Board of Directors' Meeting Report – 5 December 2017

Agenda item 103/17

Title	Quality Assurance Committee Report
Sponsoring Director	Fred Heddell, Non-Executive Director
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.

Executive Summary

The main items covered at the meeting held on 18 October 2017 were:

- A Pathology Report – things have improved considerably but there are still issues to address.
- Mortality Update - high SHIM still causes concern. An external review has been requested.
- Infection Control Update - Actions from the NHSI inspection have largely been completed.
- There were few items from inspection reports escalated.
- The Equality and Diversity Committee is meeting again and identifying actions needed.
- Clinical audit is mostly on target.
- 21 SI were declared in August/September (down on previous months)
- A new supervisor system is being introduced for midwifes.
- Cooperation in MSB offers enhanced opportunities in Research.
- BAF reviewed

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	The quality impact in considered in all items.

assessment	
Equality impact assessment	Equality and Diversity is a specific focus throughout the QAC agenda and specific initiatives are covered in the report. The Committee was pleased to note that the Equality and Diversity Committee is now meeting again with good admin support. 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, 18 October 2017

For Assurance

Pathology update

- Most issues raised previously have been resolved, although a number of operational concerns remain.
- Positive developments in joint governance for better working between all 3 parties.
- Development of 'aspirational and non-contractual' KPIs has offered better clarity.
- The incident reporting process is being reviewed by the Joint Pathology First Governance group.
- Exception reporting from the Pathology Consultant Committee deals with concerns from the clinical body from both Southend and Basildon hospitals.
- Several external quality visits have been conducted in the last couple of months:
- A common reporting process is being developed for BTUH and SUHT Quality Assurance Committees.
- An update to be provided at the next QAC in February.

Mortality update

- The latest SHMI for the period April 2016 – March 2017 is 1.19.
- The Board development session agreed that further assurance is required in the form of an external review to ensure that:
  - the actions in the mortality improvement plan are appropriate, robust and timely
  - the learning from deaths framework is being implemented according to national guidance.
  - the coding processes in the Trust are as accurate as possible and involve effective clinical input.
  - the internal reporting, escalation and governance of mortality performance is to the appropriate standard.
- The information teams from all three sites are working together to produce a common mortality dashboard using BTUH's 'SHMI proxy' model. This will enable Trust's to have a more up to date view on mortality performance.

Although QAC received assurance that actions are being taken to address the mortality issues concerns remain about the high SHMI figure.

Infection Control update

- 2 cases of MRSA Bacteraemia were identified in August;
- In August there were 3 cases of Multi-resistant Acinetobacter baumanii (MRAB).
- MRSA screening compliance remains below the 95% internal target at 86.5%. Work continues to improve compliance.

Infection Prevention Control Action Plan

- Following the NHSI visit in August this year an Action Plan was drawn up.
- All the actions have been completed and the majority of these have been completed with evidence.
- QAC Suggested that the wording under the "progress as of date" be reviewed to ensure it reflects the current situation.

Infection Control Annual Report

- There were 19 cases of Clostridium difficile at SUHFT against a trajectory of 30 cases. Two of the cases were classified as direct lapses in care.
- There were two cases of MRSA bacteraemia against a trajectory of zero.
- The surveillance of surgical site infection (SSI) continued.
- The mean hand hygiene compliance score was 98.48%.
- Enhanced monitoring for legionella and pseudomonas aeruginosa in tap water in high risk areas continues.

QAC was concerned about compliance level of 98% and its inconsistency with the NHSI infection control report. It was also noted that the report does not reflect the other Trust publications and it was suggested that the format for future reports be reviewed.

Exception Report – Corporate Governance Group

The group has met twice since the last QAC;

- Risk Management – a candidate risk form has been introduced which is a new way of assessing extreme risks to the Trust.
- Board Assurance Framework – the new BAF risks were approved by the Board in September.

Exception Report – Corporate Management Team

- NHSI Infection Control Visit – the action plan was circulated to CMT for feedback prior to submission to NHSI
- Estate works/Moves – an updated estates plan was circulated for agreement
- An audit into agency spending was carried out and was shared with CMT for tighter grip
- The uniform policy has been revised to include sanctions for non-conformance with the policy.

Exception Report – Quality & Safety Committee

- The latest SHMI was highlighted for escalation.

