

South Tees Hospitals

NHS Foundation Trust

Meeting / Committee:	Board of Directors	Meeting Date:	24 June 2014
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This paper is for:	Action/Decision	Assurance X	Information
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Title:	Minutes of the Quality Assurance Committee held on 14 May 2014
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Purpose:	A copy of the minutes of the Integrated Governance Committee for connectivity and assurance
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Summary:	<p><u>Trust Wide Quarterly Governance and Quality Report Q4</u> – discussed in detail. Exceptions reported to board.</p> <p><u>Annual Review of Compliance with NHS Constitution</u> – agreed that the trust is partially compliant with the 18 week referral to treatment standard, and compliant with the requirement to offer to send copies of clinical letters to patients.</p> <p><u>Annual Review of Quality Assurance Committee</u> – Terms of Reference have been met.</p> <p><u>Update following CCG and Trust Assurance Meeting</u> – no issues were highlighted.</p> <p><u>Clinical Audit Forward Plan</u> – a comprehensive plan of clinical audits for the coming year was discussed and agreed, based on 4 levels of priority.</p> <p><u>Annual Patient Experience Report</u> - activity for the year was discussed and noted.</p> <p><u>PHSO Report</u> – the committee was notified of a new partially upheld complaint from the PHSO.</p> <p>Key risks from the Integrated Medical Care Centre were highlighted and discussed.</p> <p><u>Board Assurance Framework and Corporate Risk Register</u> – 1 risk requires escalation.</p> <p><u>Annual Report for the Workforce Sub Group</u> - Terms of Reference have been met.</p> <p>Key issues from the Clinical Standards and Workforce Sub Groups were discussed.</p>
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Prepared By:	Mrs H Wallace	Presented By:	Mrs H Wallace
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Recommendation:	The Board of Directors is asked to receive the minutes.
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Implications	Legal	Financial	Clinical	Strategic	Risk & Assurance X
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MINUTES OF QUALITY ASSURANCE COMMITTEE

Held on

Wednesday 14 May 2014 at 2.00 pm

In, The Board Room, The Murray Building, JCUH

PRESENT

Ms	Henrietta	Wallace	Chair/Non-executive Director
Mrs	Kath	Elliott	Senior Nurse for Surgery
Mr	Chris	Harrison	Director of HR
Mrs	Nicky	Huntley	Information Governance Manager
Mrs	Linda	Irons	Chief of Clinical Support Services
Ms	Ruth	James	Deputy Director of Healthcare Governance and Quality
Mrs	Susan	Watson	Director of Operational Services

IN ATTENDANCE

Dr	Brendan	McCarron	Chief of Integrated Medical Care for item 7.1
Ms	Carol	Ingrassia	Patient Safety & Risk Management Lead Centre for Integrated Medical Care for item 7.1
Mr	Stuart	Fallowfield	Audit North
Mrs	Val	Merrick	Secretariat

1 APOLOGIES FOR ABSENCE

Mr	Derek	Cruickshank	Chief of Service
Mrs	Mandy	Headland	Divisional Manager for Community Services
Prof	Rob	Wilson	Medical Director / Vice Chair
Miss	Ruth	Holt	Director of Nursing
Lt Col	Gary	Kenward	MDHU Representative
Mr	Chris	Newton	Director of Finance
Mrs	Maureen	Rutter	Non-executive Director
Mrs	Brenda	Thompson	Non Executive Director

2 MINUTES OF THE LAST MEETING

The minutes of the last meeting held on 9 April 2014 were accepted as a correct record.

3 MATTERS ARISING/ACTIONS

July 2013/3 Annual Report for Clinical Audit and Forward Plan – update on critical care –
Update not yet available. Timescale / wording of action to be amended. Mandy Headland to provide update.

Apr 2014/5 CQC Assessment – Mock assessment. – Similar to peer review. Further discussion re timescales in July. . Mock Assessment not before October 2014. Ruth James to seek advice from Louise Shutt.

Apr 2015/6 Safeguarding Adults – Business case discussed at CDs. Requires FMG discussion as it would be a new cost for the organisation.

4 GOVERNANCE REPORTING

4.1 TRUST WIDE QUARTERLY GOVERNANCE AND QUALITY REPORT Q4

Summary: Ruth James highlighted the key issues from the Q4 governance and quality report.

