Board of Directors

Report

Subject: Quality Committee Report
Date: 18/05/2016
Author: Dr Peter Marks
Lead Director: Dr Peter Marks

Executive Summary

The Quality Committee met on 18/05/2016. This paper summarises the matters agreed by the Committee for reporting to the Board of Directors:

Quality Improvement Programme
- The Committee received an update on the QIP following the Confirm and Challenge meetings held in May. The QIP is progressing well. The Committee received a briefing on all actions rated Red. The Committee also examined and approved 18 actions which have been completed and recommended by Management as embedded.
- The Quality Committee particularly highlighted, as exemplary evidence of good practice, the MUM's learning newsletter used in Maternity Services.

Quality Account 2015/16
- The Committee received, reviewed and discussed the content of the final draft Quality Account 2015/16.

   ACTION REQUIRED BY THE BOARD
- On the Board's behalf, the Quality Committee considered and agreed the quality priorities for 2016/17 and recommends their approval by the Board. **The Board of Directors are therefore invited to consider the 2016/17 quality priorities, as set out in the Quality Account (Agenda Item 5), and formally approve them for the year ahead**.

Highlights from the report of the Patient Safety & Quality Board (PSQB)

Infection Prevention
- The number of Clostridium difficile cases in April was 5. The Quality Committee acknowledged the need to reduce the incidence of Clostridium difficile cases. PSQB was assured that these cases are not attributed to cross infection; however, the levels of hand hygiene of medical staff was not satisfactory to demonstrate that the Trust had sufficient control over infection prevention. This will continue to be reviewed and monitored by the Infection Prevention & Control Committee.
- There were no cases of norovirus during 2015/16.

Serious Incidents
- Time series analysis continues to show a steady decline in the number of serious incidents. In April 2016 there were no serious incidents. The Quality Committee sought and received assurance that the Trust is effectively dealing with the backlog of open cases awaiting conclusion and sign off. The Director of Governance outlined the demonstrable improvement to reduce the back log of open cases. There is now much better control over the process of serious incident investigation. This has helpfully allowed the GSU to shift its focus from process control to follow up and assurance on the delivery of action plans.

- Early analysis of serious incident action plans shows gaps in assurance in respect of completion of actions. This is now an area of focus for the GSU.

Duty of Candour
- The Quality Committee received assurance that recent changes to introduce grading at source and the duty of candour prompts in Datix have been successful. Duty of Candour compliance (since Jan 2016) was reported at 93% overall (for all moderate, severe and catastrophic incidents), and 100% for all serious incidents. It was acknowledged, however, that the Trust needed to improve the sharing of final reports with patients and families and this is being addressed by the GSU.

NELA (National Emergency Laparotomy Audit)
- NELA have compared how the various participating hospitals are performing on key patient process measures as well as the quality of the data being submitted. NELA's goal is to determine which hospitals are performing best in each of these fields and how they have improved from the first audit report and to identify what systems and practices have been put in place in these sites. NELA have identified Kings Mill Hospital as one of the most improved sites in these measures, with Kings Mill Hospital appearing in the top five most improved sites for *Postoperative Assessment by MCOP Specialist in Patients over the age of 70*. The Trust will continue to work with NELA to share our learning and practices, and how we have improved performance and achieved the target referred to above.

Relevant Strategic Priorities (please mark in bold)	
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	

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 *(may include CQC Essential Standards, NHSLA, NHS Constitution)*	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.