

## Board of Directors' Meeting Report – 5 September 2017

### Agenda item 78i/17

<b>Title</b>	Quality Assurance Committee Report
<b>Sponsoring Director</b>	Fred Heddell, Non-Executive Director
<b>Author(s)</b>	Fred Heddell, Chair Quality Assurance Committee
<b>Purpose</b>	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 21 June 2017.
<p><b>Executive Summary</b></p> <p><b>Assurance is offered on:</b></p> <p>Corporate Governance Group – Exception Report          Corporate Management Team - Exception Report          Quality &amp; Safety Committee - Exception Report          Clinical Governance Committee - Exception Report          Equality &amp; Diversity Committee - Exception Report          Red2Green Report          Complaints, Litigation, Incidents and PALS (CLIP) Report          Clinical Audit Plan - Exception Report          CQC Action Plan          Serious Incidents Report          Internal Audit Reports</p> <p><b>Items to Note</b></p> <p>Red2Green Report          eRostering Progress Report          BAF Risks 1, 5 7 and 8          Report from the ESR Joint Quality &amp; Patient Safety Committee</p>	
<b>Related Trust Objective</b>	Excellent patient outcomes Excellent patient experience Engaged and valued staff Financial and operational sustainability
<b>Related Risk</b>	All BAF Risks
<b>Legal implications / regulatory requirements</b>	Assurance of our standards for regulatory bodies as set out in the QAC ToR.
<b>Quality impact assessment</b>	Careful consideration of the Quality issues was requested in the revision of the Governance structure.
<b>Equality impact assessment</b>	Equality and Diversity is a specific focus throughout the QAC agenda and specific initiatives are covered in the reports.
<p><b>Recommendations:</b></p> <p>The Board is asked to note and receive assurance from the report.</p>	

## **Quality Assurance Committee Meeting Wednesday, 21 June 2017**

### **Mortality and Coding**

QAC was very concerned that the SHMI figures are continuing to deteriorate. After lengthy discussion, it was agreed that a separate meeting for an in depth look at the systems in place and their strengths and weaknesses, in order to be assured that the practices in place are appropriate and effective. (This meeting has subsequently been held as part of the Board Development Session).

### **For Assurance**

#### **Corporate Governance Group – Exception Report**

The CGG has met 3 times as part of the Site Leadership Team meeting. Escalated items include:

- **Risk Management**  
A Joint Risk Management Group (JRMG) has been established across the ESR and agreed that all three hospitals will adopt the same approach to ensure effective risk management. The risk policy, the Datix reporting system and the BAF have been updated to reflect the changes.
- **Internal Audit Reports:**  
The reports on SI Reporting, the Information Governance Toolkit and the Review of Complaints Management were discussed at the Audit Committee meeting on 3 May 2017.

#### **Corporate Management Team - Exception Report**

The team has met twice since the last QAC and escalated items include:

- Cyber-attack - The Committee discussed the cost of the cyber-attack to the Trust and the relevant processes in place. NR confirmed that there will be a Joint Trust response and an update report will be presented to the Finance and Resources Committee on 4 July 2017.
- Conflicts of Interest
- Demand and capacity bed modelling
- Health Education East of England

#### **Quality & Safety Committee - Exception Report**

The group has met once since the last QAC and escalated items include:

- SHMI
- Duty of Candour
- Pathology SIs - The Committee remains concerned about Pathology performance. An update is due to be presented to the Committee on 18 October 2017

#### **Clinical Governance Committee - Exception Report**

The group has met twice since the last QAC and escalated items include:

- Quality issues with biochemistry tests
- Never event in theatres - The Committee questioned how the incident happened if the checklist was followed. It was noted that further items are being added to the checklist to reduce the possibility of error and that NHSi, are working with the manufacturer on the labelling of the products to make them easier to identify.
- Lack of clinical pharmacists
- Monitoring of drug fridge temperatures
- MRSA screening

## **Equality & Diversity Committee - Exception Report**

The Committee has met once since the last QAC and escalated items include:

- Equality Objectives
- EDS2 update
- Gender Pay Gap
- Staff Survey Results

## **Red2Green Report**

QAC was given an update in progress against the Red2Green Programme.

- The Red2Green activity is featured on a live dashboard and reviewed at the bed/escalation meetings.
- Theatre and day-case ward productivity is reported weekly to the Site Leadership team.
- It is proposed that the Red2Green programme progress is reported to QAC and will include performance against the key metrics for improvement.

