

Board of Directors – 30th March 2017

Subject:	Report of the Quality Committee	Date: 15 th March 2017		
Prepared By:	Elaine Jeffers – Deputy Director of Quality Governance			
Approved By:	Mr Tim Reddish – Non-executive Director, Chair Quality Committee			
Presented By:	Mr Tim Reddish – Non-executive Director, Chair Quality Committee			
Purpose				
The purpose of this paper summarises the assurances provided by the Patient Safety Quality Board around the safety and quality of care provided to our patients and those matters agreed by the Committee for reporting 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 X	Reports which refer to only one data source, no triangulation X	Negative reports
Risks/Issues				
Financial				
Patient Impact	Patient safety Quality report provided positive assurance on the patient safety and quality of care delivery impact			
Staff Impact				
Services				
Reputational	Women and Children’s safety Summit mitigated negative reputational risk			
Committees/groups where this item has been presented before				
N/A				
Executive Summary				
<p>The Quality Committee met on 15/03/17. This paper summarises the assurances provided by the Patient safety Quality Board and those matters agreed by the Committee for reporting to the Board of Directors:</p> <p>The minutes of the meeting held on 18th January and 15th February 2017 were accepted as a true record and relevant actions reviewed. The meeting was quorate.</p> <p>The action log was reviewed and updated</p>				

1. Women and Children's Division Safety Summit

The Division of Women's and Children presented the output from the recent Safety Summit presented to the Medical Director and Chief Nurse in response to a series of incidents that had occurred within a short timescale.

The presentation covered each topic in detail outlining immediate actions taken to reduce the risk of recurrence and maximise learning.

It was noted that this framework will now be adopted as the Trust standard for holding Divisional teams to account for safety and quality of care concerns going forward.

2. Urgent and Emergency Care Divisional Governance Presentation

Dr Ben Owens delivered a very comprehensive presentation outlining the Urgent and Emergency Care Divisional Governance structure. The Committee acknowledged the significant progress that had been made within the Division to align the governance processes with each specialty area within the Division and wider Trust Governance.

3. Quality Account Report Update

The Deputy Chief Nurse presented the monthly update on progress made in preparing the Quality account 2017/18. Quality Committee were assured that all stakeholders were on track to complete within the required timeframe. An extraordinary meeting will be convened in April to agree the final draft prior to the required submission in May.

4. Patient Safety Quality Board Report

The Deputy Director of Quality Governance presented the Patient Safety Quality Board Report from the meeting held on 1st March 2017 on behalf of the Chief Nurse.

The Committee specifically discussed the implementation and outcomes of the Ward Accreditation programme and the outputs of the patient safety Culture work that had now concluded the first phase. Discussion was held as to how to optimise the outcomes from these two initiatives to support the development of the Senior Leadership Walk round Programme.

5. Quality Improvement Programme

The Committee examined the evidence and approved 9 actions from the QIP Programme. This leaves 18 actions outstanding that are reflected and will be managed as section 1 of the new Quality Improvement and Assurance Programme.

6. Board Assurance Framework Principle Risks

Quality Committee agreed that the 3 principle risks identified within the Board assurance Framework (BAF) apportioned to the Quality Committee are appropriate and the controls in place are adequately mitigating the residual risks. These controls will be used to facilitate assurance visits across the Trust.

It was agreed that an increased focus was required in the learning and sharing opportunities across the organisation.

7. Terms of Reference

Following the annual review the Terms of Reference (TOR) for the Quality Committee were reviewed and approved with the caveat of a minor amendment to the membership which as a core cohort will mandate the attendance of the Medical Director, Chief Nurse, the Director and Deputy Director of Quality Governance and a minimum of 3 x non-executive Directors. Other staff members may be co-opted as required. This will now stimulate a thorough review of all TOR of the reporting sub-committees – i.e. Patient safety Quality Board.

8. Quality Committee Annual Work Plan Annual Review

Quality Committee acknowledged that the 2016/17 Work Plan had provided a useful focus for the work of the Committee through the year, however it will become a much more fluid and responsive document in the coming year able to adapt to the pace of the overall Trust patient safety and quality agenda.

9. Escalation to the Board of Directors

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

- The assurance received from the Women and Children's Division Safety Summit and particularly the positive attitude and approach the division took in providing this assurance.
- The significant progress made in establishing robust governance arrangements within the Urgent and Emergency Care Division

End of Report

Elaine Jeffers

Deputy Director Quality Governance

15th March 2017.