

Board of Directors

Report

Subject: Quality Committee Report

Date: 22/06/2016

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Executive Summary

The Quality Committee met on 22/06/2016. This paper summarises the matters agreed by the Committee for reporting to the Board of Directors:

National Inpatient Survey

The results of the 2015 National Inpatient Survey were presented to the Committee. The Survey highlights results and trends as at July 2015 that:

- All 11 sections scored '**about the same**' as most other Trusts
- **7** out of 63 scored questions '**better**' than most other Trusts
- **2** question scores **improved** since 2014
- **1** question score **declined** since 2014.

The Committee acknowledged the many improvements made and invited the Executive to share these more widely with colleagues and examine in more detail the areas of slight decline to ascertain why, and what can be done to improve on these areas.

Further discussion highlighted that the Deputy Chief Nurse and the Trust Community Involvement Manager are currently working with Volunteers to help triangulate intelligence with the Friends and Family Test information. Links will also be made to existing surveys and information, for example the Medirest survey around meals and patients' experience of meals. The 2016 data collection will commence in July 2016.

Quality Improvement Programme (QIP)

- The Committee received an update on the QIP following the Confirm and Challenge meetings held in June. The QIP continues to make good progress. The Committee received a briefing on all actions with only two actions remaining rated Red. The Committee also examined and approved 16 actions that have been completed and recommended by the Executive Workstream Leads as embedded.

Quality and Safety Risk Profile

- The Committee received the draft Quality and Safety Risk Profile. The Report presents a high level overview of currently identified quality and safety risks for the whole Trust. The Board Risk Committee discussed the draft Risk Report on 23rd June 2016, following which all significant risks are being reviewed and appropriate controls agreed.

Patient Safety and Quality Board

- The Committee received the PSQB Report, and felt that the report was excellent, containing the appropriate level of detail to provide assurance. It was noted that challenges previously experienced around circulation of meeting minutes had been addressed. AH to update future Quality Committee meetings regarding PSQB attendance ensuring that members or nominated deputies attend to ensure the

meeting is quorate and that decisions can be made and agreed.

- Infection Prevention and Control – AH advised that significant improvements have been made over the past 3 months in relation to hand hygiene for medical colleagues.
- Serious Incident Action Plans – It was noted that the rate of completion continues to increase with now 69% of actions that should have been completed now complete. Commissioning colleagues are confident that the Trust is addressing issues in an appropriate and timely manner. PSQB will continue to monitor progress against all actions identified from Serious Incident Investigations

CQC Readiness Plan

- It is anticipated that the Trust will receive a CQC follow-up visit in July 2016. To help prepare for a visit, an initial 5-week Readiness Plan was launched on 13th June. Two external colleagues are working with the Trust to provide impartial advice and support, and undertake a ‘deep dive’ into each Division. The visits will include focussed questions around the areas of most concern and in particular those actions from the QIP deemed embedded i.e. blue and blue/green. Any issues raised or noted are addressed immediately. Feedback is provided to the Matrons and ward staff on a daily basis, the Divisional Senior Management Team at the end of each week, and the Executive Team each Wednesday. Daily lunch-time ‘drop-in’ sessions are also being held, for any staff within the Trust to attend and find out more about the CQC Readiness Plan and activities.

Duty of Candour

- The Governance Support Unit is working with Clinical Teams to help colleagues understand Duty of Candour, and to support colleagues to navigate this process. The current system shows exactly where the Trust is on any one day, and 100% compliance is being achieved for sharing of reports or meetings arranged depending on the patient or their representative’s wishes.

Medicines Management

- It was noted that the required standard has not been achieved in relation to the Summary Care Record (SCR) database and reconciliation of medicines. Concerns have been raised previously around capacity within Pharmacy that is being discussed within the Divisional Management Structure. It was also noted that there is a discrepancy with the Medication Safety Thermometer score with the pharmacy audit and ward audit indicating a differential. The data collection process requires further clarification to determine the accuracy of the data presented internally and externally. SM, EJ and AH to urgently discuss outside of this meeting week commencing 27th June 2016.

Escalation to the Board of Directors

- Positive Inpatient Survey results
- Assurance received throughout the meeting, particularly regarding Duty of Candour achieving 100% compliance
- Excellent attention to detail around the CQC Readiness Plan
- QIP update
- The Risk Profile will be submitted through the Risk Committee
- PSQB is effectively addressing patient safety and quality issues
- Lack of assurance and clarity around medicines management in the widest sense.

Relevant Strategic Priorities (please mark in bold)	
To consistently deliver a high quality patient experience safely and effectively	To develop extended clinical networks that benefit the patients we serve
To eliminate the variability of access to and outcomes from our acute services	To provide efficient and cost-effective services and deliver better value healthcare
To reduce demand on hospital services and deliver care closer to home	
How has organisational learning been disseminated	Through management teams.
Links to the BAF and Corporate Risk Register	AF1.0
Details of additional risks associated with this paper (<i>may include CQC Essential Standards, NHSLA, NHS Constitution</i>)	The following CQC Domains apply: Safety Effective Caring Responsive Well-led
Links to NHS Constitution	Delivery of care within nationally mandated and clinically appropriate timescales
Financial Implications/Impact	None identified
Legal Implications/Impact	None identified
Partnership working & Public Engagement Implications/Impact	None identified
Committees/groups where this item has been presented before	Quality Committee
Monitoring and Review	Divisional Management Teams Quality Committee
Is a QIA required/been completed? If yes provide brief details	Not applicable.