

Quality Assurance Committee Chair's Report 22 February 2024

PUBLIC BOARD

28 March 2024

Presented for:	Information
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Previous Committees:	Summary of Quality Assurance Committee 22 February 2024

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 22 February 2024.	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 22 February 2024 via MS Teams.

2. SIGNIFICANT ISSUES OF INTEREST TO THE BOARD

Matters arising

Ionising Radiation Safety Regulations

Members were notified of an incident regarding Physician Associates (PAs) being able to request ionising radiation tests via ICE, which is outside their scope of practice. A Patient Safety Learning Review (PSLR) had been completed and the report has been submitted to the CQC in line with the IR(ME)R regulations. Magnus Harrison outlined the media attention in relation to this incident and reported that actions and assurance were being monitored through the Quality and Safety Assurance Group (QSAG).

Patient & Volunteer Story – The Committee were introduced to Tommy's story, told by his parents, which gave an overview of their experience of a device related healthcare acquired infection and sepsis. <https://youtu.be/fSznQfXMRwE>

Members recognised the powerful message, and the positive action from staff. The discussion noted the increase in sepsis training and awareness across the Trust and wider NHS, however the Committee recognised the impact of pressures on the workforce and the balance in managing risk within a healthcare environment. It was also acknowledged that sepsis and recognition of the deteriorating patient was a local priority for the Trust within the Patient Safety Incident Response Plan (PSIRP).

Integrated Quality and Performance Report – The Committee received the report, noting the purpose of the report was to enable triangulation of the data with the assurance reports being received.

Members noted key points as:

- Falls – was reporting below trajectory for the seventh consecutive month in a row
- Pressure Ulcers – were reporting below trajectory and had remained below the mean for seven of the last 11 months
- Standard Hospital Mortality Indicator (SHMI) – the SHMI was reporting as higher than expected and further detail was provided within the Learning from Deaths report at agenda item 4.11

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. This was approved by the Board in January 2024 and submitted to the NHS Resolution (NHSR) within the required timescale; a response from NHSR was anticipated in April 2024.

The Committee were provided with a summary of the maternal deaths in the last 12 months with six reported. The Committee received detail of each case and advised that an extraordinary meeting was being convened with attendance from the maternal medicine and specialist teams to undertake a review of all the maternal deaths to identify any learning opportunities.

Members received an overview of Neonatal Mortality. The neonatal data included deaths up to 28 days of life and excluded congenital data. The report presented the Trust performance, an overview of the cause of death and outlined improvement work that was in progress. As a specialised unit the Trust had seen an increase in complex pregnancies, and benchmarking against specific peer groups data was similar. It was noted that the increase in deaths related to cardiac and other complex conditions and provided detail of the palliative care and support that was in place. The Committee were advised that detailed reports had been presented to QSAG and Mortality Improvement Group and provided assurance on the ongoing actions to understand the Trust's position.

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

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 the engagement process with CSUs. To date eight CSUs had provided an update against their HCAI commitment and IPC BAF plans, with plans in place for the others to report and noting the recurrent themes that were arising as detailed within the report.

Members were reminded of the 2023 recommendation for the Patient Safety Incident Response Framework (PSIRF) to replace root cause analysis as the method to investigate HCAI and updated that a new model of investigation had been developed to support this. This model was currently being piloted for 90 days in the Specialty Integrated Medicine (SIM) CSU prior to wider roll-out and was anticipated to reduce administrative time, increase time spent on IPC actions and ensure inclusion of the patient voice.

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 confirmed its assurance against the appropriateness of the interventions to address compliance with the IPC Board Assurance Framework and HCAI Annual Commitment.

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 December 2023 to 31 January 2024.

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.

Patient Safety Incident Response Framework Policy and Patient Safety Incident Response Plan

The Committee received the draft Patient Safety Incident Response Plan (PSIRP) 2024-26 and the Patient Safety Incident Response Framework (PSIRF) Policy, which had been developed to support the implementation of PSIRF and set out the Trusts approach to develop and maintain effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

Members were advised the PSIRF Policy highlighted the four key aims for implementation of PSIRF:

- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents and safety issues
- Supportive oversight focused on strengthening response system functioning and improvement.