Exception Report – Clinical Governance Committee

- There were 5 items for assurance of action.
- Directorate clinical governance group monthly exception reports.
- Medical devices safety quarterly exception report.
- Safeguarding adults and children quarterly exception report.
- Infection prevention control quarterly exception report.
- CAS alerts report.

Health & Safety Committee

- A RAG system is utilised to highlight the current action plan completion status.
- Exception findings of note are listed against health and safety strategy objectives.
- QAC suggested that a target be included next to the rag status.

Exception Report – Equality & Diversity Committee

The Workforce Race Equality Standard Submission to NHSE and Action Plan 2017 presented.

- The Workforce Race Equality Standard (WRES) provides a framework for NHS Trusts to report, demonstrate and monitor progress.
- The data indicates an improvement in some areas for BME staff.
- The action plan will be monitored by the EDIC.
- Though the Trust demonstrates compliance with the law, there is still proactive action that can be taken around gathering data, monitoring trends and implementing actions.

Clinical Audit Plan – Summary of progress

- 100% of corporate clinical audits are on track against the plan. Five corporate clinical audit reports provide substantial assurance, four provide moderate assurance and two provide limited assurance.
- There are no corporate clinical audit actions overdue.
- 48 of the 49 national clinical audits and 4 confidential enquiries have had decisions regarding participation.
- Eleven national clinical audit reports have been published since April 2017.
- 53 directorate clinical audit projects are overdue against the directorate clinical audit plans. These are followed up monthly.
- There are 20 overdue directorate audit action plans which have been risk assessed and all rated as low risk.

QAC discussed the audits that have received limited assurance and requested an update. QAC suggested that deep dives could be conducted into the different audits.

CQC Compliance (Well-led Framework)

- There are a total of 7 open actions; 6 are in progress or complete but without evidence and 1 action is red rated.
- The CQC / IPC preparation project management group has been established to support the Trust in preparing for any forthcoming CQC or IPC inspection.
- The peer review mock CQC inspection gave overall ratings of ‘good’ in surgery, critical care, children and young people and end of life, and ‘requires improvement’ was recorded for all other core services.
- “Well Led” has also been assessed as good in Surgery, Critical Care, Gynaecology, Children and Young People, End of Life and Diagnostic Imaging. But Urgent and Emergency Services, Medicine and Outpatients were rated as requiring improvement and Maternity was rated as inadequate.

Never Events and SI Report

- 21 SIs were declared in August and September.
- There is consistent patient safety incident reporting.
- Duty of Candour evidence of verbal compliance remains an issue.
- 3 day reports - 100% compliance, 60 day compliance - 75% in September.

To Note

Proposal for introduction of A-Equip (replacement model for Supervision of Midwives)

- Supervision of Midwives was removed from legislation, leaving a gap in both for women using the services and midwives.
- There is a proposed model to replace Supervision for midwives known as A-Equip. Supervising Midwives would be known as Professional Midwifery Advocates (PMAs) and will be required to undertake a training programme.
- A pilot will be run for a year.

R&D report

- The three hospitals working together opens an opportunity to make a step change
- As it stands, SUHFT provides a broader range of research than BTUH and MEHT
- A model for working is being developed. This will enable:
  - Specialty leads – One point of contact across three sites
  - One approval system.
  - Research nurses at all sites providing continuity of care.
  - Shared information.
  - Greater body of skills and knowledge – better grant applications
  - Potential to increase funding for larger projects.
  - Increase and improve our reputation.
- Anglia Ruskin University is key in the development of R&D.

BAF Risk 1

- The current risk score remains at 20, with a target score of 15.

BAF Risk 5

- The current risk score is 12, with a target score of 9.

BAF Risk 7

- It was agreed that the risk remains static at 16. The target risk score is 6.

BAF Risk 8

- It was proposed that the risk remains static at 15. The target risk score is 5.

Feedback from Joint Quality & Patient Safety Committee

The main issues discussed were:

- the CQC/NHSI well led framework,
- the NHSI infection control visits,
- the implementation of GIRFT (Getting It Right First Time), which is a programme of that seeks to identify areas variation in clinical practice
- a proposal to introduce four levels of improvement training within the MSB Institute that will be delivered to staff across the three hospital sites,

- a proposal to undertake a Safety Culture Survey across the JWB, JEG, Site Leadership Teams and Local divisional teams.