

Board of Directors Meeting in Public - Cover Sheet

| | | | | |
|--|--|---|--|--------------------------------|
| Subject: | Quality Committee | | Date: 14/03/2022 | |
| Prepared By: | Patrick McCormack – Head of Regulation and Deputy Head of Clinical Governance | | | |
| Approved By: | Barbara Brady, Non- Executive Director and Committee Chair | | | |
| Presented By: | Barbara Brady, Non- Executive Director and Committee Chair | | | |
| Purpose | | | | |
| To provide a summary of the key discussion areas and decisions taken at the Quality Committee held on the 14 th March 2022. | | | Approval | |
| | | | Assurance | X |
| | | | Update | |
| | | | Consider | |
| Strategic Objectives | | | | |
| To provide outstanding care | To promote and support health and wellbeing | To maximise the potential of our workforce | To continuously learn and improve | To achieve better value |
| X | | | X | |
| Overall Level of Assurance | | | | |
| | Significant | Sufficient | Limited | None |
| | | X | | |
| Risks/Issues | | | | |
| Financial | | | | |
| Patient Impact | High standards of care through keeping patients safe, positive patient experience and having a positive impact on HWB outcomes | | | |
| Staff Impact | | | | |
| Services | | | | |
| Reputational | SFHT recommended as a great place to receive care | | | |
| Committees/groups where this item has been presented before | | | | |
| None | | | | |
| Executive Summary | | | | |
| <p>The most recent Quality Committee was held virtually on the 14th March 2022. The meeting was quorate there were no declarations of interest made and was chaired by Barbara Brady, Non-Executive Director. At the start of the meeting the previous minutes were agreed as accurate. Actions were closed based on the upcoming agenda items and updates were received on those actions which are on-going.</p> <p>There were 24 items on the agenda for assurance and discussion. The report provides a summary of the items discussed but the Committee would like the Board to note the following key items.</p> <ul style="list-style-type: none"> • Approval of the Mental Health Strategy • Deep dive into Cardiac Arrest Rates • HSMR Update • Ockenden and Morecombe Bay compliance update through Maternity Assurance Committee • BAF Update • Approval of CQC 'Should Do' recommendation. | | | | |

The Committee received the trust **Mental Health Strategy** for approval. The strategy was outlined by the presenting team and wider discussion and the integration of the strategy with the wider integrated care system was discussed. Discussion was also held around the positive impact of this strategy for both the trust's patients and staff and was welcomed by the members and attendees of the group. Overall, the strategy was supported by the Committee and they were assured by the work being undertaken.

The annual **Cancer Services Report** was presented to the committee for assurance. The report outlined the key successes of the cancer services in 2021 along with the funding and service developments for the 2022/23 period. There was discussion around MDT meetings including clinical attendance at these and access to digital images. The presenter of the report was asked about their key challenges for the next 12 months and the restoration to pre COVID-19 levels was discussed as their biggest challenge. The report and subsequent discussion provided assurance to the committee.

The committee received an update around the **Hospital Standardised Mortality Ratio (HSMR)** for assurance. The committee received both a report and a presentation from a Dr Foster representative. The information was around the data collection and how Dr Foster use this along with information around some factors which effect the HSMR. The report outlined the work which is underway looking at some of the alert groups from previous HSMR reports. The committee welcomed the presentation and the clarity of the information along with the assurance provided by the ongoing work.

The committee were asked to consider the deep dive report into **Cardiac Arrest Rates** which had been submitted. The information contained in the report showed the data trend of approximately 10 years, and the decreasing number of cardiac arrests within the Trust. It was noted that due to relatively small numbers the rates were subject to relatively high levels of variability but is not cause for concern. The discussion and the information in the report provided assurance to the Committee and the acknowledgement to the author on the information and clarity it contained.

The group received an update on the progress of the **Yorkshire Audit Tool**. The group heard the progress since the commissioning of the audit in May 2021. The tool has completed a review of the 57 key lines of enquiry and the reporting assurance process associated for each. The discussion outlined that not all can be within the Quality Committee oversight and do report to other committees. Action was taken for executive review of the tool and the subsequent update to be provided later. Assurance was however taken by the committee on the progress made so far.

The group were provided an assurance paper around the **Patient Safety Committee (PSC)**. It was discussed that the January PSC was stood down due to the clinical pressures present in the trust at the time. The group were highlighted to the ongoing work around fractured neck of femur and to expect updates provided in the future via the committee along with the root cause analysis outputs of the 12-hour breaches in ED. Discussion was had around the COVID-19 harm report and the classification of the direct and indirect harms. There was also discussion around the wrong blood in tubes (WBIT) and the how the number has dropped and clarification of how these can occur and are managed through the incident management process. Output of discussion and report, the committee were assured.

An **Advancing Quality Programme Report** was presented for assurance alongside evidence of a should do action for approval of closure. The group had not met in February due to not being quorate. However, the report to QC provided the latest CQC enquiries summary. It should be noted that the report was submitted prior to a well led report where feedback around the quality strategy was provided. Therefore to enable the Quality Strategy to be revised in line with recommendations the intention is for this to be circulated in April for approval. The group reviewed the evidence for the Should Do from the 2020 CQC report based around reviewing antimicrobial prescribing in 72 hours. The group approved the closure of this action and were assured by the report and

submitted.

Nursing, Midwifery and AHP Committee update was submitted for assurance. The update outlined that 15 steps will be restarting from March 2022 and updates provided via this route moving forward. The report and subsequent discussion outlined the safe staffing and plans in place for recruitment. The group were also informed around complaints process developments and how the Heads of Nursing were helping to shape that. Overall assurance was provided to the committee by the report.

Assurance report was submitted from the **Maternity Assurance Committee** and the **Maternity Incidents Report**. Of note to the group was the compliance around the Morecombe Bay recommendations. The group heard that a gap analysis tool has been developed and on review by the Trust there is compliance with these findings. An update was provided around trust compliance with the Ockenden review and that regionally it was agreed that if a trust have plans to meet the requirements they can be considered as 'green'. The Incidents Report presented demonstrated a stable position for December and January with all incidents being classed as low or no harm within none classed as moderate or above harm. The committee was assured by both reports and it will be reported onto Trust Board.

The **Annual Quality Committee** report was submitted to the group for approval. This has been previously circulated, and feedback incorporated into the report. The main note was around the objectives outlined within the report where these have been taken from the work around Yorkshire audit tool. The committee approved the report based on the agreement of some minor changes.

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. PR1 was discussed in the group and discussion was held around potential changes to likelihood scoring. Changes to the BAF have been made and all agreed to the additions and changes, it was also agreed that the scoring at this time does not require changing.