

**Three Trusts Boards in Common – 15 January 2020**  
**Report from the Quality Committees in common meeting**  
**held on 8 January 2020**

**Introduction**

The Quality Committees in common last met on 8<sup>th</sup> January. The meeting was not quorate due to some key members of the Committee being unavailable. Below is a summary of the main issues discussed. Full minutes of the meeting are available to the Trust Boards.

**Associated BAF for QCiC**

The Committee reviewed the Board Assurance Framework (BAF), which provided an update on the current BAF risks assigned to the committee for formal review. The QCiC noted that BAF risk 1.3 had remained static and that BAF risk 202 had a reduced current risk score.

The Committee supported the review and amalgamation of BAF risks 2.2 and 2.3 as these risks had changed following the response from the Secretary of State. The Committee received assurance from the report.

**CQC Update**

The QCiC received the Chief Nursing Officer's report, which advised that the CQC had undertaken an announced inspection of a number of core service at SUHFT and MEHT on 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> November 2019.

Verbal feedback was provided for each visit, which was then communicated to staff on a daily basis by the Chief Nursing Officer. Publication of the draft report was anticipated end of January / beginning of February 2020, with the reports being received initially to review for factual accuracy. It was unlikely that the final outcome of the review would be known until the end of February 2020; however it was likely that the outcome would be clear by the time of the Board to Board meeting scheduled at the end of February 2020.

The QCiC noted that immediate actions had been taken in response to the issues that had been raised by the CQC inspectors. The QCiC agreed that the report should be presented to the 15 January 2020 meeting of the Boards in Common, with a copy of the letters that had been sent in response for each Trust.

**Quality Performance Report**

The Committee received the quality elements of the operational performance of the three Trusts to June 2019. It was noted that these had been discussed in detail at the respective Site Governance Forums.

The QCiC received an update in relation to mortality at MEHT, noting that Richard Wilson was presently undertaking his deep dive into the mortality data for MEHT; the outcome of this work would be reported to the next meeting. The QCiC noted that one of the challenges that had been identified was the number of patients who were admitted who were on an end of life care pathway. This was being reviewed by the MEHT end of life steering group.

### **Serious Incident / Never Event Internal Reporting**

The QCiC was advised that since the reporting period, one Never Event (NE) had been reported at BTUH relating to a retained guide wire following a chest drain insertion. The Medical Director (BTUH) explained that the root cause analysis was being undertaken, though the patient had not come to any harm. The Director of Nursing (SUHFT) advised that an immediate patient safety alert had been sent to staff on all three sites, a copy of which was tabled for information. She advised that the total number of NEs for the year to date was 5.

The QCiC reflected on the Obstetric Sis that had been reported. The Committee Chair advised that any Obstetric Sis would ordinarily be reviewed by the Maternity NED champions after the QCiC meeting. The Committee Chair explained that the Maternity NED Champions meeting was being formalised and would meet monthly. There was a query about the stillbirth rate and whether this was within national thresholds.

It was agreed that the Maternity NED Champions Group should review the current dashboard and determine what information was required in terms of assurance, trend data and KPIs and work with the Group Director of Planning and Performance to revise this element of the integrated performance report.

### **Deep Dive – External Reviews**

The Director of Nursing (SUHFT) gave a brief presentation in relation to the external assurance visits that had been undertaken over the course of the year, making reference to the matters that had been identified and the actions that had been taken in response.

The QCiC noted that the following external assurance visits had been undertaken:

- JCT Quality Visit Q4 18/19 - Medicine / Surgery
- JCT Quality Visit Q1 19/20 - Maternity
- Neonatal Peer Review - Paediatrics
- SQAS - Breast Screening - Surgery
- EoE Critical Care Network - Critical Care
- JCT Quality Visit Q2 19/20 - Paediatrics
- Baby Friendly Initiative Assessment - Maternity
- PLACE - E&F
- HEEoE Anaesthetics visit - Anaesthetics

### **Benefit of the New Hospital Out of Hours Model**

The Medical Director (SUHFT) presented his report, which provided an overview of the changes that had been made to the hospital out of hours service at SUHFT. He reminded the QCiC that it had received an overview of the associated model at MEHT at the last meeting. As with SUHFT and MEHT, the service had a positive impact both in terms of the quality of care that was being provided and support it provided to the junior medical workforce.

## **Instrumentation SI Report and Action Plan**

The Medical Director (BTUH) presented the report, which provided oversight of the outcome of the SI review that had been undertaken relating to the cancellation of Cardiothoracic Centre (CTC) operations and the surgical instruments challenges that had been reported to the QCiC previously.

The Medical Director (SUHFT) advised that there was a need for clinical involvement in the procurement process, advising that there was considerable variation in the quality of surgical equipment that was available on the market. He suggested that the group should invest in good quality equipment that could be refurbished within its lifespan.

The QCiC was advised that the additional investment required in the current year would inevitably impact the financial performance of the CTC. The QCiC queried why the CTC did not participate in the national Public Health England surgical site infection Surveillance Service (SSISS), how the CTC compared with national benchmarks and whether it was an outlier? In response the Medical Director (BTUH) explained that the outcome of the CTC Getting it Right First Time (GIRFT) review would be used as a prompt to participate in this service. The Committee Chair reminded the Committee that cardiac surgery outcomes are closely scrutinised by the National Institute for Cardiovascular Outcomes Research (NICOR)

The Committee queried whether there were any other large national audits or surveillance programmes that the three sites did not participate in? The QCiC agreed that an exercise should take place to understand any gaps. The Medical Director (SUHFT) referenced the significant number of national clinical audits that all three Trust's participated in and the opportunities that arose to benchmark from these. Whilst the data was not contemporaneous, it provided useful benchmarks in terms of how the three sites were performing.

## **Dementia Assessment in Acute Trusts**

The Director of Nursing (SUHFT) presented the report which advised that a report had been requested by the Acute Commissioning Team and Mid Essex Clinical Commissioning Group on the dementia assessment performance in the acute setting and referral, as part of the pathway for dementia recognition and treatment in the community setting. The QCiC was advised that the assessment performance on MEHT and BTUH sites was lower than the SUHFT site. The report provided an overview of the performance for each site and the actions that were being taken

## **Paediatric Mental Health SI Review**

The Director of Nursing (SUHFT) presented the report, which provided a summary of the common themes and lessons learned from the SI reviews that had been undertaken in relation to Paediatric patients with mental health issues attending MSE Emergency Departments and Children's wards. The Committee agreed that there was a requirement to continue to escalate our continued concerns about the lack of paediatric mental health services to our Local MPs and other key leaders.

## **Quality Improvement Methodology Approach – Internal Audit Review Paper**

The Deputy Chief Executive presented the report, which provided the QCiC with the outcome of the audit of Quality Improvement – Methodology and Implementation that had been undertaken as part of the internal audit plan for 2019/20. The purpose of this audit was to allow the MSE Group to take assurance around the effectiveness of controls in place for its internal quality approach and assessment of how aligned it is with NHS Improvement's (NHSI) good practice.

### **Standing Items**

The Committee also received updates in relation to the following matters:

- Quality consultations update
- Local challenges / deep dives

### **Risks to be highlight to the Boards in Common/Boards Sub Committee**

The QCiC noted that the CQC letters would be presented to the 15 January 2020 Boards in Common meeting. The QCiC also agreed to escalate the challenges associated with children and adolescent mental health services to the Boards.

**Karen Hunter**  
**Chair, Quality Committees in common**