

**TRUST BOARD – 27 November 2013**  
**RISK AND QUALITY COMMITTEE – 20 NOVEMBER 2013**  
**EXECUTIVE SUMMARY REPORT**

<b>PURPOSE</b>	To present to the Trust Board the report from the Risk & Quality Committee (RAQC) meeting of 20 November 2013.
<b>PREVIOUSLY CONSIDERED BY</b>	N/A
<b>Objective(s) to which issue relates *</b>	<input checked="" type="checkbox"/> 1. To continuously improve the quality of our services in order to provide the best care and optimise health outcomes for each and every individual accessing the Trust's services <input checked="" type="checkbox"/> 2. To excel at customer service, achieving outstanding levels of communication and patient, carer and GP satisfaction <input checked="" type="checkbox"/> 3. To provide and support the best standards of integrated care for the elderly and those with long term conditions by developing key partnerships and services <input checked="" type="checkbox"/> 4. To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable <input checked="" type="checkbox"/> 5. To support the continued development of the Mount Vernon Cancer Centre and provision of leading local and tertiary cancer services <input checked="" type="checkbox"/> 6. To improve our staff engagement and organisational culture to be amongst the best nationally
<b>Risk Issues</b>  (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.
<b>Healthcare/ National Policy</b>  (includes CQC/Monitor)	In line with Standing Orders and best practice in corporate governance.
<b>CRR/Board Assurance Framework *</b>	<input type="checkbox"/> Corporate Risk Register <span style="margin-left: 200px;"><input checked="" type="checkbox"/> BAF</span>
<b>ACTION REQUIRED *</b>	
For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>
For decision	<input type="checkbox"/>
For information	<input type="checkbox"/>
<b>DIRECTOR:</b>	Chair of RAQC
<b>PRESENTED BY:</b>	Chair of RAQC
<b>AUTHOR:</b>	Company Secretary
<b>DATE:</b>	November 2013



## RISK AND QUALITY COMMITTEE (RAQC) – 20 November 2013

### EXECUTIVE SUMMARY REPORT TO BOARD – 27 November 2013

#### **Floodlight Scorecards & TDA Quality Indicators**

The RAQC considered the floodlight scorecard for Month 7 which included the exception report on statutory and mandatory training and verbal updates on performance (18 weeks, A & E, Stroke, Clinical Efficiencies and Cancer performance). Improvements were noted with the stroke care indicators and the plans to increase the bed capacity. The Clinical Outcomes updates were considered with the Mortality Paper.

The Committee noted the new CQC Intelligent Monitoring Report, which showed the Trust banded at a '4'. (*Band '1' representing Trusts with the highest risk and band '6' representing Trusts with the lowest risk*). It was noted that the four areas of risk identified within the report had associated action plans and were all reported through RAQC within the annual cycle and Director reports.

#### **Divisional Presentation: Medicine**

The Committee received a comprehensive presentation from the Divisional and Deputy Chair of Medicine covering the structure of the division, how it works in practice and what's needed to make it better. The Division have gone through a significant change in their management structures in the last year and have recognised and strengthened key areas in nursing and the clinical teams. They demonstrated how they actively bring together quality, risk, mortality, patient experience, operational and finance, and the role of the interface of geriatricians in this. They shared how they are embracing ARC and embedding the Trust values and the learning from the Francis Enquiry. They stated that they were proud of their services but were not complacent. To demonstrate this a patient story was discussed where things had not gone well across this gentleman's journey and how the learning from this is being shared with all staff in the Division with a focus on empathy. The Committee welcomed this approach and it was agreed that the empathy project should be shared across the Divisions through the rolling half days.

#### **Emergency Preparedness and EPRR assurance process**

The Committee received the emergency preparedness update which included the review and testing of the major incident plan and hospital evacuation, training and planned exercises and a briefing on the recent power outage incidents. The Committee received assurance that following the updates to the major incident plan and action cards further training will be provided. The Committee noted that they will receive the full investigation reports from the power outages at the next meeting and requested that this include an electrical report and status of the backlog maintenance.

The Committee reviewed and approved the self assessment against the NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) for submission to the Hertfordshire Local Health Resilience Partnership.

#### **Medical Director Report**

The Committee noted the reports from the Clinical Governance Strategy Committee and the Patient Safety Committee and discussed the latest mortality update. In particular the crude mortality rate had improved to 1.9%, SHMI was now in the 'as expected' range and HSMR is 86.4, which is 'better than expected' and the Trust is now 5<sup>th</sup> out of 17 acute Trusts in the East of England. All centralised services continue to show a strong performance. The latest HSMR rolling year for Medicine was noted as 101.8, although the monthly position since April was 'green'; current actions should continue to improve mortality but significant improvements are

not anticipated until post centralisation in late 2014. The Committee also noted the response and actions to the CQC mortality outlier alert for acute bronchitis and the progress on the possible schemes identified through the learning from the Keogh reviews.

