

Board of Directors

Report

Subject: Quality Committee Report

Date: 15/12/16

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Executive Summary

The Quality Committee met on 15/12/2016. This paper summarises the matters agreed by the Committee for reporting to the Board of Directors:

The minutes of the meeting held on 16th November 2016 were accepted as a true record and relevant actions reviewed. The meeting was quorate.

The action log was reviewed and updated

1. Divisional Clinical Governance Presentation

Dr Firial Al-Ubaidi delivered a presentation outlining the Governance Framework for the Diagnostics and Outpatient Division.

The presentations by the Divisional clinical governance Leads aim to set the scene of patient safety and quality for the Quality Committee and provide an opportunity for the Committee to gain assurance that robust governance processes are in place at Divisional and Service level.

2. Smoking Complaints Update

The Committee received an update from the Head of Patient Experience outlining the complaints received in relation to smoking on the hospital site. The Committee acknowledged that the low number of complaints received did not reflect the scale of the disquiet around this subject but was more likely to reflect the fact that nothing would change as a consequence of a complaint.

The committee agreed that monitoring the number of complaints was futile and that the real issue was the difficulty the Trust faced in implementing the Policy. The Smoking Cessation Group was therefore tasked with addressing this issue as part of their work with a progress update required for the January Quality Committee meeting.

3. Quality Improvement Programme

The committee received and approved evidence to support the achievement of two further actions from the Quality Improvement Plan. 36 actions remain as completed but waiting for additional evidence to demonstrate that they are embedded. It was noted that the residual 36 actions are now being transferred to the new Quality Improvement and Assurance Plan.

4. Patient Safety Quality Board (PSQB)

The Quality Committee recorded that the report was of an extremely high standard achieving the correct balance of information and detail. The Committee were thus assured of the effectiveness of PSQB and the information it received.

There were 2 specific areas that Quality Committee would like to bring to the attention of the Board of Directors from the Report:

- The significant progress that has been made in reducing the number of incidents

across the Trust of 'wrong blood in tube' with 11 incidents reported in 2015 and 0 incidents in 2016 to date

- Acknowledgement of the work and contribution to the trust from Richard Scott – Medical Physics as he leaves the Trust after some 20 years for a new post in Sheffield.

5. PLACE Annual Report Overview

Quality Committee received the annual PLACE Audit Overview Summary and were assured that the Trust is performing well across the majority of domains. Where performance was below the national average a narrative explanation was provided.

Confirmation was given that the Trust is re-introducing the 'mini-place' audits that had previously proved to be effective and that outcomes and remedial actions would be provided to PSQB on a quarterly basis.

It is worth noting that the lower than expected performance against the Dementia domain was as a result of Dementia Standards being introduced without any supporting guidance. Many of these standards relate to estate requirements and as such will not be fully met due to constraints around the fabric of the building. An action Plan is under development to support investment where required to improve performance, particularly in relation to Dementia and Disability.

6. Communications update of 7-day review of Patient Information

Quality Committee received a report that looked at the issues around the production and circulation of Patient Information. It was acknowledged that there had been actions identified within the Quality Improvement Plan in relation to the availability of Patient Information in different languages, however this report had taken a wider view.

It was agreed that the Patient Information Service is an essential part of the Trust but it was less clear as to where the overall responsibility and accountability lay.

The Report will be presented to the Executive Team for ownership and resource allocation in January 2017.

The Board of Directors is asked to:

- Note the content of the Report
- The significant progress that has been made in reducing the number of incidents across the Trust of 'wrong blood in tube'
- Acknowledge the work and contribution to the Trust from Richard Scott – Medical Physics.

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 <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i>	The following CQC Domains apply: Safety Effective Caring 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.