

## Board of Directors' Meeting Report – 4 September 2018

### Agenda item 53/18

<b>Title</b>	Quality Assurance Committee Report from 15 August meeting
<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.
<p><b><u>Executive Summary</u></b>  <b>QAC was Assured by:</b>  <b>National Inpatient Services Survey</b> – did better than last time.  <b>Serious Incident</b> - 23 reported in Quarter 1. No Never Events.  <b>Cervical Screening</b> - processes have been strengthened, invitations for rescreening sent out.  <b>CLIP report</b> - small drop in complaints – overdue backlog reducing.  <b>Mortality update</b> – improvement in SHMI – 1.12. in the expected range for first time since 2015  <b>QAC also Noted</b>  <b>Pathology</b> – serious concerns remain, staffing still an issue.  <b>Board to ward walkabouts</b> - new process agreed  <b>BAF 1, 7 &amp; 8</b> - no changes in scores  A small number of issues escalated by the <b>Trust Committees</b>.  <b>Infection Control</b> – Green rating received.</p>	
<b>Related Trust Objective</b>	Excellent patient outcomes Excellent patient experience Engaged and valued staff
<b>Related Risk</b>	Risk 1 - Failure to provide adequate patient safety , quality of care and patient experience due to capacity, demand and external agency stakeholder engagement Risk 2 - Failure to meet constitutional and national performance targets Risk 4 - Inability to recruit and retain staff
<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
<p><b>Recommendations:</b>  The Board is asked to note this report and receive assurance and information therefrom.</p>	

# Quality Assurance Committee Meeting

## Wednesday, 15th August 2018

### For Assurance

#### 2017 National Inpatient Services Survey Results

- The Trust achieved a statistically significant improvement in the overall score of 8.3 from 7.7 in 2016.
- Most questions achieved scores benchmarked 'about the same' as other trusts.
- Only one question was benchmarked in the range of 'worst performing trusts'
- No questions decreased in score compared to 2016.
- Patients and carers were willing to, and knew how to raise issues.

#### Serious Incident Report Quarter 1

- 23 SIs were declared in quarter 1.
- 2017/18 Never Event investigations had been completed – there had been no Never Events in Q1.
- Compliance with verbal duty of candour had improved in Q1 with one breach due to the nature of the incident requiring a face to face meeting.
- KPIs – 3-day reports had achieved 71% compliance and 60 day reports had achieved 62% compliance.

#### Cervical Screening Quality Assurance Visit update

- Concerns had been raised following quality assurance assessments undertaken by Public Health England (PHE) screening QA services (SQAS). Governance processes have been strengthened and additional groups have been established to oversee the improvements and QA action plans.
- The Cervical Screening Transformation Board had been established which is responsible for overseeing the improvement of BTUH's and SUHT's cervical screening programmes.
- Invitations had been sent out to relevant women inviting them for a rescreen.
- All slides are currently subject to double screening to ensure accuracy this has resulted in a significant backlog. Other providers are being sought to support the double screening to reduce this backlog.
- A repeat QA visit is expected on 20 September and it is hoped that double screening might be discontinued following this visit.

#### CLIP report Q1

- There were 219 formal complaints, 3040 incidents, 1251 PALs contacts, 17 legal claims and three new inquests.
- 320 contacts had been received from complainants, a small drop compared to Q4. 219 of these had resulted in a formal complaint. The remaining 32% having been managed through the rapid response or early resolution.
- The number of complaints was higher than in Q1 last year due to the increase in activity at the Trust.
- There were 63 complaints overdue (22.5%) compared to the target of 20%. This is an improvement to the 31% in Q4.
- 22 cases had been referred to the Parliamentary & Health Service Ombudsman, only two had been accepted for investigation.

