Committee/Group 'Triple A' Chair's Report

Name of Committee/Group	QUALITY COMMITTEE	Reporting to:	Trust Board
Date of the meeting:	11 September 2019	Parent Committee:	Trust Board
Chair:	Mark Baker, Non-Executive Director	Quorate (Y/N)	Yes

Agenda Item:	RAG	Key Points	Actions Required	Action Lead	Expected Date for Completion
Quality Committee Performance Report – Month 4 & 5		Month 5 report not available until the day of the Committee due to the current schedule when data is available. This did not prevent some discussion around the data for Month 5 Sepsis - Intravenous Antibiotics received within an hour: figure for July (month 4 was 94% against a target of 100%, with 1 non-compliance due to failure to recognise the patient required sepsis screen. Month 5 data for sepsis not available at the Committee.	Ongoing work around the timeliness of data to ensure Committees are reviewing up-to-date information. New Critical outreach nurse now in post and working with the deteriorating patient team in addition to leading on the monthly sepsis clinical audit, education and training.	JSp/SB SL	November 2019 Ongoing
Quality Committee Performance Report – Month 4		Safety Thermometer Harm Free Care: the July data is 93.5% against a target of 95%. Three pressure ulcers, one PE and one Catheter acquired UTI. One attributable Clostridium Difficile infection taking the Trust year to date to a total of 4 against a threshold of four or fewer per year. Ongoing challenges relating to infection control discussed.	All five cases have been reviewed at the Harms Collaborative; outcomes currently not known at the time of the Committee. Outcome of RCA's to next Committee	SL SL	Oct 2019 Oct 2019

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Quality Committee Performance Report – Month 4 & 5		Cancer Waiting Times: 85% target not being achieved. a. 62 Day CWT at 79% against a target of 85% for August (as yet to be validated)	A review of HO pathways and processes are underway with regular discussions between waiting time manager, GM and MDT co-ordinators.	JSp	Oct 2019
Quality Committee Performance Report- Month 4&5		Radiology reporting: Target of 90% not achieved for July for in-patients (within 24 hours) or out-patients (within 7 days) at 76%. Performance reflects reduced capacity.	Service continues to utilise a prioritisation system.	JSp	Oct 2019
Quality Committee Risk Register		A total of 22 risk actions had not been completed by the due date. Risk relating to provision of space for education was verbally escalated to the Committee by the Associate Director for Education.	Trust wide risk training is taking place week commencing 16 September 2019. Discuss with Executives	GM KG	September 2019 September 2019
Integrated Governance Committee Chair's Report		Water Safety Report - Legionella risk at RLBUHT due to deteriorating infrastructure – showers not included in water testing process. Water Safety Report – Water Safety Plan approved but only covers sites owned and managed by CCC. Patient Experience Group – Food and Drink Strategy. It has previously been identified the food and drink strategy requires a refresh.	Deputy DoN to meet with RLBUHT Infection Control Team Associate Director for Improvement seeking advice from Associate Director of Corporate Governance re MoU. Action plan review with the Nutritional Steering Group.	KK GM/AW KK	9 September 2019 October 2019 October 2019
Drugs and Therapeutics Chair's Report		Not utilising non-medical prescribing to full potential.	Action plan and progress against plan reported monthly.	KG/JMc	Dec 2019
Digital Programme Board Chair's Report		Several risks and issues highlighted relating to H-O on-boarding.	Action plan in development	TR/BT/G O'M	Sept 2019

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Research and Innovation Board Chair Report	🟥	Currently below the internal overall recruitment target of 1000 patients for 2019/2020.	Action plan in place	MM/EW	December 2019
		DoH targets for initiating and delivering research and not currently being met (134.5 days (target 40 days)	Action plans in place and being monitored.	MM/EW	Dec 2019
Annual Radiation Safety Committee	🟥	Changes to RPS personnel therefore additional training required.	Clarity required as to how many require training.	CL/MW	30 Sept 2019
		Not all staff synching their radiation monitoring device which is a requirement.	Action in place	CL/MW	August 2019
		Local Rules are available in 2 places with potential for old versions to remain available.	Local Rules to be removed from the Extranet.	KP	31 July 2019
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	Oct 2019
Clinical Quality Strategy	🟩	Approved subject to presentational amendments.	Recommended for final approval at Board	SL	Sept 2019
Health and Safety Report	🟩	Approved subject to inclusion to MAPPA training commentary.	Recommended for approval at Board	SL	Sept 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