

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**REPORT TO: BOARD OF DIRECTORS MEETING – 30 October 2014****REPORT FROM: QUALITY COMMITTEE– 9 October 2014****PURPOSE: Information****SUMMARY OF KEY AGENDA ITEMS AND BUSINESS:**

The meeting reviewed the following matters

- CQC Action Plan.
 - The first monthly submission to NHS Choices was made on 13 October 2014 and had been reviewed by Sue Lewis (Improvement Director) for review. This is now on the NHS Choices website; Discussions would take place as to how the Board will be involved in reviewing the NHS Choices submission; and
 - A clinical Programme Director will be put in place to lead the delivery of the High Level Implementation Plan alongside the Programme Manager.
- Quality Strategy – Quarterly Review
 - There had been an improvement in the Friends and Family Test and this was linked to the wider engagement work being taken forward in the Trust.
 - The Board should note that it was unlikely that the Trust would achieve its objectives in relation to staff survey responses for 2014/15; and
 - It was crucial that links between the CQC action plan and quality strategy are explained to staff.
- Next iteration of 3 year Quality Improvement Strategy (2015/16-2017/18) and links to Annual Objectives for 2015/16:
 - It was agreed that a standardised approach for agreeing the Annual Objective should be put in place;
 - The process for identifying the Annual Objectives should start earlier than in previous years and there should be a “bottom up, top down” approach.
 - The Annual Objectives should be mission critical.
- Quality Metrics: The Chairman agreed to speak with the Chief Nurse and Director of Quality to establish what this section should contain so that it truly added value to the work of the Committee.
- Quality Assurance of CIPs: The Board should note that whilst the Quality Impact Assessments were signed off by the Medical Director, Chief Nurse and Director of Quality and the Director of Finance and Performance Management, they should be owned by the Board as a whole. This was especially important as the Trust will increasingly have to make difficult decisions in the future to achieve efficiencies.

- Clinical Audit and Effectiveness Report:
 - The Committee was concerned about the clinical leadership in relation to clinical audit, especially as clinical audit was crucial to improving clinical outcomes for patients. It was agreed that Divisional Medical Directors should attend the next Quality Committee with a view to discussing the current clinical audit issues and the points raised in the CQC Report.
 - Future discussions would focus on processes to ensure audits were prioritised and that there were adequate resources in place to complete the audit work. Additionally, linking the clinical audit plan should be linked with the Annual Objectives.
- Board Assurance Framework: The Committee reviewed the Annual Objectives assigned to it and noted that the Complaints Management Steering Group work needed strengthening so that additional assurance could be provided regarding the risk of complainants being dissatisfied with the response they receive (AO1).
- Integrated Claims, Complaints and Incidents Report:
 - The Board should note that there has been an increase in inquests due to the approach taken by the coroner;
 - Assurance was sought in relation to the length of time taken to investigate incidents. The way in which data was validated had been changed and the Trust was now reporting below 30 days in line with target; and
 - On the request of the Committee, future reports would include more narrative on the learning which could help inform deep dives.