## **Complaints, Litigation, Incidents and PALS (CLIP) Report**

- Common themes identified across CLIP include clinical treatment, attitude of staff, appointment delays and cancellations, communication, information and slips, trips and falls.
- The complaints backlog has now significantly reduced to 36% of all live complaints.
- There were 3065 incidents reported in quarter 4. Of this, 37 were declared as Serious Incidents, which is 1.2% of all incidents reported. This is higher than reported in the previous quarter at 0/9%.
- Of the 510 reported pressure ulcers in quarter 4, 79 were reported as being hospital acquired, with the majority being grade 1 and 2.
- There has been a marked increase in the reporting of concerns to delays in patient test results.
- There were 303 reported incidents of slips, trip and falls concerning patients, staff and visitors. This was a decrease of 43 from the previous quarter.
- During quarter 4, the Trust received a total of 1060 PALS contacts.
- There were 9 new clinical claims and 3 new non-clinical claims opened in quarter 4. All were reported to NHS Resolution.

It was agreed that rapid resolution complaints to be included as separate data in future reports presented to the Committee.

## **Clinical Audit Plan - Exception Report escalated items:**

- 100% of clinical audits are on track.
- 3 corporate clinical audit reports provide substantial assurance and 2 provide moderate assurance.
- The decision regarding participation in mandatory national clinical audits has been received for 95% of projects and no reports have been published recently.
- There are 66 directorate clinical audits overdue against the plan. These are followed up on a monthly basis with the relevant leads and directorates.
- There are 24 overdue action plans, 23 rated as low risk and 1 as moderate risk.

QAC was pleased that the Trust is moving in the right direction and the overview is very positive.

## **CQC Action Plan**

- The formal CQC action plan was updated in February 2017 to include actions from the inspection carried out in January 2016 and the new actions from the inspections in February 2017.
- The CQC found no areas of significant concern.

- There are a total of 9 open actions on the action plan.

### **Serious Incidents Report**

- 20 new SIs were declared.
- A new Never Event occurred in May.
- There is consistent patient safety incident reporting.
- Duty of Candour verbal compliance is 68%, written is 100%, overall compliance is 84%.
- KPIs – 3 day reports - 86% compliance, 60 day compliance is 70%.

QAC requested clearer data on the 'Monthly Average number of days for 60 day report' graph.

### **Internal Audit Reports**

- Review of SI Reporting
  - The review found that SIs are not reported in a timely manner and sharing feedback on SI investigations needs to be consistent across the Trust.
  - There were 2 urgent actions identified, 1 important and 1 operational.
  - All recommendations have been followed.

QAC asked that SI comparison data be included in the next CLIP report.

- Complaints Management Internal Audit
  - Sample testing found that complainants are not always provided with holding letters where there is a delay with the investigation. 186 complaints had overdue responses.
  - There was 1 urgent action identified, 1 important and 3 routine.
  - All recommendations have been followed.

### **To Note**

#### **Red2Green Report**

QAC was given an update in progress against the Red2Green Programme.

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- Theatre and day-case ward productivity is reported weekly to the Site Leadership team.
- It is proposed that the Red2Green programme progress is reported to QAC and will include performance against the key metrics for improvement.

#### **eRostering Progress Report**

- Implementation for Nursing and clerical staff is almost complete with a target date of 31 July for completion. 95% of staff and 96% of units are now implemented.
- The new KPI dashboard forms part of the Clinical Directorate performance meetings and Nursing performance review meetings as well as being circulated to HONs, eRostering Operational group and ADs.
- Sickness reporting and monitoring is being streamlined.
- Monitoring of planned and taken leave will take place on a quarterly basis.

QAC queried the low roster approval rate and was informed this is improving and being monitored.

QAC questioned the monitoring of annual leave and it was confirmed that this is being addressed.

**BAF Risks 1, 5, 7 and 8**

- The current BAF has been reviewed to bring this in line with the BAF across the ESR and a new set of proposed risks have been identified. The original (current) BAF contains 6 risks whilst the working group have identified 8 risks.

QAC agreed that the Board should sign off the new template and risks at the Board Development Day.

**Report from the ESR Joint Quality & Patient Safety Committee**

- The Terms of Reference were agreed.
- The Mortality review was discussed as detailed in the report.
- 3 Trust performance and areas for improvement which are to be discussed at site level over the coming months.
- The use of 'I Want Great Care' programme was proposed.
- The minutes from the three QAC meetings were distributed.

QAC queried the cost of the 'I Want Great Care' programme and where the funding was coming from in view of the fact that several "high-risk" projects were not able to be met by the Capital Programme. This will be raised at the next Joint Quality and Patient Safety Committee in Common meeting.