

Board of Directors

Report

Subject: Quality Committee Report

Date: 18/02/2016

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Executive Summary

The Quality Committee met on 17/02/2016. This paper summarises the matters agreed by the Committee for reporting to the Board of Directors:

Mortality

- The Committee received a briefing on mortality and were informed that the Trust continues reduce the Hospital Standardised Mortality Ratio (HSMR). The Trust continues to have fewer deaths than expected with a ratio less than 100. Led by the Executive Medical Director and with support from across the Trust, ongoing improvement in the Trust's performance is driven by an unrelenting focus on effective clinical pathways, reliable implementation of interventions to combat sepsis and enhanced clinical coding.

Serious Incidents

- The Director of Governance advised the Committee that he had concerns about serious incident data, upon which the Committee is reliant for assurance regarding the effectiveness of serious incident management. He advised the Committee that although he had intervened to support the team, the report was not of sufficient quality to enable the Committee to discharge its assurance responsibilities. The Committee agreed to a request to withdraw the paper to allow further work to be undertaken by the Governance Support Team.

Outpatient Closure Report

- The Committee sought and received assurance regarding the process for reviewing delayed follow-up appointments within Outpatient services. The Committee were informed that unreconciled appointments (n=9613), appointment slot issues (n=410), and endoscopy backlogs (n=203) were identified and reviewed. A risk-stratified process was used to prioritise at risk cases, alongside a process to investigate potential and actual harms caused. Following review six cases have been investigated or are currently under investigation. The six harms identified crossed the threshold for reporting as a serious incident and relate to delayed diagnosis, delayed clinical intervention or combination of both. The Committee enquired about Duty of Candour completion in these matters; this is believed to have been completed but will be verified by the Director of Governance. The Committee explored the potential for further, and as yet unknown, cases to emerge following Medway PAS migration. Whilst steps have been taken to identify failures to follow up patients at the appropriate time, and improvements made to booking processes, there remains a risk, which is difficult to quantify, that new cases may come to light as reconciliation following migration to Medway PAS remains ongoing.

Recommendation

The Board are invited to receive and note the report from the Quality Committee.

| Relevant Strategic Priorities (please mark in bold) | |
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| To consistently deliver a high quality patient experience safely and effectively | To develop extended clinical networks that benefit the patients we serve |
| To eliminate the variability of access to and outcomes from our acute services | To provide efficient and cost-effective services and deliver better value healthcare |
| To reduce demand on hospital services and deliver care closer to home | |

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| How has organisational learning been disseminated | Through management teams. |
| Links to the BAF and Corporate Risk Register | AF1.0 |
| Details of additional risks associated with this paper (<i>may include CQC Essential Standards, NHSLA, NHS Constitution</i>) | The following CQC Domains apply: Safety Effective Responsive Well-led |
| Links to NHS Constitution | Delivery of care within nationally mandated and clinically appropriate timescales |
| Financial Implications/Impact | None identified |
| Legal Implications/Impact | None identified |
| Partnership working & Public Engagement Implications/Impact | None identified |
| Committees/groups where this item has been presented before | Quality Committee |
| Monitoring and Review | Divisional Management Teams Quality Committee |
| Is a QIA required/been completed? If yes provide brief details | Not applicable. |