
EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: BOARD OF DIRECTORS MEETING

DATE: 7 AUGUST 2015

REPORT FROM: QUALITY COMMITTEE HELD ON 4 AUGUST 2015

PURPOSE: Discussion

SUMMARY OF KEY AGENDA ITEMS AND BUSINESS:

The Quality Committee discussed the following agenda items:

Review of Terms of Reference

The following amendments were proposed:

- that the Director of Infection Prevention and Control and the Divisional Medical Directors be added as attendees.
- to add that although neither the Trust's Chair nor CEO were members or attendees of Committees, they had the right to attend any of the meetings.
- the ToR, particularly item 3.3, required further development to make them more proactive.
- Item 7 should include reference to the link with the Council of Governors.

Quality and Improvement Strategy 2015-18**Q,1 Report:**

- The Committee reviewed Appendix 1 which listed the areas across the five domains and outlined the 2014/15 baseline, milestones objectives and progress.
- Discussion centred on a new Never Event, recent anaesthetic incidents, and VTE assessment recording

Board Assurance Framework:

- The Committee considered the following:
 - whether the appropriate risks had been identified and whether other strategic risks should be added
 - whether the metrics were appropriate
 - gaining effective assurance regarding compliance to manage the risks
 - providing assurance to the Board that the Annual Objectives were being met.
- CC outlined a list of initiatives that would provide the Committee with assurance and undertook to provide it to the Trust Secretary
- It was agreed that the BAF followed by the Corporate Risk Register's quality risks would be added to each agenda for the Quality Committee meetings.

Corporate Risk Register – Quality Risks:

- The Quality Committee asked that the CRR clearly outline the following:
 - What the nature of the risk was
 - When it had come to light
 - What impact it would have
 - What had been done so far to mitigate it
 - What actions were planned to reduce it.
- VO suggested that the risks should be described more proactively

NICE Implementation Committee

PS described the work of this Committee and confirmed that he would keep the Quality Committee updated.

EKHUFT Clinical Divisions' Clinical Audit Programme 2015-18

Mr N Goodger and Dr A Greenhalgh represented the Surgical Services and Clinical Support Services Divisions for this item.

Robin Ufton gave a quarterly report on the work of the team. The challenges being faced related to:

- co-ordination of audits across sites
- identification of a Divisional clinical leader and the reliance on the goodwill of committed individuals
- data quality when various Registers were used
- lack of communication with the audit team about local audits

Adult Inpatient Survey 2014

EKHUFT's results were generally on a par with other Trusts and in K&M they were better than most for the majority of categories.

The deterioration (and therefore the area for further work) related largely to personal interaction with patients and the detailed information given to them on discharge – e.g. explaining how their operation went, staff taking the home/family into account when discharging. The introduction of the Ward Manager Assistant role will help to free up time to improve this communication.

Integrated Incident, Patient Experience and Claims Report, Q4 Data and Year End Position

Whilst the Committee welcomed the open and informative detail, caution about its dissemination was suggested as statistical data could be misconstrued or taken out of context.

Annual Safeguarding Children Report 2014-15

PJ presented this annual report, highlighting the following:

- The urgent need for access to a weekly, robust, up to date and accurate list of Looked After Children
- the impact of the increasing number of asylum seeking and unaccompanied children

Annual Safeguarding Adults Report 2014-15

Sally Hyde presented this report and highlighted the following:

- QEQM was still demonstrating a lower number of safeguarding alerts raised by staff on behalf of patients than the other sites and this was being investigated.
- There was no longer access to some of the Social Services training resource and this was impacting on the team's ability to train people in the Mental Capacity Act.
- Internal training statistics were not being received. Courses were being provided but staff were not always being released to attend. When the statistics and evidence were available this would be addressed.

Quality Assurance Board Feedback

The minutes of the final QAB meeting in June were noted.

Clinical Advisory Board feedback

The minutes of the final CAB meeting in June were noted.

SUMMARY OF ACTION REQUIRED BY THE BOARD:

- To note the Committee members' actions as identified above
- To note further work will be undertaken on the Terms of Reference and will be brought to a future Board for endorsement.

Chris Corrigan
Chair - Quality Committee
August 2015