

## Board of Directors' Meeting Report – 6 March 2018 Agenda item 16/18

<b>Title</b>	Quality Assurance Committee Report for the meeting held on 14 February 2018
<b>Sponsoring Director</b>	Fred Heddell NED
<b>Author</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.
<b><u>Executive Summary</u></b>	
<p>The main items from the meeting were:</p> <ul style="list-style-type: none"> <li>• <b>Ophthalmology update</b> – waiting list reducing more SIs reported</li> <li>• <b>CQC Compliance</b> - 7 actions still open, majority completed</li> <li>• <b>Infection Control</b> – 5 cases of MRSA, 30 C Diff</li> <li>• <b>Human Tissue Authority</b> – Actions in hand to meet the requirements of the HTA</li> <li>• <b>Mortality</b> – current SHMI 1.7. Reported awaited from external review.</li> <li>• <b>Clinical Audit</b> – 100% on track with most within time frame.</li> <li>• <b>Never Events and SIs</b> – 25 SIs and 1 never event in quarter 3</li> <li>• <b>BAF Risks 1, 5, 7, 8</b> – scores unchanged</li> <li>• <b>Pathology</b> – serious concerns remain about performance</li> <li>• <b>Guardian Service</b> – now implemented</li> <li>• <b>Governance Groups and Committees</b> – some items escalated</li> </ul>	
<b>Related Trust Objective</b>	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff Financial and Operational Sustainability – Financial, Operational, Estate
<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>	The quality impact is considered in all items.
<b>Equality impact assessment</b>	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
<b>Recommendations:</b> The Board is asked to note and receive assurance from the report.	

**Quality Assurance Committee Meeting  
Wednesday, 14<sup>th</sup> February 2018**

**For Assurance**

**Ophthalmology update**

- A capacity and demand review has been undertaken.
- A system has been introduced to clinically prioritise high risk patients are seen within RCoOphth standards.
- Since August 2015 the backlog of appointments has reduced from 16,413 to 5,767 patients.
- A new service model has been developed by the Clinical Network.
- A number of harm reviews have been undertaken.
- As the number of SI had increased a summit was called with the CCG's and NHSI, where the robustness of the reporting system it was confirmed.

**CQC Compliance (Well-led Framework)**

- A review of the previous CQC actions was completed in November and current evidence reviewed to ensure that the actions to address the original concerns have been effective.
- There are a total of 7 open actions on the previous plan which have been merged with the recent inspection and the new MSB action plan template.
- QAC queried the progress development of an SOP for clinical signoff prior cancellation of surgery. A new process is being piloted.
- DT explained that further enquiries were received from the CQC. The last week, the outcome of the inspection should be received soon.

**Infection Control update**

- 5 cases of MRSA Bacteraemia year to date. 1 case in January.
- 30 cases of C diff ytd, this is the ceiling for the year.
- MRSA screening compliance currently remains below the 95% internal target.
- Following the RED rating in August 2017 NHSI undertook a re-inspection as de-escalated the Trust to AMBER. A further revisit in May is expected to award Green status.

**Human Tissue Authority (HTA) update**

- The HTA inspected the Mortuary in September 2017, their report required several improvements. Those categorised as Critical were resolved by November 2017, the Majors were resolved by December and Minor resolved by January 2018.
- HTA have reviewed the responses and require further revisions.
- A final response is required by 30 March 2018.
- QAC agreed to receive an exception report rather than all documents in future.

**Savile Lampard update**

- All of the recommendations from the report have been addressed and the Trust is compliant.

**Mortality update**

- The latest SHMI for the period July 2016 to June 2017 is 1.17.
- An external assurance review is currently being undertaken by clinicians from West Suffolk Hospital and due to report by the end of February 2018.
- Crude mortality increased in December to 4% (a review of the spike in crude mortality last winter did not reveal any themes amongst specific diagnostic groups).

- 85% of all deaths were reviewed with full retrospective case note reviews carried out on 100% of deaths by several specialities.
- A mortality working group has been established.
- QAC asked if there are themes identified but none have been identified as there are few avoidable deaths.
- The HDU opening date will now be mid-April 2018. Staffing is in place for this date.

