

TRUST BOARD – 30 JANUARY 2013

**RISK & QUALITY COMMITTEE – 23 JANUARY 2013
EXECUTIVE SUMMARY REPORT**

PURPOSE	To present to the Trust Board the report from the Risk & Quality Committee (RAQC) meeting of 23 January 2013.
PREVIOUSLY CONSIDERED BY	N/A
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 1. To improve continuously the quality of all aspects of our services <input checked="" type="checkbox"/> 2. To consolidate acute services for complex or serious conditions onto a single site <input checked="" type="checkbox"/> 3. To work with colleagues in primary care to expand local access to specialist acute services <input checked="" type="checkbox"/> 4. To maintain the pre-eminence of Mount Vernon as a tertiary Cancer Centre, and to provide more cancer care locally
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Key assurance committee reporting to the Board. Any major financial implications of matters considered by the RAQC are always referred to the FPC.
Healthcare/ National Policy (includes CQC/Monitor)	In line with Standing Orders and best practice in corporate governance.
CRR/Board Assurance Framework *	<input type="checkbox"/> Corporate Risk Register <input type="checkbox"/> BAF
ACTION REQUIRED *	
For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>
For decision	<input type="checkbox"/>
For information	<input type="checkbox"/>
DIRECTOR:	Chair of RAQC
PRESENTED BY:	Chair of RAQC
AUTHOR:	Governor Support Officer
DATE:	January 2013

RISK AND QUALITY COMMITTEE (RAQC) – 23 January 2013

EXECUTIVE SUMMARY REPORT TO BOARD – 30 January 2013

Matters Referred from Board / Committees: Complaints

Following a recommendation from the Audit Committee that the RAQC should consider the handling of complaints to ensure these are responded to in a timely way, the RAQC discussed the monitoring processes which are currently in place. It was agreed that as bi-monthly reporting to RAQC is already undertaken, and the Complaints Team is shortly to be centralised, additional work is not needed at this time. The comments of the Audit Committee were noted.

Floodlight Scorecards

The Committee received the floodlight scorecard for month 9. In relation to the failure to meet the 95% standard for A&E 4-hour target, it was noted that the closure of wards due to norovirus (with the effect that contingency wards had not been able to be opened) had had an impact on this indicator. An action plan has been implemented to address the issues identified.

In relation to the red indicator for emergency screening, it was noted that this had also been affected by the pressures in A&E, with an action plan also in place.

The RAQC noted that the floodlight now includes a pie-chart for Research and Development, which is based on the Research and Development Strategy previously endorsed by the Committee.

The Committee welcomed the improved performance in relation to drug errors, and compliance across all areas with the CQC Essential Standards of Quality and Safety.

Trust Vision – Key Measures

The Committee considered a proposal to use the new, national, quality dashboard developed by the National Development Agency / National Quality Board in place of further developing the local indicators which the RAQC had considered previously.

The Committee noted the benefits of adopting the national indicators (use of data which is already supplied; ability to benchmark), as well as some of the drawbacks in terms of the restrictions presented by some indicators and the need to ensure that correct data is supplied at the outset.

It was noted that use of the national indicators would enable work to be done to consider whether some measures which are currently used could be stopped, in order to avoid duplication.

The Committee endorsed the use of the national indicators to demonstrate the Trust's vision and noted that patient focus groups will be held in 2013 with the support of the Engagement Team. It was also recommended that a demonstration is provided to the Board once the detail behind each of the measures is explored further. It was agreed that this should take place in conjunction with the Board considering the floodlight scorecard and performance report for 2013/14.

Older Persons Strategy

The RAQC considered the Older Persons Strategy for 2012 – 2015, during and following the consolidation of services at the Lister Hospital. The Committee heard about the work which has already been done towards achieving the key objectives, including: reductions in length of stay; reduction in HSMR; reduction in in-patient falls; reduction in unplanned admissions; development of a Frailty / Dementia care pathway and streamlining the discharge planning process.

The RAQC welcomed the strategy and the workstreams and progress identified, and also the enthusiasm and commitment demonstrated by staff. The Committee commended the good performance in relation to reducing incidences of pressure ulcers, which had been particularly notable on Stanborough Ward.

Director of Nursing Patient Safety Report

The Committee considered a report of the Director of Nursing which provided an update on patient safety, safeguarding and health and safety.

The Committee welcomed the 25% trajectory reduction in falls, and the reduction in hospital acquired pressure ulcers, with no grade 4 HAPU since October 2011. The Committee heard that the reduction in falls had been achieved through a combination of initiatives, including appropriately identifying those at risk; mitigating the level of risk; shadowing and accompanying patients who are vulnerable to falls; reviewing medications; ensuring patient hydration; and highlighting for all staff those patients who are at risk of falling.

The Committee also noted the outcomes of a PWC internal audit of health and safety: three areas of concern had been raised but had now been addressed and an action plan established. Progress will be monitored by the Health and Safety Committee.

It was noted that the second nursing and midwifery establishment review will commence shortly.

Director of Nursing Patient Experience Report

The Committee received a report which provided an update on patient experience issues.

The Committee noted the outcomes of the Quarter 3 Inpatient Postal Survey; the results from the patient experience trackers for November and December; progress on patient and carer experience action plans; outcomes of the carers' survey, a PWC internal audit report on patient experience and patient feedback survey commissioned by the NHS Institute for Innovation and Improvement; and the outcomes of a number of other surveys such as the maternity survey, young outpatients survey and National Cancer Survey.

The Committee agreed that the amount of surveying undertaken has led to a much improved understanding of the patient experience; however, care needs to be taken to ensure that the results and subsequent actions are 'joined-up'. The Director of Nursing and Patient Experience advised that the possibility of an overarching dashboard, including trends analysis, is being considered. In response to a question as to whether any common themes had been identified across the variety of surveys, the Committee heard that communication, noise at night, and explanation around the purpose of medication are common themes.

