

# Board of Directors

# Report

**Subject: Quality Committee Report**

**Date: 16/11/16**

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**Lead Director: Mr Tim Reddish**

## **Executive Summary**

The Quality Committee met on 16/11/2016. This paper summarises the matters agreed by the Committee for reporting to the Board of Directors:

The minutes of the meeting held on 19<sup>th</sup> October 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 Anne-Louise Schokker delivered a presentation outlining the Governance Framework for the Speciality Medicine Division.

The presentations by the Divisional clinical governance Leads aim to set the scene of patient safety and quality for the Quality Committee and provide an opportunity for the Committee to gain assurance that robust governance processes are in place at Divisional and Service level.

The presentation was well received.

### **8. Quality Committee Workplan**

The Quality Committee Workplan was accepted but acknowledged that it must remain flexible and sensitive enough to receive and address emerging and urgent issues.

### **9. BAF Principle Risks**

Quality Committee acknowledged that the revised format of the paper was much clearer to interpret. The Quality Committee accepted the 3 Principal Risks for which it is accountable and agreed that the primary controls, assurances and actions were appropriate to mitigate and reduce the risk as described.

### **10. Quality Improvement Programme update**

Elaine Jeffers presented the October cycle position paper. 11 actions were submitted with supporting evidence for approval; however following an in-depth discussion only 6 were accepted as embedded. 4 of the 5 rejected actions related to the implementation and communication of the Newark Strategy due to recent concerns raised by a group of Newark residents over the decision to terminate the proposed partnership arrangements with Nottingham University NHS Trust (NUH). Further work is required to determine the provision of an EPLS trained nurse within the Emergency Department on each shift.

### **11. patient Safety Quality Board (PSQB) Report**

Victoria Bagshaw presented the PSQB Report of the 4<sup>th</sup> November. The Quality Committee received assurance on the following:

- Following concerns that had been received relating to discharge assurance had been given that the relative risk of harm to a patient due to an unsafe discharge was low.

- A review of discharge incidents, complaints and concerns – an analysis of discharge incidents logged on Datix between October 2015 and September 2016 has shown an improvement in the Trust Discharge processes. To further support data collection and the accurate identification of issues a stand-alone discharge module within the Datix system is being developed. A number of recommendations have been made and are currently being worked through with the newly appointed Discharge Matron.
- Loose documentation and filing within case-notes – PSQB were assured that there are robust processes in place to manage the risk around the receipt and accurate filing of loose documentation within the case-note store. Further work is underway to improve the understanding and expectation of the Patient Pathway Coordinators but there does appear to be a direct correlation between the ward-based administrative resource and the timeliness of ensuring loose documents are filed accurately.
- Deteriorating Patient Group (DPG) – PSQB received assurance that the Patient Safety Alert relating to a deteriorating patient is being appropriately addressed through the group. PSQB had been made aware of the lack of clarity with regards to the advanced training modules for life support. Further assurance on compliance is required at the December meeting.
- Mortality Surveillance Group (MSG) – PSQB received assurance that the Trust HSMR remains within the expected range. Speciality mortality and Morbidity meetings are recognising the need to record and review all deaths within month. A number of 'Level 2' mortality reviews, where avoidable factors in care delivery to the point of death have been identified, have been presented to the MSG for further comment and discussion.
- General Palliative Care and End of Life Committee Report –PSQB received assurance re the progress and improvements that have been made within End of Life quality targets and confirmation that the team are on track to achieve the standards set for 2016/17.
- Complaints, litigation, incidents, safeguarding Report – the CLIP Report identified those incidents that continue to be reported in high numbers but the majority of which are classified as low harm. In addition a high level report was also received outlining the number of incidents that had been identified and an investigation instigated within month. 8 incidents were presented to the weekly SI Scoping meeting during October with 1 reported onto the STEIS system. 10 incidents are currently open on STEIS of which 5 have been submitted to the CCG for consideration of closure. The remainder are within the required timeframe for submission.
- Infection, prevention & control Report – PSQB noted that there had only been 5 cases of Clostridium Difficile reported in Quarter 2, 129 front-line staff had received their Flu Vaccination and the 'Run for Hand Hygiene' had raise £762.85. Commode cleanliness continued to show sub-standard practice in some areas, however PSQB were assured that robust monitoring and performance systems are in place to monitor compliance. Inconsistent and/or regular attendance at the I,P&C Committee was noted, however the Terms of Reference are under review and this will hopefully address the issue.
- Medicines Optimisation - PSQB received a Clinical governance update from all 5 Divisions and noted the issues raised and subsequent actions being taken.
- Medicines Optimisation – PSQB received assurance that the level of risk to patients for medicines Reconciliation due to the reduced pharmacy service at weekend remained low. The audit undertaken had demonstrated that there had not been an incidence of a patient coming to actual harm as a consequence.
- Drug and Therapeutics Committee Report - the report highlighted a continuing concern around consistent membership at meetings due to challenges around time constraints of relevant individuals, despite this progress had been made in relation to the approval of Formulary submissions, ratification of PDGs and consultation on new/revised Trust Policies. PSQB also received assurance of compliance against the

specific set of medicines optimisation metrics. The report confirmed there are no major areas of concern, indicating a favourable position for the Trust when benchmarked against Trusts across the region.

- National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (outlier notification 2015/2016) update - PSQB received an updated position in response to the poor performance in the 2 year National Audit that looked at 7 National Quality Standards. Despite a remedial action plan in place ongoing staffing difficulties continue to prove challenging to facilitating improvement. PSQB received assurance that this is a key priority within the Medicine Division and is being managed appropriately.
- Clinical Audit Outcomes/NICE Guidance Compliance Report - PSQB received assurance that there is now a robust process in place to record and monitor compliance against mandatory national and regional audits and NICE Guidance.
- Invasive Procedure Policy Implementation Plan - PSQB were assured on the progress made towards the development of the Implementation Plan for the Invasive Procedure Policy that was approved in September 2016.
- Quality Surveillance Team (previously Cancer Peer Review) - PSQB could not receive full assurance on current compliance position as it was not possible to make an accurate and meaningful comparison with previous years due to the significant changes in the programme. The Trust awaits the outcome of the recent self-declaration and this will give an indication as to where improvements have been made and where further actions are required.
- Patient Experience Report (Quarter 2) - The Patient Experience Report provided PSQB with assurance on the activity relating to patient experience across the Trust.

## **12. Patient Safety and Quality Quarterly Report**

Quality Committee received the quarterly Patient Safety and Quality Report. This report had previously been presented directly to the Board of Directors, however will now be presented to the Quality Committee in line with the Trust Governance reporting structure. The paper outlined the progress against the Trust key priority Quality areas in addition to a suite of patient safety and quality metrics. The report is being further refined to support the requirements of the Quality Dashboard and the Single Oversight Framework.

## **13. Escalation to Board of Directors**

Quality Committee would specifically like to draw attention to the following:

- The excellent presentation given by Dr Anne-Louise Schokker re the Governance Process within the Speciality Medicine Division
- Consistent poor attendance at the Trust Infection, Prevention & Control Committee
- Consistent poor attendance at the Trust Drug & Therapeutics Committee
- The positive improvements to the new style BAF Report
- The positive assurance in relation to the Medicines Optimisation Report, specifically the medicines reconciliation audit
- The fragility of the Rheumatology Service as identified in the National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis.

<b>Relevant Strategic Priorities (please mark in bold)</b>	
<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.
<b>Links to the BAF and Corporate Risk Register</b>	AF1.0
<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
<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.