### **Clinical Audit Plan – Summary of Progress**

- 100% of clinical audits are on track against the plan.
- 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 48 projects.
- 29 national clinical audits have been published since April 2017. 25 have been reviewed and 6 are awaiting action plans.
- There are currently 315 clinical audits and quality improvement projects in the directorate clinical audit plans of which 63% are complete and 12% are overdue.
- There are 39 overdue directorate audit action plans which have been risk assessed and all rated as low risk.

### **Quarter 3 Never Events and SI report**

- 25 SIs were declared in quarter 3
- There is consistent patient safety incident reporting
- Duty of Candour evidence of verbal compliance remains a concern
- There is now a patient safety review panel for hospital acquired pressure ulcers and patient falls that result in moderate or above harm.
- A Never event which occurred in January relating to an incorrect tooth extraction which is still under review.

### **BAF Risk 1 – Capacity, Demand & External Stakeholder Engagement**

- The current score is 20 with a target of 15
- The future reduction of the score will only be agreed when targets are reached.
- QAC asked for Ambulance targets to be added to the risk.

### **BAF Risk 5 – Estates, Infrastructure and Equipment**

- The current score is 12 with a target of 9.
- Reduction in the score be agreed when the Premises Assurance Model Health and Safety Section and Business Continuity plans are signed off in all areas.
- It was agreed that the appropriate reporting Committee for this risk should be reviewed. (possibly F & R)

### **BAF Risk 7 - Clinical Support Services**

- The current score is 16 with a target of 6.
- The future reduction of the score will be agreed when the actions have been implemented.
- QAC asked that a risk appetite be added.

### **BAF Risk 8 – CQC and H&SC Regulations**

- The current score is 20 with a target of 15
- A 'Good' CQC rating will reduce the score to 15.

## **To Note**

### **Pathology update**

- The lab service continues to suffer from high staff turnover. QAC questioned sickness absence data and exit survey results but these were not available.
- The Joint Pathology Governance board is reported to work effectively.
- The services for Biochemistry, Immunology, Haematology, blood transfusion and Microbiology across the sites are all to be assessed by the accreditation body, UKAS during February and March.
- The service has been actively engaging with service users, with new user forums developed for both GP and Trust clinicians.
- In 2018 the pathology service will be working to develop a single clinical divisional structure across MSB.
- QAC was concerned about the current investigation into the cervical screening SI, however was advised to wait until the process was completed.
- QAC was also concerned about joint working performance and if any risks had been identified. It is understood that the CCG will be issuing a penalty notice in relation to poor performance.
- QAC asked that it should be kept up to date with the areas of concern, as although there is good practice there are significant areas that require improvement.
- It was noted that there is no action plan in place and felt that there should be more urgency in resolving the issues regarding staffing.
- An update report was requested for the next QAC which would focus on risks.

### **Board to Ward Process – soft intelligence**

It has been agreed to continue to carry out the Board to ward process in the same format but not using current forms. All NEDs and Governors will be emailed to inform them that the process will be reviewed in 6 months' time.

### **Guardian Service Governance Process Report**

- The service provides information and emotional support in a confidential, non-judgemental manner and in an off the record discussion. It is independent from the Trust.
- a full progress report will be provided after 3 months, detailing trends and include an action plan.
- It was noted that the Trust also has its own internal processes.

### **Corporate Governance Group - Exception Report**

- There were no items for escalation.

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

- There were no items for escalation.

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

- Ophthalmology action plan – concerns have been raised by NHSI about the backlog and slow progress.
- The update on HEE shows good progress and the revised action plan will be submitted at the end of February.
- A Never event which occurred in January relating to an incorrect tooth extraction which is still under review.

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

- National clinical audit outcomes – the Trust is an outlier relating to Consultant review within 14 hours standard.

### **Health & Safety Committee**

- Safety Management – lack of risk assessments for non-clinical issues.
- Fire Safety Management – need to reinforce standards in non-patient areas like linen cupboards and update some safety equipment.
- Security Management – risk assessment highlighted need for better proximity detection and alarms.
- Water Hygiene Committee exception findings – flushing regime needs to be more robust.
- Manual Handling – availability and size of patient slings needs improvement. Poor attendance at training sessions.

**Fred Heddell February 2018.**