

# Public Board Meeting

## Report

**Subject: Quality Committee Report**

**Date: 18/01/17**

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**Lead Director: Mr Tim Reddish**

### **Executive Summary:**

The Report provides a summary of the Trust Quality Committee held on Wednesday 18<sup>th</sup> January 2017.

The Board of Directors is asked to note the content of the Report and the items for escalation highlighted below:

- The significant improvement in assurance from the Chief Pharmacist in relation to performance against medicines standards.
- The risk in relation to the smooth switchover of the WinPath Server on 29<sup>th</sup> January 2017
- The risk in relation to the ability of Sterile services to ensure sufficient sterile trays are available for each surgical procedure and that these are provided in a timely manner and that equipment and kit is fit for use.

The Quality Committee met on 18/01/17. This paper summarises the matters agreed by the Committee for reporting to the Board of Directors:

The minutes of the meeting held on 15<sup>th</sup> December 2016 were accepted as a true record and relevant actions reviewed. The meeting was quorate.

The action log was reviewed and updated

### **1. Divisional Clinical Governance Presentation**

Dr Colin Dunkley delivered a very comprehensive presentation outlining the Women's and Children's Governance structure. The Committee acknowledged the significant progress that had been made within the Division to align the governance processes of the 3 sub-specialty areas of Paediatrics, Gynaecology and Maternity.

### **2. Terms of Reference**

The Terms of Reference have been reviewed and were accepted, with the caveat that the associated workplan was amended to reflect a February review in order to identify possible areas of focus to present to the Audit Committee for inclusion in the 360 Internal Assurance programme.

### **3. BAF Principal Risk update**

The Quality Committee remained assured that the Principal Risks for the Committee as identified in the BAF remain relevant and that the controls in place are sufficiently mitigating the risk. The Committee also acknowledged the improvement to the style and content of the document.

#### **4. Quality Account Report update**

The Committee received a briefing as to the process for the 2017/18 Quality Account. Confirmation had been received that the delivery will follow the same rigorous process as 2016/17.

The Committee were informed that the sub-committee of the Council of Governors had discussed and agreed the 3<sup>rd</sup> Quality Priority – the '62 day Cancer Standard' and that this was due to be proposed to the full Council of Governors in February.

The Deputy Chief Nurse will present the Quality Account Plan to the patient Safety Quality Board at the February meeting and to the Audit Committee in March.

#### **5. Patient Safety Quality Board Report**

Dr Haynes presented the Report of the Patient Safety Quality Board held on 4<sup>th</sup> January. The Committee received assurance around a number of issues and discussed in detail the following items that had been escalated:

- The risk related to Sterile Services and theatre tray – The Surgical Division are providing their action plan to PSQB on 1<sup>st</sup> February
- The Falls Review – further assurance to be given to PSQB in February re low and no harm falls
- Issues in relation to the Discharge process – these are being captured in the Discharge Improvement Programme as part of the Quality Improvement and Assurance Programme
- The need to review the Mattress Decontamination process – responsibility passed to the Consultant Nurse – Tissue Viability
- The positive performance across the metrics within the Quality Dashboard
- PSQB were assured that a full range of measures are in place, including iPads for all wards, text messaging for outpatients and the Emergency Department supported by appropriate paper-based systems. It should be noted that many of these measures were only initiated in December and the output data will not be available until mid-January. The FFT reporting will be incorporated into the Patient Experience Report to be presented to PSQB on 1<sup>st</sup> February.

#### **6. Quality Improvement Programme**

The Committee examined the evidence and approved 9 actions from the QIP Programme. This leaves 27 actions outstanding that are reflected and will be managed as section 1 of the new Quality Improvement and Assurance Programme.

#### **7. Medicines Optimisation Report**

The Committee received assurance from the Chief Pharmacist on performance against the Medicines Optimisation metrics. The Committee also acknowledged the significant progress that has been made with the Medicines Management agenda and expressed their thanks and appreciation to the Chief Pharmacist.

The report provided assurance that the work of the Medicines Management Committee, Drug and Therapeutics Committee and sub-groups were effectively managing their workplans to ensure compliance with national standards, legislation and external inspections

in relation to medicines.

### 8. Installation of the updated WinPath Server

The risk around the robustness of the current WinPath Server within Pathology had been drawn to the attention of the Quality Committee during the latter part of 2016. The Division had addressed the issue and planned to replace the server.

The switch over is planned for Sunday 29<sup>th</sup> January, however the Quality Committee were not assured that sufficient and appropriate plans were in place to ensure a smooth transition over the 5 hour period.

This was immediately escalated to the Chief Operating Officer to ensure adequate business continuity was in place.

### 9. Escalation to Board of Directors

The quality Committee would like to bring the following to the attention of the Board of Directors:

- The significant improvement in assurance from the Chief Pharmacist in relation to performance against medicines standards.
- The risk in relation to the smooth switchover of the WinPath Server on 29<sup>th</sup> January 2017
- The risk in relation to the ability of Sterile services to ensure sufficient sterile trays are available for each surgical procedure and that these are provided in a timely manner and that equipment and kit is fit for use.

### Recommendation

The board are invited to receive assurance with regard to the items discussed and agreed working at the Quality Committee.

### Relevant Strategic Priorities (please mark in bold)

<b>To consistently deliver a high quality patient experience safely and effectively</b>	<b>To develop extended clinical networks that benefit the patients we serve</b>
<b>To eliminate the variability of access to and outcomes from our acute services</b>	<b>To provide efficient and cost-effective services and deliver better value healthcare</b>
<b>To reduce demand on hospital services and deliver care closer to home</b>	

<b>How has organisational learning been disseminated</b>	Through management teams.
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<b>Links to the BAF and Corporate Risk Register</b>	AF1.0
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<b>Details of additional risks associated with this paper</b> <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i>	The following CQC Domains apply: Safety Effective Caring Responsive Well-led
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<b>Links to NHS Constitution</b>	Delivery of care within nationally mandated and clinically appropriate timescales
<b>Financial Implications/Impact</b>	None identified
<b>Legal Implications/Impact</b>	None identified
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	None identified
<b>Committees/groups where this item has been presented before</b>	Quality Committee
<b>Monitoring and Review</b>	Divisional Management Teams Quality Committee
<b>Is a QIA required/been completed? If yes provide brief details</b>	Not applicable.