Members were advised the draft 2024-26 PSIRP and PSIRF Policy was presented for endorsement by the Committee prior to Board authorisation, noting that final approval of the PSIRP and PSIRF Policy was the responsibility of the Integrated Care Board in line with NHS England process.

The Committee received the report and confirmed its endorsement of the Patient Safety Incident Response Plan (PSIRP 2024-26) and the Patient Safety Incident Response Framework (PSIRF) Policy.

Public Health Annual Review - The report provided an update on the progress made in delivering the LTHT healthcare inequalities and Public Health activity.

Members were advised the focus for the Trust was on ensuring equitable access, excellent experience and optimal outcomes for those experiencing health inequalities and the

application of the Core20Plus5 framework; as well as its important role in improving health and tackling inequality through our role as an anchor institution and an influential system partner.

The Committee received a high-level overview of progress against each of the eight key workstreams and noted the positive progress made in each with staff embracing actions and a real focus on the foundational elements to drive equitable services in the long term and noted the action plan.

The Committee received and noted the report.

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 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 November and December 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 identify whether 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 December 2023 the financial report showed that the Trust had a registered nursing, midwifery, and operating department practitioner vacancy of 397.59 WTE. The current Registered Nursing turnover rate was 6.26%. Recruitment to vacant posts remained a priority.

The Committee received the report, noted the quality and staffing information for November and December 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.

Complaints Report – The Committee received a report, which provided an update against the 2022-24 Complaints Improvement Programme (CIP) and summarised the Trusts

activity and performance in relation to complaints and Patient Advisory and Liaison Service (PALS).

Members were advised that the current CIP was scheduled to complete in March 2024, the majority of CSU's had now embedded complaints meetings into their service with training and actions recorded via Datix. There had been a positive shift in the performance metrics, however the Trust was still not achieving its internal set response time targets against 20, 60 and 40 days.

The Committee were advised that the Trust had conducted an exercise to look at learning from the complaints processes in other Trusts. It was noted a number of Trusts with high performance were achieving this through a 'stop the clock' method during the complaints response and explained that this was not a method the Trust would adopt as this did not improve the patient or family experience, however there was further work taking place to learn from other industries and future engagement sessions planned.

The Committee received the report, noted the progress against the CIP and confirmed its assurance of the action to monitor and respond to complaints. It was confirmed that the report would be presented to the Trust Board in March 2024.

External Investigation; Pathology Paraprotein Progress - The Committee received progress against the key actions arising from a patient safety learning incident investigation that was completed in December 2023. The investigation was completed by an external consultant with specialist expertise in protein biochemistry who supported the Clinical Immunology Service following a patient safety incident. The incident related to the issue of multiple erroneous results relating to the investigation of myeloma, over an extended period and had been monitored via QSAG.

Members received an update against each of the 12 identified improvement actions and an overview of the significant transformation within the service following a full review of laboratory staffing and newly appointed roles.

The Committee received the report and confirmed its assurance against the progress of the recommendation.

Learning from Deaths Report Quarter 2 2023/24 – The Committee received the quarter two report, which sought 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 identified.

Members discussed the Summary Hospital-level Mortality Indicator SHMI (published in November 2023), which was 1.1243 (compared to 1.1226 in October); and the latest HSMR (published August 2023), which was 109.4 (a decrease from 110.7 on the previous publication). Both indices remained above the expected range and would continue to be monitored by the Mortality Improvement Group (MIG).

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.

Leadership Visit Programme - The report set out the proposed schedule for the 2024-25 Leadership Visit Programme. The Committee received the report and confirmed its approval of the 2024/25 Leadership Visit Programme.

Annual reports – The Committee received the annual CD Accountable Officers 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 22 February 2024 that have been summarised in this report.

9. Supporting Information

N/A

Laura Stroud
Non-Executive Director and Chair of Quality Assurance Committee
March 2024