

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**REPORT TO: BOARD OF DIRECTORS MEETING – 24 APRIL 2015****REPORT FROM: QUALITY COMMITTEE HELD ON 21 APRIL 2015****PURPOSE: Information****SUMMARY OF KEY AGENDA ITEMS AND BUSINESS:**

The Quality Committee discussed the following agenda items:

1. Future Meeting Structure

The Quality Committee would meet monthly from May 2015. The meeting in May would be a combined meeting with the IAGC/FIC already scheduled and would focus on scrutiny of the Quality Report 2014/15.

Going forward, the Committee's agenda would align to the priorities within the Quality Improvement Strategy. Trend analysis across key areas would be reviewed to identify topics for deep dives. The Committee would also look at inter-site variations to identify learning and actions.

The Trust Secretary would work with the Chief Operating Officer on a forward work programme for the Quality Committee taking into consideration reporting links with other Committees.

2. Quality Performance

The Quality Committee received the latest Clinical Quality and Patient Safety Report. The following was noted:

- The Trust reported above the national average overall for harm free care (point prevalence). The Committee would be considering a deep dive into one of the four measures within the harm free care thermometer for further assurance.
- The Committee would consider a future deep dive to test the effectiveness of the increased control measures put in place to strengthen *c.difficile* performance.
- The Infection Control team would be looking at trends related to *E.coli* bacteraemias. The Committee would be considering this as an area for a future deep dive.
- There were site and cultural variations in the number of incidents reported, specifically in incidents reported related to staff levels. Work would be undertaken to triangulate data from a number of sources to develop 'heat maps' for areas of focus.

The Quality Committee received a report updating on progress against recovery plans in the areas of A&E, 18 Weeks and Cancer performance. The following was noted:

- Challenges continue in two week wait and symptomatic breast pathways. Work continues with the CCGs in terms of demand management programmes.
- Challenges were noted in lower GI and colorectal. Diagnostic issues in endoscopy had impacted on colorectal performance, but this had since improved and the trajectory was back on track. Further work was required in urology to ensure whole pathway management was more effective.
- The recovery plan for 18 weeks had been submitted to Monitor. The backlog position was starting to decrease. It was anticipated the switch on of the PAS module for patient identifiers would drive further improvements.
- A&E continues to be a challenge. NHS England had challenged the improvement plan submitted by the CCCs and this was being discussed. The Trust was working to revise its internal action plan by 24 April 2015 for submission to Monitor. However, external challenges

continue. A&E continues to be a significant area of focus for Monitor at monthly Performance Review Meetings.

3. Quality Strategy

The Quality Committee received the Q4 monitoring report against Quality Strategy. In general terms, this was a positive report with significant improvements being reported. The programme of work was complex and well managed. The Committee noted the excellent performance against CQUINs and congratulated teams on the work undertaken.

4. Board Assurance Framework

The Committee received the Q4 (end of year) report. The Board will receive the report and will be asked to sign off the statement of achievement against annual objectives.

The Quality Committee felt further work needed to be done on strengthening public engagement and proposed this needed to be more accurately reflected against achievement of Annual Objective 3.

Further work was required to recording of duty of candour statutory requirements.

5. Corporate risk register

The Quality Committee received the quality risks of the Corporate Risk Register. The Board of Directors will receive the Top 10 overall risks at the meeting on 24 April 2015.

6. Clinical Audit Plan 2015/16

The Quality Committee received the plan which had been discussed at the IAGC on 14 April 2015. The approach to the plan would be different to previous years with more alignment to clinical and corporate challenges and to ensure delivery of mandated audits. Further work would be undertaken to strengthen divisional engagement to ensure the clinical audit loop is closed by the end of the audit year.

7. Quality Assurance of CIPs

The Quality Committee received a report providing assurance of the processes in place for the quality impact assessment of CIP schemes.

The Committee noted that CIP programme would become more challenging going forward and continual scrutiny by the NEDs and Finance and Investment Committee would be required.

8. Integrated Claims / Incidents / Complaints

The Quality Committee received a report analysing the themes and trends for Q3.

In summary, Q3 reported an overall increase in reported incidents. There were challenges in meeting the Legal Duty of Candour requirements and completing the required investigations in a timely manner.

The Q4 report is due to be received by the Quality Assurance Board in early May 2015.

9. The Savile Inquiry

Following publication of Kate Lampard's 'Lessons Learned Report' there were nine recommendations relating to provider organisations. The Secretary of State has asked for a response from Trusts in three months.

The Board of Directors will be receiving the report at the May 2015 meeting.

10. Quality Assurance Board (QAB)

The Quality Committee received the minutes from the March 2015 meeting and a copy of the external visits report discussed by the QAB providing an updated position.

SUMMARY OF KEY ACTIONS FROM THE MEETINGS:

The Trust Secretary would work with the Chief Operating Officer on a forward work programme for the Quality Committee taking into consideration reporting links with other Committees.