The Committee received feedback from the mortality review undertaken at the Trust by the Trust Development Authority, Clinical Commissioning Group and the Local Areas Team. This included a comprehensive presentation by the Trust, a review of a portfolio of evidence, and direct observation and discussion with staff across the emergency medical pathway. The overall feedback was positive and the final letter with any subsequent recommendations is awaited.

### **Clinical Audit Report**

The Committee received a progress report on the registered clinical audit activity against the 2013/14 Clinical Audit Forward Plan and key performance indicators. The Committee noted that 25% of the planned audits have been completed and 26% have not yet commenced. This position was noted as an improvement for the previous year and the Medical Director remained confident on the delivery of the plan by year end.

The Committee discussed the draft Trust Priority audit topics for 2014/15 and it was agreed that although there were no longer any mandated audits under the NHS Litigation Authority (NHSLA) and Clinical Negligence Scheme for Trusts (CNST) that many of the previous mandated audits under these schemes had supported improving patient safety and therefore these should be considered taking forward in the 2014/15 plan.

### **Patient Led Assessment of the Care Environment (PLACE) report**

The Committee received the summary report of the PLACE assessments 2013 (*replaced the previous PEAT assessments and is now patient led supported by staff*). Cleanliness scored well on all sites, 97.2% overall. Condition, appearance and maintenance scored above 87% overall; this reflects MVCC which scored 72.92%. The other areas for improvement were identified as food and nutrition, privacy and dignity and wayfinding. It was acknowledged that a number of the actions would need to be considered through a business case, i.e. disposable curtains and provision of secure lockers for patients, and that a project group has been established as part of Our Changing Hospitals (OCH) programme regards wayfinding.

### **Improving Patient Outcomes Update**

The Committee received a report summarising the progress from April-October 2013 on the Improving Patient Outcomes Strategy. The Committee were please to note the progress against the planned milestones and the continued improvements being made. Two actions were noted as flagging red, these were:

- Stroke Care targets – progress is being made and this is fully reported each month through the Performance Report and flood light scorecard.
- Report to RAQC on maintaining safety at the Lister and QEII during pre-consolidation year – It was agreed that a full report would be submitted to RAQC in January 2014.

### **Workforce and OD Report**

The Committee reviewed the Month 7 workforce report and noted the progress made on reduction of the vacancy rates, improvements regarding the permanent recruitment in conjunction with OCH planning and the focus groups to inform the workforce strategy. The Committee discussed the cultural indicators and specifically bullying and harassment and were assured of the actions being taken.

### **Appraisal Framework Update**

The RAQC noted the report summarising the progress of the actions being taken in order to implement the new staff appraisal framework which supports the development of a performing organisation and includes a process of performance related pay by October 2014. A further paper covering the transition arrangements from the old appraisal system to the new framework will be considered by RAQC in December 2013.

### **Infection Control**

The Committee noted the Infection Control report including the exception report regarding Clostridium Difficile, surgical site infections and a contamination of water. MRSA was noted as remaining at 1 case year to date and that this had been a contaminant. C Difficile was noted as 12 cases to the end of October and a new case was reported at the QEII Hospital for November. The route cause analysis for this case is underway.

In relation to surgical site infection rates, the Trust's performance is above the National trajectory for #NOF and Total Hip Replacement. Although a reduction in the rates had been previously seen, the latest figures show a slight raise. The need for timely completion of the route cause analysis was reported. The Committee were assured of the actions in place to reduce the rates and the engagement of the surgical teams in this.

The Committee was briefed on the contamination of water with Legionella species at the Renal Dialysis Unit, Harlow. Although the strain of Legionella has not yet been confirmed, it has been established that this is not the strain that causes respiratory infection. The Director of Nursing confirmed that all patients had been seen and written to. Assurance was received on the actions taken and engagement of the other organisations and agencies. The results of the most recent water samples taken from each of the water outlets in the Unit are awaited, but early indications are demonstrating an improvement.

See the Board data pack for the full infection control report.

### **Serious Incident Report**

The Committee noted the report in which 5 new incidents were reported in October and route cause analyses are in progress for each. Of these 1 was a fall and 4 were pressure ulcers (of these 2 are deemed unavoidable and have been formally downgraded from an SI by the Clinical Support Unit). The learning points and actions from an SI following a system failure were presented. A detailed report is presented to Part II Board which includes the learning from the completed investigation.

### **Patient Safety and Hospitals at Night in the East of England**

A freedom of information request has looked at staffing in relation to patient safety and hospitals at night in the East of England and the Committee received verbal assurance that the Trust had not been identified as an outlier.

### **HR Advisory Service**

The Committee received a report on the HR advisory service and a verbal briefing will be given to Part II Board.

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