

Board of Directors' Meeting Report – 5 August 2015

Agenda item 84/15

Title	Quality Assurance Committee Report
Sponsoring Director	Fred Heddell NED
Author	Fred Heddell, Chair Quality Assurance Committee
Purpose	To provide assurance concerning the QAC's fulfilment of its TOR duties and objectives as an assurance sub-committee of the Board of Directors.
Previously considered at	Not applicable
Executive Summary	
<p>Assurance is offered on: Clinical Risk Management – 6 high rated risks and 94 moderate. Complaints, Claims and Litigation – levels acceptable and management good. Health and Safety - issues raised being dealt with. Consent training for junior doctors - training in place and records kept School of Medicine visit - actions taken and revisit positive.</p> <p>Other Items to note PAS Update - VTE figures partly data entry full update on PAS requested Serious Incidents (SI) Report - increase in reporting SIs, review of never event underway. Patient Survey - medium result - some poor areas. Plan for this to be addressed. NICE compliance and new process – underway - target September for completion. Corporate Policies update - 58 (out of 259) policies are still beyond their due date some progress Clinical Audit Schedules - new process underway – report again in October. Mandatory training compliance - still less than 85% but improving. GMC National Training Survey - 100% completion, some concerns BAF Review - minor amendments</p>	
Related Trust Objective	Patient Focus- Keep getting better Staff-Feel proud to work here and keep getting better Partnership-our hospital/our community Research, Education & Innovation – investing in the future
Related Risk	BAF Risk - Do we know what our patients really think (or want)? BAF Risk - Patient Safety, experience & outcomes compromised BAF Risk - Failure to deliver safe patient care as staff not attending Statutory Mandatory Training BAF Risk - Disengaged workforce. Non-compliance with CQC outcome requirements which may result in enforcement action causing reputation damage and loss to the Trust.

Legal implications / regulatory requirements	Assurance of our standards for regulatory bodies as set out in the QAC TOR.
Quality impact assessment	Not applicable
Equality impact assessment	As far as can be considered this paper has a positive impact for the 9 protected characteristics under the Equality Act 2010.
Recommendations: The Board is asked to note this report and receive assurance and information therefrom.	

Quality Assurance Committee July 2015 Board Report

Assurance

Clinical Risk Management

There are currently 6 high rated clinical risks and 94 moderate rated clinical risks. The Committee felt that the scoring of one risk should be reviewed.

Benchmarking comparison between high and medium risks of other trusts was requested and it was suggested that the internal auditors Baker Tilly might be able to assist with this information.

Complaints, Claims and Litigation

A report on complaints, claims, inquests, compliments and PALs issues from 1 January 2015 to 31 March 2015 was presented.

- During the above period the Trust received 227 written complaints of which 67 have been closed. This equates to 0.09% of attendances which is slightly less than the same period last year (0.1%).
- The average number of complaints per month is 75.
- The number of PALs contacts has increased.
- 3 new inquests were reported in this period and 5 were closed.
- The Trust has 97 active and on-going clinical claims and 13 non-clinical claims.
- 598 compliments were received by wards and departments across the hospital.

Health and Safety Report

Tim Young presented an updated report on the issues discussed at the Health and Safety Committee meeting on 11 May and 13 July.

- A review of the membership of the committee needs to be undertaken.
- Concerns were raised around security and car parking staff needing to undertake patrolling of the premises on their own. A review of the quality impact assessment is to be undertaken. Improvements to car park are being made to signage and slippage.
- In the past racist comments made by dementia patients have been reported to the Police. It was discussed that this was an issue that the Equality and Diversity Committee shall be requested to advise on.

Consent training for junior doctors

A report outlining the basic model for obtaining consent was presented

- The undergraduate medical curriculum is required by the GMC to contain training in medico-legal and ethical issues.
- This generic training in the principles of consent continues into postgraduate medical education.

- Each Clinical Directorate will maintain up to date departmental consent registers which will be the responsibility of the governance leads. Regular audit will be undertaken and an annual report will be provided to CAC.

