

Public Trust Board paper F

Meeting title:	Trust Board				
Date of the meeting:	13 April 2023				
Title:	Escalation Report from the Quality Committee (QC): 30 March 2023				
Report presented by:	Vicky Bailey, QC Non-Executive Director Chair				
Report written by:	Hina Majeed, Corporate and Committee Services Officer				
Action – this paper is for:	Decision/Approval		Assurance	x	Update X
Where this report has been discussed previously	Not applicable				

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which

Yes. BAF risk within the remit of QC is listed below:

BAF Ref	Risk Cause	Risk Event
01-QC	Lack of Quality Governance and Assurance framework	Failure to maintain and improve patient safety, clinical effectiveness, and patient experience

Impact assessment

N/A
Acronyms used: QC – Quality Committee TLT – Trust Leadership Team Emergency Department – ED

1. Purpose of the Report

To provide assurance to the Trust Board on the work of the Trust’s Quality Committee, and escalate any issues as required.

2. Summary

The QC met on 30 March 2023 and was quorate. It considered the following items, and the discussion is summarised below:

3. Discussion items:

3.1 Thrombosis Committee Report

The Committee received a report summarising the outstanding issues regarding VTE assessment and anti-coagulation. An electronic prescribing solution had been put in place to resolve the issue relating to potential co-prescribing of warfarin and heparin. The Medical Director commended the team for their efforts in developing an electronic prescribing solution

for warfarin and highlighted the benefits of aligning the different modules to the same system providing the drug prescribing. The overall position regarding timely VTE assessment in the ED remained unsatisfactory despite the number of initiatives that had been introduced. Nerve Centre E-prescribing in ED, which commenced in October 2022 was expected to bring improvement, however, the effect had been slow but a steady upward trend. Although the measures were having an effect, it was not as expected, and further work would be undertaken to better understand the data. Further to this, discussions would need to take place with colleagues in the Medicine Specialty and Emergency and Specialist Medicine CMG to resolve this issue. There had been a sustained positive performance for VTE assessment and investigation of Hospital Associated Thrombosis against the Quality Schedule which was above the agreed thresholds (>95%) for quarters 1-3 of 2022-23. A brief update was provided on the thromboprophylaxis and anticoagulation dashboard and a potential training day to raise awareness of anticoagulation issues.

The Committee noted the report and requested a further update to be provided to QC in six months' time (i.e., September 2023), however, an update on the VTE assessment in ED be provided earlier.

3.2 Patient Safety and Complaints Performance Data Report

The Committee received the new look monthly report which provided a focus on key performance indicators for patient safety and complaints at both Trust and CMG level. A separate report providing a thematic review of learning from harm incidents would be provided on a quarterly basis. Five serious incidents had been escalated in February 2023. There were still evidence gaps in relation to duty of candour compliance. The details in the patient experience and complaints dashboard were noted.

The Committee Chair noted that the report provided a monthly snapshot. However, she requested consideration be given to providing an overarching narrative from the Trust Leadership Team within these reports on any quality concerns that needed to be highlighted and the work being undertaken to resolve those issues, in terms of an assurance approach.

3.3 Complaints Report Q3 2022/23

The Committee noted the improved position in comparison to the previous quarter.

3.4 NHS Patient Safety Strategy (PSS) and Patient Safety Incident Response Framework (PSIRF) Update Report

The Committee noted that some progress was being made to implement elements of the NHS Patient Safety Strategy which included the PSIRF but were advised that until a Programme Lead was in post, progress would be limited. The Head of Patient Safety briefed members on the tasks that needed to be prioritised to meet national deadlines. Progress updates would be provided to the TLT on a bi-monthly basis. The Committee Chair requested consideration to be given to the approach by which the wider Trust Board was informed of the PSS. In discussion on whether 'Improving Patient safety education and training' would be mandatory, it was noted that this would need to be agreed by the Steering Group, however, currently the expectation was for it to be undertaken only by 'essential to role' staff. A further update to be presented to QC in due course.

3.5 CQC Update

The Committee noted this report which provided an update on the CQC core service inspections and changes to how the CQC would regulate providers from 2023. The findings from the Maternity Service inspection in February/March 2023 were awaited.

3.6 Board Assurance Framework (BAF)

The QC reviewed strategic risk 1 on the BAF around a framework to maintain and improve patient safety, clinical effectiveness and patient experience which was aligned to the committee and its work plan. There are no further matters of concern from the strategic risk or significant changes proposed to the content this month. The committee noted the updates made in the month in red text in the BAF, including a new gap in assurance and associated key next step around compliance with mandatory national clinical audits. There were no changes proposed to the scores of this risk: Current rating is 20 (likelihood of almost certain x impact of major), target rating is 6 and tolerable rating 12.

3.7 Nursing, Midwifery and AHP Committee (NMAHPC) Summary Report

Members were advised that the governance around the Groups reporting to NMAHPC was being strengthened and the terms of reference for those Groups had been approved. The nursing and midwifery safe staffing levels had been appended to the report and consideration was being given to develop a similar report for other professional groups.

3.8 Feedback from and escalation to LLR System Quality Board

None

4. Items for Noting

- Data Quality and Clinical Coding Update
- Integrated Performance Report – Month 11 2022/23

5. Any Other Business

None.

6. Identification of any key issues for the attention of the Trust Board

- Improvements in some of the complaint processes
- Safeguarding (System Review of Abandoned Children) – this was discussed as part of the matters arising report.

Date of next meeting – 27 April 2023