

Board of Directors' Meeting Report – 24 May 2018

Agenda item 29/18

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.
Previously considered at	Not applicable
<u>Executive Summary</u>	
<p><u>QAC was Assured by:</u> <u>Ophthalmology update</u> – progress being made in implementing new model pathways. <u>Ambulance offload</u> – 2nd best in the Region <u>Pathology update</u> - National accreditations achieved but staffing remains a problem. <u>CQC</u> – Report still requires improvement but very significant improvements since last report. <u>Mortality</u> – SHMI has improved largely due to better coding accuracy. <u>Guardian Service</u> – up and running with increasing usage – high proportion of cases from admin and clerical staff. <u>Clinical Audit</u> – good compliance. <u>Never Events and SIs</u> – 2 never events and 29 SIs reported in quarter. <u>CLIP</u> – complaints backlog has increased due to winter pressures.</p> <p><u>QAC noted:</u> The <u>Draft Quality Account</u> has been circulated. <u>BAF</u> - scores remain largely the same. A small number of issues were escalated by the <u>Trust Committees</u>.</p>	
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 assessment	The quality impact in 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 this report and receive assurance and information therefrom.	

**Quality Assurance Committee Meeting
Board Report
Wednesday, 25th April 2018**

For Assurance

Ophthalmology update

- QAC requested that the SI report relating to Ophthalmology.
- QAC was updated on the good progress has been made in implementing the new model for ophthalmology service and the coordination of pathways the three sites.
- A more detailed report will be made at the next QAC.

Ambulance offload

- A robust process has been put in place and patients are being seen in a timely manner. Our performance is second best in the region.
- QAC recorded its appreciation to staff for all the good work and improvement in performance.

Pathology update

- The report on the recent UKAS accreditation inspections for Biochemistry, Haematology and Microbiology is positive.
- The key risks to the service is still high staff turnover, reputational damage, the appropriate clinical structure and clinical leadership to support the laboratory service and potential expansion of the service to include MEHT.
- The result of the cytology review is still awaited. Concerns were raised about the reputational damage being caused by this issue.
- Most of the contractual KPIs for March 2018 were met.
- Each Pathology discipline has Quality KPIs which are reviewed monthly.
- A new phlebotomy service model is proposed to harmonise ward round times.
- QAC pointed to the 25% staff turnover and sought assurance plans to improve retention are in place.
- As the high staff turnover and the difficulty to recruit experienced skilled staff in some key areas have led to delay in development projects and quality improvements.
- Concerns were raised about the ability to handle MEHT joining and the capacity at IPP
- It was noted that an informal CQC visit to IPP had been requested.

CQC Compliance (Well-led Framework)

- The Care Quality Commission report was received on 24 April.
- As a Trust we maintain our overall rating of “requires improvement”, but the report acknowledges the considerable improvements that we have made and the challenges of winter pressures at the time of the inspection.
- Most of the individual services reviewed have received good ratings.
- “Well led”, “Caring” and “Effective” received good ratings.
- Critical Care and Maternity were not inspected by the CQC during their recent visit so the 2016 ratings for those services contribute to our current overall rating of ‘Requires Improvement’.

- A revised action plan will be sent to CQC on 18 May.
- QAC congratulated all staff for their hard work in enhancing patient safety and maintaining high standards of care.

Mortality update

- The latest SHMI for the period October 2016 to September 2017 is 1.13. outside the expected range, but a continuing trend of improvement.
- The improvement is a consequence of significant improvements in R-coding. This demonstrates a decrease of 2% to 14% but still above national average of 12.2% indicating further focus on this area is required.
- A Medical examiners system is implemented providing case note scrutiny for every working day and supporting junior doctors in the death certification process. .
- The External Review report is still being awaited from West Suffolk.

Guardian Service

- The Trust has in place a Freedom to Speak Up Steering Group (FTSUSG) to ensure staff feel able to raise concerns.
- The Guardian Service has been in place from the beginning of November 2017, and has seen an increase in the number of concerns raised, which demonstrates that staff feel able to raise issues.
- So far the Service has received 74 phone calls, 31 emails and conducted 37 face to face meetings. Of the 49 cases raised as a result of these contacts 12 have been escalated and 33 have been resolved. Cases have been raised across different Directorates and staff groups.
- The majority of cases were raised by Admin and Clerical staff.
- Currently, the future provision of the Guardian service is being planned both within the Trust and across the Group.

Clinical Audit Annual Report

- Progress has been made in increasing staff knowledge, engagement and awareness of QI through training and information.
- 87% (20/24) of corporate clinical audits were completed according to the annual plan. The Trust participated in 91% of the mandatory national clinical audits and confidential enquires (2016/17 - 85%). The evidence of reviews of outcomes from the national audits is 71% (2016/17 - 49%).
- Local clinical audit and quality improvement progress against the timescales provides 'substantial assurance' at 91%.
- The Committee acknowledged the good progress made.

Never Events and SI report

- 29 SIs were declared in quarter 3 (25 in quarter 3)
- Two Never Events occurred in this quarter
- Duty of Candour evidence of verbal compliance remains a concern - 3 day reports 81% compliance, 60 day compliance 28%

- A Patient Safety Review Panel has been established for hospital acquired pressure ulcers and patient falls that result in moderate or above harm

CLIP report Q3

- There were total of 187 formal complaints, 3322 incidents, 926 PALS contacts, 19 legal claims, 423 compliments and no new Inquests between October and December.
- The complaints backlog has increased to 39% of all live complaints (96 of 248). This was not possible due to the significant influx of new complaints received in November.
- There were 3322 incidents reported in quarter 3. Of this number, 25 were declared as Serious Incidents which equates to 0.8% of all incidents reported, lower than the previous quarter.
- 19 new clinical claims were opened in quarter 3. All were reported to NHS Resolution (“NHSR”) within 24 hours as required.
- A total of 423 compliments were received in quarter 3.

To Note

2017/18 Draft Quality Account

- The 2017/18 Draft Quality Account was noted. Committee members were requested to send their comments.

BAF Risk 1 – Capacity, Demand & External Stakeholder Engagement

- No change was proposed to the current risk score

BAF Risk 7 – Clinical Support Services

- The score has been reduced from 16 to 12 as good progress has been made in implementing some of the actions.

BAF Risk 8 – CQC and H&SC Regulations

- No change was proposed to the current risk score.

Exception Report – Corporate Governance Group

- There were no items for escalation

Exception Report – Corporate Management Team

- There were no items for escalation

Exception Report – Quality & Safety Committee

- 3 items were escalated to QAC
 - Never Events
 - Duty of Candour Compliance
 - Issues raised through the speak up Guardian Service.

Exception Report – Clinical Governance Committee

- There was 1 item for escalation.

- The MHRA have identified a number of on-going issues with processes across all three sites. A remedial action plan is already in place.

Health & Safety Committee

- There were no items for escalation

Equality & Diversity Committee

- The equality objectives for 2018/19 were agreed as follows:
 - Gender Pay Gap
 - EDS2/WRES & WDES – progressing and achieving statutory requirements
 - Diversity Network Groups
 - Training (focusing on recruitment for Managers)
 - Flexible working
- Recruitment training – an action plan is being developed.

Fred Heddell April 2018.