

Board of Directors' Meeting Report – 2 May 2017

Agenda item 55/17

Title	Quality Assurance Committee Report
Sponsoring Director	Fred Heddell, Non - Executive Director
Author(s)	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., and to provide an update of the meeting held on 19 April 2017.
<p>Executive Summary</p> <p>Assurance is offered on: Corporate Governance Group – Exception Report Corporate Management Team - Exception Report Quality & Safety Committee - Exception Report Clinical Governance Committee - Exception Report CQC Action Plan - Exception Report Clinical Audit and Quality Improvement Project Annual Report 2016/17. Never Events and SIs Progress on Mortality Action Plan and Coding Draft Annual Quality Account 17/18 BAF Risk 1 and 2 Review BAF Risk 6 Review including Premises Assurance Model Report</p> <p>Items to Note: Midwife Supervising Authority Pathology - Exception Report Savile Lampard Report Report from Joint Quality & Patient Safety Committee</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	Careful consideration of the Quality issues was requested in the revision of the Governance structure.
Equality impact assessment	Equality and Diversity is a specific focus throughout the QAC agenda and specific initiatives are covered in the reports.
Recommendations: The Board is asked to note and receive assurance from the report.	

Quality Assurance Committee Meeting Wednesday, 19 April 2017

For Assurance

Corporate Governance Group – Exception Report

Since the last QAC meeting, the group met twice as part of the Site Leadership Team meetings.

Key issues covered included –

- Board Assurance Framework.
- Corporate Risk register.
- Internal Audit Outstanding Action.
- Internal Audit Reports.

QAC was assured that ESR risks were also monitored locally.

Corporate Management Team - Exception Report

Key issues included -

- Success Regime update
- Finance update
- Financial Improvement Programme
- Performance update
- ECIP
- Board to Ward Safety Walk Rounds
- SAFER Review – Standard operating Procedure
- Capital Programme Bids

QAC requested a more detailed SAFER report and a briefing on the Red to Green day re-launch and data on compliance across the Trust.

Quality & Safety Committee - Exception Report

From a long list of subjects covered QAC:

- Noted that most of the complaints backlog had now been cleared and the directorates are now held to account for their own complaints and responding within a timely manner.
- Were assured that Mortality and morbidity reports are independently reviewed and are now mandatorily reported.
- Were assured that no harm had come to patients as a result of the knee replacement recall though a review is still underway.

Clinical Governance Committee - Exception Report

- QAC noted that written reports, rather than verbal updates, are now being submitted to the Clinical Governance Committee
- QAC requested more comprehensive data on Safeguarding training compliance figures.
- A full report will be presented to QAC on Research & Development opportunities across ESR.
- QAC noted the IG toolkit rating of 'satisfactory' and that there is still comparison work to be carried out with the 2 other Trusts.
- QAC raised concern that there was non-attendance at the CGC from the Women's and Children's unit. It was confirmed that this issue had now been addressed.

CQC Action Plan - Exception Report

- There are 16 actions on the current action plan. 7 are in progress or complete but without evidence and 2 actions are still red rated.
- The CQC carried out an unannounced inspection in February and written feedback showed there were a greater number of areas of good practice identified than areas to be improved. The CQC found no areas of significant concern. 8 areas for improvement which have been added to the action plan.
- Red rated actions are Monitoring of medicine refrigerators and Record keeping.
- The final written report is due.

Clinical Audit and Quality Improvement Project Annual Report 2016/17

QAC complemented the team on the great improvement in reporting over previous years.

- Corporate audit programme is 88% complete.
- Directorate audit programmes are 95% complete.
- Participation in mandatory national clinical audits and confidential enquiries is 85%.
- Evidence of review of outcomes from national clinical audits is 49% - but the new process for reviewing the outcomes is beginning to become embedded.
- The draft corporate clinical audit programme 2017/18 was approved by the Clinical Governance Committee.

