

Three Trust Boards in Common – 3 April 2019**Report form the Quality Committee in Common held on January 30th 2019****1. Introduction**

The Quality Committee in Common met on 30th January 2019. Below is a summary of the main issues discussed.

2. Matters Arising and Action Log

Following discussion it was agreed that the meetings should be rescheduled to the Wednesday of the first week of each month, to preserve the flow of reporting to the Joint Working Board (JWB).

3. Minutes and Action Logs from the Site Quality Committee Meetings

It was noted that the minutes from the last meetings of the site Quality Committees had been signed off by the respective Committee Chairs.

Matters arising from the site Quality Committees were reviewed and where appropriate referred to the Site Governance Forums (SGF) to preserve continuity of Quality Governance.

There was a question regarding the harmonisation of policies across the three MSB groups the Chief Nursing Officer advised that this was subject of a routine report to the Oversight Committee.

The Committee was assured that any outstanding matters arising would not be lost in the transition and agreed that quality transformation should be a standing item on each QCiC agenda

4. BAF for QCIC

The Chief Nursing Officer presented her report which provided an update on the current BAF risks. The four risks assigned to the committee were reviewed and it was noted there was no risk movement. It was noted that BAF risk 1.3 would need to be reviewed and amended in light of the publication of the MEHT Care Quality Commission report.

The Committee noted and received assurance from this report.

5. Issues for QCIC

The Committee received a report from the Chief Nursing Officer which provided the committee with a mechanism to receive issues pertinent to the quality and safety of care and to refer issues to the JWB or relevant board sub-committee.

The Committee was assured that should issues related to quality from one site impact on the delivery of safe and effective care on the other sites immediate actions would be taken to mitigate further risk. A graded issues log would provide a documented evidence base to review and provide assurance of this. Any issue graded 4 or 5 would require the JWB to receive an in-depth paper to provide assurance on immediate actions and next steps. The Committee noted and received assurance from this report.

6. Review of Proposed Agenda Template and updated Terms of Reference

The Chief Nursing Officer presented a report which provided an update on the Terms of Reference and proposed agenda of the meeting. Earlier at the Workforce Committee in Common there had been a discussion about some anomalies between the quoracy requirements for the three Committees in Common meetings. It was agreed that the terms of reference would be reviewed and they would be presented to the next meeting for final review and sign off.

There was a discussion about the Committee's work plan and how it would be aligned with the work plan for the SGF meetings. In addition how quarterly reports and annual reports would be managed. The Chief Nursing Officer suggested that a high level summary of the reports could be presented, with the reports being made available as a separate appendix to the Agenda pack for that meeting. This was agreed.

The Committee approved the Agenda template for future meetings.

7. CQC Update

The Chief Nursing Officer advised that the overall rating for MEHT was 'requires improvement'. The final report included 3 areas rated as inadequate; the safety and well led domains in the medical core service and well led domain in diagnostic imaging. The medical core service was also rated as requiring improvement for the caring domain. An improvement plan had been developed to address the 32 must do and 26 should do actions.

The Committee also received an update regarding the actions being taken in preparation for the CQC review at BTUH. The Committee noted that the use of resources element of the inspection was scheduled on 8 March 2018 and that the well led element was scheduled on 19 and 20 March. The core services review was imminent.

The Committee noted and received assurance from this update.

8. Quality Performance Report

The Chief Medical Officer opened the discussion reminding the Committee that this was the last time the Committee would receive the report in this format. She advised that one of the challenges that faced the Trust's presently was the reporting of norovirus across the three hospital sites.

She advised that the recently published SHMI for the year to September 2018 recorded the three Trust's as follows:

- SUHFT – 1.12
- MEHT – 1.11
- BTUH – 1.02

The Committee noted this and received assurance from this report.

9. Maternity Safety

The Chief Nursing Officer presented her report, which provided assurance that each site was reviewing compliance / benchmarking and has a plan of improvement to achieve compliance with the ten maternity safety actions as appended to the report.

The Committee noted that this was the second year of the CNST incentive scheme where members would contribute an additional 10% of the CNST maternity premium to the scheme, creating the CNST maternity incentive fund. Boards were required to submit completed Board declaration form to NHS Resolutions by 12 noon on 15/08/19. The Board was also required to give permission for the CEO to sign the declaration form.

The Committee noted this and received assurance from this report.

10. Serious Incident/Never Event Internal Reporting.

The Chief Nursing Officer presented her report, which sought to provide assurance to the committee of the actions taken in response to either a serious incident or a never event. The Committee agreed that it was essential that lessons were learned as soon as possible after the identification / notification of a potential serious incident / never event, not just within the ward / department the incident occurred in but also across the trust and other two sites too.

To enable the above, the following had been developed:

- Never Event Escalation Flow Chart
- Serious Incident / Never Event Reporting template
- Never Event review form

The flow chart to report and escalate serious incidents/never events was outlined. The Chief Medical Officer advised of the need for SIs and never events to be triangulated with complaints to determine if there were any relevant themes or trends that could support learning.

The Committee noted this and received assurance from this report.

11. Prevention of Future Deaths

The Medical Director (BTUH) presented this report, which provided oversight of the update report that had been sent to The Coroner on the actions that the Trust had taken and audits now completed to address the matters of concern raised by The Coroner in her Prevention of Future Deaths Report dated 25th July 2018.

The Medical Director (BTUH) to provide a post meeting note providing clarity regarding the length of time it took for patients to be reviewed by a gynaecology consultant.

The Committee noted that the immediate learning opportunities from the SI had been shared across the MSB group.

12. Risks to be escalated to JWB/Board Sub Committees

The Committee agreed that there were no matters requiring escalation from this meeting, with the exception of the improvement actions arising from the MEHT CQC review. It was agreed that the actions would be shared outside of this meeting and that this would be subject of a report to the March meeting of the Boards in Common.

13. Other Business

The Committee Chair invited the Governor Observers to ask questions relating to the items of business that had been considered during the course of the meeting. Alan Ursell reflected on the issue that had been reported to the QPSC regarding the backlog of clinic letters, advising that this was an issue that had been escalated by one of the BTUH staff governors. In response the Chief Medical Officer advised that progress was being made with the reduction in the backlog and that the staff governor concerned was kept apprised of the progress that was being made. She explained that consideration was being given to the introduction of an IT solution to improve the turnaround time for clinic letters.

Alan Ursell reflected on the role of the governor observers at these meetings, questioning whether the Governors could be afforded the opportunity to contribute to the discussion during the course of the meeting. In response the Committee Chair advised that whilst she was open to Governors

attending meetings and observing the proceedings, as they were not members of the Committee there was a need to recognise this and allow the Committee to transact its business. Governor observers will get an opportunity to ask questions at the end of the meeting.

The Quality CIC look forward to reviewing the clinical/operational due diligence in detail in the coming months so that they can provide further assurance to the Boards in Common ahead of presentation of the final consolidated due diligence report in August 2019.

Karen Hunter
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