

Quality Assurance Committee Chair's Report 19 December 2024

PUBLIC BOARD

30 January 2025

Presented for:	Information
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Previous Committees:	Summary of Quality Assurance Committee 19 December 2024

Our Annual Commitments for 2024/25 are:	
Reduce wait for patients	√
Reduce Healthcare Acquired Infections by 15%	√
Reduce our carbon footprint through greener care	
Use our existing digital systems to their full potential	√
Strengthen participation and growth in research and innovation	√
Deliver the financial plan	
Be in the top 25% performing Trusts for staff retention	

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 19 December 2024.	For Information
2. Trust Board is asked to note the Quality Assurance Committee Chair's report and receive assurance on the items discussed at the Committee on 19 December 2024 that have been summarised in this report.	For approval

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 19 December 2024.

2. SIGNIFICANT ISSUES OF INTEREST TO THE BOARD

The role of the Quality Assurance Committee (QAC) was outlined for all members, attendees, and observers. Members discussed QAC's role in seeking assurance against clinical and quality associated risks. Key topics on the Committee agenda were highlighted and context provided as to how the Committee triangulated and challenged this information to provide assurance to the Board. A pre-meeting was also held with the Chief Medical Officer, Director of Quality and Head of Quality Governance on 17 December 2024 to discuss the assurances required at the meeting.

An overview of the significant winter pressures being experienced across the Trust and the recent unannounced CQC Inspection of Maternity Services was also discussed.

Risk appetite statements – The Committee reviewed the risk appetite statements (as described within the Board Risk Appetite Framework (RAF)) to ensure they remained accurate. There were four statements within the category 2 risks for the Committee's attention all of which were currently assigned a risk appetite of 'minimal';

- Infection Prevention and Control (IPC)
- Patient Safety and Outcomes
- Patient Experience
- Health and Safety (H&S)

Members were advised that the risk appetite statement for the H&S risk category had also been reviewed at the Workforce Committee, with recognition there was overlap in a number of risk categories that were aligned to QAC, Workforce Committee and the Finance and Performance (F&P) Committee.

Following wider consideration, it was confirmed that the Committee would recommend to the Board that there would be no material changes to the risk appetite statements for

those risk categories aligned to QAC. All Committee reviewed risks would be aligned and reported to the March Board meeting.

Patient & Volunteer Story

The Committee were introduced the Patient Story video which shared details on the improvements made within the Ophthalmology service for adult patients with learning difficulties and autism and was available to view via the following link; <https://www.youtube.com/watch?v=POe8-hl-Aak>

The video highlighted the improvements that had been made to the environment in response to a complaint from a patient's guardian. Examples of the improvements made included access to a quiet, uncluttered waiting area, protected appointment times and the ability for patients to administer their own eye drops at home. There had been a collaborative response to the concerns raised by the patient's guardian and patients had been engaged in the re-design of the service and waiting area. Feedback from patients had been positive and the service had also seen a reduction in waiting times for patients and timeliness of care.

Members discussed how the changes made in response to a complaint had led to a service improvement opportunity, commenting on the valuable insight that complaints could provide and the positive change that could enact. Members also recognised that this improvement was led by patients and reflected on the empowerment within the Team to take action to ensure equity in the service provision.

Perinatal Services Assurance Report

The Committee received the report to provide assurance regarding the management of risk, safety and quality in the maternity and neonatal services, which was aligned to the provision of assurance against each safety action of the Maternity Incentive Scheme (MIS). The Committee received an update on compliance against each of the ten standards set out in the MIS and noted that evidence would be presented to the Trust Board in January with a request for formal sign-off by the CEO. Following Board approval, the statement of compliance would also require sign-off by the ICB prior to submission to NHS Resolution (NHSR) by 3 March 2025.

The Committee were advised of the unannounced CQC inspection on 10 December 2024 to the Maternity Services. An Inspection Team were allocated to each site and had spent three days on site undertaking a comprehensive inspection and speaking to staff and service users with further interviews and focus groups planned for early January 2025. The provider information request had been received with work ongoing to collate the information requested. It was anticipated that the final report would be received in the spring of 2025. Members were updated on the ongoing discussions with the CQC regarding the three significant cases in relation to perinatal services and the assurances that had been provided to support the reviews.

The Committee were advised of assurance within the report of how staff continued to be supported to escalate any concerns via the safety champions and updated against the current workforce plan. Incident and investigation data was also discussed, confirming there were no new referrals to MNSI during September or October 2024.

The Committee were advised of Neonatal specific assurance within the report which included the agreed uplift to staffing in the unit phased over the next six months and the closure of the Serratia Marcescens outbreak on 4 December 2024 following targeted action

through a Task and Finish Group. Members were advised that NHS England had visited the unit, at the Trust's request, and provided a number of recommendations regarding the estate which had been reflected into the capital works programme to support extensive building works and environmental enhancements.

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

Nursing & Midwifery Quality & Safe Staffing Workforce Report

The Committee received the Nursing & Midwifery Quality & Safe Staffing Workforce Report, which triangulated key quality and staffing information for the period September and October 2024. The report provided oversight of current staffing levels and actions being taken to mitigate vacancies and ensure safe staffing.

