clinical senior manager with responsibility for the Trust's neonatal services.

The Committee received the information noting that:

- The submission would be made by the Chief Medical Officer and the Chief Operating Officer as senior nonclinical manager with responsibility for Neonatal Services;
- The respondents would engage with key employees within the Trust to inform their responses;
- Both responses would be submitted by the deadline of 16.00 on Monday 18 December 2023.

Patient & Volunteer Story – The Committee were introduced to Kerry a volunteer who shared her experience of having a baby on the Neonatal Unit, the impact it can have on parents' mental health and what led her to volunteer on the unit. https://youtu.be/Pls_IIFYPW0.

Kerry shared some of the workshops being run by volunteers on the Unit to help parents feel supported, help them to open up and build relationships with the volunteers to enable them to ask questions. Kerry also described having to think differently when the pandemic hit and the creation of a Podcast that gave parents a resource at any time of the day.

Members were advised that Kerry was one of many volunteers that had gone on to have a career in the NHS through the volunteer to career pathway. Members also discussed the training and peer support that volunteers received in order to maintain their wellbeing.

The Committee discussed the benefit on our services of volunteers using their lived experience to impact both patient and staff.

Healthcare Associated Infection Assurance report – The report provided an update on progress against the ‘Reduce Healthcare Associated Infections (HCAI)’ annual commitment. The report evaluated the effectiveness of the existing HCAI performance and advised on further actions outside the current HCAI annual programme and IPC Board Assurance Framework (BAF).

The Committee received an overview of performance against mandatory reportable infections and ongoing incidents. The Trust continued to be above trajectory for two of the six mandatory reportable infections for 2023/24.

Members were advised that to support the annual commitment to reduce HCAI’s all CSU’s had been asked to focus on three key areas: IPC standards, antimicrobial stewardship and, procedure and invasive device management. In October 2023 the ‘Essentials of IPC’ toolkit was updated to move the campaign to a patient focus with individual guidelines on a page and patient stories.

The Committee were advised of the infection outbreaks that had occurred over the reporting period and mitigating actions taken, noting the further detail within the report.

The Committee received the report and noted the progress made to date.

Integrated Quality and Performance Report – The Committee received the report, which presented data from October 2023. The report had been developed to mirror reporting to the Board but would be refined for the committee to include both core and none core metrics. The purpose of the report was to enable triangulation of the data with the assurance reports being received.

Members noted key points as:

- Falls remained below trajectory - the rate of falls per 1000 bed days had remained below the mean for six consecutive months from May 2023 to October 2023 and demonstrated an ongoing downward trend.
- Pressure ulcers remained below target with the rate of PU’s per 1000 bed days had remained below the mean for six of the last 10 months from January 2023 to October 2023 and demonstrated an ongoing downward trend.
- The Trust SHMI for July 2022 – June 2023 was 112.43, a slight increase on the previous reporting period (112.26), which was “As Expected” and had now moved back to “Higher than Expected” after changing to as expected last month for the first time in 12 months.

The Committee discussed a special cause of concern with regards to perinatal mortality. The Mortality Improvement Group had commenced a deeper analysis with a case-by-case review for the two months highlighted within the report and would report this to its meeting in February. There were known issues in the reporting of perinatal mortality in this way as there isn’t a correlating group in our data provider analysis, known issues with coding and

the data doesn't adjust for the complex cases taken as a specialist centre but the case by case review would provide a clearer picture.

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

Maternity Services assurance report – The Committee received a report to provide assurance regarding risk management, safety and quality in the maternity service.

The Committee received key points of note and learning in regard to incidents and investigations. Members were informed that the Maternity Incentive Scheme (MIS) LTHT maternity services had achieved full compliance with all 10 Safety actions identified in the MIS Year 5 and would be declaring compliance to NHSR following Board sign off on 1 February 2024.

The Committee were advised that the service had provided evidence of compliance of > 50% of each element and >70% overall of the Saving Babies Lives version 3 care bundle. This had been externally validated by the ICB/LMNS.

The Perinatal team were participating in the National Perinatal Culture and Leadership Programme. The SCORE survey would be undertaken in January 2024 across the perinatal services. Perinatal leads continued to work towards the actions identified to support full implementation of the Three-year Delivery Plan for Maternity and Neonatal Services.

