

## Council of Governors

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|---|---|---|---|--------------------------------|
| <b>Subject:</b>   | Quality Committee   |   | <b>Date: 8<sup>th</sup> February 2022</b> |                                |
| <b>Prepared By:</b>   | Patrick McCormack – Head of Regulation and Deputy Head of Clinical Governance |   |   |                                |
| <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 10 <sup>th</sup> January 2022.  |   |   | <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> |
| X   |   |   | X   |                                |
| <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>  |   |   |   |                                |
| None  |   |   |   |                                |
| <b>Executive Summary</b>  |   |   |   |                                |
| <p>The most recent Quality Committee was held virtually on the 10<sup>th</sup> January 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. There were 7 actions closed based on the upcoming agenda items and updates were received on those actions which are on-going.</p> <p>There were 25 items on the agenda for assurance and discussion. The report provides a 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>• Update on 62-day cancer backlog</li> <li>• Review of virtual clinics update</li> <li>• Deep dive into obstetric massive haemorrhage</li> <li>• Oversight of challenged services</li> <li>• Ophthalmology update</li> <li>• <i>Clostridium difficile</i> report</li> <li>• Board Assurance Framework</li> </ul> |   |   |   |                                |

The Committee received an annual report on the **Quality Aspects of PFI Quality Dashboard** as an item for assurance. The dashboard provided the committee with information around the concerns or complaints received in relation to Trust estate and elements of cleanliness and associated infection control metrics. Overall, the Committee were assured by the information contained within the dashboard.

An update on the progress in **Ophthalmology** was received and presented to the Committee. The update provided progress into the recommendations associated with the Royal College review in 2018. The Committee were informed around the service capacity issues associated with the COVID-19 pandemic and the mitigation which has been put in place to mitigate against these risks. Overall, the Committee was assured by the progress of the recommendations and the refocusing of some of the actions which have been impacted by the pandemic.

A **Cancer Services Backlog** report was presented to the Committee for assurance. The report outlined the work of the cancer team in their efforts to reduce the 62 day waiting lists for patients accessing cancer services. This has been impacted by the COVID-19 pandemic; however, the report outlined the work that has been completed and included success stories where the work has facilitated patient access to services. Overall, the Committee was assured by the presentation and the contents of the report.

The annual **Medicines Optimisation Report** was discussed by the Committee. The report outlined the progress on the key priorities of the strategy and the work which has been undertaken by the Drugs and Therapeutics and Medicines Optimisation Committees. The report and following discussion provided assurance to the Committee that medicines are being managed safely in the Trust and due process was being followed.

Project Management Office representatives were invited to the Committee to present **QIA Oversight for Financial Improvement Programme**. The update provided a review of the progress of the process which had been introduced in August. The Committee were assured by the progress presented and the individual progress reports for improvement programmes contained within the update.

An item of assurance presented was the update from the **Patient Safety Committee** meeting held for November and December highlighted the discussion and items to note for the Committee. The Committee received updates on the Learning from Deaths quarterly discussion and discussion was held about fractured neck of femur and the assurance PSC have received, including how the Committee will receive an update moving forward. COVID-19 harms and vaccination updates were also within the update, overall, the Committee were assured by the ongoing work of the Patient Safety Committee. In addition to the update was a report on Wrong Blood in Tube incidents at the previous request of the Committee. The Committee were assured by the information contained within the WBIT report and welcome further updates as the work progresses.

**Health Inequalities Update** was presented to the Committee for a progress update. There was a general discussion around the progress of work streams into health inequalities and how this integrates with the Integrated Care Service. Assurance was obtained from the update and the Committee welcomes the further progress updates as the work continues.

The **Advancing Quality Programme (AQP)** meeting update was presented to the Committee. There were 3 stages to the update, the primary being the overall AQP update, which provided the committee with an update on End-of-Life pathway and the 360 audit of Clinical Effectiveness and the actions the group had taken from it.

The secondary element of the update was information around the regulator CQC, and the enquiries received and two actions from the 2020 inspection to consider for closure by the

Committee. The Must Do action was discussed and the Committee requested further information and assurance before this could be closed. The second action was a Should Do associated with simulation training at Newark, which the Committee felt provided sufficient assurance and agreed to close as a result.

The Third element of the update was the Quality Strategy submitted by the AQP for approval. The Committee agreed that the overarching campaigns were in keeping with the Trust objectives, however the Committee requested more detail in the measurability of the foci in each of the campaigns. An Action was taken for this to be clarified and brought back to the Committee for approval. Overall, the Committee was assured by the work of the AQP, and the information provided.

The Committee received a report and verbal updates from the **Nursing, Midwifery and AHP Committee**, for assurance from November meeting. As part of the update was a report on Virtual Clinics, where the Committee were informed of the effectiveness of the virtual clinics but also some of the limitations of when a face-to-face appointment may be more appropriate. There were 3 recommendations from the review, and these were supported by the Committee. The report also outlined information around safe staffing, falls improvement plan Chief Nurse fellow updates. The presentation, report and discussion provided assurance to the Committee.

The **Maternity Assurance Committee** update was received for assurance. The report was received for updates on the November and December meetings. The group heard there is an improving position on the safe staffing report for the inpatient maternity section. The Committee also heard that the overnight birthing service has been suspended to mitigate risk associated with community midwifery service; this has previously been highlighted to the Council of Governors. As part of the report was an update on the Deep Dive into Massive Obstetric Haemorrhage, which identified themes which might not have been identified as part of singular case reviews. The report outlined actions which are being taken from the report, which provided overall assurance to the Committee.

**Maternity Incidents Report** was presented for assurance. It demonstrated a stable position for October and November with majority of incidents being classed as low or no harm and 5 classed as moderate harm. The committee was assured by the report

An assurance update was presented on ***Clostridium Difficile*** infections within the Trust. The report outlined the background and the number of cases recorded over the Trust trajectory. The update outlined what actions have been taken and identified the significant reduction in the number of cases as a result with the aim of maintaining the continued low rate. Assurance was taken from the report and the discussion.

The Committee were updated on the **Challenged Services** via report and verbal update. The report outlined the progress in Clinical Haematology, including some elements of stability through recruitment and outlining of future training pathways to develop Consultant Clinical Scientists. Adult Critical Care was also outlined as an emerging challenged service. The report outlined the work being undertaken to mitigate against these risks and welcomes further quarterly updates with assurance being obtained from this report.

A report was presented outlining **Learning from Learning Disability Deaths** for assurance. The reviews had looked at the deaths of patients in 2021 whom were patients identified with learning difficulties. The report outlined the areas of good practice which have been identified but also the limitations and areas of development required. Assurance was obtained from the report and the Committee noted the continuing work that is required.

A draft version of the Quality Committee Annual Report was circulated to the committee. The Committee took an action to review and highlight changes to the author ready for approval at the

next board.

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. Discussion on PR2 looked at the proposed changes circulated; discussion outlined how both PR2 and PR1 are linked and again the potential for changes to likelihood scoring. Overall agreement was to accept the changes and maintain the risk score.