

Board of Directors' Meeting Report – 5 September 2017
Agenda item 78ii/17

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 and to provide an update of the meeting held on 16 August 2017.
<p><u>Executive Summary</u></p> <p><u>Assurance was gained from issues raised in exception reports from:</u></p> <p>Corporate Governance Group - Risk Management, Board Assurance Framework and the Internal Audit Report: Fit & Proper person Test.</p> <p>Corporate Management Team - Space utilisation, ESR & JEG update, CQC briefing on 'Well-Led' Guidance.</p> <p>Quality & Safety Committee - Red2Green now embedded.</p> <p>Clinical Governance Committee - Medicines reconciliation rates still low, Information Governance Toolkit – not satisfactory rating.</p> <p><u>Other Items for Assurance:</u></p> <p>Backlog issues - improving but slow.</p> <p>Clinical Audit – mostly on target</p> <p>CQC plan - There are 7 open actions 5 are in progress 2 are red rated.</p> <p>Annual Complaints Report - 827 complaints during the year - 896 were closed.</p> <p>Never Events and SIs - 25 new SIs – verbal reporting under Duty of Candour poor.</p> <p>Mortality Update - The latest SHMI is up to 1.17 - Crude mortality at 1.1%. below the 2% tolerance.</p> <p><u>Items to note:</u></p> <p>Infection Control Visit by NHSi - SUHFT Red Rated</p> <p>Equality & Diversity Committee – no meetings.</p> <p>In-patient Survey 2016 - similar results to 2015</p> <p>Cancer Survey 2016 - good result – 8.8 out of 10.</p> <p>Quality Report – apparent breaches for Sepsis – mostly due to poor records</p> <p>BAF Risks 1, 5, 7 and 8 – reviewed.</p>	
Related Trust Objective	Excellent patient outcomes Excellent patient experience Engaged and valued staff Financial and operational sustainability
Related Risk	All BAF Risks

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 report. In this meeting the Committee requested specific emphasis in the HR strategy as it is developed. The aim is to have 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 Meeting Wednesday, August 2017

For Assurance

Corporate Governance Group – Exception Report

The Corporate Governance Group has met as part of the Site Leadership Team meeting on 13 July 2017.

- The items for escalation highlighted in the report were:
 - Risk Management
 - Board Assurance Framework
 - Internal Audit Report: Fit & Proper person Test

QAC was concerned that MRSA risk score had increased from 12 to 20. It was explained that this is due to the revised evaluation but the number of reported cases of MRSA had not actually increased.

Corporate Management Team - Exception Report

- The items for escalation highlighted in the report were:
 - Space utilisation update – a plan is in progress to relocate a number of services and develop an HDU facility.
 - ESR & JEG update – teletracking is being implemented across the 3 sites; Four Eyes Consultancy will be looking at theatre efficiencies.
 - CQC, next phase briefing: ‘Well-Led’ Guidance – the CQC have introduced a new framework for inspections.

QAC asked if the funding for HDU is part of the space utilisation update. It was confirmed that the project is still in the decision-making phase but plans to go ahead were well advanced.

QAC also queried the number of devices “lost” from the Nerve Centre. It was explained that the loss of the devices is unacceptable, they are now the responsibility of the Ward Managers and the replacements will be charged to ward budgets in an attempt to ensure better control.

Quality & Safety Committee - Exception Report

The group has met twice on 13 June and 12 July 2017.

- The items for escalation highlighted in the report were;
 - SHMI – see Mortality Update below.

It was confirmed that Red2Green is now embedded and is business as usual, although the issues with the ward round times have not yet been fully resolved.

Clinical Governance Committee - Exception Report

The group has met twice on 21 June and 19 July 2017.

- Medicines reconciliation – rates remain low as identified by the CQC. Pharmacist recruitment and alternative working practices are being worked on. The recruitment of 5 additional pharmacists has been agreed.
- QAC asked about the Information Governance Toolkit submission for 2016/17 having “a not satisfactory rating”. It was explained that there are no

consequences following this rating but that a revised action plan will be reviewed by the Information Governance Committee.

