

Board of Directors

Subject:	Report of the Quality Committee	Date: 03/10/19		
Prepared By:	Elaine Jeffers, Deputy Director of Governance & Quality Improvement			
Approved By:	Barbara Brady, Chair of Quality Committee			
Presented By:	Barbara Brady, Chair of Quality Committee			
Purpose				
The purpose of this paper summarises the assurances provided to the Quality Committee around the safety and quality of care provided to our patients and those matters agreed by the Committee for reporting to the Board of Directors.			Approval	
			Assurance	x
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
x	x		x	x
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
Risks/Issues				
Financial	No financial risks identified			
Patient Impact	Assurance received with regards to the Safety and Quality of Care through the Reports presented			
Staff Impact	No staff issues identified			
Services	No service Delivery risks identified			
Reputational	No Trust reputational risks identified			
Committees/groups where this item has been presented before				
None				
Executive Summary				
<p>The Quality Committee met on 18/09/19. The meeting was quorate. The minutes of the meeting held on 17/07/19 were accepted as a true record and the action tracker updated. The Board of Directors is asked to accept the content of the Quality Committee Report and the items for note highlighted below:</p> <p>The content of the report</p> <ul style="list-style-type: none"> • Progress made with regards to actions following the Quality Summit for the Urgent & Emergency Care Division • The analysis of the NHSI/E Patient Safety Strategy and the Trust Quality Strategy • The approval of two 'blue' actions from Campaign Two of the Advancing Quality Programme • The '<i>Limited Assurance</i>' outcome of the 360 Assurance Report for Mental capacity and DoLS • The recognition of the achievements of Dr David Hodgson in his role as Director of Research and Innovation over the five years he has held the post 				

1. Actions from the Quality Committee 17/07/19

1.1 Action 19/063 PHE Breast Screening Service Radiology Data Response

Quality Committee received the letter dated 18 August 2019 from the Trust in response to the letter of 10 July from NHS England for information.

1.2 Action 17/267.2 (Board of Directors) Patient Safety Report

Quality Committee received the Patient Safety Report highlighting the outcome of a review between the NHS Patient Safety Strategy (2019) publication – ‘*Safer culture, safer systems, safer patients*’ – the report concluded having undertaken a relatively high level comparison between the Trust Quality Strategy 2018/21 and the NHS Patient Safety Strategy 2019 there are minimal gaps that require further consideration. Quality Committee were assured that the improvement campaigns supporting the Quality Strategy align with the three key aims of the NHSI/E publication.

Quality Committee also notes that the Trust has robust procedures in place, which ensures early sight of and response to national documents.

2. Urgent and Emergency Care Quality Summit – six month update

Quality Committee received the presentation on progress made following the Quality Summit from Dr Ben Owens, Clinical Chair and Robin Binks, Head of Nursing for the Division of Urgent & Emergency Care. Key issues discussed included:

- Issues relating to ‘missed fractures’
- The Acute Abdominal Pathway
- Relationship building between the Emergency Department and specialties across the Trust.

Quality Committee were satisfied that appropriate actions are being taken and progress is continuously monitored via the divisional and corporate governance and performance framework.

3. Pharmacy (six month) Medicines Optimisation Strategy Report

The report was received, providing a summary of the regular reporting to Patient Safety Quality Group. The report highlighted two key issues:

- The continuing work to improve Medicines Reconciliation
- Missed doses

Although the Trust performs well against regional and national benchmarking, further work is underway to better understand the detail behind the data. The department is closely monitoring our own trends to identify where further improvements can be made.

Quality Committee requested a pharmacy services strategy for the next six month report.

4. Patient Experience Annual Report (Statutory Annual Complaints Report)

Quality Committee received the report. The key issue raised referred to a general increase in complaints received in 2018/19 compared to 2017/18 (395/378). This has been exacerbated by the increasing number of re-opened complaints. Analysis indicates these are being largely driven by solicitors as the majority of re-opened complaints relate to new questions. This is having a significant impact on the Patient Experience Team and their ability to address complainant issues

in a productive and timely manner.

In addition the report highlighted issues in relation to the Parliamentary and Health Service Ombudsman (PHSO) who are making increasing requests to the Patient Experience Team.

The report also highlighted the continued work of the Patient Experience team in supporting divisional colleagues, providing advice, support, guidance and additional training in complaint handling and responses where required.

Quality Committee agreed to nominate a Non-Executive Director to spend a morning or afternoon with the Patient Experience Team.

5. Advancing Quality Report (Regular)

The report provided an overview of progress through the Advancing Quality Oversight Group meetings of 6 August and 3 September and were assured there is a robust monitoring process in place.

Quality Committee accepted the new actions being added to Campaign Two. Board should note that the Quality Strategy is a dynamic document and further actions will be added to the programme at relevant points through the year.

Quality Committee approved two 'blue' actions – both related to the Trust Mortality performance.

6. Care Quality Commission (CQC) Report (Regular)

Quality Committee received the regular update report relating to CQC activity within the Trust. Key issues to note include:

- The change of CQC personnel – Eve Davis, Trust Relationship Officer, Julie Fraser, Inspection Manager, Bernadette Hanney, Head of Hospital Inspection.
- The changes to the CQC Engagement Meeting process

Analysis of the CQC Insight Tool indicates the trust remains within the top 25% of Trusts nationally and is most likely to be rated as 'Good'.

7. Patient Safety Quality Group Report(s) (14 August, 11 September)

The Patient Safety Quality Group (PSQG) reports were presented by Dr Andy Haynes and Suzanne Banks respectively. Quality Committee acknowledged that PSQG continues to operate effectively but recognises this is a complex meeting covering a wide range of patient safety and quality issues. The work programme has been reviewed to ensure the meetings are as efficient and effective as possible whilst ensuring it covers the necessary topics.

Key issues for the board to note include:

- The appointment of Penny Cole as the interim Head of Nursing and Midwifery for the Division of Women and Children.
- The positive report received following an external visit to Microbiology with no resulting actions necessary
- The agreement to move to an electronic handover for junior medical staff from October – this will not only improve the safety and quality of care for patient with the timely and accurate transfer of critical clinical information between teams but also reduce the risk of information governance breaches due to misplaced paper handover sheets.

- The '**Limited Assurance**' outcome following the 360 Assurance audit of the application and awareness of the Mental Capacity Act (MCA) and application of Deprivation of Liberty orders (DoLS).

Following five years in post PSQG expressed their gratitude to the work undertaken by Dr David Hodgson in his role as Director of Research and Innovation. PSQG and Quality Committee acknowledged the significant contribution he has made in building the research department.

8. Board Assurance Framework (BAF Report (Regular))

Quality Committee accepted the following amendments:

- PR1: Catastrophic Failure in standards of safety and care – assurance rating 'inconclusive' replaced by 'positive'
- PR2: Demand that overwhelms capacity – no amendments to assurance rating
- PR5: Fundamental loss of stakeholder confidence – no amendments to assurance rating