

QUALITY COMMITTEE

SUMMARY REPORT

DATE OF MEETING: 11 JANUARY 2024

COMMITTEE GOVERNANCE

- Committee Chair: **Jan Marriott, Non-Executive Director**
- Quorate: **Yes**

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

QUALITY DASHBOARD REPORT

The Committee **RECEIVED** the Quality Dashboard Report, which provided a summary assurance update on the progress and achievement of quality priorities and indicators across Trust's physical health, mental health and learning disability services. This month's report also included the Guardian of Safe Working Report Q2. Those quality areas requiring priority development were clearly highlighted, as well as those areas where performance had improved.

The Committee **RECEIVED** and were **INVITED** to comment on the closed culture slides within the dashboard. These had been further developed and enhanced following reflection on feedback from previous board sessions and meetings, the learning from the Good Governance Institute (CGI) Edenfield report, and the Trust's own recent experiences with Berkeley House. Additional granular level detail was included such as vacancy rates, training and supervision compliance, and complaints, and the wards were now writing their own anti-closed culture activity reports for inclusion. The Committee welcomed the real-life examples by way of giving a real feel for the challenges that teams were facing; however, further thought was needed around the formatting and presentation of the data, with a huge amount of information included on 2 slides. There was a need to make this data meaningful and accessible. Additional areas for future inclusion were considered and included FTSU data, independent advocacy activity, staff survey results and a record of external visits/inspections that had taken place.

Detail provided this month reported good achievement against the Trust Quality Priorities and Commissioning for Quality and Innovation (CQUIN) activity. A summary of quality priority activity in H1 2023-24 was presented. This was a 2-year work programme and a definitive compliant/non-compliant rating would be issued at the end of Q8. The Committee welcomed Trust colleagues to the meeting who provided a more detailed update on a selection of the quality priorities, including Tissue Visibility (Nancy Farr), Dementia Education (Steve Shelley-King) and Carers (Cathy Newman).

BERKELEY HOUSE UPDATE

The Committee **RECEIVED** an update report on progress made addressing concerns raised about quality of care at Berkeley House, following an unannounced CQC inspection received on the 10th & 11th October 2023. The Committee was informed of actions underway and was assured those concerns had been responded to rapidly. The issues identified were shared and discussed with the Committee, alongside the detailed action plan. It was **NOTED** that there had been good support from the ICB, local authority and NHSE.

The CQC Inspection Report was still awaited but was due imminently. It is anticipated that the majority of CQC recommendations within the inspection report will have already been fully or in part resolved on its receipt.

PRESSURE ULCER DEEP DIVE

The Committee welcomed Nancy Farr who provided a helpful and informative presentation on Pressure Ulcers. The presentation set out the definition of what a pressure ulcer was and included some pictorial examples to aid Committee understanding on the different levels and categories of wound. The presentation explored the reasons why we may be seeing a rise in pressure ulcer incidence, national guidance, current levels of reporting and the timeline of GHC QI work, education & governance.

The Committee **NOTED** that Acute and Community Trusts are caring for more complex patients often with multiple co-morbidities and an increasingly frail and elderly demographic, one which includes covid-19 survivors. All are risk factors for pressure ulcers. The majority of our pressure ulcer incidents are reported in our ICT and community in-reach teams who give advice and prescribe care & equipment; but we are not with patients every day as clinical colleagues are in inpatient settings. Many patients are admitted to our trust with existing PU's which we must again report as a harm.

The terms "acquired and inherited" have been replaced, with: "present before admission to the trust" and by "developed or worsened during care by the trust". The Trust is therefore now counting and reporting nationally all PU's regardless of where they originally occurred. These requirements to change how our PU data is reported nationally and locally has resulted in increases in incidence data. Clinicians are also becoming more aware of the need to report and are reporting smaller wounds which may/may not be caused by pressure or shear.

The Committee thanked Nancy Farr for her presentation and **NOTED** the next steps.

OTHER ITEMS RECEIVED

The Committee:

- **RECEIVED** and **NOTED** the *Good Practice Update - Reducing Closed Culture Risks*. The paper presented was identified at the December Quality Assurance Group (QAG) as positive work in seeking to reduce risks that can be associated with Closed Cultures. This was shared with Quality Committee members for information, demonstrating positive work under way in the Trust in the areas of restrictive practice reduction.
- **RECEIVED** and **NOTED** the *Quality Assurance Group Summary Report*
- **RECEIVED** and **NOTED** the *Learning from Deaths Q2 report*

ACTIONS REQUIRED BY THE BOARD

The Board is asked to **NOTE** the contents of the report.

DATE OF NEXT MEETING: 07 March 2024