

Board of Directors Meeting in Public - Cover Sheet

Subject:	Quality Committee		Date: 07/10/2021	
Prepared By:	Patrick McCormack – Head of Regulation and Deputy Head of Clinical Governance			
Approved By:	Barbara Brady NED			
Presented By:	Barbara Brady NED			
Purpose				
To provide a summary of the key discussion areas and decisions taken at the Quality Committee held on the 13 th September 2021			Approval	
			Assurance	
			Update	X
			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
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		X		
Risks/Issues				
Financial				
Patient Impact				
Staff Impact				
Services				
Reputational				
Committees/groups where this item has been presented before				
None				
Executive Summary				
<p>The most recent Quality Committee was held virtually on the 13th September 2021. 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 Board to note the following key items;</p> <ul style="list-style-type: none"> • C-DIFF Improvement Plan • Nursing, Midwifery and AHP Strategy Approval • End of Life Care Annual Report • COVID-19 Harms Report, in particular cancer, nosocomial infections, 52 week waits and the plan to review in more detail the ophthalmology list (formed part of the Patient Safety Committee update and Ophthalmology review) <p>An item of assurance presented was the update from the Patient Safety Committee meeting held for July and August highlighted the discussion and items to note for the Committee. COVID-19 harms were discussed and the identification by the Medical Examiner around potential increases in late presentations of cancers, this is on-going piece of work and the true extent cannot be finalised at this point in time. The report and discussion provided significant assurance to the Committee.</p> <p>The Committee received a report and verbal updates from the Nursing, Midwifery and AHP Committee, for assurance from July and August meetings. The Committee was asked to note the concerns raised as part of the Maternity Safe Staffing report received in addition. The Committee</p>				

acknowledged these and confirmed that this formed part of the standard agenda of the People and Culture Committee. The Committee was assured by the report.

The **Nursing Midwifery and AHP Strategy** was presented to the Committee after a review for approval. The strategy has been aligned to the Trust strategy and is a combination of the Nursing and Midwifery and AHP strategies. The Committee approved the strategy and welcome the updates through Nursing Midwifery and AHP Committee in the future.

The first update of the **Maternity Assurance Committee** was received for assurance. Progress over the Trust response to Ockenden and the Continuity of Carer action plan formed part of the update. The terms of reference for the Maternity Assurance Committee were submitted as part of the update for approval. The committee was assured by the update and approved the term of reference for use.

Maternity Incidents Report was presented for assurance. It demonstrated a stable position for June and July with 1 incident report attached for the Committee's reference as part of the reporting requirements under Ockenden. The committee was assured by the report and it will be reported onto Trust Board.

The **Advancing Quality Programme** meeting update and terms of reference were presented to the Committee. This was the first meeting of the Advancing Quality Programme since it has been re launched in the Trust. The terms of reference were approved by the Committee and assurance was sought from the report.

A verbal update was given the Committee around **Fragile Services**. The Haematology service was discussed and assurance taken from the verbal update given.

The Committee heard the **Falls Deep Dive and Improvement Trajectory** report. This is in response to national trends of increasing falls, particularly reflecting the COVID-19 pandemic waves of cases. One of the main factors is around the deconditioning of patients at their homes and increases in disabilities due to delayed procedures. The action plans from the falls summit held in September 2020 and improvement plan was presented to the group. Significant assurance was gained from the report in particular over the success of the action plans and the improvement in trajectory.

The **End of Life Annual** report was presented to the group by the End of Life Lead. The improvements in the end of life pathway within the Trust were discussed and the raise in profile of the importance of end of life care. The Committee drew assurance from the report and the verbal discussion which occurred around discussion points raised.

The Community Onset Healthcare Associated C-DIFF Update was heard by the Committee. There has been an increase in hospital acquired and community acquired C-DIFF. The aim of the update was to provide assurance to the Committee of the action plans and trajectory for improvement. There is a system wider approach across the healthcare systems to try and reduce infection rates. The Committee welcomed the updated and were assured by the proposed action plans.

The group received a written and verbal update on the **Ophthalmology Review**. This was in response to the 2018 Quality Summit and the outputs from this. The Committee heard the establishment of the Transformational Project Group, work with the ICS and the key performance indicator monitoring. The group were informed of the success of the Diagnostic Hub established at Ashfield Health Village. Associated harm from the COVID-19 pandemic was discussed in particular relation to loss of sight due to access to the service. Some actions were taken by some attendees but overall assurance was received.

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. The gap around tolerable and operating risk was discussed by the Committee from PR1 as requested by the Board. Assurance was sought from the discussion and the risk score was agreed to remain the same for PR1.

Six items of governance were presented to the Committee for consideration and approval. **The Committee Maturity Assessment Action Plan** was discussed and assurance was sought from the progress. The group was updated on the status of the **Quality Account** including an update around the timeline for the 2021/2022 publishing of the quality account. Assurance was obtained from the report that the Trust will meet the proposed deadlines. **Quality Impact Assessment (QIA) Oversight Programme** update report was presented to the Committee. Discussion was held around some points in the report including review of actual impact of QIA and the identification of learning outcomes. Overall assurance was sought from the process and further updates and maturity will be received at future meetings.

Three **Internal Audit Reports** were presented to the group as part of the governance process. **The Maternity Services Assessment Tool** was presented to the Committee, significant assurance was obtained from the report and this has previously been presented to the Board. **The Patient Consent Final Report** was discussed, the Audit Committee have asked the Quality Committee to track the actions identified as part of the audit. The governance process around reporting the progress of the actions was identified and agreed by the Committee. **The Data Quality Framework Audit** was presented to the group and significant assurance was drawn from the report.