



Report Title	Quality Committee – Chair’s Report
Author (name and title)	Anne Cooper, Non-Executive/Chair of Quality Committee
Accountable Director	Dave Green, Executive Director of Quality and Chief Paramedic
Previous committees/groups	N/A
Recommended action(s) Approval, Assurance, Information	Assurance
Purpose of the paper	The report provides highlights of the Quality Committee to provide assurance to the Trust Board.
Recommendation(s)	The Board is asked to note the contents of the report.

**Executive summary (overview of main points)**

The report provides highlights from the work of the Quality Committee to provide assurance on its activities to the Trust Board. The paper aims to update the board on the risks set out in the Board Assurance Framework where the Quality Committee is responsible for assurance. The Quality Committee has met twice since its last update to the Board in February.

Trust Strategy Bold Ambitions Select the most relevant points from the bold ambitions.	Our Patients	Achieve the highest possible rating of ‘outstanding’ by the health and social care regulator (CQC).
	Our People	
	Our Partners	Listen and respond to patients, partners and our communities to develop and deliver high-quality care, which is continuously improving. Work collaboratively with all our partners to achieve better experiences and outcomes for patients, optimising all of our collective skills and valued resources. Deliver the most appropriate response to patients requiring of out-of-hospital care.
	Our Planet and Pounds	Ensure decisions are informed by evidence, research, data and intelligence. Develop and deliver improvement, through learning and adoption of best practice.
Link to Board Assurance Framework Risks (board and level 2 committees only)		4. Strengthen quality governance and medicines management to develop a culture of improvement, safety, and learning. 7. Support staff health and well-being effectively. 11. Collaborate effectively to improve population health and reduce health inequalities.

## Highlight Report

**Report from:** Quality Committee

**Date of the meetings:** 20 February 2025; 20 March 2025

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

#### Alert:

#### Advise:

#### February

The Committee noted some challenges for local teams in accessing outcome data in order to improve performance. This has been raised with both the Deputy CEO and the CCIO.

The Committee noted the improvements in the Infection Prevention and Control Audit results.

The Committee noted the positive progress on Controlled Drugs management process.

#### March

The Committee noted the positive progress with Right Care, Right Person and was assured that steps had been taken to mitigate the risks. The agenda item was removed from the standard workplan as any new risks would be picked up through the usual PSIRF processes.

The Committee received the 6-monthly update on Health Inequalities. They noted the need for resources to continue the work and the committee requested clearer plans for how the information was used both in the Trust and shared with external partners to ensure that the insights generated by the Trust were used positively to support the health system to deliver to patients and the public.

#### Assure:

#### February

##### Service Presentation:

A detailed presentation was received on quality assurance processes in South Yorkshire, which included an in-depth analysis of key quality metrics, patient outcomes and operational challenges in the region, along with mitigation strategies and strategic priorities for 2025.26. A patient story was also shared. The committee noted the positive progress since the last update. The Committee noted the need to secure access to outcome data for teams to enable performance improvement.

##### Quality and Safety Briefing:

The Committee has a standing agenda item where there is a briefing on current issues from the Chief Paramedic, Medical Director and Director of Partnerships and Operations relating to performance and any associated safety issues. The Committee noted the overall performance and how these related to quality and safety.

The Committee received the following updates:

Corporate risks, along with an in-depth review of corporate risks that sat just below the routine reporting level to Committee to gain assurance on the effectiveness of risk mitigation. The Committee noted the lack of progress in the integration of clinical assessment services in the February meeting, however, in March this was explored in relation to BAF risks. The integration work is continuing but has been eclipsed by the NHS Pathways Programme of work.

Patient Experience; noted improvements in local resolution, the reduction in formal complaints, and a focus on addressing attitude and clinical care complaints and gained assurance on improvements to the Trusts handling of patient experience. At the February meeting it was noted in the reports that Complaints acknowledgement compliance was poor, however, this was due to inaccurate data in the report.

Quality Improvement (QI) Update on progress against the Trust's QI Strategic Enabling Plan.

Report from the Chief Clinical Information Officer (CCIO), noting the appointment of a Clinical Safety Officer working with the Directorate of the Clinical Digital Information Officer.

Controlled Drugs (CD) Update: update on the progress of the CD improvement plan and was assured as the improvement being made.

Executive and Non-Executive Director Visits; update on the implementation and embedding of the newly agreed process for coordinating visits, along with feedback and themes from visits undertaken during Q3.

## **March**

The Committee received the following updates:

Quality and Safety Briefing: routine update on current performance and any associated risks and quality and safety perspectives.

Quality Accounts; sight of the first draft of the Trust's Quality Accounts.

Medicines Optimisation Group including progress against the CD optimisation plan.

Claims and Coronial Report; update on the number of claims and coroners cases including how the Trust learns from these cases.

Update on external investigations and incidents that involve external stakeholders.

## **Risks discussed:**

At the February meeting the Committee received a full report on Risk Management and the BAF and noted that the greatest risks remain around hospital handover times.

<b><u>New risks identified:</u></b>

No new risks were identified.
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Report completed by: Anne Cooper, Non-Executive Director, Quality Committee Chair.  
Date: 20 March 2025