

Board of Directors, Committees, Council of Governors – Cover Sheet template

All reports **MUST** have a cover sheet

Subject:	Quality Committee Report	Date: 16 th February 2017		
Prepared By:	Sarah Orwin, PA and Project Support Officer			
Approved By:	Mrs Suzanne Banks, Chief Nurse			
Presented By:	Mr Tim Reddish, Non-Executive Director			
Purpose				
Overview of discussions from the 15 th February 2017 Quality Committee meeting, for the Board of Directors. A monthly report is submitted from Quality Committee to the Board of Directors.			Decision	
			Approval	
			Assurance	X
Strategic Objectives				
To provide outstanding care to our patients	To support each other to do a great job	To inspire excellence	To get the most from our resources	To play a leading role in transforming health and care services
X	X	X	X	X
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
Indicate the overall level of assurance provided by the report -	External Reports/Audits	Triangulated internal reports	Reports which refer to only one data source, no triangulation	Negative reports
	X	X		
Risks/Issues				
Financial				
Patient Impact	X			
Staff Impact	X			
Services	X			

Reputational	X
Committees/groups where this item has been presented before	
None	
Executive Summary	
<p>This Report provides a summary of the Trust Quality Committee held on Wednesday 15th February 2017.</p> <p>Please note: the February 2017 meeting was not quorate, however the Committee requests that the Board of Directors note the content of this Report as a summary of the meeting discussions, and the items for escalation noted within item 5 below.</p> <p>Although the minutes of the meeting held on 18th January 2017 were considered by the Committee to be accurate, the minutes could not be formally agreed as the meeting was not quorate. The January 2017 meeting minutes will therefore be carried forward for ratification at the March 2017 meeting.</p> <p>The action log was reviewed and updated as required.</p> <p>1. Divisional Clinical Governance Presentation</p> <p>Dr Krishnamurthy Badrinath delivered a comprehensive presentation and overview of the Governance structure and processes within the Division of Surgery.</p> <p>The Committee was updated around the significant work taking place within the Division to continue to enhance staff engagement with clinical governance processes and activities. Also the work that continues to occur related to utilising timely feedback, data and learning to enhance patient care.</p> <p>2. Quality Account Report Update</p> <p>The Committee received a comprehensive presentation from the Deputy Chief Nurse, which outlined the mandatory and regulatory requirements for the Trust with regard to developing the Quality Account. This also included progress to date and the planned activities required to complete the Quality Account within the required timescales. Guidance around the Quality Account, including timescales, had only recently been published by NHS Improvement.</p> <p>It was noted that work is underway to agree the proposed Quality Priorities for 2017/18. The Committee was advised that the proposed priorities have been drawn from a variety of internal, local and national quality initiatives. The Governors from the Council of Governors Safety and Experience Sub-Committee are required to agree a quality indicator to be audited. The Safety and Experience Sub-Committee Governors have suggested this is the '62 day Cancer Standard'. This will be proposed for ratification at the February 2017 Council of Governors meeting.</p> <p>The Committee acknowledged that the Quality Account requires a significant amount of work to develop and complete, and was assured that the resources are in place to support this work. The Committee was assured that the Quality Account is on target.</p> <p>An extra-ordinary Quality Committee meeting will take place on 24th April 2017 to review the Quality Account, prior to Board of Directors recommendation.</p>	

3. Report of Patient Safety Quality Board

The Deputy Chief Nurse and Head of Governance presented the Report of the Patient Safety Quality Board held on 1st February 2017.

The Committee received assurance around a number of issues and discussed in detail the following items that had been escalated:

- The immediate actions taken around the management of water safety post PSQB, and the current and planned actions in relation to management of water safety
- The actions taken in response to the recent Safeguarding allegations
- The progress made to address the requirements of the 'Better Births' review and changes to supervision of Midwifery practice. Further assurance will be provided to the March 2017 PSQB regarding Midwifery supervision and Cardio-toco-graphy (CTG) interpretation
- The continued development of the PSQB Quality Dashboard, which reviews the Quality section of the Single Oversight Framework (SOF)
- The good progress against the key measurable for the End of Life service
- The requirement to appoint a Data Analyst to support the development of the Datix Trend Analysis work.

4. High Level Serious Incident Quarterly Report

The Committee received the Serious Incident summary report, provided by the Head of Governance.

During February 2017 there have been two incidents identified that met the NHS England reporting criteria of a NEVER Event:

- Misplaced naso- or oro-gastric tubes
- Retained foreign object post-procedure.

The Committee was advised that immediate actions had been taken following the events, and that investigations are underway to ascertain the root cause(s) of the events.

The Committee received an update on the Serious Incident Tracker. It was noted that services undertaking rapid reviews as soon as an incident occurs improves with timely incident investigation and closure, and also in identifying and disseminating learning from incidents.

The Committee was assured that effective procedures and processes are in place.

The Committee was advised that positive feedback has been received from the Clinical Commissioning Group (CCG) in relation to the Trust's incident reports, and the Trust's open and honest approach towards addressing issues.

The Committee also noted receipt of a letter from Wendy Saviour, Director of Commissioning Operations, NHS England North Midlands, confirming the items noted below:

- "Following the Quality Surveillance Group held on 25 January 2017, I am writing to provide you with feedback on the discussions that took place regarding your organisation.
- The Oversight Group met in December and has agreed that it will meet again in six months to ensure continuity.
- CCG colleagues recommended the enhanced surveillance is de-escalated to routine. QSG members recognised the extensive hard work and wanted to congratulate the system, Trust and commissioners for the demonstration and evidence of improvement. QSG agreed to change the Surveillance rating to Routine".

5. Escalation to Board of Directors

The Quality Committee would like to bring the following to the attention of the Board of Directors:

- The February 2017 Quality Committee meeting was not quorate, and the minutes of the January 2017 meeting will be presented to the March 2017 meeting for ratification
- Assurance that the Quality Account process and activities are on target for completion within the required timescales
- A Women and Children's Risk Summit will be taking place on 2nd March 2017. Feedback will be provided to the Board of Directors via PSQB and Quality Committee
- Assurance that effective procedures and processes are in place around Serious Incidents, and the positive feedback from the CCG.