Trust Board Meeting: Thursday 3 May 2012
TB2012.38

<table>
<thead>
<tr>
<th>Title</th>
<th>Quality Committee</th>
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<tr>
<td>Status</td>
<td>A paper highlighting key areas of discussion at the Quality Committee meeting held on 20 March 2012</td>
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<tr>
<td>History</td>
<td>This is a regular report to the Board</td>
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<td>Board Lead(s)</td>
<td>Mr Geoff Salt, Committee Chairman</td>
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<tr>
<td>Key purpose</td>
<td>Strategy</td>
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# Summary

The Quality Committee met on 20 March 2012 and given below is a summary of the key areas of discussion.

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<td>1</td>
<td><strong>Patient story</strong> - a DVD had been circulated in advance of the meeting outlining the experiences (largely positive) of a patient in the MaRs Division. Pre circulation had been very helpful and it was agreed that this would be the pattern to be followed for all other patient stories. Copies of DVDs could also be made available to all Board members and to the Divisions for review and learning. The outline for the year was considered and agreed for further discussion to take account of suggestions made.</td>
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<td>2</td>
<td><strong>Patient experience framework</strong> - the Committee considered and agreed the proposal to separate patient engagement from patient experience with the inclusion of engagement within the wider engagement/communication/membership work now underway. A refreshed patient experience framework would be developed as part of the Quality Strategy, and brought back to the Board at a future meeting.</td>
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<td>3</td>
<td><strong>Patient surveys</strong> - the Committee received a report on recent surveys from the ORH and the NOC and the work planned to address the issues raised. The Committee also noted the need to reach specific groups, including vulnerable patient and those with special requirements arising from other factors, including thalidomide. The developing values work would support this approach.</td>
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<td>4</td>
<td><strong>Quality Governance Framework</strong> - the Committee considered the recent report and feedback from the SHA on quality governance as part of the FT process. Discussions were continuing on taking this work forward with the SHA but (see below also) the Committee was clear that it needed to take forward its quality agenda and to develop the strategies, systems and processes to support this.</td>
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<td>5</td>
<td><strong>Quality Committee review and objective setting</strong> - although the Committee noted the current review of Board Committee, it was good practice to reflect on work and plans. A number of points were made including the requirement for additional meetings in order to cover all areas of quality. A number of objectives were proposed for 2012/2013.</td>
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<td>6</td>
<td><strong>Board Assurance Framework and Trust Risk Register</strong> - the Committee reviewed the updated documents noting also the role of the Audit and Finance Committee in the review. The changes in both presentation and content were noted and welcomed as was the ongoing work. The Quality Committee agreed that it might specifically consider both strategic and operational risks with a direct bearing on patient quality.</td>
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<td>7</td>
<td><strong>CQC Quality and Risk profile</strong> - the Committee noted the work being done with the CQC to present a more accurate position of the OUH’s performance. This was ongoing.</td>
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<td>8</td>
<td><strong>HealthAssure</strong> - the Committee received an update on the plans for implementation of this important software. The TRR and BAF, and CQC data</td>
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<td>9</td>
<td><strong>Information and HR Governance</strong> - reports were reviewed and further thought would be given to the frequency and nature of reports. A report on R &amp; D Governance would be prepared for the next meeting.</td>
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<td>10</td>
<td><strong>Approach to Risk, Quality and Assurance Strategies</strong> - the Committee noted the work now started on the preparation of these three key strategies. In particular, the Quality strategy would bring together a number of important pieces of work around patient experience, outcome measures, patient safety and staff feedback. The Board would be actively involved in the development of these through a workshop being planned for May.</td>
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<td>11</td>
<td><strong>Quality Account</strong> - a position report was reviewed and comments made. In particular, the Committee supported the inclusion of priorities for quality in the year 2012/2013. It was agreed that, subject to the approval of the Board, the Quality Committee would be asked to sign off the final version at its June meeting prior to publication by 30 June 2012.</td>
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<td>12</td>
<td><strong>Quality Report</strong> - the report was reviewed and the changes, which included additional data on outcomes and benchmarking, were welcomed. It was recognised that this work was evolving and would continue to change and develop as an assurance report, alongside the integrated performance report. Further discussion was to take place on how this could be taken forward.</td>
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<td>13</td>
<td><strong>Executive quality and safety walk rounds and inspection visits</strong> - the report on recent walk rounds was reviewed (as has been reported to the Board via the Quality Report). Work on the inspection programme continued within the Divisions with their increasing engagement and commitment. Training was being planned.</td>
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<td>14</td>
<td><strong>Clinical Governance Committee</strong> - the minutes from 2011 meetings were reviewed. It was agreed that this would be circulated to committee members as soon as they became available.</td>
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Quality Committee
Minutes of the meeting of the Quality Committee held on Thursday 20 March 2012 at 10 am in the Board Room of the John Radcliffe Hospital.