Never Events and SIs

- 37 new SIs were declared.
- NRLS data shows high incidence of reporting with low harm.
- Duty of Candour verbal compliance 56%, written compliance 100%, overall 78% in relation to the previous quarter which was 88%.
- KPIs – 3 day reports 63.6% compliance, 60-day compliance 53.3%.
- A Never Event occurred in January involving a retained tag of a large abdominal swab.
- New Local Safety Standards for Invasive Procedures booklet is awaiting approval.
- External SI involving Pathology First outsourcing received.
- QAC was concerned about the 56% Duty of Candour compliance. It was reported that reporting processes have been put in place to ensure improvement.
- The financial implications of possible fines in relation to SIs were questioned. This is discussed at the Quality & Patient Safety Committee and can be raised at the Finance & Resources Committee.

Progress on Mortality Action Plan and Coding

- The latest SHMI for the period October 2015 – September 2016 is 1.15, outside the control limits (0.89 – 1.12).
- Crude mortality was higher for December and January though the reason had not been identified.
- The Trust has adopted a 'Co-morbidities form' on a 1 month trial basis in April. It had been previously tried at Basildon Hospital.

QAC expressed its concern about how long the coding project has taken and the number of requests over the last few years to gain specific information relating to coding issues. QAC was offered assurance that the Director of Medicine for the ESR is now leading on the project and has a high level of expertise.

The Committee asked whether using Dr Foster could be a better measuring tool and asked for a report to the next meeting.

Draft Annual Quality Account 17/18

- Additional details have been included in the quality priorities to explain the targets.

- Further detail has been added to the CQC section as required by the guidance.
- Duty of Candour has been included as required by the guidance.
- In the current draft, National and local data is the most up to date available.

Further comment or amendment is needed soon.

BAF Risk 1 and 2 Review

- It was agreed that existing ratings should remain.

BAF Risk 6 Review including Premises Assurance Model Report

- Environmental H&S audits are in place with associated action plans.
- Intranet reporting is now used to enhance “customer satisfaction”
- Plans have yet to be agreed to deliver robust business continuity.
- MEMs need to ensure assets are maintained in a timely fashion, replaced as and when the risk can no longer be managed and staff are trained to use the equipment.
- Capital Planning for 17/18 has been updated.

Continuity Plan and Capital Programme to be discussed in more detail at the Audit Committee.

To Note

Midwife Supervising Authority – an update at the next meeting was requested following the abolition of the National supervising programme and the introduction of an interim local scheme.

Pathology - Exception Report

It was reported that there are now fewer operational problems in the Pathology service, but there has been an increase in incorrect results being issued.

Pathology First are working to address specific issues and work is being carried out to improve collaboration.

QAC raised serious concerns about the mistakes and were not assured that lessons were being properly learned, the appropriately skilled staff were being recruited or that the working relationship with Pathology First was effective.

It was also noted that there are KPIs which the Trust have identified as requiring change and these would be reviewed in December 2017.

QAC expressed its concerns regarding the Pathology Service and will raise the issues with the Board of Directors so that action can be taken to challenge Pathology First’s quality controls.

Savile Lampard Report

- *A Policy is in place for agreeing to and managing visits by celebrities, VIPs and other official visitors.*
- *A process is in place for recruiting, training, managing and supervising volunteers.*
- *Mandatory training is in place for staff and volunteers in safeguarding, with processes in place routinely monitored and reported.*
- *We are compliant with DBS process for new starters*
- *There is a policy in place for access to the internet by patients and visitors.*
- *There is a process in place for checking contract and agency staff.*
- *A communications and media relations policy in place covering brand and reputation, association with celebrities and major donors.*

Updates will be added to the agenda of QAC and the Audit Committee.

Report from Joint Quality & Patient Safety Committee

- As there had not been a meeting since the last QAC the Company Secretary agreed to find out when the next meeting is due to take place.