

Report to:	Public Board of Directors	Agenda item:	13
Date of Meeting:	1 May 2024		
Title of Report:	Alert, Advise and Assure Report from the Quality Governance Committee		
Status:	For discussion		
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Key Discussion Points and Matters to be escalated from the meetings held on 13 March 2024.

ALERT: Alert to matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy

- None

ADVISE: Advise of areas of ongoing monitoring or development or where there is negative assurance

March

- The Deputy Chief Nursing Officer advised the Committee that work would be taking place around the complaints timescales to ensure that they were realistic, and a proposal would be presented at a future meeting.
- The Committee received an update on the Quality Governance Project and were informed that there was a delay in finalising the proposed quality metrics due to wider system work to develop a Quality Dashboard. Further assurance would be provided at a future meeting.
- The Committee had a robust discussion around infection prevention and control (IPC) and were informed that the team's key concerns related to the Trust's ability to keep the site clean and management of C. diff rates. They acknowledged the significant progress that had been made during the year and oversight of progress against IPC as one of the 5 patient safety priorities would be maintained through the IPC Report going forward.
- The Committee received the Draft Maternity CQC Inspection Report and noted that this was under review to confirm its factual accuracy. A more formal updated would be presented at a future meeting.
- Concerns were raised around care of, and communication with end of life patients and the Committee recognised that further learning was required. The Deputy Chief Nursing Officer had discussed development opportunities with the new End of Life Care Lead and agreed to work with the Deputy Chief Medical Officer to progress this.
- The Committee noted that whilst there had been a slight decline in positive responses to the Friends and Family Test (FFT), the digital offer had resulted in a significant increase in uptake which provided a more realistic perspective. The Deputy Chief Nursing Officer agreed to present the new Patient Experience Strategy to the Committee at a future meeting to enable a better understanding of FFT data.

- A KPMG internal audit of complaints had found no evidence of non-compliance and the Trust had been awarded partial assurance with some improvement required.
- The Committee queried whether the Trust’s consent processes met the required standards, whether there were opportunities to embed a more consistent approach and recommended that an internal audit was undertaken and presented to the Audit and Risk Committee.
- The Deputy Chief Nursing Officer reported that he and the Deputy Chief Medical Officer had been working together to draft a new governance process for the Committee which would revert to meeting bi-monthly in due course. This would be presented to the Chief Medical and Chief Nursing Officers in due course.

April

- **Clinical Audit** – the Committee noted that good progress had been made, but further work needed to be done to align to Trust priorities.
- **VPAC** – the Committee noted the change in level 3 compliance and the need for the Mental Capacity Act Assessor.
- **Sulis Governance** – the Committee recognised that this needed to be worked through and that the Chief Medical Officer would arrange a meeting to discuss this further.

ASSURE: Inform the board where positive assurance has been achieved

March

- The Committee discussed the measles outbreak and the potential risk to staff and received assurance that the Trust was working closely with Public Health. The Occupational Health Team were also targeting staff working in front door areas of the Trust and the situation would continue to be closely monitored.
- The Committee were informed that the Estates and Facilities portfolio would be split between the Chief Operating and Chief Nursing Officers going forward and it was hoped that this would facilitate the resolution of some of the existing IPC issues, particularly in terms of the cleaning standards.

April

- **TQSG** – the Committee noted that it was good to see alignment with reporting.

RISK: Advise the board which risks were discussed and if any new risks were identified.

- There were no new risks identified.

CELEBRATING OUTSTANDING: Share any practice, innovation or action that the committee considers to be outstanding

March

- The 4 hour standard in the Emergency Department had improved from 51.88% to 62% since March 2023 and there had been a 28.5% reduction in diagnostic

breaches since October despite a 28% increase in demand. There had also been a 50% reduction in the number of patients waiting over the 6 week target. The Committee recognised that these achievements should be celebrated, particularly in light of ongoing interface issues within the system.

- The Committee acknowledged the great work that was ongoing in maternity as demonstrated by the draft CQC report and recommended that learning was shared in terms of the way that the service approached patient safety.

APPROVALS: Decisions and Approvals made by the Committee

March

- There were no approvals or decisions made by the Committee.

April

- **Quality Governance Meeting Structure** – the Committee agreed a proposed new quality meeting structure. The revised structure provides greater clarity and focus on the purpose of individual committees and groups. A circa 25% reduction in meetings has been achieved with no anticipated risk to quality and safety delivery. The proposals agreed also cover many of the recommendations from the 2023 AQUA report.

The Board is asked to NOTE the content of the report.