Backlog issues – Outpatients

- In October 2015, there were 18,136 patients overdue a follow-up appointment. By July 2017 this had reduced to 11,385.
- The key specialities affected are Ophthalmology, Respiratory, Cardiology, Endocrinology and Diabetes.
- Assistance from the CCG is being agreed to reduce referrals, optimise early discharge back to the GP.
- Recovery trajectories are being monitored monthly as part of the Performance Review with directorates.
- Validation of patient review lists against active outpatient waiting lists is undertaken to remove duplications.

It was reported that that 30% of referrals have been identified as inappropriate by internal audit.

QAC asked for comparative data from the other 2 Trusts so that possible lessons could be learned.

QAC also questioned the level of consultant engagement in Ophthalmology. It was confirmed that engagement has improved and that there has been an agreement to outsource some of the work.

All of the trajectories to reduce the backlog will be revised and agreed with the CCGs.

QAC stated that it was assured by the work being undertaken but not assured that the backlog will be cleared quickly enough.

Clinical Audit Exception Report

- 100% of corporate clinical audits are on track against the plan. Four corporate clinical audit reports provide substantial assurance and three provide moderate assurance.
- There are no corporate clinical audit actions overdue.
- There are 49 national clinical audits and 4 confidential enquiries applicable to the Trust in 2017/18 and the decision regarding participation has been received for 47 projects.
- Five national clinical audit reports have been published since April 2017 and have been sent to the nominated clinical leads for review.
- 48 directorate clinical audit projects are overdue against plans. These are followed up monthly.
- There are 23 overdue directorate audit action plans. 1 is rated as a moderate risk and has been followed up.

CQC Action Plan Exception Report (Well-led Framework)

- The CQC action plan was updated and reviewed when the final quality report was published in May 2017.
- There are more areas of good practice than areas to be improved and the CQC found no areas of significant concern.
- There are a total of 7 open actions on the action plan; 5 are in progress or complete but without evidence and 2 actions are red rated for which specific actions are being taken.
- A communication plan regarding the new KLOEs and what this means for each level of staff is being produced and will be shared across the Trust.

QAC identified the need for clarity across the Success Regime on the combined approach for the Well-led Framework. It was confirmed that will be carried out over the next 2 months.

Annual Complaints Report

- The Trust received a total of 827 complaints during the period.
- 896 complaints were closed during the period which included complaints received in the previous year.
- An increase in complaints was seen by D&T, TCC&A, ED and W&C.
- A reduction was seen in MSK, Surgery and Medicine.
- The new complaints process was implemented in April 2016, which incorporates more direct intervention and early resolution which has led to a decrease in the total complaints considered for full formal investigation.
- Learning from complaints has led to many improvements and actions over the last year.
- The Trust does not currently have any cases with the Health Service Commissioner or Local Commissioner.
- There were no complaints older than a year and only 7 in the 6 – 12 month category.

Never Events and SI Report

- 25 new SIs were declared.
- There is consistent patient safety incident reporting.
- Duty of Candour evidence of verbal compliance is 50%, written compliance 100%, overall 75%,
- KPIs – 3 day reports 100% compliance, 60 day compliance 68%.

QAC requested greater detail and breakdown of the numbers of SIs.

QAC requested a summary paper on the key findings from the 3 never events over the last 12 months.

Overall the QAC received assurance from the report but were concerned about the poor level verbal compliance for verbal reporting of duty of candour and the apparent increase in the number of never events.

Mortality Update Report

- The latest SHMI is 1.17, up from September 2016 when it was 1.15. This remains outside the control limits of (0.89 – 1.12).
- The main diagnostic groups contributing to the elevated SHMI are unchanged.
- 32% of deaths occurred out of the hospital within 30 days of discharge from a hospital admission.
- The Trust's mortality action plan wasn't introduced until July 2016 and therefore the full impact of the changes are unlikely to have been realised.
- The role of care providers and commissioners outside of the hospital is being recognised.
- The Trusts updated mortality action plan includes details of the work to improve the quality of recording co-morbidity data and will improve the accuracy of coding and so the accuracy of the SHMI.
- Crude mortality remains below the 2% tolerance since February 2017 and hit its lowest level in June 2017 (based on the last 18 months) at 1.1%.
- The Trust has allocated funding for the introduction of additional HDU beds to support the demand which will peak in the winter months.

QAC discussed the work still to be done on coding and was informed that all coders have received training and a revised coding booklet; however, the results will not filter through immediately.

