

TRUST BOARD – 29 JANUARY 2014
RISK AND QUALITY COMMITTEE – 22 JANUARY 2014
EXECUTIVE SUMMARY REPORT

PURPOSE	To present to the Trust Board the report from the Risk & Quality Committee (RAQC) meeting of 22 January 2014.
PREVIOUSLY CONSIDERED BY	N/A
Objective(s) to which issue relates *	<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
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 checked="" 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:	Corporate Governance Officer
DATE:	January 2013

RISK AND QUALITY COMMITTEE (RAQC) – 22 January 2014

EXECUTIVE SUMMARY REPORT TO BOARD – 29 January 2014

Floodlight Scorecards

The RAQC considered and had an extensive discussion on the floodlight scorecard for Month 9 which included the exception report on statutory and mandatory training and verbal updates on the performance (18 weeks, A & E, Delayed transfers of Care and Cancer), mortality, workforce and CQUIN. A&E performance January to date was noted as 94.8.

The Committee focussed on Stroke access targets and the impact of the number of delayed transfers of care where having on being able to consistency delivery on the performance targets on being admitted to the stroke ward within 4 hours and time on the ward. The Committee heard of the actions being taken, including the initiative “breaking the cycle” week. The Committee requested a report on progress with these issues to a future meeting.

Power outage: Incident report / Electrical infrastructure report

The Committee reviewed the comprehensive electrical outage incident reports which detailed the two unrelated electrical incidents that occurred in November 2013 at the Lister and QEII hospitals and a separate report on the electrical infrastructure. The reports were presented by the Head of Estates and Facilities and the Head of Emergency Planning and Resilience. The Committee discussed the actions taken and planned and the ongoing risks until the damaged panel is replaced. The complexity and cost of this was noted along with the planned actions to mitigate the risks; this had been added to the corporate risk register. The Committee noted that 10 recommendations came out of the incident investigation, and requested that the action plans are merged to enable clearer monitoring and progress is reported to the Committee periodically. The Teams were congratulated on a professional response.

Medical Director Report

The Committee received a comprehensive update on matters escalated from the Clinical Governance Strategy Committee and the Patient Safety Committee together with an update on mortality and medical education. The Committee noted the outcomes of an audit of unexpected admissions to critical care and the learning points, and the audit of cardiac arrests which shows a clear reduction in call. On a positive note in relation to mortality the Medical Director reported a crude mortality rate of 1.9% (April to December) and 189 fewer deaths in the calendar year of 2013 compared to 2012. The rolling HSMR is 92.7 (November 2012 to October 2013). The Committee noted the divisional HSMR trends and progress against the CQUIN and other specific pathways. The Committee discussed the effect of the upcoming reduction in medical trainees and the improvements of the Trust in the Health Education East of England Quality report.

Quality Account report

The Committee received an update on the latest position regarding the 2013/14 Quality account and future arrangements. The proposal is to keep the same format as last year, with the possibility that 2014/15 may be all change as the National Quality Board stated that the quality accounts had not reached their full potential nationally. The Committee discussed the target audience for the reports and concluded that even given the complexity of the reports they still needed to be written accessibly for the public.

Operating plan 2014/15 and 2015/16

The Committee received an update on the Trusts planning process on which the TDA will also base their assessment of the Trust future viability and readiness for the development as an NHS Foundation Trust. The Committee reviewed the upcoming milestones for the 2 year (5 March 2014) and the 5 year (20 June 2014) plans, and discussed what needed happen at the

next Board development sessions to support the delivery. The Committee noted the first draft which had been submitted to the TDA on 13 January 2014.

Engagement annual report

The Committee received an excellent presentation from the Director of Business Development and Partnerships, Head of Engagement and Primary Care Customer Relations Manager. The presentation covered an update on their annual objectives, key learning points from 2013 and their emerging priorities for 2014. The Committee discussed the rising reputation of the Trust through engagement, focussing on the work being done with GPs and with young people.

Workforce report

The RAQC noted the report on workforce, which provided information on the standard monthly metrics and Trust wide issues relating to management of the workforce. The Committee were informed of the start or imminent start of the consultations across the Divisions and that Trust will be consulting for the better part of the year. The Committee focussed on sickness rates and how we compared with the National average and the management of the vacancy rate during the implementation of the consolidation. The RAQC were also informed about the progress of the new appraisal system and the visibility and transparency available to all on the knowledge centre regarding statutory and mandatory training and appraisal compliance. The appraisal link to increment pay increase was also discussed and the effects on appraisal uptake.

