

Meeting Title	Quality Academy		
Date	28 April.2021	Agenda item	QA 4.21.6

QUALITY OVERSIGHT AND ASSURANCE EXCEPTION PROFILE

Presented by	Judith Connor, Associate Director of Quality		
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Purpose of the paper	The purpose of this presentation is to provide the Quality Academy with assurance in relation to the Quality Oversight System.		
Key control	This presentation is a key control for the Board Assurance Framework		
Action required	To note		
Previously discussed at/informed by	All elements of this presentation are discussed at the weekly Quality of Care Panel		
Previously approved at:	Academy/Group	Date	
	N/A	N/A	

Key Options, Issues and Risks

This new model for Quality Oversight was introduced during COVID to ensure continuing assurance for Patient Safety during the pandemic. It sets out a whole range of safety indicators to ensure that quality of patient care is monitored and managed appropriately. This information, in the same format is presented to the Quality of Care Panel on a weekly basis.

Analysis

Incidents: Increase in violence and aggression incidents linked with patients with mental health concerns. Raised at System Quality Committee in January. Joint working with other local Acute Trusts. Findings were presented to the WYAAT Meeting on 18 March 2021, where it was identified as a common theme across the region. Links being made with Leeds Acute Trust to look at their de-escalate programme.

Regulators: Reporting and responding to external agencies.

8 CAS Alerts received in March, one of which required a response to NHS England as well as CAS process..

[NatPSA/2021/001/MHRA – Supply disruption of sterile infusion sets and connectors manufactured by Becton Dickinson \(BD\)](#). Response through CAS process completed. Weekly meetings to monitor evolving situation with stock shortage. Vulnerable groups identified to provide bespoke solutions.

Working closely with NHS Procurement to secure alternatives. Concurrently the Trust is changing current volumetric pumps to alternative with a full roll out programme and associated training.

The other 7 required response through the CAS process, internal actions have been identified and taken.

1 incident reported to the HSE under RIDDOR.

2 incidents reported to the MHRA under SHOT.

1 incident reported to IR(ME)R radiation exposure.

CQC monthly engagement meetings held where updates on Serious Incidents is shared. CQC request received for an update on a number of incidents ahead of CQC engagement meeting on 27 April 2021..

HSE are restarting inspections of COVID related issues. Trust COVID related staff death formally closed with no further action for the Trust.

Inquests: Remote hearings for Inquests continue. 2 Inquest heard in March related to Orthopaedics/Vascular/General/Plastic Surgery. Coroner indicated that a Learning for Future Deaths REGULATION 28 was to be issued in respect of concerns around communication between consultants and specialties, however this has not yet been received by the Trust.

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3 further Inquests listed for April/May/June.

Claims: In March the Trust formally responded to 4 Clinical Claims making admissions, 3 of which were an acceptance of liability and 1 of which was on the basis of Litigation Risk.

Patient Experience: There were 36 complaints, 152 PALS issues and 61 compliments received in March. 54 complaints and 152 PALS issues were responded to.

Recommendation

The Quality Academy is asked to

- Note the comprehensive report attached
- Be assured that quality oversight is has been maintained during the Covid period
- Consider the new approach to providing assurance which will link into the work of the Quality Academy and its three pillars, Assurance, Learning and Improvement.

Risk assessment

Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Performance Implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant) <input type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework <input checked="" type="checkbox"/> Code of Governance <input checked="" type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Effective
Care Quality Commission Fundamental Standard: Good Governance
NHS Improvement Effective Use of Resources: Clinical Support Services
Other (please state):

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 | PURPOSE/ AIM

The presentation provides a summary of quality governance, risk management, learning and improvement discussions and actions escalated through current Quality Oversight System processes.

2 | BACKGROUND/CONTEXT

Key issues to be considered are:

Incidents that have been graded as moderate and above reported in March 2021.

Serious Incidents that have been declared March -16th April 2021.

Incidents reported to external agencies.

Complaints received and closed during March 2021.

Trust response to National Patient Safety Alerts.

Mortality Data.

3 | PROPOSAL

Not applicable

4 | BENCHMARKING IMPLICATIONS

Not applicable

5 | RISK ASSESSMENT

Not applicable

6 | RECOMMENDATIONS

For Academy to receive information and note actions taken.

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7	Appendices
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Appendix 1: HSIB report

Appendix 2: Factual Accuracy Comments for HSIB report.