

Board of Director: 8.3.18

Agenda Item: Bo.3.18.9

Report from the Quality Committee 31 January 2018

Presented by:	Professor Laura Stroud, Non-Executive Director	Author:	Fiona Ritchie, Trust Secretary
Previously considered by:	n/a		

Key points	Purpose:
This paper provides a brief summary of the key matters that were discussed at the meeting of the Quality and Safety Committee held 31 January 2018.	To discuss and note

Executive Summary:
The purpose of the Quality and Safety Committee, as set out in its Terms of Reference, is to provide detailed scrutiny of the Foundation Trust's arrangements for the management and development of quality and safety in order to provide assurance and, if necessary, raise concerns or make recommendations to the Board of Directors.

Financial implications:

Regulatory relevance:

Monitor:	
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Equality Impact / Implications:	<p>Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p>
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Other:	
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Strategic Objective:	To provide outstanding care for patients
<i>Reference to Strategic Objective(s) this paper relates to</i>	

Quality and Safety Committee – 31 January 2018

1. Introduction

The purpose of this paper is to advise the Board of Directors of the key matters discussed and provide a brief summary of agenda items of the Committee which was held on 31 January 2018.

2. Key Matters discussed at the meeting held on 31 January 2018

- Emergency Care Standard
- Risk Management
- 'Our Quality Plan 2018/19'
- VTE
- Mortality Report
- Paediatric Stabilisation

3. Agenda items

3.1 Quality Committee Dashboard

The Quality Committee dashboard was discussed in detail by the Committee and used as the mechanism to discuss key performance indicators.

3.2 Information Governance Report/SIRO Quarter 3 Report

There has been one Level 2 High Risk reportable information governance incident.

Mandatory Information Governance Training compliance is at 87% as at 31 December 2017 which is below the 95% requirement for March 2018. Plans are in place to achieve the 95% trajectory by 31 March 2018.

The Information Commissioner's Office Best Practice report has been completed and was submitted to the ICO in December 2017. The Foundation Trust is awaiting a response from the ICO.

3.3 Urgent Care Recovery Plan

To ensure proportionate focus on quality, safety and performance in relation to the Emergency Care Standard (ECS), it has been decided to merge the existing Quality Summit action plan into the Emergency Care Recovery Plan.

The key areas of focus have previously been discussed at the Accident and Emergency Department deep dive presentation to Quality Committee in December 2017.

The Committee discussed the recovery plan in detail and agreed to quarterly updates.

3.4 Serious Incident Report

There have been four new serious incidents reported during December 2017. One of these was in relation to a hospital acquired pressure ulcer. The other incidents related to:

- A patient with delirium, who was transferred as a sleep-out to a surgical ward, absconded via the fire escape and was located on the roof of the building.
- A patient who had oral surgery in 2015 for a pre-cancerous condition. From January 2017 there was a delay in their follow up appointments, which has resulted in a delayed diagnosis and treatment of oral cancer. The patient has undergone a neck dissection, which could have been avoided.
- There has been an error in the process of documents being electronically transferred from the Electronic Patient Record (EPR) to primary care. This process is hosted by a third party contractor and has resulted in over 30,000 items of correspondence not being transferred successfully.

The Foundation Trust has requested and received approval from the Clinical Commissioning Group (CCG) for extensions for two ongoing investigations.

3.5 Quarterly Risk Management Report

The Foundation Trust reported 2640 incidents during Quarter 3 2017/18. Of these incidents, 5 were declared as serious incidents. The Committee receives each individual Serious Incident Investigation report, including Never Events, for consideration and review (Serious Incident Report).

The Committee discussed the report and spent time debating blood transfusion incidents in more detail.

3.6 Our Quality Plan 2018/19

The starting point, basis and success criteria for the Foundation Trust's 'Our Quality Plan' 2018/19 are our Vision, Mission, Objectives and Values as described in the Foundation Trust's Clinical Service Strategy (2017-2022).

'Our Quality Plan' (2018-2019) has been written to support the Clinical Service Strategy and bring the Foundation Trust's plans into line with the Care Quality Commission's regulatory framework. The Quality Plan provides a 'pen portrait' of the Foundation Trust's current approach to quality, the approach and objectives for quality improvement and the Quality goals and targets that the Foundation Trust needs to meet over the next year to ensure that the vision is achieved and the strategic objectives are delivered.

The development of the Quality Plan for 2018/19 was initiated following an NHS Improvement supported 'moving to good event' as an important mechanism to draw together the elements of 'quality' into one document and to plan for comprehensive engagement with the Foundation Trust's people and partners during 2018/19.

The committee discussed and approved 'Our Quality Plan 2018/19'.

3.7 Quality Impact Assessment Report

An overview of the Quality Impact Assessment was given to update the Committee on the current process for the identification and management of potential risk to the delivery of healthcare associated with improvement work undertaken as part of the Trust Improvement Programme managed through the Trust Improvement Committee (TiC).

The Committee noted the report.

3.8 Patients First Sub-Committee Report

The Annual report of the Patients First Sub-Committee was presented to the Committee. The report highlights the key achievements, challenges and risks being managed by the Sub-Committee on behalf of the Quality Committee.

The Committee discussed the quoracy issues. This will be reviewed and reported back to the Committee.

3.9 Leadership Walkround Update

An update on the progress of the leadership walkrounds from October to December 2017 was given to the Committee.

The top three themes identified during this period are:

- Positive multidisciplinary teamwork & performance
- Positive patient experience
- Environment – lack of space / storage

3.10 ProgRESS Report

Structured reviews of a targeted selection of the Foundation Trust's services took place on Wednesday 6 December 2017 which were supported by NHS Improvement and a review team made up of internal staff and external partners. Any areas of risk, or where opportunities for change and improvement were identified, are subject to action planning and further review by the CQC steering group. The Committee spent time discussing the issues in theatres.

3.11 Risk Assessment for VTE

Risk assessment for venous thromboembolism (VTE) is a national quality requirement in the NHS Standard Contract with a threshold set at 95% for all inpatients.

Significant progress has been made in VTE assessment with the December 2017 rate running at 91.35% of eligible patients undergoing a risk assessment.

A trajectory has been set for consistently achieving the standard of 95% by 31 March 2018.

3.12 Mortality Sub Committee Report

The paper presented provided an update on the work that has been progressed to implement the mortality improvement programme in the Foundation Trust from July 2017 to January 2018.

The programme of work has involved a multifaceted approach to enabling a standardised, organised and transparent process for how mortality review is undertaken.

The Foundation Trust's target for completion of mortality reviews using the structured judgement review method is currently set at 25%.

The Committee was assured on the work carried out to date on mortality review.

3.13 Paediatric Stabilisation Deep Dive

Members of the Paediatric team delivered a presentation on paediatric stabilisation. The Committee heard about the work carried out over the last three years following a serious incident. The Committee were assured that the work identified to be carried out has been completed. Other subsequent issues have arisen and these have been escalated.

3.14 Board Assurance Framework

The Quality Committee is responsible for the following strategic risks in the Board Assurance Framework (BAF).

- **SR1: To provide outstanding care for our patients**
The Executive Leads are the Chief Nurse and the Medical Director
- **SR4: To be a continually learning organisation**
The Executive Leads are the Medical Director and the Director of Governance and Corporate Affairs.

The Committee discussed and gained assurance on the management of the risks.

4. Escalation to the Corporate Risk Register

There were no risks to escalate.

5. Recommendation

The Board of Directors is asked to note the above points.