Discussion: 2 cases of MRSA were reported in March 2014 and there were 57 cases of c-difficile in 2013/14. MRSA cases appear not to be connected. Patient falls and also falls resulting in fracture have significantly reduced (evidenced in the safety thermometer) mainly as a result of the improved equipment and access to hi/lo beds and the implementation of improvements in screening / assessment. More grade 3 and 4 pressures ulcers have been reported compared to last year. The Trust has now revised the criteria for reporting high grade pressure ulcers as Serious Incidents (SI) and now only trust attributable cases are being reported. Reduction of reported medication incidents is concerning as the trust reports fewer medication incidents than other similar sized trusts. Improvement in reporting of incidents generally and particularly medication incidents is required. Patient Safety Sub Group will review trends and identify any reporting issues. Although Specialty Medicine is shown to have higher numbers of medication incidents this is linked to a good reporting culture for medication incidents in palliative care and in chemotherapy services. Safety Thermometer compliance is a CQUIN target which measures 4 harms. Levels of harm free care are high but the data still shows that 5% of patients have harms which originated in our care; this is unacceptable, the greatest proportion of these are pressure ulcers. Part of the pressure ulcer collaborative work is to provide training to staff in nursing homes to improve recognition of skin damage and pressure ulcers which also includes nutrition. No Never Events or trends identified in SUIs. Continue to meet targets with MUST assessments. External benchmarking shows a number of areas where the trust appears to be an outlier. Slightly reduced number of complaints, no underlying trends identified. Increase in numbers in Q3 was questioned and discussed and may be due to clearing of a backlog of outstanding cases. Ruth James to investigate and feedback. Reduction in PALS. Process needs review with RPIW possibly later in the year. Achieved national CQUIN target of 20% response rate in Q4 for Friends and Family Test. Rolling out Friends and Family Test to community hospitals and also needs to include day cases. Encouraging wards to display "we said we did" information. Claims report will be discussed at QAC in June.

Agreed: The committee accepted the contents of the report.

Actions:	By:	Deadline:
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| <ul style="list-style-type: none"> • Summary report to go to board • Include breakdown on safety thermometer data to board for discussion. • Information on benchmarking areas where trust is an outlier to be brought to QAC | <ul style="list-style-type: none"> Ms Ruth James Ms Ruth James Ms Ruth James | <ul style="list-style-type: none"> May 2014 May 2014 June 2014 |
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4.2 ANNUAL REVIEW OF COMPLIANCE WITH NHS CONSTITUTION

Summary: Susan Watson updated on compliance with the rights and pledges of the NHS Constitution to patients, the public and staff.

Discussion: Susan Watson stated that the organisation is partially compliant with the constitutional standard relating to the 18 weeks RTT. No breaches of the constitution have been raised by patients in the last 12 months but remains a challenge. Copies of clinical letters to every patient is still an issue and is variable across the organisation. Some clinicians send copies to all patients, others have large posters in waiting areas informing patients that copies of clinical letters can be provided on request, but some clinicians don't send copies.. Significant cost implications involved with providing to every patient, which could impact on other services. No complaints have been received around lack of providing letters. A number of suggestions

were made to inform patients such as posters displayed in waiting areas and including a line in the outpatient letters, etc and these were discussed. General agreement that as long as patients are informed that clinic letters are available on request, this should be adequate. Emails rather than letters in the post at patients request was also raised and discussed. It was agreed acceptable but need to ensure that consent was evidenced in the healthcare records.

Agreed: The committee agreed that the organisation was compliant with the pledge. They also agreed that a sentence should be added to letters to alert patients that they can ask for and receive copies of letters.

Actions: Discuss principles round electronic letters	By: Mrs Nicky Huntley & Mrs Susan Watson	Deadline: ASAP
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4.3 ANNUAL REVIEW OF QUALITY ASSURANCE COMMITTEE

Summary: Ruth James presented the annual report for Quality Assurance Committee. The committee changed from Integrated Governance Committee to Quality Assurance Committee in May 2013.

Discussion: Attendance has improved since last year with average attendance of 56%. Sub Groups have delivered their objectives. Clarification requested around reporting for a number of areas such as emergency preparedness (EPC), IT systems, SystemOne, workforce issues, etc and these were discussed in detail. Susan Watson to discuss reporting arrangements for EPC with Donna Jermyn. Consensus was that if the report does go to Board it does not need to come to QAC.

Agreed: The committee has fulfilled its duties and delivered the annual business plan for 2013/4.