QAC suggested that the 'Learning from Deaths Framework' could be a useful tool.

QAC was pleased to be informed of the HDU beds that are to be implemented; 2 for winter 2017 with a total number of 8 beds to be implemented in 2018.

QAC felt that crude mortality and avoidable deaths data would be positive information when reporting to the Board.

QAC received assurance from the report that appropriate action is being taken though they remain very concerned that it is taking so long to improve the widely publicised SHMI results.

To Note

Infection Control Visit

- An update on the Infection Control Visit by NHSI to the Trust on 8 August 2017 was provided. The 3 SR Trusts invited NHSI to carry out an infection control visit at all 3 sites. SUHT received a red rating which included challenges on uniform policy, bare below elbows, hand hygiene, dust control, domestic cleaning issues and check lists. NHSI will not be escalating to CQC at the moment. Urgent work is being carried out with the Matrons and training is being provided in October. A report will be presented to QAC at the next meeting.
- QAC raised concern that internal audits had been satisfactory yet the external visit had revealed very different findings. The Committee requested that the internal audit process be reviewed to ensure that true assurance is being provided.

Equality & Diversity Committee - Exception Report

- The Equality & Diversity Committee has not met since the last QAC and the Committee expressed its concern that these meetings have been cancelled on several occasions. It was confirmed the vacant E&D post within HR has now been appointed to so this issue should now improve.

In-patient Survey 2016

- The survey produced similar results to previous years.
- The Trust's response rate was 2% lower than the national level at 42% and a reduction from 2015 survey.
- No sections scored in top 20%. 6 sections scored in bottom 20% of trusts
- Action areas have been identified across the 3 sites to address the areas where we in the lower 20%.
- Staff workshops are being organised to go through the results of the survey.

Cancer Survey 2016

- Our average rating was 8.8 (out of 10), which was the same as in 2015.
- When benchmarked against national results the Trust scored "better than expected" in 7 questions and lower than expected in 2 Questions. For all other questions, the Trust scored within or towards the upper range of the "as expected" range.
- Results are broken down into 13 tumour sites.

MEMs Internal Audit - cleaning of equipment by nursing staff

The Trust has been failing with the nurse cleans, so have trialled additional cleaning hours, which was agreed by the Site Leadership Team. The Infection Control visit showed that the

audits were not effective. We are currently looking to recruit to a Housekeeper role and a having a monthly cleaning book for each ward.
QAC noted the update and requested a further update at future meetings.

Quality Report – breaches for Sepsis

External assurance on the Trust's Quality Report was carried out in May 2017 by Ernst & Young LLP. The clinical indicator picked for auditing was sepsis – time of arrival in the emergency department to receiving antibiotics.

- The testing identified errors in the recording of the sepsis indicator. Three cases in a sample of 25 did not receive antibiotics within one hour of admission but in the quality report these cases were not recorded as a breach.
- Data collection and auditing processes for sepsis have been reviewed by the new Sepsis Lead nurse and where possible, electronic data collection methods are used to prevent errors from occurring.

BAF Risk 1

- This risk is still at a draft stage and is being reviewed by the Assistant Director of Operations.
- The current risk score remains at 20, with a target score of 15.

BAF Risk 5

- Environmental H&S audits are in place with action plans.
- The use of intranet reporting on maintenance works has been introduced.
- Medical Equipment Management ensures assets are maintained in a timely fashion and replaced when necessary.
- The current risk score is 12, with a target score of 9.

BAF Risk 7

The previous risk rating of 16 was reviewed and it was proposed that it remains at 16. The target risk score is 6.

BAF Risk 8

The previous risk rating of 15 was reviewed and it was proposed that it remains at 15. The target risk score is 5.

Committee Self-Assessment

- Response rate was 100%
- There was general consensus on all of the questions averages 3 (agree), or above
- Top 2 scores
 - Clear Terms of Reference
 - Attendance and Contribution at meetings
- Bottom 2 scores
 - Circulation of papers
 - Concise, relevant and timely information
- Areas for improvement
 - Circulate all papers well in advance of the meeting.
 - Right people to attend meetings to present reports.

- Consistent use of report templates.
- Need to highlight only key issues when presenting at meetings.
- Review timing of Clinical Governance Committee.
- Deeper dives into topics.
- Better focus at meetings.

Fred Heddell August 2017