

Board of Directors' Meeting Report – 6 March 2018

Agenda item 16/18

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.
<u>Executive Summary</u>	
<p>The main items covered at the meeting were:</p> <ul style="list-style-type: none"> • Clinical Audit Plan – mostly on track • Internal Audit Report on Clinical Audit – weakness in Departments not submitting data. • CQC Compliance – 4 actions added to workplan following recent inspection. • Never Events and SI Report -_no never events - 21 Sis – Concern about Duty of Candour compliance. • CLIP Report – themes same as before - Q1 273 contacts 200 resulted in investigations, 73 being managed through the early resolution process. • C-Section Rates - action plan in place. • Mortality update - proxy SHMI is 1.17 – Crude Mortality up will rise more in winter • Health & Safety - the new Health and Safety Awareness (e-learning) package going well. • BAF Risk 1, 5, 7 & 8 reviewed – no score change. • Human Tissue Authority Action Plan – to be circulated. • Exception Reports from CGG, CMT Q & S, CGC and EDIC no escalations. 	
Related Trust Objective	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff Financial and Operational Sustainability – Financial, Operational, Estate
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	The quality impact is considered in all items.
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 and receive assurance from the report.	

**Quality Assurance Committee Meeting
Wednesday, 20 December 2017**

For Assurance

Clinical Audit Plan

- 100% of clinical audits are on track against the plan.
- There are 49 national clinical audits and four confidential enquiries applicable to the Trust.
- 21 national clinical audit reports have been published since April 2017.
- There are 30 overdue directorate audit plans being followed up which have been assessed as low risk.

Internal Audit Report on Clinical Audit

- The Clinical Audit Policy in circulation is currently out of date and a revision is yet to be finalised.
- Not all directorates have a forward plan for the clinical audits they will be carrying out in 2017/18 and some specialities did not submit data.
- Clinical audit findings and completed management action plans are captured in detailed reports with outstanding actions being followed up by the Clinical Audit Department.
- Recommendations will be followed up.

CQC Compliance (Well-led Framework)

- The CQC inspection was carried out in November 2017 with an un-announced visit on 4 December and the Well-led inspection in December.
- Preliminary findings have been provided and an initial action plan has been submitted to the CQC.
- A review actions from 2016 and 2017 was completed and 4 additional actions were added. There were no overdue actions.

Never Events and SI Report

- 21 SIs were reported in October and November 2017.
- There were no never events reported during October and November 2017.
- Duty of Candour evidence of verbal compliance remains a concern and the actions continue.
- Every ambulance delay over 60 minutes has to be declared as an SI.
- The Committee felt that the national investigation narrative was not clear. TT to feed back to the author of the report.
- QAC asked whether this report should be incorporated in to the CLIP report. This is being reviewed over the 3 sites.
- The Committee received general assurance from the report but were concerned about compliance with Duty of Candour requirements.

Complaints, Litigation, Incidents and PALS Report (CLIP) Quarter 1

- Common themes remain the same as previous reports - clinical treatment, attitude of staff, appointment delays and cancellations and communication.
- During Q1 there were 273 contacts from complainants. 200 resulted in formal complaint investigations, and 73 being managed through the early resolution process.
- The complaints backlog has significantly reduced to 31% of all live complaints. No complaint was more than 3 months old.
- The majority of overdue complaints are due to delays in receiving advice from the Directorates.
- There were 2928 incidents reported in Q1, of which 29 were declared as SIs. This is 1% of all incidents reported.
- There were 298 reported incidents of slips, trips and falls. Most were no harm, while 46 resulted in minor harm but 7 resulted in a more serious injury such as a fracture or head injury.
- The number of medication related incidents has increased slightly from the previous quarter.
- There were 11 new clinical claims and 1 new non-clinical claim opened in Q1.
- There were no links between concerns raised by staff (whistleblowing) and the themes in the report.
- The Committee felt that the ethnicity of complainants needs to be investigated further.
- The Committee expressed concern about the number of complaints received about the discharge process.
- A whistleblowing report will be presented as an exception report.

