

Report to:	Public Board of Directors	Agenda item:	15
Date of Meeting:	22 July 2024		
Title of Report:	Quality Assurance Committee Upward Report – 13 May 2024		
Status	For Information/Discussion		
Author	Ian Orpen, Non-Executive Director and Chair of the Quality Assurance Committee		

Key discussion points and matters to be escalated from the meeting 13th May

ALERT: Alert to matters that require the Board’s attention or action, e.g. non-compliance, safety or a threat to the Trust’s strategy

No items to raise this month.

ADVISE: Advise of areas of ongoing monitoring or development or where there is negative assurance

- **Ambulance Handover:** Ambulance handover remains a key area of concern and risk, with sub optimally mitigated clinical risk present for some of our most acute, undifferentiated patients, and further exacerbating ED crowding and exit block. Remedial/improvement actions thus far have not effected sufficient positive and/or sustained improvement, and RUH is currently under regional scrutiny based upon the current position. A number of improvement opportunities have been identified and work on implementing them is underway.

ASSURE: Inform the Board where positive assurance has been achieved

- **Litigation:** The Trust continues to receive fewer claims when compared to national benchmarking data for Trust of a similar type and size. What is encouraging is that that is a consistent, sustained picture. The other positive was an improving picture in relation to settled claims, in that we were seeing a smaller number that were taking us by “surprise” i.e. we had already identified that something had not gone as planned via the incident reporting route. Firstly, this suggests our incident reporting function is working, and secondly it means we are giving ourselves the opportunity to learn the lessons and make improvements at the earliest opportunity.
- **Medicines Management:** The Director of Pharmacy reported that the incident reporting rate had increased, and this was a positive sign as indicated a healthy approach to patient safety and is line with PSIRF. The percentage of medication errors had been halved and improvements had been seen in bar code scanning of medications.

RISK: Advise the Board which risks were discussed and if any new risks were identified

- **Medicines Management:** There was a discussion about whether medicines shortages should be on the risk register. The Director of Pharmacy confirmed that this had been added to the risk register but pointed out that this was a national issue

CELEBRATING OUTSTANDING: Share any practice innovation or action that the committee considers to be outstanding

- **Medicines Management:** Focussed improvement had been seen in compliance with VTE risk assessment and all major risks had controls in place. An associated reduction in DVTs (Deep Vein Thromboses) had occurred marking a significant improvement in patient safety.

APPROVALS: Decisions and Approvals made by the Committee

No items to raise this month.

Report to:	Public Board of Directors	Agenda item:	15.1
Date of Meeting:	22 July 2024		
Title of Report:	Quality Assurance Committee Upward Report – 8 July 2024		
Status	For Information/Discussion		
Author	Ian Orpen, Non-Executive Director and Chair of the Quality Assurance Committee		

Key discussion points and matters to be escalated from the meeting

ALERT: Alert to matters that require the Board’s attention or action, e.g. non-compliance, safety or a threat to the Trust’s strategy

- No items to raise.

ADVISE: Advise of areas of ongoing monitoring or development or where there is negative assurance

Structured Judgement Reviews (SJR)

- 77% of the structured judgement reviews undertaken in Q3 and 4 assess overall care provided as good or very good. 5% (4) of SJRs conducted in Q4 assessed overall care as poor. Where care has been assessed as poor, detailed review has been undertaken by the appropriate clinical division and patient safety events reported and managed in alignment with our PSIRF principles. The themes identified through the detailed review align with our current patient safety priorities and learning has been fed into the improvement groups aligned to these.

In Q3 and Q4 there has been an increase in the number of SJRs completed. However, the number of outstanding SJRs remains static and the percentage completed with 2 months has fallen. Capacity and demand review demonstrates that current capacity matches recurrent demand. The deterioration in performance reflects the prioritisation of SJRs from the backlog. A recovery plan is in development to address the backlog in SJRs. This will be monitored at Trust Quality and Safety Group and escalated to the QAC if necessary.

Paperless Inpatients Project (PIP)

- The Deputy Chief Medical Officer reported that the Trust was currently in the preparation phase and this was the focus of the paper presented. The Go Live date had been approved by TME (Trust Management Executive) for 13th August 2024. The Deputy Chief Medical Officer reported that the level of training remained a concern and the end of July would be when the final technical decision was made. He explained that the project had been featured on Q&A

sessions and a group had been set up with the Resilience Team to look at the impact on flow etc.

ASSURE: Inform the Board where positive assurance has been achieved

Quality Governance Project

- This is being led by the Deputy Chief Nursing Officer. The project priorities have focussed on implementing on the recommendations from the 2023 Aqua review, together with improvement opportunities identified following recent internal audits.

- The project has four workstreams as follows:
 - Quality Governance Architecture
 - Divisional Governance
 - Risk Management
 - Quality Metrics

- Specific elements to highlight include
 - The implementation of the revised quality governance structure is underway.
 - A Trust Clinical Effectiveness Committee will soon be established which will further strengthen the oversight of clinical effectiveness, morbidity and mortality, clinical audit and associated learning
 - A comprehensive review of our Divisional Governance framework has been commenced being led jointly by a Divisional Director and Divisional Director of Nursing.
 - Risk register domains have been updated and aligned to sub-board committees to strengthen oversight and regular monitoring.
 - All quality metrics have been reviewed with individual subject matter experts which also links to the development of an BSW quality scorecard.

RISK: Advise the Board which risks were discussed and if any new risks were identified

- No items to raise.

CELEBRATING OUTSTANDING: Share any practice innovation or action that the committee considers to be outstanding

- No items to raise.

APPROVALS: Decisions and Approvals made by the Committee

- No items to raise.