



Committee/Group 'Triple A' Chair's Report

Name of Committee/Group	QUALITY COMMITTEE	Reporting to:	TRUST BOARD
Date of the meeting:	14 May 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
Radiation Services		<p>CBCT imaging protocols: Varian issue – following an incident in relation to the Imaging protocols and further investigation, further similar incidents have been identified. Although the doses involved are small, they were not correct.</p>	<p>The protocols have been re-ordered on-screen within the drop down menu to minimise the risk to patients. However, the protocols have since randomly re-ordered themselves. Varian has informed Julie Massey that the protocol list cannot be changed. This software issue has been reported to MHRA. The checking process has been amended, with a final checking point now included as the last step in the process to ensure the right protocol is used.</p> <p>The risk has been added to the risk register and is being managed as part of the weekly risk strategy meetings, and a risk stratification process is taking place on all related incidents. Due to a number of issues within Radiation Services, the Committee has requested that the Directorate provides a single report to the next meeting to provide an overview of risks, and how they are being controlled and managed. This is to include an update on CBCT imaging protocols; FDG supply; Isotope supply; Gynae brachytherapy service; and the HSE visit.</p>	JM	June 2019

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CQUINs		Quarter 4 data has now been reviewed by Commissioners. The total CQUIN fund for 2018/19 was £2,009,811, and the total estimated funding withheld due to non-achievement is £409,724. The total CQUIN funding for 2019/20 is £988,150.	To enable achievement of the 2019/20 CQUINs, a monthly meeting has been established and will require monthly updates on progress to IGC, which will allow progress to be monitored more effectively. CQUIN leads have also been requested to complete a form containing details of finances, risks and required support they may need, in order to ensure everyone is aware of potential impacts associated with the CQUINs. More in-depth conversations and negotiations have also been held, and are ongoing, with Commissioners to ensure that the Trust is satisfied that the CQUINs are relevant and achievable for the organisation.	HG	June 2019
DBS Checks Update		There are now only 8 staff members who do not have DBS Checks in place.	The Director of W&OD has issued letters to the 8 individuals involved. The individual's manager, as well as the Executive team, has been informed. Going forward, it is intended that the checks will be refreshed every 3 years.	JSp/JG	June 2019
Haemato-Oncology		Non-Malignant H-O move to Ward 9B – the Non-Malignant H-O Daycare inpatients have not yet moved, as RLBUHT are continuing to experience significant bed pressures and the escalation beds are still open. This is impacting on H-O's ability to take Transplant patients.	Work is ongoing to determine how the move of Transplant patients can be facilitated, as there is a concern that RLBUHT will continue to experience bed pressures and the escalation beds will continually be open. Negotiations with RLBUHT have been undertaken to try to resolve this, without success, and the issue has been escalated to the Care Group Manager. However, the Committee feels that there is a need to consider this issue at a higher level and for an alternative solution to be sought, as this has been a long-term issue. This issue will be taken to the Executive Team meeting for discussion.	JSp	June 2019

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Integrated Care		Medication management training remains a concern, as the Directorate is not fully compliant, and key concerns relate to the length of time it takes to complete modules and the difficulty level of some aspects of the training.	Work is being undertaken to benchmark CCC against other organisations. Work is also being undertaken to determine how staff can be supported to reach the required level of training, and dedicated time away from the ward to complete training may be a consideration. The Committee has requested that a T&F Group is established to consider this further, and to determine how this can be progressed effectively.	HPC	June 2019
Study Leave Committee		The non-engagement of study leave committee members is a risk to ensuring that leave is managed fairly and consistently across the Trust, and that staff are properly supported. The remit of the Committee has also changed, and some GMs are holding education discussions within their Directorates.	A review and revision of the Terms of Reference, a general review of the Committee, and the appointment of a new Chair will be considered further and actioned.	KG/TD	June 2019
Draft Education Strategy		The draft Education Strategy has been developed to support staff with high quality education and training to enable them to meet their full potential and to assist them to develop their individual career pathway.	Following the scoping and mapping work undertaken, gaps have been identified within the current education provision. There is a need for the Trust to consider the priorities identified in the gap analysis for workforce development and career progression, and what resources will be required to take this forward. Once the gap analysis has been considered, an action plan will be developed to take this work forward. A concern has been identified that the Lead on this work is on an interim contract and there is no clear plan for how this will be adopted and managed once they have left the organisation. Discussions will be held with Finance to identify how the business case can be developed in a meaningful timeframe.	SL / SK	June

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Workforce, Education and Organisational Development Committee		Due to the number of apologies received and non-attendance, the Chair took the decision to stand the meeting down. The previous meeting on 25 February 2019 was also not quorate, although the meeting did take place.	The terms of reference will be reviewed, and will include a review of duties and responsibilities which will be pivotal to the significant work to be undertaken over the next 12–18 months.	JSh/AW	June 2019
Sepsis		The April figure was 91% (2 patients) against a target of 100%.	Both patients concerned received the antibiotics within 80 minutes and a number of actions are in place, or in progress, to ensure key improvements.	Caroline Brammer / Emma Daley	June 2019
E.coli		There was 1 CCC attributable E coli blood stream infection on Mersey Ward in April.	Early findings indicate an unavoidable case with the likely source of infection considered to be hepatobiliary. This case will be discussed at the May IPC sub-committee meeting.	Joe Allan	June 2019
MIAA Risk Management Review		The review of the Trust's Risk Management arrangements has been completed and 'Moderate assurance' was given.	The review highlighted a number of areas requiring action, and an action plan has been developed to progress these.	KG	July 2019
Safer Staffing Interim Briefing		The Committee requested a report providing more clarity on safer staffing, and the Trust's ability to recruit and retain the right level of staff to ensure safe day 1 at CCC-L.	There is significant work currently being undertaken around this, including additional external recruitment events, and a draft Recruitment and Retention Strategy for Nursing is being developed for June 2019. Future updates on progress will be provided through future Quality Committee Performance Reports.	KK	June 2019
Statutory and Mandatory training		The percentage of staff compliant with training continues to increase and is currently at 94%.	Some Directorates are not compliant with ILS and work is ongoing to address this.	JSh	June 2019

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