Actions: Clarification re reporting arrangements for Emergency Preparedness Committee.	By: Mrs Susan Watson	Deadline: ASAP
Annual Report from Quality Assurance Committee to Board	Mrs H Wallace	May 2014
Discuss consistency in reporting of various peer reviews.	Ms Ruth James and Mrs Louise Shutt	ASAP

4.4 UPDATE FOLLOWING CCG AND TRUST ASSURANCE MEETING HELD ON 22 APRIL 2014

Summary: Ruth James updated following the CCG/Trust Assurance visit on 22 April. No particular issues were highlighted for action.

Discussion: The organisation updated the CCGs on key lines of enquiry they had identified including: Never events, HCAI, pressure ulcer work, weekly mortality reviews, HSMR/SHMI, 18 weeks RTT, cancer targets, cancelled operations, finance, etc. Also discussed how we demonstrate progress and duplication of requests from CCGs, Clinical Commissioning Support Unit etc and agreed all requests should come via CCGs.

Commissioners agreed that the Clinical Quality Review Group will move to bi-monthly meetings, and the assurance meetings should continue on a 6 monthly basis. CCG felt that there was a good level of communication and engagement with the organisation.

5 CARE QUALITY COMMISSION - none

6 QUALITY OF CARE AND PATIENT SAFETY

6.1 CLINICAL AUDIT FORWARD PLAN

Summary: Ruth James described on the planned clinical audit programme for 2013/14.

Discussion: There are 4 categories of clinical audit.

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| <ul style="list-style-type: none"> • Trust wide priority - linked to patient safety and quality of care / support delivery of trust objectives. • National priority • National good practice • Directorate priorities / clinical interest.- mostly undertaken by junior medical staff as part of their training. |
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<p>First two areas are high priority quality areas and are therefore most important to the organisation. Antimicrobial prescribing audit is linked to the Board Assurance Framework on infection prevention and control and the adult community acquired pneumonia audit has been included for 2014/15 to assess whether patients admitted receive all the interventions required. A number of audits not on the forward plan are also undertaken (e.g. insertion of NG tubes and deteriorating patient).</p>

<p>Questions were raised and discussed around resources and deliverability and whether actions are picked up from outcomes and followed up.</p>

Agreed: The committee received the report.

Actions:	By:	Deadline:
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Discuss Clinical Audit forward plan programme with Rob Wilson.	Ms Ruth James	ASAP
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6.2 NOTES FROM THE CLINICAL STANDARDS SUB GROUP

Summary: Ruth James highlighted the key issues from the meeting on 22 April on behalf of Rob Wilson.

<p>Dr Lambert from NEQOS presented the data from the Patient Reported Outcomes Measures (PROMS) around 4 areas: hip replacement, knee replacement, varicose veins and hernia repair. Clinicians were very interested in the analysis and there may be scope to use data for service improvement. NEQOS to start reporting on PROMS data on a regular basis.</p>

<p>John Greenaway presented the report change action NCEPOD alcohol related liver disease report and highlighted gaps in services provided by the trust some of which are resource related. Clinical Audit Quarterly Report was presented. The revised Patient Group Directions Policy (RGD) and the G11 Resuscitation Policy were both approved.</p>

6.3 ANNUAL REVIEW OF COMPLIANCE WITH NICE GUIDELINES -

Summary: Deferred

6.4 ANNUAL PATIENT EXPERIENCE REPORT

Summary: Ruth James highlighted the key issues from the Annual Patient Experience Report for 2013/14.

Discussion: The organisation now captures patient experience in a number of ways. Information from the Patient Safety Walkabouts has been included in the report as well as information on mortality and the Friends and Family test and examples of "You Said, We Did". Real time patient experience feedback is being captured and it is hoped that this information can be fed back through the Patient Experience Sub Group and help make us more responsive to patients' needs. IPADs are now available for patient experience and volunteers are being used to support the survey and a database is being set up to record the data.

The Patient Experience Strategy is due for review. This may be included in the Clinical Strategy which is being developed by Ruth Holt. Patient Experience stories are presented to Board with suggested annual follow up to assess impact of any actions taken as a result. Discussion ensued around groups where this feedback might be received.

Agreed: The committee accepted the report.