C-Section Rates Report

- An action plan provided assurance that robust measures are in place to review and monitor caesarean section deliveries and take action if appropriate.
- QAC discussed the expectations across the 3 Trusts in relation to caesarean section deliveries. This is being reviewed.

Mortality update

- The proxy SHMI is 1.17. This is reducing but is within the normal variation.
- QAC discussed the 'Learning from Deaths' Framework and the low numbers of avoidable deaths.
- Crude mortality had increased and could possibly increase further during December and January.
- The external review will be carried out in January 2018 and that a final report will be presented at the Board Development Day on 6 February 2018.
- Future mortality reports will be standardised in line with what is presented to the Joint Working Board and the local Board.

Health & Safety Committee

- Uptake is progressing well for the new Health and Safety Awareness (e-learning) package, 82 % so far with a target of >85%.
- Environmental audits highlight lack of generic (non-clinical) risk assessment completion by ward managers.
- There is a requirement to ensure pedestrian pathways are managed to a reasonable standard during winter weather. There is a major, exception the 3rd 4th storey of staff car park requires capital funding to repair damaged sections, which are a slip risk when wet. So far unable to secure capital funding.
- Manual Handling team have raised concerns via HSC regarding:
 - 1) Availability and size array of patient slings throughout wards.
 - 2) On-going lack of attendance to manual handling training sessions (this may be because of the frequency of hospital black alert status during reporting year).
- It was confirmed that there was no correlation between staff sickness / injury and DSE incidents.

BAF Risk 1 – Capacity, Demand & External Stakeholder Engagement

- All actions in place have been reviewed and updated to ensure they are being managed effectively.
- The risk rating has been reviewed and remains static at 16.

BAF Risk 5 – Estates, Infrastructure and Equipment

- Environmental H&S audits are in place.
- Intranet reporting on maintenance works has been introduced.
- Business Continuity plans are in development with the Emergency Planning Officer.
- The Premises Assurance model is being completed.
- The risk rating has been reviewed and remains static at 12.
- A mortuary update is being presented to the Finance & Resources Committee on 9 January 2018 and a further meeting has been arranged with Essex County Council.

BAF Risk 7

- All actions in place have been reviewed to ensure that risks are being managed effectively.
- The risk rating has been reviewed and remains static at 16.

BAF Risk 8

- All actions in place have been reviewed and updated to ensure that risks are being managed effectively.
- The risk rating has been reviewed and remains static at 15.

To Note

Human Tissue Authority (HTA) Action Plan

- The HTA action plan had not been circulated to the Quality Assurance Committee for information.
- The HTA inspected the mortuary and sent their report, which required several improvements.

Exception Report – Corporate Governance Group

- It was noted that the Corporate Risk Register, the Board Assurance Framework, the ToR and Internal audit reports had been discussed but there were no items for escalation.
- It was agreed that the Corporate Risk Register should be added to Audit Committee workplan.

Exception Report – Corporate Management Team

- There were no items for escalation.
- Key issues discussed at the CMT were;
 - Locality Approach for Southend & IBCF
 - ESR and JEG updates
 - Finance update
 - Performance update
 - Estate works/moves
 - Junior Doctors uniforms
 - Half Day workshop
 - CQC

Exception Report – Quality & Safety Committee

- There were no items for escalation.
- Key issues discussed at the QS Committee were;
 - Management of external agency reviews
 - Emergency pressures
 - Patient experience report
 - Mortality and morbidity update
 - Serious Incidents update
 - Terms of Reference

Exception Report – Clinical Governance Committee

- There were no items for escalation.
- There were 12 items for assurance and 4 items for noting.
- The 2 overdue CAS alerts are now closed.
- QAC was concerned that some directorates have not presented reports
- QAC queried the SI outstanding for D&T (135 days). This would be checked.

Exception Report – Equality & Diversity Committee

Issues covered were:

- Equality objectives 2017-18
- EDS2 update
- WRES
- Implement the gender pay gap, in line with national guidance
- E&D training
- General awareness of E&D
- Workforce Disability Equality Standard

QAC expressed concern about the slow progress of many issues

Fred Heddell January 2018.