



Committee/Group 'Triple A' Chair's Report

Name of Committee/Group	QUALITY COMMITTEE	Reporting to:	TRUST BOARD
Date of the meeting:	15 April 2019	Parent Committee:	TRUST BOARD
Chair:	Mark Baker, Non-Executive Director	Quorate (Y/N)	Y

Agenda Item:	RAG	Key Points	Actions Required	Action Lead	Expected Date for Completion
Safer Staffing		The six month review has identified an urgent need for an electronic tool to support ward leaders to assess acuity on a daily basis and report daily red flag events and local factors influencing safe staffing.	This work is being led by WOD, and the Trust is waiting to review a formal implementation plan for an electronic safe care module as part of the current electronic rostering system. Directorates will also ensure that other methodology and quality assurance measures are in place. A business case will be developed by May 2019.	Jayne Shaw	May 2019
Impact Assessment of Sulby Ward Closure Trial		Resignations and vacancies on Sulby Ward are to be reviewed to ensure safe care is provided	A formal impact assessment paper to close Sulby overnight will be presented to Execs in April 2019 and to Board in May 2019.	Zoe Harris/ Karen Kay	May 2019
Alignment of H-O and CCC policies		A risk has been highlighted regarding H-O using two separate Trust policies.	A Task and Finish Group has been created to re-review and align policies.	Liz Furmedge	May 2019
Haemato-Oncology		Issues with H-O data being captured for antibiotics, VTE, sepsis and 14 hour review.	A Task and Finish group will be created to take this forward.	Liz Furmedge/ Rose Foulds	May 2019
SACT Data		Data from SOMERSET has not been uploaded by CCC, as it was understood that this was being undertaken by the RLBUHT	Agreement has been received from the registry that CCC information can be validated and re-uploaded by 24th April. CCC roles and responsibility for HO SCAT have now been determined.	Liz Furmedge/ D Law/ H Wong	May 2019

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Integrated Care		The Trust has seen an increase in reported pressure ulcers.	Root Cause Analysis (RCA) forms are to be completed and all incidents will be reviewed at the HARMS Collaborative meeting. A deep dive will be undertaken with findings reported to the Integrated Governance Committee (IGC).	Zoe Harris	Ongoing
Radiation Services		Isotope supply issues continue, with poor communication from Liverpool. Patient delays, cancellations and operational issues are ongoing.	This issue has been escalated to NHS England.	Linda Williams	April 2019
		FGD supply issues are continuing, with patient delays, cancellations and operational issues ongoing.	Alliance Medical will be contacted for assurance that there has been no harm to patients since February 2019. This is being monitored through the Integrated Governance Committee (IGC).	Linda Williams	May 2019
CQUINs		CQUIN requirements have improved in Q3, with 5 out of 8 targets achieved. However, the value withheld for Q3 is £58,609.00.	A dedicated group has been created to focus on the successful delivery of the new and continuing CQUINs.	Hannah Gray	Ongoing
Sepsis		The figure for March was 96% (1 patient) against a target of 100%.	The patient case is being taken forward through the Deteriorating Patient Group. An education programme has been developed and Sepsis champions are in place across the Trust.	Caroline Brammer/ Emma Daley	May 2010
Sickness Absence		There has been improvement in Month 12 (down to 4.43%) although performance for the last 12 months is 4.15% against a target of 3.5%.	Work is on-going within WOD to target stress/anxiety, with a new focus on Health and Wellbeing of staff.	Jayne Shaw	Ongoing
Staff Turnover		Turnover for March has increased from 14.5% to 14.9%, with the largest group being from Admin and Clerical staff.	The WOD team continues to review exit information to ensure meaningful data is provided by managers regarding reasons for leaving, as well as improving induction and reviewing feedback from staff after 3 and 9 months.	Jayne Shaw	Ongoing

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62 day cancer waits		Following reallocation, performance for March is 86.8% (un-validated). Version 10 of the National Cancer Waiting Time Guidance and Clinical Review of Standards may affect the Trust's overall performance.	The Cancer Waits Target Operational Group continues to monitor performance weekly and progress the Cancer Waiting Times Improvement Plan. An update paper will be provided to the May Quality Committee meeting.	Joan Spencer	May 2019
CQC action plan & PID		The aim is to deliver changes required to address issues raised by CQC during the unannounced inspection and 'well-led' review with formal governance structure.	Identified areas of concern continue to be addressed and statutory and mandatory training has improved significantly in many areas, including Haemato-oncology. A comprehensive action plan has been developed based on findings in the CQC's draft report. All actions have been assigned a named owner, and a project board has been created and meets weekly to review and document progress.	Sheila Lloyd/ Joan Spencer	Ongoing
Chemotherapy		Incidents of extravasations increased by 3 in March, 2 causing moderate harm	An investigation is currently in progress to address this issue.	Fran Yip	May 2019
VTE		Recent improvements in processes have delivered achievement of the 95% target for the second consecutive month, at 98.7% for month 12.	Work is on-going to ensure the improvement is maintained.	Caroline Brammer/ Emma Daley	Ongoing

KEY

	ALERT the Committee on areas of non-compliance or matters that need addressing urgently
	ADVISE the Committee on any on-going monitoring where an update has been provided to the sub-committee and any new developments that will need to be communicated or included in operational delivery
	ASSURE the Committee on any areas of assurance that the Committee/Group has received