

## Council of Governors

|  |   |   |   |                                |
|--|---|---|---|--------------------------------|
| <b>Subject:</b>  | Quality Committee   |   | <b>Date:</b> 10 <sup>th</sup> August 2021 |                                |
| <b>Prepared By:</b>  | Patrick McCormack – Head of Regulation and Patient Safety |   |   |                                |
| <b>Approved By:</b>  | Barbara Brady NED   |   |   |                                |
| <b>Presented By:</b>   | Barbara Brady NED   |   |   |                                |
| <b>Purpose</b>   |   |   |   |                                |
| To provide a summary of the key discussion areas and decisions taken at the Quality Committee held on the 12 <sup>th</sup> July 2021   |   |   | <b>Approval</b>                           |                                |
|  |   |   | <b>Assurance</b>                          |                                |
|  |   |   | <b>Update</b>                             | X                              |
|  |   |   | <b>Consider</b>                           |                                |
| <b>Strategic Objectives</b>  |   |   |   |                                |
| <b>To provide outstanding care</b>   | <b>To promote and support health and wellbeing</b>        | <b>To maximise the potential of our workforce</b> | <b>To continuously learn and improve</b>  | <b>To achieve better value</b> |
|  |   |   |   |                                |
| <b>Overall Level of Assurance</b>  |   |   |   |                                |
|  | <b>Significant</b>  | <b>Sufficient</b>                                 | <b>Limited</b>                            | <b>None</b>                    |
|  |   | X   |   |                                |
| <b>Risks/Issues</b>  |   |   |   |                                |
| <b>Financial</b>   |   |   |   |                                |
| <b>Patient Impact</b>  |   |   |   |                                |
| <b>Staff Impact</b>  |   |   |   |                                |
| <b>Services</b>  |   |   |   |                                |
| <b>Reputational</b>  |   |   |   |                                |
| <b>Committees/groups where this item has been presented before</b>   |   |   |   |                                |
| Public Board of Directors 5 <sup>th</sup> August 2021  |   |   |   |                                |
| <b>Executive Summary</b>   |   |   |   |                                |
| <p>The most recent Quality Committee was held virtually on the 12<sup>th</sup> July. The meeting was quorate and chaired by Barbara Brady, Non-Executive Director.</p> <p>There were a number of items on the agenda for assurance and discussion. The report provides a brief summary of the items discussed but the Committee would like the Council of Governors to note the following key items;</p> <ul style="list-style-type: none"> <li>• Hospital Standardise Mortality Ratio Update</li> <li>• Infection Prevention Control Annual Report</li> <li>• Safeguarding Annual Report</li> <li>• Regulation 28 Update</li> </ul> <p>An item of assurance presented was the update from the <b>Patient Safety Committee</b> meeting held for May and June 2021 and highlighted the discussion and items to note for the Committee. The report and discussion provided significant assurance to the Committee.</p> <p>The Committee received a report and verbal updates from the <b>Nursing, Midwifery and AHP Committee</b>, for assurance. The Committee considered the 5 key themes included in the report including the shared governance process and patient experience. The committee was assured by the report.</p> <p><b>Children and Young Peoples Partnership Board annual report</b> was presented as an item of assurance for the Committee. Discussion was held around the report and more information was</p> |   |   |   |                                |

requested on some items, including children transitioning to adult services, an action was taken and assurance was gained around the remaining contents of the report.

The agenda moved onto the **Maternity Incidents Report** as an item of assurance, it was identified that the data also feeds into Board via a dashboard on a monthly basis. The Committee requested an action to ensure the data feed via Quality Committee to Board is clearly established but otherwise was assured by the report.

**External Regulation and Accreditation Report** outlined the CQC enquiries, new CQC strategy and the Trust response to the Regulation 28 issued by the Coroner in May 2021. The Committee gained significant assurance from the discussion and the report. The Committee noted the positive assurance from the Regulation 28 and the enabling action this has had on improving connectivity between EMAS, NUH and SFH systems to improve the communication of patient information.

The Committee seeks assurance around Clinical Effectiveness and the **Hospital Standardised Mortality Ratio update** provided a progress report on the work being undertaken across the Trust to look into the mortality outliers from Dr Foster reports. The Committee received assurance from the report and discussion of the current situation and the developments being undertaken within the Trust.

An item of significant assurance received by the Committee was the **Annual Safeguarding Report**. The paper outlined how the Trust is meeting its safeguarding obligations for 2020/21. This included key national themes and how the Trust is meeting the guidance and legislative requirements for these. Examples include domestic abuse, MCA/DOL's, modern slavery and FGM. The report outlines the Trust safeguarding activity and actions and how these meet the Trust Strategic Objectives and how safeguarding is working with local partners and national agencies to deliver safe care to patients. The Committee agreed the report was comprehensive and was positively assured by the report. The group discussed the upcoming LPS changes and the significant amount of work that this is going to generate for the Trust; these are due for implementation in April 2022. The group was provided assurance from the safeguarding lead that there are plans in place and this is on-going work for the safeguarding team. The group acknowledged the Trust has been unsuccessful in recruiting to the adult safeguarding lead after two rounds of recruitment. Next steps are to approach the ICS and explore the opportunity for joint adult safeguarding lead.

[Full Report Available in Reading Room]

Significant assurance is sought from the **Infection Prevention and Control Annual Report**. The report outlines the performance of IPC over the 2020/21 period and the plan moving forward for the 2021/22 period. The report outlined the increase in C.Diff cases over the last year and the first MRSA bacteraemia identified in the last 3 years. The report outlined how the COVID-19 pandemic has affected the focus of the IPC and increased the pressure on the Trust potentially leading to the increase in C.Diff and MRSA. The Committee discussed elements of the estate and ventilation around endoscopy and theatres which has been outlined in the report. New cleanliness standards were discussed and presented as a project for the next 12 months and ensuring that these are adopted in the Trust and improve the overall cleanliness. Overall the Committee gained significant assurance from the report.

[Full Report Available in Reading Room]

Nonstandard item of **Discharge Accuracy Report** was presented to the Committee. They were asked to consider different options presented in order to measure discharge accuracy around medications (TTOs). The option utilising EPMA (Nerve Centre) was supported, piloted in one area but for full implementation across all wards by 2022. It was also agreed that the imminent medical rotation would be used as an opportunity to highlight this area.

**Clinical Effectiveness Annual Report** was presented to the Committee as an item of assurance. The report outlined the effect the COVID-19 pandemic has had on the clinical audit compliance in the Trust. After discussion the Committee was assured by the annual update.

Two items of governance were presented to the Committee for consideration and approval, the **Quality Committee Terms of Reference** and **Quality Committee Annual Work Plan**. Minor amendments were suggested and to be adopted but these were approved by the Committee.

The **Board Assurance Framework** was discussed and included reference to the Principal Risk 1 (PR1) Significant Deterioration in standards of safety and care and Principal Risk 2 (PR2) Demand that overwhelms capacity. It was agreed that with the risk scores remain the same but will be reviewed at the next meeting in light of the changing landscape of demand and capacity within the Trust.

**Quality Impact Assessment for Transformation and Efficiency Programme** was presented under the **any other business** section of the meeting. This involves the improvement in the forms to ensure the measurement of the impact of the change is easier. The Committee was assured around the report presented and supported the change.