

Board of Directors' Meeting Report – 5 October 2016

Agenda item 92/16

Title	Quality Assurance Committee Report
Sponsoring Director	Fred Heddell NED
Author(s)	Fred Heddell, Chair Quality Assurance Committee
Purpose	To provide assurance concerning the QAC's fulfilment of its TOR duties and objectives as an assurance sub-committee of the Board of Directors.
Previously considered at	Not applicable
Executive Summary	
<p>Assurance is offered on: Elective C-sections Southend remains above National average despite actions to reduce the number. Governance Framework Review - new system bedding in. CQC Inspection – Summary - actions in hand implementation to be completed by 5th September. Clinical Audit Training – QAC received training in Clinical Audit</p> <p>Other Items to note Implications of estates priorities/schemes that cannot be completed – patient quality issues will be reported to QAC. Integrated Performance Report - A&E target trajectory should stay with QAC Falls and pressure ulcers - Benchmarking report – proving difficult to get data from other trusts. Corporate Management Team - Exception Report – no items escalated Quality & Safety Committee - Exception Report – no items of concern Terms of Reference reviewed some changes recommended.</p>	
Date Reviewed by Execs	Not applicable
Related Trust Objective	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff
Related Risk	Risk 1 – Failure to provide adequate patient safety and quality of care Risk 2 – Poor patient experience Risk 5 – Inability to recruit and retain staff
Essex Success Regime	No impact
Legal implications / regulatory requirements	Assurance of our standards for regulatory bodies as set out in the QAC TOR.
Quality impact assessment	Careful consideration of the Quality issues was requested in the revision of the Governance structure.
Equality impact assessment	As far as can be ascertained this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010.
Recommendations: The Board is asked to receive assurance from the report.	

Quality Assurance Committee October 2015

Board Report

This was the QAC meeting held under the new Governance Structure arrangements which aims to work largely through exception reports from the feeder Committees. It was recognised that the new system would take some time to bed in but had already produced a much more manageable and meaningful agenda.

Assurance

Elective C-sections - Exception Report

An exception report gave an update on progress on the current action plan

Key Points:

- The Trust's C-section rate has always been above the national average, even though C-section rates have increased all over the country Southend is still above average but there is no 'easy fix'
- Staff are receiving additional training on a life size mannequin which has led to an increase in instrumental delivery with good outcomes.
- An external review will be carried out by the Royal College of Obstetricians & Gynaecologists in October 2016.
- The high rate of elective C-sections is mainly due to women's choice as supported by NICE guidelines and the Cumberlege Report
- Southend has a lower than average post C-section infection rate.

Governance Framework Review – Update

Key Points:

- The new structure is in its first cycle and has presented a steep learning curve for all involved.
- Performance review meetings have been strengthened through provision of exception reports with controls and mitigations outlined for concerns and trends.
- Clinical Directors are now in attendance at the Quality & Safety Committee and directorates are strengthening their own governance structures..
- The Committee agreed that the new structures would be reviewed in 3 months.
- Agendas are discussed in advance with each chair of each meeting.
- The Nomination Committee and Remuneration Committee to be added to the Governance Framework

Corporate Governance Group - Exception Report

The exception report highlighted the key issues which were discussed at the Corporate Governance Group on 7 July 2016.

- It was noted that the data presented on BAF Risks 1 and 2 and Risk Register were more up to date than the data previously reported on at the Board meeting on 3 August.
- The Risk Register has been reviewed and some risks have been amalgamated.

CQC Inspection – Summary

There was a presentation to the Committee on the Trust response to the CQC planned inspection on 12 – 14 January 2016 and subsequent unannounced visit on 24 January 2016.

Key points:

- The Draft Report resulted in 5 requirement notices, 31 MUST dos and 30 SHOULD dos
- All notices require evidence of achievement by 5 September 2016
- Corporate Team and directorates are aware of actions.
- These plans will continue to be monitored with fortnightly oversight by the Executive Team

- It was noted that the CQC measured the Trust against its own artificially high internally set target of 85% for stat/man training compliance.
- Clinical audits are aligned to CQC inspection results to ensure on-going compliance and embedment of new processes. It was noted that quality is a high priority, particularly in view of the implementation of the Financial Improvement Programme (FIP).

The Committee congratulated the Executive team on their management of the response.

Clinical Audit Training

The Committee received training on Clinical Audit and its processes.

Key points:

- Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through a systematic review of care against explicit criteria.
- Where indicated, changes are made and monitored.
- National clinical audits are made up of mandatory and non-mandatory audits.
- The Trust has adopted a new reporting process for national clinical audits to gain assurance that reports and outcomes are being reviewed and actions are taken.
- Red-rated audits are escalated to Executive level

The Committee welcomed the training and a great improvement in clinical audit was noted.. The Committee requested a summarised annual report on clinical audit at this Committee and to continue to receive exception reports as appropriate.

BAF Review

- Risk 1 – Failure to provide adequate patient safety and quality of care
- Risk 2 – Poor patient experience
- Risk 6 – Unable to maintain estates and facilities to an adequate standard

It was noted that the Risks needed updating before they could be reviewed. However, it was also noted that this is a live document requiring constant changes and updates.

A presentation on QIA (Quality Impact Assessment) process was requested at the next QAC meeting.

Items Noted

Implications of estates priorities/schemes that cannot be completed

- it was agreed that this would be covered as part of the report to FRC but any issues about the impact on patient quality would be reported to QAC.

CQC Intelligent Monitoring

- No further update on CQC Intelligent Monitoring had been received.

Integrated Performance Report - A&E target trajectory

- It was agreed that this item should not be moved to the FRC but QAC will receive an exception report from the CMT meeting. As the A&E target is part of BAF Risk 3 this will also be presented to the Audit Committee.

Falls and pressure ulcers - Benchmarking report

- It was noted that it has been a challenge to obtain any information from other local hospitals. No national data is available but we are consulting Success Regime partners about their levels. There is a hospital wide action plan in place, and delivery of this plan is monitored through the directorate performance meetings. Exception reports will be provided to this Committee as appropriate.

Corporate Management Team - Exception Report

No areas of concern were raised but issues considered included:

- Risk Management
- Staff Forum update
- Junior Doctors/Contract update
- Financial Improvement Programme update
- Vacancy & Revenue Control Panel ToR
- Success Regime update
- NHSI – progress meeting update
- Performance monthly update
- Clinical Directorate updates

It was confirmed that the implementation of the consultant job planning is being monitored through performance review meetings.

Quality & Safety Committee - Exception Report

No areas of concerns were raised but issues discussed included.

- Agreed Terms of Reference and membership
- Reviewed CQC Action Plan
- Update provided on the Quality Summit and feedback
- Feedback given on the 5 requirement notices
- Noted system wide Quality Summit on 2 September 2016
- Quarter 1 Quality Accounts presented and agreed

Terms of Reference

Were reviewed in line with new governance structure and a number of changes were proposed.

Fred Heddell 19th September 2016