The RAQC noted that the Trust's net promoter score for the month of November 2012 fell below the upper quartile of 71, meaning that the CQUIN target to remain in the upper quartile has not been met. It was also noted that the Trust is meeting the carers CQUIN target.

Complaints, Litigation, Incidents and PALS

The Committee received the aggregated report of complaints, clinical claims, incidents and PALS data. The report was presented in a new format, which was welcomed by the Committee.

In relation to incidents, it was noted that all categories showed a decrease in December, although it is not yet clear whether this is explained by a delay in the submission of incident forms during late December. It was also noted that the majority of incidents result in 'no harm' or 'low harm'. The Committee was pleased to hear of the progress in implementation of the Datix-web system, which will enable more real-time reporting and improved analysis of data.

In relation to complaints, the Trust's poor score in the Patient's Association Survey into complaints handling was noted; it is expected that the planned changes to the Complaints Team will improve performance in this area.

It was also noted that there has been an increase in the number of referrals to the Ombudsman, although this may be explained by the Trust's pro-active approach in alerting complainants about the ombudsman process at an early stage.

Responsible Officer Report

The RAQC received a report which updated the Committee on proposed arrangements for the implementation of revalidation for doctors within the Trust. The report also included information on accountability and performance assessment, as requested by the Committee previously.

The Committee noted that due to restrictions on the number of appraisals which a doctor is permitted to undertake, doctors' appraisals may be undertaken by another doctor who is outside of the appraisee's management chain – for example, a doctor from a different division. The RAQC received assurance that this would not be problematic as the guidance and process information are clear. It was suggested that doctors with specific management responsibilities may need a separate appraisal in relation to this aspect of their work, to ensure that the aspirations of the individual are aligned with the aspirations of the directorate. The RAQC was assured that preparations for revalidation are proceeding well and endorsed the proposed actions.

Fire Safety Annual Report

The Committee received the Annual Report of the Head of Estates and Facilities on fire safety, which sought to provide assurance that the Trust is complying with statutory and mandatory obligations and its own policies in terms of the management of fire safety risk.

The Committee noted that the role of Fire Risk Manager is currently vacant, although arrangements are in place to recruit to the post shortly. It was also noted that there have been no changes to national policy in the period; the Trust's Fire and Safety policies have been reviewed; and there have been no fires in the period.

The Committee was satisfied with the assurances provided, but recommended that fire evacuation plans are scrutinised through the Emergency Planning Committee, with clinical input to ensure that these are appropriate for all patients.

Quality Account – First Draft

The Committee received the first draft of the Quality Account for 2012/13 and noted the timescale for production of the final document. The Committee also heard about the feedback which had been provided by the Midlands & East SHA on last year's Quality

Account. The Trust had received a 'satisfactory' rating for five of the seven measures evaluated; 'scope for improvement' relating to the registration process; and 'scored highly' for transparency. The RAQC heard that elements of good practice from other Trust's Quality Accounts would be incorporated into this year's version.

The RAQC recommended that the wording of Aim 6 (which relates to end of life care) is reviewed, but otherwise endorsed the draft.

Infection Control Monthly Report

The Committee received its regular report on hospital-acquired infections. It was noted that cases of hospital acquired C.difficile now stand at 12 over the year, against target of 14. The Committee heard that an audit had been undertaken to determine the dominant C.Difficile ribotypes (in order to make an assessment of whether there is any potential patient-to-patient spread), and the results of the audit were also presented. It was noted that ribotyping will be carried out on an ongoing basis to continue to ensure that infection control measures remain appropriate. The RAQC was reassured that the C.Difficile ribotypes are being closely monitored, and that the data to date does not indicate direct or indirect transmission.

The Committee also received a report on the results of an audit to determine whether incidences of blood culture contamination have reduced following the implementation of measures to improve the process of blood culture collection and reduce the number of MRSA false positive blood cultures. It was noted that whilst there has been a reduction in the number of contaminated blood cultures there has also been a reduction in the number of total blood cultures taken. The sample numbers to date cannot be considered statistically significant, and a further follow-up audit will be needed.

Disciplinary Cases – Terms of Reference for a Review

The Committee considered proposed terms of reference for a review the HR Advisory Service. The RAQC did not endorse the Terms of Reference.

Board Assurance Framework 2012/13 and Corporate Risk Register

The Committee received the updated Board Assurance Framework for Quarter 3 2012/13 and noted the areas of 'red' risk. The Committee also received the latest version of the Corporate Risk Register and the outcomes of the risk register KPIs. It was noted that the pathology staffing risk had been discussed by the Finance and Performance Committee.

See the full Board Assurance Framework in the data pack.

Regulation and Compliance Update

The RAQC received the regulation and compliance update which informed the Committee of the current position in relation to corporate and governance assurance; inspections and visits; notifications to CQC; the NHS Litigation Authority review of risk management standards; and Information Governance issues.

The RAQC noted the update and ratified the revised Information Governance Strategy and Information Governance Steering Group Terms of Reference.

Other Business

The RAQC noted that work is underway in relation to the Operational Plan for 2013/14, and that the Board would be considering this on 30 January 2013.

The RAQC noted that the publication date for the Francis Report has been confirmed as 6 February 2013.

The RAQC was pleased to note that funding of £186,000 from the Department of Health to update Dacre and Gloucester wards has been confirmed.

The RAQC was pleased to note that the Trust has been designated as a Level 2 Trauma Unit.

**Dyan Crowther, Committee Chair
Non-Executive Director**