The Committee were advised of the process to review wards who fell below 80% of the planned nursing numbers by shift and the quality metrics that continued to be reviewed to identify whether patient care and outcomes had been affected due to the planned establishment not being fully met. The Committee were briefed on the escalation process and the provision of further support where concerns were identified.

The Committee discussed the triangulation with assurance reports provided to Workforce Committee, noting that Quality Assurance Committee would continue to focus on the impact of nursing and midwifery staffing on patient care, experience and outcomes and to determine whether patients had experienced harm as a consequence of staffing challenges. The Committee also discussed the assurances provided regarding the actions taken to mitigate red shifts and red flags, and the daily process to monitor and manage nurse staffing levels through the safe care system and red flag escalation process, noting that a weekly report continued to be provided to the Chief Nurse and Chief Medical Officer at the Quality Review Meeting.

The Committee received the report and confirmed it's assurance.

Patient Safety Incidents and Never Events Assurance Report

The Committee received the assurance report on Patient Safety Incidents set within the context of the Patient Safety Incident Response Framework (PSIRF) from the period 1 October to 30 November 2024.

The Committee received assurance on the immediate actions that had been taken in response to the two patient safety incidents where the Trust had commenced a patient safety incident investigation (PSIIs). An overview of the PSIIs that had concluded in this period was provided along with the identified learning and methods of assurance.

The Committee were provided with an overview of learning from patient safety events both within the Trust and with systems partners.

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

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 review of service provision for both hospital, community and hospice care following identification of a £11M funding gap across the ICB which was at risk of impacting palliative and EoL care services and the assisted dying bill. The Committee received and noted the report.

Infection Prevention and Control Assurance Report

The Committee received the HealthCare Acquired Infection (HCAI) received an update on progress against the Trusts commitment to reducing Healthcare Acquired Infections (HCAI). The Committee received an overview of current HCAI performance and benchmarking noting the position had not changed significantly since the previous report. The report highlighted the successful implementation of the HCAI specialist review process which was aligned to PSIRF across the organisation and was identifying meaningful learning and was being used to initiate targeted responses within individual CSUs.

Members were provided with an overview of the management and response to the measles outbreak in two postal code areas of Leeds and a confirmed case of Mpox. In relational to the Mpox case the Trust response was described as exemplary with no staff members being identified as a contact due to the robust pathway and use of high consequence infectious diseases (HCID) personal protection equipment (PPE). Members commended the hard work of both the infection prevention and control team and staff working in the affected areas.

The Committee discussed specific reportable infections in clinical areas and the improvement interventions related to water safety and antimicrobial stewardship.

The Committee received the report and confirmed its assurance related to the continued IPC interventions to reduce the risk of HCAs within the Trust.

Progress against the Patient Safety and Quality Strategy 2024-27

The Committee received a biannual update against each of the workstreams within the Patient Safety and Quality Strategy 2024-2027. Members noted the detail within the report including key achievements over the last period against the Insight, Involvement and Improvement workstreams which included implementation of Learning from Patient Safety Events (LFPSE), enhanced patient and families involvement in patient safety incident investigations (PSII), with initial feedback from patients and families that they welcomed the openness of the Trust and the launch of the Patient Safety Learning Hub.

The Committee were advised of the priorities for the next six months which include the development of a patient safety event review education plan, the roll-out of a Trust built digital platform to enable CSUs to self-assess themselves against the CQC Quality Statements, and the alignment of the Quality Improvement Collaboratives to the priorities within the PSIRP and Trust mandatory audit programme.

The Committee received the report and recommended submission to the Trust Board in the Blue Box.

Maintaining Quality and Safety During Winter Exception Report

The Committee received a presentation and assurance regarding the plans for the winter period to maintain patient safety and quality. The Committee noted that a bed delay escalation process had been updated to include a governance process for 12-hour breaches; Temporary Escalation Spaces (TES) had been enacted and were reviewed by the Chief Nurse with the Full Capacity Plan document and Operational Response Guidance updated; and that the Decision Management Tools (DMT) and logging process developed for Adult, Children's, and IPC had been updated and all decisions were being captured and reviewed.

Members discussed the impact of front-line staff and how the increased operational pressure was impacting wellbeing and psychological safety. The Committee discussed the use of TSEs and noted that the Trust had enacted Silver Command throughout December, to ensure regular impact reviews and scrutiny was applied. Members were mindful of the increased risk of this becoming normalised for staff and noted that these pressures were mirrored nationally.

The Committee received the presentation and confirmed its assurance on the processes and mitigating actions to maintain patient safety and quality during the winter period.

Regular reports - Essential Metrics Report, External Agency Assurance report, minutes from the Quality and Safety Assurance Group and Patient Experience and Engagement Group.

Annual reports – Annual Medication Safety Officer Report, Controlled Drugs Accountable Officer Annual Report, Radiation Governance Group Annual 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 19 October 2024 that have been summarised in this report.

9. Supporting Information

Laura Stroud

Non-Executive Director and Chair of Quality Assurance Committee

19 January 2025