#### Mortality update and response to external mortality review report

- The updated SHMI covering January 2017 to December 2017 showed a fall to 1.12 and was now in the 'expected range' for the first time since 2015.
- Coding had improved the Trust now ranking 113 out of 134 trusts compared to 120 in the previous SHMI.
- The Trust had continued to be compliant with the recommendations from NQB Learning from Deaths Guidelines and an improvement had been seen in the time between death and readiness to collect.
- An external review of mortality governance had been undertaken and the Committee had noted the largely positive outcome of this previously.
- An action plan had been produced to address the recommendations made in the report and it was noted that progress against this action plan would be monitored by the Quality & Safety Committee.

## **To Note**

### **Pathology update**

- High staff turnover and a related impact on service development and quality improvement
  - A new Operations Manager had been appointed to make changes to address the staffing issues.
  - It was noted that these type of staffing issues were not unique to iPP/Pathology First but were a problem throughout the sector. Reputational damage related to recent negative press coverage is worrying.
- Appropriate clinical structure and clinical leadership to support the laboratory service has been introduced.
- Staff sickness absence rate is around 5%
- Great progress had been made in terms of the UKAS accreditation which was currently at sign off stage.
- A GP/CCG user forum meeting had been held recently.
- The Committee had concerns about MEHT being included in the service.
- The Committee was also concerned about the lack of progress on quality improvement. This would be addressed by the new Operations Manager.

The Committee did not receive assurance from the report.

### **Board to ward walkabouts**

- Improvements have been made to the process based on feedback provided by NEDs and governors.
- The NED would lead, direct and feedback on the visit accompanied by a governor and a matron/clinical lead.
- Briefing sessions would be held before and after each walk.
- The PET would centrally coordinate the schedule of walks and provide necessary information.
- There will be a briefing session at the next NEDs and governors' meeting.
- A visit might last up to two hours but, only where appropriate.

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

- No change in risk score.
- Mitigating actions were the introduction of the teletracking system, implementation of safer staffing module on electronic staff rota and patient-level review of interventions by SWIFT.
- Analysis of location of Southend Hospital had confirmed that there was a higher influx of activity due to being a seaside resort.
- Planning for winter pressures had commenced.

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

- There had been very little change overall, but improvement had been seen in relation to filling of vacancies and a new scanner had been ordered.
- It was expected that the risk relating to radiologist recruitment would be removed by the next meeting.

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

- CQC action plan had been updated and submitted to CQC on 18 May 2018.
- Action relating to the mental health suite remained overdue and had been escalated again.

### **Exception Report – Corporate Governance Group**

- There were no items for escalation

### **Exception Report – Corporate Management Team**

Since the last QAC meeting, the Corporate Management Team had not met formally but two sessions had been held with the triumvirate to improve engagement and communication. The Committee was advised that business as usual was now presented to the ADs and HONs meeting instead of CMT.

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

There were four items of escalation to the Committee:

- External reviews - NR confirmed that a new process had been put in place and this had been agreed. The Committee briefly discussed the link between external reviews and the BAF in terms of assurance.

- Quality hotspots - A meeting was held across the MSB to align policies following concerns raised regarding Never Events, WHO checklist compliance monitoring and LocSSIPs.
- Response to emergency pressures - a recurring theme had been noted around the ability of the service and external partners to manage mental health patients appropriately. There were long delays in admission and the emergency department could only accommodate three patients. A process was being considered at MSB level to address this issue, but it was noted that it was not entirely in the Trust's control.
- SI exception report and DoC audit - confirmation had been received that fines would be levied for breaches of DoC. Directorates had been asked to share their actions for improvement.

#### **Exception Report – Clinical Governance Committee**

There were no items of escalation to the Committee.

- The Committee welcomed that GSF (gold standard framework) accreditation for end of life care had been received by Windsor Ward and the respiratory unit.

#### **Health & Safety Committee**

There were no issues for escalation.

#### **Equality & Diversity Committee**

There were no items for escalation.

#### **Infection Control**

NHSI would be undertaking an inspection of infection control at the Trust that day. It was subsequently reported that the result had been a green rating.

**Fred Heddell August 2018**