



**Board of Directors (held in Public)**  
**27 July 2023**  
**Quality Committee Highlight Report**  
**Report of the Quality Committee Chair**

**Item 4.5**

**Report from: Quality Committee**

**Date of meetings: 11 May 2023, 8 June 2023, 6 July 2023**

**Key discussion points at the meetings and matters to be escalated to board:**

**Alert:**

The Committee noted the backlog of Serious Incidents requiring investigation and a full paper will be brought to the Board on 27<sup>th</sup> July and it was noted that this was having an impact on accumulating number of Coroners cases.

An update was received on quality exceptions within the clinical effectiveness report which showed that worst ever survival to discharge rates were seen in December 2022. Data was showing an improvement in January 2023.

The Committee agreed that concerns around the Quality & Risk management team and the impact of the changes to the Operating Framework would be escalated to the Board.

**Advise:**

The Committee noted the need for a new Quality Improvement Strategy and that Board engagement would be critical to the success of any new strategy.

**Assure:**

The Committee:

- Received an update on the quality of service across all areas of the organisation at each meeting. The July meeting was held at York, allowing members of the H&NY Operational Team to attend the QC in person and the committee gained assurance on how quality was managed and monitored in that area.
- Reviewed and agreed the new Terms of Reference and associated work plan for the committee for 23/24.
- Reviewed and recommended the Quality Accounts for 22-23 to the Board.
- Reviewed the new Quality Walkaround Policy and agreed that this would be piloted.
- Noted the progress made towards the implementation of the Patient Safety Incident Response Framework (PSIRF).
- Noted the Significant Events & Lessons Learned Q4 report.
- Received and noted the Patient Experience Exception update Q4.
- Received and noted the Clinical Effectiveness Exception Report Q4.
- Received an update on the evaluation of 2018-23 QI strategy, noting the impact of operational pressures and progress made in implementation of QI across YAS.
- Received and noted the Priorities for Improvement agreed with commissioners for 23-24.
- Received an update on progress against the Research Strategy.
- Reviewed and supported proposed changes to the Quality Impact Assessment Policy.
- Received an update on the new process for the management of risks which are the responsibility of the Quality Committee.
- Received an update on Category 2 segmentation.

**Risks discussed:**

The committee discussed all the risks assigned to Quality Committee

**New risks identified:**

No new risks identified. The highest corporate risk related to hospital handover, and a proposal was made to review and disaggregate the risk to local ICB level.

**Report completed by: Anne Cooper, Non-Executive Director, Quality Committee Chair.**

**Date: 20 July 2023**