

Board of Directors

Report

Subject: Quality Committee Report

Date: 21/07/2016

Author: Dr Peter Marks

Lead Director: Dr Peter Marks

Executive Summary

The Quality Committee met on 21/07/2016. This paper summarises the matters agreed by the Committee for reporting to the Board of Directors:

The minutes of the meeting held on 22nd June were accepted as a true record and relevant actions reviewed. The meeting was quorate.

- Elaine Jeffers provided feedback from the unannounced CQC Inspection that had taken place between Monday 18th and Wednesday 20th July. The Trust received positive feedback on the improvements that had been made across the organisation since the visit in June 2015. The formal report is expected at some point in the early Autumn.

Quality Committee Terms of Reference

- The Quality Committee Terms of Reference (TOR) were presented to the committee for review. The TOR required aligning with the Trust Committee structure that had changed over the preceding months in line with the improved Governance Framework. It was agreed that Shirley Clarke would work with Elaine Jeffers to ensure that the amended TOR accurately reflected the new committee reporting structures.

Quality Improvement Programme (QIP)

- The Committee received an update on the QIP following the Confirm and Challenge meetings held in July. The QIP continues to make good progress. The Committee received a briefing on all actions, however it was noted that a further 5 actions were reported as red through the July cycle but this was expected to be resolved prior to the August cycle and related to slippage with the work being undertaken by the Newark Healthy Communities Partnership Group. The 6th red action related to the provision of an extended Critical Care Outreach service, however the evidence has now concluded that the extension of the service to 12midnight will meet the demand of the Trust. The Committee examined and approved ** actions that have been completed and recommended by the Executive Workstream Leads as embedded.

Board Assurance Framework (BAF) Principle Risks

- The committee were given assurance that each of the risks within the BAF are reviewed by the Trust Risk Committee each month. A considerable amount of work has been done to refine each of the risks and ensure that they are clearly described, appropriately assessed and have credible risk management plans in place to address identified weaknesses in controls. The following BAF risks were presented to the committee:
 - ❖ AF1.0 – Safe Patient Care – the partnership/merger work currently underway is being linked to the BAF to ensure that adequate controls are in place to manage the subsequent risks.

- ❖ AF2.0 – Managing emergency demand – the risk description is being re-defined to ensure it accurately articulates the risk by the Deputy Chief Operating Officer.
- ❖ AF3.0 – Managing elective capacity – a review of the risk description is being re-defined alongside developing actions is being undertaken by the Deputy Chief Operating Officer.
- It was acknowledged that the Trust must be clear that all strategic concerns are reflected in the BAF document.

Patient Safety and Quality Board

- The Committee received the PSQB Report. It as noted that the July meeting had been exceptionally well-attended with all Divisions represented by their Clinical Governance Lead (exception the Specialty Medicine Division as Clinical Lead due to take up post in August).
- The Board received assurance in relation to Corporate and Divisional Risk Registers, CAS Alerts, Serious Incident Monitoring, Radiation Safety, and Safeguarding.
- An Assurance Report was received from the Deteriorating Patient Group highlighting the continued improvements within HSMR and the management of patients with suspected or diagnosed Sepsis. However the Mortality Surveillance Group (MSG) had noted that the trend for mortality associated with Acute Kidney Injury (AKI) was rising and a such the medical division had been asked to undertake a mortality review of patients with a primary diagnosis of AKI and provide an update to MSG in August.
- The Annual Clinical Audit Plan was received and approved by PSQB
- The quarterly Complaints, Litigation, Incidents, PALs and Safeguarding Report (CLIPS) with an agreement to provide a further report on the outstanding CNST Claims of misdiagnosis and inappropriate treatment to the August PSQB.
- Following concerns raised at the June Quality Committee action had been taken in relation to the information provided for Medicines Optimisation. Assurance was received that a pharmacy-led process to appropriately DATIX relevant medication incidents is in place and that these are discussed at the Medicines Safety Group and shared with Divisional teams. A further report will be provided to the August PSQB to confirm the data validation process for pharmacy data shared with external stakeholders.
- PSQB received assurance in relation to the reporting backlog created by the EMRAD Go Live. An algorithm has been developed to stratify the backlog reporting by risk. A report from the Governance Support Unit (GSU) to cross-reference all DATIX incidents related to Radiology EMRAD reporting issues will be provided to the August PSQB.

National Emergency Laparotomy Audit

- Dr Andy Haynes presented a summary of the National Emergency Laparotomy Audit that the Trust has participated in. This Audit indicates the care given and the outcomes for patients undergoing Emergency Bowel Surgery. This type of surgery is complex and requires close team-work between a wide multidisciplinary group. The results show the Trust in the top position in the country in relation to all Trusts included. This is an extremely positive position and clarifies the excellent work being undertaken.

Maternity Dashboard

- The Maternity Dashboard was shared with the committee and the good overall performance was noted.

Escalation to the Board of Directors

- CQC feedback
- QIP update – the committee notes the continued progress and agreed that the actions identified within the QIP had ensured the delivery of safe, high quality care to patients
- Achievements in the National Emergency Laparotomy Audit – it was proposed that Dr Watson should present a patient story at a future Board meeting
- The continued sustained Mortality and Sepsis performance was noted. The HSMR for March had been received from Dr Foster and confirmed that the Trust HSMR remained below 100 for the 12 months of 2015/16. This was recorded as a significant achievement
- The continued improvements in SI performance were noted

Relevant Strategic Priorities (please mark in bold)

Ensure the highest standards of safe care are consistently delivered by, and for, individuals, teams and departments	Ensure that patients experience the very best care, building on good practice and listening and learning from both negative and positive feedback and events
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Provide timely access to diagnosis, treatment and care when people need it and safely reduce the time patients spend in hospital	Raise the level of staff engagement through strong leadership, communication, feedback and recognition
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Reduce the scale of our financial deficit by reducing costs, improving utilisation of resources and productivity, and achieving best value for money	Work in partnership to keep people well in the community, and enable them to return as soon as they are ready to leave hospital
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Develop and implement a programme of work in conjunction with Nottingham University Hospital NHST to create a new combined organisation	
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How has organisational learning been disseminated	Through management teams.
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Links to the BAF and Corporate Risk Register	AF1.0
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Financial Implications/Impact	None identified
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Legal Implications/Impact	None identified
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Partnership working & Public Engagement Implications/Impact	None identified
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Committees/groups where this item has been presented before	Quality Committee
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