

## SECAMB Board

### QPS Escalation report to the Board

<b>Date of meeting</b>	25 April 2017
<b>Overview of issues/areas covered at the meeting:</b>	<p><i>Management Response</i></p> <ul style="list-style-type: none"> <li>• Medical Equipment Arising from the meeting in March the committee received a management response relating to medical equipment. Further questions were asked for which the committee asked for evidence on actions being taken. Including on how decisions are made on specific medical equipment employed by the Trust. The committee will receive a further management response on these issues at its meeting in June.</li> </ul> <p><i>Scrutiny Items</i></p> <ul style="list-style-type: none"> <li>• Patient care records – <b>not assured</b> (see below)</li> <li>• Quality Impact Assessments - <b>assured</b></li> <li>• Private ambulance services – <b>assured</b>, although further evidence requested.</li> <li>• Duty of Candour – <b>partial assurance</b> (see below)</li> <li>• Quality Account – <b>not assured</b> (see below)</li> </ul> <p>The committee also received the Q4 quality and safety report and CQC improvement plan, with a specific item updating on medicines management.</p>
<b>Reports <i>not</i> received as per the annual work plan and action required</b>	MDT blackout review - the final report from this review has been delayed and has been added to the agenda scheduled for meeting in June.
<b>Changes to significant risk profile of the trust identified and actions required</b>	<p><b>Patient Care Records</b> The scrutiny of patient care records helped to highlight a number of issues, resulting in the committee asking management to undertake a thorough review of the life cycle, quality and compliance of completing patient care records. The aim will be to identify the issues and enable a full rectification plan. The committee will receive an update in May.</p> <p><b>Duty of Candour</b> The committee was assured of compliance in respect of incidents of severe harm / death, but identified that the Trust is non-compliant with the duty of candour regulation for incidents of moderate harm. A management response outlining the steps being taken to ensure full compliance, with timescales, will be received by the committee at its May meeting, and it will then track progress against this plan until assurance is received.</p> <p><b>Quality Account</b> Slippage was noted by the committee on the timetable for the Quality Account, and concern was raised about the risk of not giving external stakeholders sufficient time to comment on the draft. Despite this, assurance was received from the executive that the final deadlines will be met.</p>
<b>Weaknesses in the design or</b>	<ul style="list-style-type: none"> <li>• Patient Care Records – as above</li> <li>• Duty of Candour – as above</li> </ul>

<p><b>effectiveness of the system of internal control identified and action required</b></p>	<ul style="list-style-type: none"> <li>• Datix – the committee identified some shortcomings in the planning for the system upgrade which resulted in the need to roll back. There was also concern that we overestimated the capability of staff in using this risk management database, which has been in place for a number of years. These issues, combined with an indication that capacity might have been a contributing factor, led the committee to requesting management consider the learning. As this relates to an investment (Datix) the Finance &amp; Investment Committee will follow this up.</li> </ul>
<p><b>Any other matters the Committee wishes to escalate to the Board</b></p>	<p><b>NHSI limited scope review of governance</b> The committee will track progress with the actions arising from this review, which has been incorporated in to the URP.</p> <p><b>Quality Report</b> The committee positively received this newly established report, which continues to develop.</p> <p><b>Quality Assurance Visits</b> This programme of assurance visits is very positive, both in how they are being received by staff and, to-date, in their findings.</p>