

Board of Directors

Subject:	Report of the Quality Committee	Date: 06/02/2020		
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 with the exception of Dementia screening			
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 15/01/2020. The meeting was quorate. The minutes of the meeting held on 20/11/19 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 Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Note the content of the Report • Note the assurance received around the Dementia Screening Assessment and the audit proposal • Note the Ophthalmology Quality Summit Update – acknowledging that improvements have been made but mindful that there are still challenges. To be reviewed by Quality Committee again in September 2020. • Note the continued work around harm assessments in the Emergency Department given the demands on emergency care and significant waiting times. • Note the proposal to carry out a review of the 15 Steps Programme for clinical and non-clinical areas. • Note the approval of the Blue Forms 1920.2.06 and 1920.05.03. 				

Action 19/099.2 – Dementia Screening

Quality Committee were informed that the current Dementia Screening system will not provide a level of compliance against the baseline rate until the end of 2020/2021. This is due to access to the electronic assessment module being unavailable on Nerve Centre within EAU until April 2020.

It is proposed that an audit of 20% of records take place for the cohort of patients undertaking manual assessments. The audit will give assurance that an assessment has taken place and that the care given was appropriate.

The issue had been raised with regulators with no concerns raised. Quality Committee were assured that during the time period in questions no harm to patients had been identified.

It was agreed to provide a summary to the Audit and Assurance Committee with a view to inclusion in the 2020/21 Audit Plan. Reporting of audit outcomes will be through the Patient Safety Quality Group.

1. Ophthalmology Quality Summit update (Scheduled update)

Quality Committee acknowledged Ophthalmology was a service with high demand pressure without the capacity to keep up, this has resulted in long waits and led to harm for some patients. £400k has been invested, including recruitment; however the service has been affected by sickness and additional equipment costs.

Whilst a good idea in principle, the third party triage has not worked and in some cases impacted negatively. Ophthalmology has moved from a place of very high risk and, whilst that risk is being mitigated, there is still a poor patient experience in terms of waiting times with a lot of work still to do.

A robust risk stratification is in place and gives priority to those patients needing an urgent clinical review, although this leads to waits for those patients waiting for routine procedures such as cataract.

In noting the 20% increase in demand over the last 5 years and the unsuccessful triage, Quality Committee agreed that there was learning for the future in addressing capacity issues. However, whilst the increase in demand was 11% over the last year, strategies in place had seen a circa reduction of 12% since July. Ophthalmology will be the primary focus on the Outpatient Transformation agenda.

2. Learning from incidents using human factors analysis and implications for future practice (for interest)

The Committee were advised that in July 2019, two serious untoward incidents occurred resulting in a recommendation of further investigation through Scoping. Whilst both incidents were in different services (Endoscopy and Sterile Services), there were similarities whereby kit was used without following the appropriate cleaning processes. Both investigations were undertaken separately but using similar interventions resulting in two very different action plans.

The chief recommendations from the traditional Root Cause Analysis (RCA) investigation in both cases was the need for training; however the individuals involved in the incidents were highly skilled workers who had been doing the role for many years.

The human factors investigation found that the incident was due to a lapse in attention picking up a more practical perspective around the distractions in the environment they were working in (for

example noise, telephones). Overall the human factors tool takes away the blame putting the situation into context.

A Patient safety Strategy is currently being developed, which will incorporate how the Trust will bring the human factor approach into its investigative process.

3. Advancing Quality Report (Regular)

The Advancing Quality Committee met on 3 December 2019 and 14 January. There had been a slight movement from green to blue actions following the November meeting however there were no new red actions and progress continued to be maintained.

Blue Form 1920 2.06 – Delivering Harm Free Care

Quality Committee approved the detailed evidence in support of Blue Form 1920 2.06 including the Harm Free Care Dashboard taken from the safety thermometer.

Blue Form 1920 05.03 – The provider should consider installing a strip alarm in rooms used for psychiatric assessments to enable staff to summon assistant wherever they are in the room as per current guidance and not rely on the push button alarm currently installed.

Quality Committee approved the evidence submitted to demonstrate the action was embedded.

A discussion was held as to which action in the Advancing Quality Programme should be proposed to the Council of Governors as the 'Local Indicator' for inclusion in the Quality Account. It is proposed that the local indicator reflects the improvement work within the organisation. The suggested indicators were;

- reduction in overall length of stay;
- getting to the learning faster/response to serious incidents; and
- improving outcomes for falls - assessments in long bone fractures.

