

Feedback from Quality Committee
HIGHLIGHT REPORT – Quality Committee 22 January 2015

Members

Peter Marks	-	Non- Executive Director (Chair)
Claire Ward	-	Non- Executive Director
Tim Reddish	-	Non- Executive Director
Gerry McSorley	-	Non -Executive Director

Attendees

Andrew Haynes	-	Executive Medical Director
Nichola Crust	-	Head of Governance
Susan Bowler	-	Executive Director of Nursing & Quality
Kerry Rogers	-	Director of Corporate Services & Company Secretary
Denise Berry	-	Clinical Governance Lead (Agenda item 7)
Steve May	-	Chief Pharmacist (Agenda item 9)
Val Colquhoun	-	Matron for EC&M (Agenda item 14)
Mohammed Jahan	-	Consultant Breast Surgeon (Agenda item 16)
Craig Simpson	-	Programme Manager (Agenda item 16)
Gerrie Edwards	-	Lead Nurse for Falls (Agenda item 16)
Kim Kirk	-	Customer Services Manager (Agenda item 16)
Adam Hayward (AHW)	-	Assistant Director for Quality & Assurance (Agenda item 20)
Joanne Loughton (JL)	-	Secretary

Observers

Nigel Nice (NN)	-	Public Governor & The Chair of the Patient Experience Group Governor
Elaine Moss (EM)	-	Director of Quality and Governance – Newark and Sherwood CCG
Sue Dale	-	Clinical Policies and Guidelines Officer (part of self-development)

Apologies

Tim Reddish (TR)	-	Non- Executive Director
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This report summarises the discussions and decisions made, and the assurances received at the Quality Committee held on January 22 2015.

Key headlines/ issues/ emerging risks (with assurances)

Terms of reference

Following some minor amendments the TOR were approved and will be reviewed in one year.

Serious Incident Report

The November and December SI position statement papers were summarised. Although these reports provide an overview and details of the incidents, the committee were not assured by the closure of these incidents. Consideration was given to the fact that members had requested information on all reported SI's in a timely manner and the reports could not evidence the reporting and closure within the one report unless the report was a retrospective report from three months previous. Agreement that the reports continue to have improved over the year and that the examples of lessons learnt from SI final reports submitted to the CCG in the same month is included. Future reports will include a two part presentation to include Part A, the detail of the incidents reported in the last month and part B, the second part of the report to cross reference the learning currently identified to specific STEIS incidents and themes of learning from incidents. This will enable committee members to be better informed and assured of the outcomes of the incidents, the individual and themed learning from them and what will be done differently next time, to give assurance of

closure to the committee. The 360 Internal Audit report was shared retrospectively with members.

Board Assurance Framework

The committee were informed that it has been agreed by the Audit & Assurance Committee that principal risk 1 2 & 4 will be monitored by this committee. A workshop is planned to support the executive leads to get in to the detail of what is required in order to fine tune the assurances and the controls

The committee considered the controls for Principal Risk One (PR 1) - there are a number of controls in place regarding staffing levels which are being monitored regularly. The committee had confidence PR1 is on track although there remain issues with medical staffing in radiology. A Consultant Radiology Strategy is written and projects to support recruitment have been initiated. This is not a local issue and an East Midlands group are reviewing this. PR1 was signed off by the committee.

It was agreed that further work was required on Principal Risk Two (PR2) as there were evident gaps and was incomplete. PR2 will go back to audit and assurance committee for them to assess their confidence in effectiveness of the controls.

Corporate Risk Register

Two Risk Management Committee meetings have been held which have primarily focused on the terms of reference and membership. These have now been approved and future meetings will discuss detail of risk registers, with Divisions presenting on a rolling basis. Datix web is now active which is helping with the movement and alignment of risks. The Risk Manager is meeting with risk leads and this is helping support and educate leads regarding risk management and the importance of action plans within Datix to reduce the risk until the actions are complete and then become controls. Members were assured that significant progress has been made with risk management and that a planned workshop looking at committee reporting structures will help clarify reporting arrangements and how assurance will be obtained going forwards.

Medicines Optimisation Strategy

This is a 5 year strategy which is sub-divided into 6 domains; the most significant of these domains is the implementation of E-Prescribing. Progress has been made with all the 6 domains, however external funding is still being awaited (since October) via the Technology fund to progress the e-prescribing. It was hoped that this would be rolled out in July 2015, however as there has been no news on the funding this has now been delayed until Autumn 2015. The committee were assured that we have a robust Medicines Optimisation Strategy. The Committee were supportive of electronic prescribing and Quality Committee members would be supportive of a capital funds bid if the decision from the treasury is not successful.

Mortality

There has been no validated data since August from Dr Foster. SHIMI data up until June showed an endoscopy alert, where there were 19 deaths against a predicted 11. These have been reviewed and were all expected deaths so the alert has now been closed. Weekend to weekday mortality data shows that this has evened out now. A deep dive into sepsis and Mortality is to be presented at the March QC meeting to include key actions being taken.

Quality Account Progress Monitoring

A milestone planner is being pulled together as actions will start from February. The Non-Executive Directors are considering the quality priorities for 2015/16.

Patient Experience Strategy Update

The strategy was launched with quality for all and is based on patient feedback. The areas in amber on the strategy are being worked on by divisions and business managers and a business case has been submitted for signage within the KTC. The committee were assured regarding progress with the strategy.

A&E In-patient Survey

All actions are currently being progressed. A move to a named nurse model was being introduced from Monday 26 January. The action plan forms part of the ED governance committee agenda as well as a weekly forum meeting with key stakeholders. The action plan progress will be reported through the patient experience committee which reports itself to CQ&GC and to TMB. The committee requested that this action plan be presented to the Quality Committee by exception only if any of the actions have gone off track.

Clinical Effectiveness & Learning Report

The purpose of the paper was to inform the Quality Committee on progress being made for the management of clinical effectiveness activity through review of existing reporting arrangements. The paper examined the current process for evaluating clinical effectiveness and experience and the ongoing actions and systematic methods to review evidence of learning going forwards. The report highlights the need to triangulate what we are learning from investigation of incidents, SI's, complaints, inquests and claims and ensure these are mapped against national guidance and influence our clinical audit forward plan. The report gave an overview of progress against the clinical audit forward plan, NICE guidance and evidence of learning. QC commented that this was helpful foundation document for wider organisational learning and the processes going forwards.

Deep Dives

There were four deep dive presentations. Two of which were on screening programmes and presentations were given on breast cancer screening and bowel cancer screening. The key questions for the leads to respond to were the same as those reported in December 2014. Both were detailed presentations and provided assurance to the Quality Committee regarding the governance process around the programmes.

The remaining two deep dives presentations were on Falls and Friends & Family Response Rates. The committee were assured regarding progress with the in-patient falls prevention programme. The committee were assured by this presentation and the future plans for F&F response rates.

CAS alerts

The committee were assured that there were no concerns regarding pending deadlines and that it was expected there would be no delay in closing CAS alerts before deadline. The CAS reports will now come to Quality Committee by exception only.

CQC update

The committee received and noted the report by the Assistant Director of Nursing.

12 hour trolley waits

This item was discussed as part of AOB. Discussions took place around the capacity issues and pressures over the Christmas and New Year period leading to a total of seventeen 12 hour breaches. A decision was taken to do a rapid review of these incidents to identify harm/potential harm caused, by an independent group of people, overseen by the Patient Safety Lead. It was confirmed that none of the breaches required a full separate RCA SI report although all of them have been investigated to identify gaps and learning opportunities. The final report is being presented at the March 11 Clinical Governance and Quality Committee meeting.