School of Medicine re-visit

A verbal update was given to the Committee on the recent revisit of the School of Medicine.

- The visit was positive and the School of Medicine will not be withdrawing trainees from the Trust.
- Detailed feedback was given on the Trust's action plan.
- A further visit will take place in 6 months' time.
- Action plans continue to be updated every 2 months until the next visit.

The Committee noted that progress has been made on all the points raised at the previous School of Medicine visit.

An updated action plan and progress report to be presented to next QAC meeting and a further report to be presented at first QAC meeting in 2016 after the next re-visit.

Noted

PAS Update

The problem that occurred on PAS in relation to VTE appears to be related to data entry. This can be rectified retrospectively but if it is amended after the reporting cut-off date the compliance figures may be adversely affected. Training is provided and readily available.

A full report was requested for the next meeting giving a more general update/overview on the effectiveness of the PAS system implemented in 2014.

Serious Incidents (SI) Report

Benchmarking data shows that:

- Southend remains one of the lowest reporters of SIs.
- There has been an increase in reporting of SIs.
- SIs remain open until all actions have been implemented and evidenced.
- A recent internal audit has scored our SI process as Amber / Green.
- All evidence relating to SIs is collated and held centrally with the Risk team.
- The Trust is still in discussion with the CCG about the classification of a particular near miss/never event. It is believed the event will probably remain a never event.

Patient Survey

Overall the Trust scored 'about the same' as other trusts, however, in some individual questions the Trust scored 'worse' than other trusts.

The Committee noted the poor performing areas and it was noted that the clinical effectiveness / patient experience team are working to conduct real time audit-like feedback to try to find out where the Trust needs to improve.

It was agreed that a report showing a comparison between last year's and this year's survey results would be produced.

NICE compliance and new process

A report providing a summary of compliance with NICE guidance was presented together with an explanation of the process for the management, review and implementation of guidelines.

Directorates are requested to review their respective guidelines to complete and submit their baseline assessments to the Governance Team by the end of September 2015. Guidelines that are not accepted for compliance must be risk assessed and the reason for non-compliance as well as the risk assessment will be discussed and agreed, if applicable, at the Directorate Clinical Governance Group. This must then be escalated to the CAC for final review and acceptance of the non-compliance.

A further report will be presented to the October QAC.

Corporate Policies update

- 58 (out of 259) policies are beyond their review date.
- Progress has been made but the issue remains challenging.
- Outstanding policies will now be discussed at Clinical Directorate Performance Review meetings which are held with the Executive Directors.

A further report will be provided at the QAC meeting in October.

Clinical Audit Schedules

An overview of the Trust performance and processes for managing clinical audit highlighting gaps was presented.

- Benchmarking against recently published Healthcare Quality Improvement Partnership (HQIP) has identified the need to improve systems and processes in the management of clinical audit in the Trust.
- The Clinical Audit Strategy has been updated accordingly and objectives for 2015/16 have been identified in line with this.

The clinical audit team are working with the internal auditors to finalise the audit plan. A further report to be provided at the QAC meeting in October.

HR Strategy (including mandatory training compliance)

Improvements have been made to training compliance but the target of 85% is not yet reached. Safeguarding training issues are on the risk register and the final list of core training has been agreed but is yet to be implemented. Concern was raised as we are not meeting some of the training standards and this could leave the Trust in a vulnerable position.

Progress on the HR strategy will be presented to the next QAC.

GMC National Training Survey

- The Trust has achieved 100% trainee completion.
- The results are better than in 2014.
- 2 concerns were raised. Responses have been submitted to the GMC.

BAF Review

Risk 1 and 2:

The issues resulting from the School of Medicine and Health Education East of England (HEEoE) deanery visits were added to Risk 1.

The rating for both Risk 1(20) and Risk 2 (16) remain at their respective ratings as before.

Risk 5:

The rating also remained the same at 20 due to on-going challenges with recruitment.

Fred Heddell 23rd July 2015