

Board of Directors (in Public)

Item: 6.1.3
Subject: Quality Committee BAF Key Issues
Date of Meeting: Tuesday 26th November 2019
Prepared by: Sue Pemberton/Director of Nursing & Quality
Presented by: Nick Brookes/Chair-Quality Committee
Meeting Held: 1st October 2019

Agenda Item	Lead Exec	Assurance Received	New/Emerging Risks	Actions/Comments
6.1	MPC	Clinical Quality Performance Report	None	Incident reporting is going well. The number of patient safety incidents remained stable, dominated by potential medication errors. There were 21 reported in August with prescribing being the top area for incidents; none had resulted in severe harm. The committee was assured that there are many e-learning modules and training packages available and that every incident found is recorded on Datix or raised at safety huddle and followed up accordingly. It was mentioned that the Acting Chief Pharmacist (Danny Forrest) would like to see more reporting as numbers seem low. The question was raised; how does reporting improve safety, with the response being that through a transparent culture, learnings are taken from each incident. It was noted that the reporting is behind however, the Acting Chief Pharmacist is working on improving the reporting schedule to enable information

				<p>to be reviewed in a timelier manner.</p> <p>Acting Chief Pharmacist to present a further update at Quality Committee in January 2020</p>
6.1	RP	Clinical Quality Performance Report	None	<p>The Trust is not meeting all of the targets in relation to sepsis however it is improving. The main challenge relates to screens not being completed; data is now reviewed each week from every area which is followed up with wards where appropriate.</p> <p>Continuation of education programme for junior doctors during trust induction with the use of the audit results to highlight the importance of delivering key standards for sepsis care. Ensure continuous feedback of audit results via Audit Days and through the Infection Prevention Team. Development of EPR to enable further supportive care documentation for monitoring of other key aspects of management of sepsis: 1. Lactate measurement 2. Administration of fluid bolus</p>
6.2	CW	Quality Impact Assessments Update Report	None	<p>The Trust is on track to be compliant in its delivery of the CIP safely in accordance with the process. CIP performance is regularly monitored through the BTSG monthly meetings.</p> <p>The report provided a status update on the number of QIAs that have been reviewed and approved by the Business Transformation Steering Group ("BTSG"), and signed off by the Medical Director and Executive Director of Nursing and Quality or their delegated deputy, as per the QIA process.</p> <p>There are forty-two schemes in place; of the 10 QIAs more recently developed requiring BTSG sign off:</p> <ul style="list-style-type: none"> • 2 are complete, signed off by the Nursing and Medical Directors as safe with no adverse

				<p>effects on quality, and simply awaiting BTSG sign off.</p> <ul style="list-style-type: none"> • 6 require further information but are expected to be completed in time for the October BTSG meeting • 2 are not due yet as the schemes are not live yet.
7.1	RR	Getting It Right First Time (GIRFT) quality improvement action plan.	None	<p>The report displayed positive results in relation to reduced cancellations. The team have been working very hard to reduce cancellations and can see over time significant reduction in both clinical and surgery which the team are pleased with so far. There was a spike in August with no trend identified and accepted as being random variation which is not uncommon. The main areas of cancellations are as follows:</p> <ul style="list-style-type: none"> • Lack of POCCU beds • Emergencies taking priority • List overruns • Impact of overnight emergencies • Clinical Cancellations <p>Cancellation data is reviewed and presented weekly at Operational Performance and monthly at the cardiac business meetings to allow colleagues to analyse leading themes for cancellations and identify solutions to address current issues</p> <p>It was noted that currently the biggest issue is when urgent patients are transferred from other hospitals and need to be operated on within the SLA timescale (7 days); patients should be admitted 2 days prior to operation however, delays from the ambulance service transferring patients leads to cancellation as there is not sufficient time to review a patients history and allocate appropriate surgeon. Timeline has now been increased</p>

				from two days to three to reduce cancellations and increase patient safety.
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