A consensus was not reached with a counter proposal to consider an indicator around End of Life. This will be further discussed at the Advancing Quality Oversight Group on 4 February 2020 prior to presentation at the Council of Governor's meeting at the end of February.

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

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'

At the time of the Quality Committee CQC were undertaking their on-site review. Key areas of focus so far appear to be staffing levels, mandatory training competences and staff engagement.

5. Patient Safety Quality Group Report(s) (11 December, 8 January) (Regular)

Quality Committee received the reports from the December and January Patient safety Quality Group meetings. The key points of note for the Board are as follows:

A substantial area of discussion at both meetings was the safety of patients waiting a significant period of time within the Emergency Department(ED) Whilst good processes are in place to track harm, some aspects could be strengthened. Quality Committee were assured that significant harm had not come to patients with an extended stay in the department, but agreed that the experience was poor, not just for the patient but for staff and.

The backlog in Radiology was highlighted. Whilst the sustained trajectory has improved there remains a level of risk on both plain film and those with more complexity, in particular chest. This is due to a number of factors on demand and capacity, including GP referrals, missed fractures in ED and delayed communication. In-patients should have opportunity for images to be viewed by a clinician before a Radiologist providing some failsafe on missed fractures.

Quality Committee were advised that a project will be launched in March to improve urgent notification mechanisms with automated messages sent directly to clinicians. Notifications will be sent to individual clinicians and also to a generic monitored email; however it is reliant on them being read and actioned.

A presentation was received at the January PSQG on the NELA Audit. Concerns were raised a year ago around data submissions with extra resource invested to ensure that this is of a better quality. The Trust performed well against the metrics and is now within the top 5 Trusts nationally.

6. 15 Steps programme Update (Regular)

Quality Committee received a summary report on the visits undertaken as part of the 15 Steps Challenge for the period July to November 2019. Key points to note were that there has been an increase in the number of teams undertaking the 15 Steps.

There has been a positive use of language in feedback forms and despite high pressure demand and capacity across the Trust, areas were found to be calm and welcoming.

The programme has been included within the Band 6 Clinical Leadership Programme raising awareness with junior staff and including a peer review of clinical areas.

Feedback has been collated following the Council of Governors' Engagement Session on how to take forward Governor members' contribution from a patient experience perspective. Governor feedback will now form part of the reporting from next month.

Currently the 15 Steps Programme includes both clinical and non-clinical areas making the scope of visits difficult to coordinate. It was proposed that the focus be taken back to just clinical with a different remit for non-clinical areas although caution was needed on how this was revisited in order not to de-value those areas. Quality Committee agreed it was important to assess that the true vision of 15 Steps was being fulfilled and that it was making a tangible difference to the patient experience.

7. Board Assurance Framework (BAF Report (Regular)

The Committee noted that a Board Workshop to review the BAF would be taking place on 23 January, with proposed changes implemented from 1 April 2020.

PR1: Catastrophic failure in standards of safety & care

The Committee approved the proposed changes to the risk narrative and agreed that the ratings would remain unchanged.

PR2: Demand that overwhelm capacity

The Committee considered the proposed change to the narrative against the action 'reviewed clinical models for services shared with NUH completion date March 2020'. Quality Committee noted that a paper would be presented to Board in April 2020, it was therefore agreed that the action be amended to read 'paper to be presented to April Board with timescales to be confirmed post-meeting.'

Given the pressures on demand, the Committee discussed the significant exposure on PR2 and the difference in rating of 12 in PR1 and 16 in PR2. Quality Committee acknowledged that the Trust was aware of the risk and had put in place the control mechanisms it could but there were still areas of challenge linked to external factors and the wider system.

The Trust had to accept that demand will keep increasing and the decision was around whether to build to meet that demand or mitigate. Members were advised that a risk rating of 16 was the highest score possible and agreed that this was an area for further debate at the Board Workshop.

Quality Committee approved the proposed changes to the risk narrative and AGREED that the ratings would remain unchanged.

PR5: Fundamental Loss of Stakeholder Confidence

Quality Committee discussed PR5 and agreed the rating remain unchanged.

Quality Committee agreed that they were assured by the BAF. Whilst not proposing changes to the ratings, the discussion around PR1 and PR2 should be noted.