

Board of Directors' Meeting Report – 4 April 2017

Agenda item 32/17

Title	Quality Assurance Committee Report
Sponsoring Director	Fred Heddell, Non-Executive Director
Author(s)	Fred Heddell, Non-Executive Director
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	N/A
Executive Summary	
<p>Assurance is offered on: Corporate Governance exception item – keeping Pathology failures as moderate risk on register CMT – Exceptions - JEG and Site Leadership structure to be circulated.</p> <ul style="list-style-type: none"> • Apprenticeship Levy report to Board. • Letter from HEEOE to go to Board. <p>Clinical Governance Committee - Exceptions - Compliance levels are high at 95% CLIP Report Q3 - themes identified include clinical treatment, appointment delays and cancellations, communication, admissions, discharge and transfer. The complaints backlog is predicted to be cleared by March 2017. An increase in pressure ulcers was noted.</p> <p>Other Items to note: OPAT Update – reporting temporarily suspended due to work load. Mortality update – outcome of discussions with CCG regarding extra HDU beds awaited. Quality Account 2016/17 - Draft received feedback comments by the end of February. BAF Review 1, 2 and 6 - scores suggested on all 3 BAFs were agreed. Terms of Reference Review - need to make sure that they reflected the recent changes in management structure.</p>	
Related Trust Objective	Patient Focus – Keep getting better Staff – Feel proud to work here and keep getting better Partnership – Our hospital / our community Research, Education & Innovation – investing in our future
Related Risk	Risk 1 – Failure to provide adequate patient safety and quality of care Risk 2 – Poor patient experience Risk 3 – Failure to meet operational performance targets Risk 5 – Inability to recruit and retain staff
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 note receive assurance from the report.	

**Quality Assurance Committee Meeting
Wednesday, 15 February 2017**

Matters arising from minutes (if any)

Pathology - the Committee was assured that things had now improved and informed that PWC are reviewing what went wrong and current performance.

Action Tracker - 'Never Events' and SI's to be added to work plan as a standard agenda item

Corporate Governance – Exception Report – the risk on the register relating to incorrect diagnoses as a result of Pathology failures should not be removed from the register but downgraded from High to Moderate.

Corporate Management Team – Exception Report

- JEG and Site Leadership structure to be circulated once finalised.
- Apprenticeship Levy report to be presented at next Board Development Day to provide assurance.
- Letter from HEEOE – regarding the Deanery visit to go to Board.

Quality & Safety Committee – Exception Report - It was noted with concern that the Quality & Safety Committee has not met since October 2016. It is now combined with the Clinical Governance Committee.

Clinical Governance Committee - Exception Report

Compliance levels are high at 95% and there were only 2 items that are slightly below Level; 2 compliance on the register.

A comprehensive report was received and the Committee was assured by information which showed that Clinical Audit is very largely on track.

CQC Action Plan and Mock Inspection Outcome Report

This was largely superseded by the actual CQC visit which was on the Board agenda.

OPAT Update

It was noted that OPAT reporting had temporarily been ceased due to the level of reporting involved for other reports that are required by NHSE.

We requested that an OPAT report to be presented at the next Quality Assurance Committee.

Mortality update

The report was discussed but it was noted that a full report will be presented at the Board.

No new SHMI data had been received. The latest CRAB medical and surgical trends demonstrate the problems being created by the lack of HDU escalation beds. Report from meeting with CCGs awaited.

Draft Quality Account 2016/17 - Draft received and agreed to feedback comments by the end of February.

BAF Risk Review 1, 2 and 6 - the scores suggested on all 3 BAFs were agreed.

Terms of Reference Review - *questions raised about making sure that they reflected the recent changes in management structure.*

CLIP Report Q3 – (Complaints, Litigation, Incidents and PALS)

Common themes identified across CLIP include clinical treatment, appointment delays and cancellations, communication, admissions, discharge and transfer.

The complaints backlog has now significantly reduced and it is predicted that the backlog will be cleared by March 2017.

An increase in pressure ulcers was noted and a report on factors which could have contributed to the increase requested for the next meeting.

eRostering

Although the Committee noted that eRostering has been implemented in more departments it asked for it to be included on the agenda for the next meeting including a comparison on implementation across the 3 Success Regime Hospital sites.