

## Quality Assurance Committee Chair's Report 14 September 2023

### Trust Board

28 September 2023

<b>Presented for:</b>	Information
<b>Presented by:</b>	Laura Stroud Non-Executive Director
<b>Author:</b>	Lucy Atkin, Head of Quality Governance
<b>Previous Committees:</b>	Summary of Quality Assurance Committee 14 September 2023

<b>Our Annual Commitments for 2023/24 are:</b>	
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	✓

<b>Risk Appetite Framework</b>				
<b>Level 1 Risk</b>	<b>(✓)</b>	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Impact</b>
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 14 September 2023 (deferred from 24 August 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 14 September 2023 (deferred from 24 August 2023) on MS Teams.

## 2. SIGNIFICANT ISSUES OF INTEREST TO THE BOARD

**Patient Story** – The Committee were introduced to the Patient Story, which provided information to members on living with chronic pain and the Pain manual used by the service. <https://www.youtube.com/watch?v=dF4CnxRZBRY>

Agata shared her experience of suffering from temporomandibular joint dysfunction. The patient spoke about the issue of chronic pain and how this can affect her sleep, eating patterns, leisure, and exercise. Since being referred to the Leeds Dental Institute, the patient's quality of life has improved significantly. Agata's treatment involved several sessions with dentists over the phone which helped for time management and received a pain manual which provides information and useful tips to manage the pain on a day-to-day basis.

Members discussed Agata's experience of being listened to and cared for and how she was a partner in her care and concurred this was a good illustration of the fundamentals of what is important to patients.

**Public Health report** – The Committee received the progress made in delivering the LTHT Health Inequalities and Public Health Strategy, through the showcasing of key programmes of work.

Members were advised of the visit in May 2023 from Dr Bola Owolabi, Health Inequalities Lead at NHS England. This was an opportunity to present to Dr Owolabi the progress LTHT had made in addressing inequalities. An update was also provided on all key workstreams and projects developed to address health inequalities.

Members discussed the primary care voice and involvement in these areas of work. This is in place as the Public Health Lead acts as a connection across both primary and secondary care systems. The impact of the budget reductions within the ICB's for early years was also discussed. Although there will be an impact the formation of the Children's Health Inequalities Group will help focus and deliver on the Core20 priorities.

The Committee received the report and noted the progress made in delivering the LTHT Health Inequalities and Public Health Strategy.

**Patient Safety Incident 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 Review Framework (PSIRF) between the period 1 June 2023 to 31 July 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.

**Learning from Deaths report quarter 4 2022/23** The Committee received the quarter 4 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 January 2022 - December 2022 was at 1.134 (up from 1.1312 in April 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 Hospital Standardised Mortality Ratio (HSMR) for March 2022 – February 2023 for LTHT is 113.7 (a decrease from 114.3) which is above the expected range.

Members discussed learning highlighted in the Lucy Letby trial and sought assurance on the Trust's mortality process for neonatology. It was advised that all neonatal deaths undergo a mortality review, coronial referral where appropriate and where a spike in deaths are noted scrutiny from external peers.

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.

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

Members were updated on the outcome of the CQC Maternity Inspection where the key lines of safe and well led were both rated as 'Good'. Areas of outstanding practice noted were the approach taken in health inequality, and the appointment of a Consultant Midwife, the development of the PLICs dashboard which supports focused improved outcomes, the end-to-end digital electronic maternity system and the dedicated Deputy Chief Midwifery Information Officer.

The Committee were advised that the assurance visit led by the West Yorkshire and Harrogate, Local Maternity and Neonatal System (LMNS) is scheduled for 1 November 2023. Progress with the initial 7 Immediate and Essential Actions (IEA) identified in the interim Ockenden report will be evaluated, however the assurance visit will incorporate the wider quality and safety strategy for perinatal services. LTHT was found to be fully compliant with all the 7 IEA's and this visit is to ensure we are embedding actions; meeting quality assurance and safety is continuing to progress.

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

**Healthcare Associated Infection assurance report Q1 2023/24**– The Medical IPC Lead presented the quarter 1 2023/24 assurance report.

The National Standard Contract 2023/2024 minimising *Clostridioides difficile* infection (CDI) and Gram-negative bloodstream infections (GNB BSI) thresholds have been reviewed and split across the organisation by clinical service units (CSU). Each bed holding CSU received their HCAI thresholds for the year in early June 2023 and weekly HCAI performance data is circulated reflecting these. Due to LTHT's outlying performance in 5 of the 6 mandatory reportable infections for 2022/2023 it is acknowledged that for 2023/2024 the thresholds have had to be more challenging in order to achieve an improvement. As part of LTHT's seven Annual Commitments, all CSUs have been asked to focus on reducing HCAI's this year.

The Committee received an overview of performance against mandatory reportable infections and ongoing incidents. A Major Outbreak Control Group (MOCG) was opened in December 2022 following a *Serratia* sp. bacteraemia in a baby. An external review to support continued learning has been requested from NHSE/I and UKHSA, which is planned for the end of September 2023. Two Incident Groups were also established to trace and learn from two cases of measles.

The Committee noted LTHT performance for Q1 mandatory reportable HCAI categories and LTHT's position as compared to its peers both regionally and nationally and were assured that the Infection Prevention and Control Board Assurance Framework will be used alongside the Annual commitments as the strategy to support the reduction of HCAI's at LTHT and additional interventions are appropriate to minimise harm from HCAIs.

The Committee received the report and confirmed their assurance on the actions being taken to mitigate the risks related to healthcare associated infections and the challenges associated with this.

**CQC Registration Annual Assurance 2022/23** – The Committee received assurance via the report that the Trust's current registration status is registered with the CQC without conditions (compliant).

There has been no routine (planned) or responsive (unannounced) visits by the CQC in 2022/23. The Trust continues to engage with the CQC through monthly meetings to discuss a range of topics and themes identified by the Trust CQC Inspector. In 2022/23 there have been 129 enquiries received from the Trust CQC Inspector. The Quality and Safety assurance group receives a quarterly report on CQC activity.

The Committee received the report and agreed going forward it will be received in April to be captured in the Annual Governance Statement. It was noted that a copy of the report would be provided to the Board via the Blue Box.

**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 occur 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 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 triangulates key quality and staffing information for the period May and June 2023.

The Committee were advised of the process to review any ward that falls below 80% with regards to achieving its planned nursing numbers by shift. A number of quality metrics are reviewed to see if patient care and outcomes has been affected due to the planned establishment not being fully met. Where concerns are identified as part of the Ward Health Check programme a ward will 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 June 2023 the financial ledger showed that the Trust had a registered nursing, midwifery, and operating department practitioner vacancy of 484 WTE. The current Registered Nursing turnover rate is 6.53%. Recruitment to vacant posts remains a priority.

The Committee received the report, noted the quality and staffing information for May and June 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.

**Routine Reports** - The Committee also received routine reports, including the Essential Metrics.

### **3. Financial Implications**

There are no financial implications detailed within this paper.

### **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 paper 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 14 September 2023 that have been summarised in this report.

## **9. Supporting Information**

The following papers make up this report:

11.1 (ii) CQC Registration Annual Assurance Report 2022/23

11.1 (iii) Learning from Deaths report quarter 4 2022/23

**Laura Stroud**

**Non-Executive Director and Chair of Quality Assurance Committee**

**September 2023**