Actions:

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| <ul style="list-style-type: none"> Track actions from all patient stories to Board Include outcomes and further actions in the Annual Report |
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By:

Miss R Holt Mrs Linda Oliver

Deadline:

As required

6.5 PHSO REPORT

Summary: Ruth James informed on the PHSO's draft report and their decision to partly uphold a complaint and highlighted the findings. Timescales were questioned and discussed.

Agreed: The committee accepted the briefing.

Actions:

Ruth James to clarify timescales for response with Linda Oliver.

By:

Ms Ruth James

Deadline:

ASAP

7 RISK AND ASSURANCE**7.1 RISK REGISTER PRESENTATION – INTEGRATED MEDICAL CARE CENTRE**

Summary: Brendan McCarron, Chief of Integrated Medical Care Centre and Carol Ingrassia, Patient Safety & Risk Management Lead presented the Centre risk register for Integrated Medical Care. Risks on the risk register are reviewed in the quarterly governance meeting and in the performance reviews. Movement of risks on the Centre risk register and actions taken to manage were highlighted and discussed in detail. There are 11 current risks with 5 at higher level relating to junior medical staff.

Integrated Care Centre risk register presentation again in May 2015.

7.2 CORPORATE RISK REGISTER / BOARD ASSURANCE FRAMEWORK

Summary: Ruth James presented the Board Assurance Framework, highlighted changes to the Corporate Risk Register and discussed emerging risks in detail:

1349 – Failure to reach level 2 on IG training component of IG Toolkit – on CRR in relation to CMAT

1351 – Risk of loss of patient identifiable data (community midwives) – actions taken. Not for escalation

1353 – Risk of harm from temperature of intraoperative irrigation fluid –. Not corporate risk.

1355 – Environmental risk around location of storing beds – not a corporate risk

1354 – Risk to FHN services due to reduced seniority of anaesthetic cover out of hours – not a corporate risk.

1356 – Employments tribunal T – potential corporate risk – for discussion at corporate directors

1357 – Risk of loss of service / patient safety due to fluff in CCL – not corporate risk

1359 – Risk of service interruption due to SystmOne procurement – Ownership is an issue. Corporate risk for discussion with corporate directors.

1348 – Risk of misdiagnosis of cancerous lesions ... - closed risk

1352 – Risk of non-compliance with NICE guidance for 7 day per week early pregnancy USS - not corporate risk.

1358 – Risk to patient safety being compromised due to lift failure - not corporate risk

Agreed: Two risks require further discussion with corporate directors

8 ORGANISATIONAL CAPABILITY

8.1 NOTES FROM THE WORKFORCE SUB GROUP

Summary: Chris Harrison highlighted the key issues from the meeting held on 22 April 2014.

Update received around the quality of SDR and levels of compliance. Staff Friends and Family Test is being introduced from Q1 2014/15. No national targets response rates but it is expected to be variable. Analysis by ward area should be possible. Workforce risks were also discussed.

8.2 ANNUAL REPORT FOR THE WORKFORCE SUB GROUP

Summary: Chris Harrison highlighted the key issues from the annual report. Terms of Reference have been reviewed

Discussion: Attendance has improved. Work is ongoing around the workforce strategy. The five year plan will help with strategic planning for the organisation. Divisional Staff Experience Leads have met regularly to discuss the Staff Survey outcomes and initiatives. Staff engagement score was 3.74 and is the national average for acute trusts. Focus on feedback from the staff survey results will continue. Equality and Diversity leads meet to report in the organisation around equality and diversity matters. The group has established links with the various professional workforce groups, i.e. nursing, medical and AHP which has proven helpful to work through common issues. The sub group has received regular reports on HR processes and workforce risks are discussed regularly. Regular updates are received on mandatory training and SDR. Workforce Forward Plan for 2014/15 will be agreed at the Workforce Sub Group in June.

Nicky Huntley highlighted issues with different targets for CMAT 80% and IG training 95% and the implications of not hitting the target for IG training. Chris Harrison agreed to receive any

issues which need highlighting from Nicky Huntley.

Agreed: The committee accepted the report.

ITEMS FOR INFORMATION

9. ANY OTHER BUSINESS

10. CONNECTIVITY

1. Annual report from Quality Assurance Committee to Board May 2014
2. Trust Wide Quality and Governance Report Q4 to Board

11. DATE AND TIME OF NEXT MEETING

The next meeting will be held on Wednesday 11 June 2014 at 2 pm, The Board Room, The Murray Building, JCUH.

The meeting closed at 4:45 pm