



### Committee/Group 'Triple A' Chair's Report

Name of Committee/Group	<b>QUALITY COMMITTEE</b>	Reporting to:	<b>TRUST BOARD</b>
Date of the meeting:	<b>12 June 2019</b>	Parent Committee:	<b>TRUST BOARD</b>
Chair:	<b>David Teale, Non-Executive Director</b>	Quorate (Y/N)	<b>Y</b>

Agenda Item:	RAG	Key Points	Actions Required	Action Lead	Expected Date for Completion
Quality Committee Performance Report – Month 2		<u>Sepsis - Intravenous Antibiotics received within an hour:</u> the May figure was 96% against a target of 100%, with 1 of 22 patients non-compliant due to the absence of a time recorded against the administration of the antibiotic	Inpatient areas will use daily safety huddles as an opportunity for education regarding sepsis.	SL	July 2019
Quality Committee Performance Report – Month 2		Safety Thermometer Harm Free Care: the May target was 93% against a target of 95%. 5 patients were affected, resulting in five 'new harms'.	Four, relating new VTEs will be reviewed in the harms meeting. The fifth harm was a grade two pressure ulcer, related to O2 mask tubing, and the harms meeting determined there was no lapse in care.	SL	July 2019
Quality Committee Performance Report – Month 2		Cancer Waiting Times: the May targets were not achieved. a. 62 Day CWT at 83.6% against a target of 85%; b. Two Week Waits at 90% against a target of 93%.	One of the 9 breaches had an element of avoidability, with 13 days to first appointment. 1 of 10 patients breached, which was unavoidable as the patient was not local and was unable to attend earlier.	JSp	July 2019
Quality Committee Risk Register		53% of the corporate risks assigned to Quality Committee are directorate risks, and 30% (12 in total) of those are owned by Radiation Services.	The Radiation Services risks will link in to the assurance report requested from Radiation Services, and a written report is to be provided to July's Integrated Governance Committee.	JM	July 2019

Agenda Item:	RAG	Key Points	Actions Required	Action Lead	Expected Date for Completion
Quality Committee Risk Register		There are 19 overdue risks assigned to the Private Clinic; 8 very low, 10 low, and 1 moderate	The issue has been raised and discussed with the Private Clinic. The Associate Director of Improvement has a meeting scheduled with the Private Clinic Risk Lead to discuss supporting a review, and development, of the risk report, to provide assurance that the risks are being monitored and managed appropriately.	GM	July 2019
Integrated Governance Committee Chair's Report		The Haemato-Oncology AAA report was not received for May, which is the second consecutive month the report has not been received.	The overdue report has now been received and will be circulated to IGC members for information.	CJ	w/c 17 June 2019
Drugs and Therapeutics Chair's Report		There was no representation from the private patient unit, CET, Finance at the meeting, and DTC is not as well supported as it should be.	All representatives have been reminded to attend at subsequent meetings or for a representative to attend in their place.	LD	July 2019
Quality Committee Performance Report – Month 2		The timeframe for receipt of data for the Performance Report continues to be out of sync with the meeting schedule.	The data warehouse needs to be refreshed to ensure timely receipt, and it is anticipated that this will be resolved in October/November 2019.	HG	November 2019
Quality Committee Performance Report – Month 2		There were two CCC attributable C.difficile infections at CCCW in May. A CCC internal review has found no evidence of a link between both incidents and no lapses in care.	All patients were managed appropriately and discharged home, and the findings of the internal review will be discussed and confirmed with commissioners.	SL	June 2019
Quality Committee Performance Report – Month 2		Claims: there are currently twelve open/ongoing claims against the Trust.	Future reports will include more details on settlement of claims.	HG	July 2019
Integrated Governance Committee Chair's Report		Research & Innovation – North West Coast Cancer Research Network (NWC CRN) has confirmed funding cuts of 18% to CCC, which equates to £180,000.	Mitigations, if necessary, will be through commercial income and streamlining of the non-commercial portfolio.	GH	July 2019
Integrated Governance Committee Chair's Report		Safer Staffing Monthly Report - A number of staff have expressed concern that a clear picture on fill rates is not being reflected, as staff do not	Deputy Director of Nursing will be asked to meet with Liz Morgan to discuss the concerns further, and to determine whether this is a result of perception due to pressures, as the	KK	July 2019

Agenda Item:	RAG	Key Points	Actions Required	Action Lead	Expected Date for Completion
		feel safe care is being provided and a number of Datix risks have been submitted to reflect this.	report provides assurance that safer staffing levels are in place.		
Integrated Governance Committee Chair's Report		Supplies of isotopes from RLBUHT – 330 patients have been affected from February 2019 to May 2019.	Assurance has been received that, to date, there has been no patient harm, and a task and finish group reviews risk stratification for patients on a weekly basis. A new supplier of the isotope has been identified and work is ongoing to implement the new supply.	JM	September 2019
Risk Management Committee Chair's Report		PropCare – there is a challenge with risks being reviewed without being included on Datix, and therefore risks may not be captured appropriately, for example: Imaging fire alarms, Water Flushing, etc.	A review of reporting arrangement is being undertaken by AW and JT, to develop a dashboard to ensure the Trust has sight of all risks and that they are being managed, and monitored, appropriately.	AW/JT	August 2019
Drugs and Therapeutics Chair's Report		Non-Medical Prescribing Committee – it has been identified that NMPs are not being used to their fully potential.	Further work will be undertaken with the Deputy Director of Nursing and Education Lead, and a Task & Finish Group will develop an action plan for implementation.	HPC	July 2019
Coroner's Inquest		Following an Inquest opened by the Cheshire Coroner in February 2019, two Consultants were called to attend an Inquest on 28 May 2019.	There is no further action for the Trust following the Coroner's verdict, and lessons learned will be taken forward.	SL	July 2019
Digital Programme Board Chair's Report		The Trust has achieved GDE Milestone 4.	Approval has been received from NHS Digital to proceed with the drawdown of milestone 4 funding, which will be completed by the Finance Team by 4 June 2019.	Finance	June 2019
Drugs and Therapeutics Chair's Report		Clatterbridge in the Community – an internal business case has been approved for the recruitment of the nursing posts. An e-mail has been received advising that CCC has been shortlisted for a Nursing Times award.	Confirmation is awaited from commissioners that recruitment can commence.	HPC	July 2019
Drugs and Therapeutics Chair's Report		Pharmacy will be implementing a new piece of software, ADIoS, to monitor the trend usage for pharmacy drugs.	The system provides the Trust with a robust system for monitoring and reporting on drug usage.	HPC	July 2019

Agenda Item:	RAG	Key Points	Actions Required	Action Lead	Expected Date for Completion
Improvement & Assurance Plan – CQC		The improvement and assurance plan is on track for completion.	The plan will continue to be monitored and progressed through the weekly delivery performance meetings.	SL	July 2019

#### KEY

	<b>ALERT</b> the Committee on areas of non-compliance or matters that need addressing urgently
	<b>ADVISE</b> 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
	<b>ASSURE</b> the Committee on any areas of assurance that the Committee/Group has received