Appraisal Framework

The Committee received an update on the Appraisal project progress highlighting that over 700 people had undertaken their appraisal training on the new system. The guidance documents and tools are now on the Trust intranet for all staff. The Committee were informed that they didn't want to create a culture of appeals especially during this key period of consultations, and so have put in place mitigating actions to reduce this risk.

Maintaining patient safety and reduction of clinical risk pre consultation

Due to delays in the approval of phase 4 acute services consolidation which now takes place in October 2014, the anticipated clinical improvement are delayed and with a resultant increased risk. Mitigations were put in place and interim service changes were made over the last two years to improve quality and outcomes prior to full consolidation. The Committee were apprised of the level of clinical risk and patient safety in the QEII in the lead up to full centralisation in October 2014. It was determined that although the focus is on the QEII risks will inevitably affect the Lister. Following the review undertaken by Medical Director, Director of Nursing and the Director of Operations, the Committee were informed of the reduction in Crude mortality, HSMR, serious incidents, pressure ulcers and falls at both the QEII and Lister. The number of complaints was also at its lowest point in seven years. The Committee noted there were a large number of service changes (not all of which are complete) and concluded the mitigations in place are successful in managing the risk on the QEII site and demonstrate improved outcomes for patients.

Infection control

The Committee received an update on infection prevention and control performance highlighting a 2nd case of MRSA in the last week in the critical care unit; the root cause analysis is currently in progress. The Committee were also informed of a short stay unit that had to be closed for 8 days due to norovirus, closing 15 beds and a few operational challenges. The Chief Executive added that there were no reported cases of C.Difficile in December 2013.

Board Assurance Framework / Corporate risk register

The Committee considered the updates for the quarter 3 Board Assurance Framework which included achieving the overall trust target on C.Difficile, winter pressures, the increased risk in IT infrastructure and the risk around the treatment centre on 18 week performance and the financial impact of the transfer. The Committee focussed discussions around the clinical changes dependant on IT infrastructure. Also in light of the power outage incident reports, electrical infrastructure is to now be RAG rated amber.

With regards to the corporate risk register shows the top slice of current risks for the Divisions and Corporate Directorates, showing how they are aligned with the corporate objectives. The Company secretary informed the Committee that there was a problem with the system in that an automatic alert was not sent to the owner of the risk when it was time to update their risk and that this continues to be raised with the software company responsible. The Committee was also informed that the annual internal audit on Risk Management and Assurance was due to take place in February with the results and outcomes to come to the RAQC.

Compliance report

The Committee received an update on compliance with CQC regulations, information Governance and the latest versions of the corporate assurance map and Governance assurance maps. The new CQC compliance framework has not yet been published but the Committee were informed of the work that was being undertaken in line with CQC publications to date and the intelligence gathered from various sources, including our senior staff that have participated in the new CQC style inspections in other Trusts. The Committee were informed of a new programme under the new CQC domains, visiting wards and services for a scheduled or responsive visit. This will be implemented in February 2013 and led by the Corporate Governance Team and Head of Quality and Patient Safety. This will continue to evolve as new guidance is published. The Committee were apprised of an information governance serious incident relating to follow up clinical letters that had been reported to the Information Commissioners Office and was being investigated in line with the SI policy. The incident did not raise any patient safety concerns but was an error in disclosure relating to the mail merge system.

The Committee noted the new code of governance had been released by Monitor and their consultation on governance reviews. The Company Secretary is undertaking a review of the guidance against the Trusts current governance and compliance structures and will provide a report and recommendations to a future RAQC and Audit Committee meeting to ensure the structures remain fit for purpose and meet the requirements for Foundation Trust.

Serious Incident report

The Committee received an update on new and on-going Serious Incidents (SIs). The Medical Director highlighted that December was the first month that no pressure ulcers have remained as an SI. There were 7 new SIs, 3 were falls resulting in fractures, 1 was infection control (norovirus) and 3 others were discussed. With the outstanding 8 SI's, 7 are on the 45 day report submitted to CCG's with the final one in progress but still under 45 days.

Responsible officer revalidation report

The Committee received and approved the annual revalidation report. The Committee were informed that the implementation had gone really well supported by a revalidation officer and a new electronic revalidation system. The Medical Director advised the committee that to revalidate Doctors need to have 5 appraisals in 5 years, making appraisals the cornerstone to revalidation. The Committee had concerns on what would happen if the Medical Director was incapacitated but were assured that an Associate Medical Director had also received the required training to undertake the role of responsible officer if required.

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