The Committee received the report and confirmed the assurance it had received noting that the Maternity Clinical Negligence Scheme for Trusts (CNST) and Maternity Incentive Scheme (MIS) Evidence Summary and Safety Action would be submitted to Trust Board on 25 January 2024 for sign off.

Patient Safety Incidents and Never Events Report – The Committee received an assurance report on patient safety incident reporting themes and trends and the incidents reported against the Patient Safety Incident Response Framework (PSIRF) between the period 1 October 2023 to 30 November 2023.

Members received and reviewed the report noting the summary of the lessons learned and improvement actions from the PSIRF completed investigations and the dissemination of learning across CSU's; the value of the WYAAT Shared Learning Network Meeting and the external source of assurance it provided and commended as good practice.

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

Industrial Action Report – The Committee received an assurance report regarding the impact on patient treatment, safety, and experience during periods of industrial action. The report summarised a detailed review of incidents, elective and outpatient cancellations, readmissions and complaints and PALs.

Members were advised that readmission, complaints, and PALs would continue to be routinely monitored to ascertain if any statistically significant deteriorating trends in variation occurred in future months. The risk team would continue to review incidents categorised as moderate harm and above at the weekly risk management review meeting,

significant patient safety incidents would be escalated and discussed with the Chief Medical Officer and Interim Chief Nurse at the Weekly Quality Review meeting.

The Committee noted the assurance provided within the report and noted the ongoing monitoring via the weekly risk meeting.

Nursing & Midwifery Quality & Safe Staffing Workforce Report – The Committee received the Nursing and Midwifery Quality and Safer Staffing report (NMQSSR), which triangulated key quality and staffing information for the period September and October 2023.

The Committee were advised of the process to review wards that fell below 80% with regards to achieving its planned nursing numbers by shift. A number of quality metrics were reviewed to see if patient care and outcomes had been affected due to the planned establishment not being fully met. Where concerns were identified as part of the Ward Health Check programme a ward would enter into an escalation stage and be subject to further support and multidisciplinary discussion and input.

Members discussed key points of the report in particular the action taken to mitigate red shifts and red flags and reviewed the hard truths data. In October 2023 the financial ledger showed that the Trust had a registered nursing, midwifery, and operating department practitioner vacancy of 496.05 WTE. The current Registered Nursing turnover rate was 6.28%. Recruitment to vacant posts remained a priority.

The Committee received the report, noted the quality and staffing information for September and October 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.

External Agency Visits Report – The Committee received a report, which provided an update on the external agency visits, inspections and accreditations that had taken place from 1 May 2023 to 30 October 2023, and the progress of historical open visits.

Members were advised that between 1 May 2023 to 30 October 2023 9 visits had been recorded as taking place. 6 of the 9 visits were currently still 'open'. The Quality Team continued to work with CSUs and Corporate Teams and close outstanding visits. There were currently 8 open visits that took place prior to this reporting period.

The Committee received the update external agency visits, inspections, and accreditations that have taken place from 1 May 2023 to 30 October 2023, and the progress of historical open visits.

Palliative Care and End of Life Report - The Committee received the annual report on palliative and end of life care (EoLC). Delivering excellent end of life care for all patients and families remained a Trust priority and the responsibility of everyone delivering care.

Members received an overview of the service, EoLC Group and current projects. There were also multiple assurance mechanisms in place, for example the mandatory medical audit, improving care through feedback and Leeds Palliative Care Network. The Committee also discussed the challenges facing the service, for example the continuing risks associated with lack of interoperability of computer systems across the health care system for sharing patients details, financial targets within the ICB affecting services across the city and

pressures on community care and hospices services driving hospital and palliative care demand in acute settings / impacting on palliative and end of life care discharges.

The Committee received and noted the report.

3. Financial Implications

There are no financial implications detailed within this report.

4. Risk

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.

5. Communication and Involvement

This report will be available to members of the public, patients and staff through publication of the Board papers.

6. Equality Analysis

Not applicable

7. Publication Under Freedom of Information Act

This report has been made available under the Freedom of Information Act 2000

8. 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 6 December 2023 that have been summarised in this report.

9. Supporting Information

N/A

Phil Corrigan

Non-Executive Director and Chair of Quality Assurance Committee

December 2023