

## Board of Directors (in Public)

### Item 6.2.3(i)

**Subject:** BAF Key Issues Report – Quality committee  
**Date of Meeting:** 2<sup>nd</sup> April 2019  
**Prepared by:** Sue Pemberton, Director of Nursing and Operations  
**Presented by:** Sue Pemberton, Director of Nursing and Operations  
**Meeting Held:** 30<sup>th</sup> April 2019  
**Purpose of Report:** To Note

Agenda Item	Lead Exec	Assurance Received	New/Emerging Risks	Actions/Comments
6.2	SP	<p><b>Annual Assurance Report - Quality Committee 2018/19</b></p> <p>The Director of Nursing presented the report and explained that during the past twelve months the Quality Committee had received assurance on quality and the key priorities of responsibility that were identified in the committee's TOR. The Committee had met on four occasions with meetings occurring quarterly. Review of the recorded minute taking documentation confirmed excellent attendance of all Committee members.</p> <p>The annual assurance report review had identified from the minute recording documentation that the Committee had received assurance against the criteria of the TOR. Amendments have been made to the TOR to highlight areas that need attention in 2019/20, and which require Board approval</p>	None	

6.1	SP/RAP	<p><b>Clinical Quality Performance Report - Serious incident update</b></p> <p>The Medical Director provided an update on a root cause analysis that had recently been completed for a patient with learning disabilities who sadly died after being discharged home. This has been reported as a serious incident to Steiss. Further work is required to understand the root cause. The death had been classed as avoidable.</p>	None	Duty of candour has been carried out with the patient's brother.
6.3	LR	<p><b>Quality Impact assessment</b></p> <p>The Head of Quality Improvement presented the Cost Improvement and Quality Impact report.</p> <p>There were 45 CIP schemes currently identified within the 18/19 CIP requiring a QIA, 45 schemes had QIAs approved and had also been reviewed by the Equality Impact Assessment (EIA)</p> <p>The CIP planning for 19/20 had begun and divisions had developed a cost improvement programme. There were 35 CIP schemes identified and requiring a CIP. 8 QIAs had been approved with the remaining QIAs being developed. All QIAs had been reviewed by the EIA team.</p>	None	

6.5	RP	<p><b>Stroke Service Audit and Update</b></p> <p>The Out of Hospital Therapy Lead presented the report that provided feedback on compliance to NICR CG162 – Stroke Rehabilitation in Adults. Since the previous report in March 2018 the stroke team had continued to benchmark and develop the stroke service against standard stroke services, under relevant domains, in order to ensure quality and effective care. A number of developments had been undertaken and provided assurance that LHCH offered a safe and effective stroke service from a dedicated group of multi-professionals. The key indicators show a year on year improvement in quality.</p>		
8.4	RP	<p><b>Medication Assurance Medicines Management Issue Report</b></p> <p>The Chief Pharmacist presented the report that aimed to provide the quality committee with assurance that the monitoring of the Medicines Policies within the Trust was appropriate and the medicines were handled according to the law and current safe practices.</p> <p>All medication errors were reviewed by the divisional governance meetings and the safe medication meeting. The level of harm to patients was low and improvement projects were ongoing with procedures and practices within the trust continually developing and improving.</p>		

8.1	MPC	<p><b>Review of progress against delivery of the Clinical Quality Forward Plan 2018/19, NICE and New Technology</b></p> <p>The Clinical Audit and Effectiveness Manager presented the report that provided an overview of how the Clinical Quality Forward Plan was developed annually, in line with the strategic objectives of the Trust and highlighted the key processes that had changed.</p> <ul style="list-style-type: none"> <li>• Mandatory audit within the Clinical Quality Forward Plan 2018/19 has been delivered.</li> <li>• Support from the clinical quality team is being provided to clinical colleagues to audit and evaluate their practice.</li> <li>• As NICOR heart disease audits embed into EPR, work continues to develop mechanisms for feeding back to clinician's data quality issues.</li> <li>• Identification, dissemination and reviews of NICE and NCEPOD reports by leads continues with monthly reporting to the respective divisions.</li> <li>• The process for introducing new technology has been reviewed to include the development of new services and the policy updated to reflect this.</li> </ul>		
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8.2	RP	<p><b>Mortality Review Annual Report</b></p> <p>The Medical Director presented the report that addressed processes and how to improve sepsis management together with learning from deaths and a recent review of the MRG structure that had been undertaken. The Mortality Improvement Strategy had been amended to reflect the case mix and complexity of procedures had been risk adjusted accordingly.</p> <p>The Quality Committee noted the current position with regards to mortality and received assurance from the ongoing work</p>		
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