Present
Mr Geoff Salt GS  Non-Executive Director in the Chair
Professor Edward Baker EB  Medical Director
Dame Fiona Caldicott FC  Chairman
Mr Chris Goard CG  Non-executive Director
Professor David Mant D  Associate NED
Mr Carl Jenkinson CJ  Deputy Director of Workforce
Mr Andrew Stevens AS  Director of Planning and Information
Mrs Elaine Strachan-Hall ES  Chief Nurse
Ms Eileen Walsh E  Director of Assurance
Mr Peter Ward P  Non-Executive Director
In attendance Mrs Megan Turmezei ME  (Minutes)
Ms S A Moore T  KPMG

Apologies
Mr Paul Brennan PB  Director of Clinical Services
Ms Sue Donaldson SD  Director of Workforce
Sir Jonathan Michael JM  Chief Executive

The Chairman welcomed Mr Jenkinson, attending for Ms Donaldson, and Ms Moore, KPMG, observing the meeting as part of the shadow HDD process.

Declarations of Interest
No member of the Committee disclosed, or had disclosed since the last meeting, any interest deriving from the business of the Trust or from the agenda of the present meeting.

QC 01/12 Minutes of the meeting held on 15 December 2011
The minutes were approved as a correct record.

QC 02/12 Action log
The action log was received.

QC 03/12 Matters arising from the Minutes
There were no matters arising not covered by the action log or the agenda.

QC 04/12 Chairman’s Business
Mr Salt commented on the continuing improvements on the papers. He welcomed advance circulation of the patient story DVD as this then allowed
good reflection and discussion. He thanked the Executive Directors and their teams for the work that had been put into the preparation of the papers. The order for the meeting was amended and is reflected in the minutes.

**QC 05/12  A patient story and NEDs experience**

**A patient story**

The Committee welcomed the advance circulation of the DVD which had been very helpful. All were agreed that overall the experience for the patient had been extremely positive although there were potentially some issues regarding the availability of important items of equipment. The role and importance of the voluntary sector should also be recognised. The questions around availability of equipment would be reported back to the service. Mr Goard commented that he was surprised at how quickly the patient had been ‘up and about’ following his transfer to the NOC.

Discussion took place on how best to use the DVDs, stories and how best to learn. Professor Mant suggested that local expertise might be drawn on in both taking stories forward and in planning for the year. The question of story selection was also considered and it would be important to challenges well as identifying the positives. It might also be helpful to consider a range of patient experiences covering high volume events as well as lower and perhaps singular events.

Dame Fiona asked the Committee to make sure that it recognised the personal impact of patient experiences and it would be important for the Committee, and the Trust as a whole, to consider these when looking to improve. The story proposed for September was a particular case in point. Professor Mant again stressed the value of local expertise and it was agreed that he would discuss this further with Mrs Strachan–Hall so that teaching, learning and improvement opportunities were not lost.

Comment was made about the potential differences in approach that staff groups might demonstrate in respect to patient stories. The culture of the organisation did need to continue to take the OUH’s values forward but Professor Baker was sure that the consultant body did have very strong views and values in this area and it would be crucial to ensure alignment and find the right mechanisms to take the messages and learning forward.

In considering the plan for the coming year, all were agreed that DVD with advance circulation was an excellent medium to use and should be followed. The proposals made were supported although it was also suggested that it might be worth considering a pathway story (which would require careful planning). It was agreed that the DVDs would be made available to all Board members and that discussion should take place on how patient stories might be highlighted by the Board.

Mr Salt welcomed the proposals and thanked those involved in the production of the DVD. The schedule was approved.

**Experience of NEDs**
The Committee reviewed the document and agreed that the work done within Cardiology services in response to the comments made had been exemplary and should be translated across the services. It was agreed that it would be important to monitor the actions taken. Mrs Strachan–Hall agreed to provide an update for the next meeting.

The feedback had highlighted the value of strong patient feedback as a driver for improvements.

**QC 06/12  Patient experience framework**

Mrs Strachan–Hall introduced the paper and the importance of refreshing the patient experience framework alongside other important pieces of work, including the developing communications and engagement strategy (led by Mr Stevens) in support of staff and patient engagement and the FT application process. New national guidance on patient engagement had also been produced recently and this would need to be taken into account during the refresh process.

Professor Baker commented on the importance of including outcomes from the Board Strategy Day and to include experiences from across the Divisions. It was noted for example that the Musculo–Skeletal and Rehabilitation Services (MaRS) division was recording patient experiences and taken actions immediately to address issues. What would also be important would be to establish the powers that services and the Divisions had to change things in response to patient feedback and experience. It was evident that the approach to this varied across the Divisions. The Committee noted that work was already underway to use the outcomes from the Strategy Day.

The Committee recognised the importance of bringing staff and patient engagement together, drawing on the values work and presenting outcomes in the right way that would enable staff and patients to understand what was being planned. It would also need to draw on learning, experience and best practice and to be relevant and accessible to patients and staff alike. Mrs Strachan–Hall confirmed it would be important to move away from a series of initiatives; the Quality Strategy was intended to provide clarity and a clear sense of direction.

The Committee agreed the proposed refresh of the patient experience framework, as part of the developing Quality Strategy and that the patient engagement work would be incorporated into the wider communication and engagement strategy. It was agreed that an updated patient experience framework would be brought to the Board meeting in May 2012.

**QC 07/12  Patient surveys**

The Committee received the summaries for both the ORH and the NOC for the 2011 outpatient and inpatient surveys. The inpatient survey remained under embargo pending publication by the CQC later this year.

The Trust Management Executive had considered the inpatient survey outcome at some length and recognised in particular a range of communication issues.
Dame Fiona asked that any action plans were drawn up against the newly agreed values. Mrs Strachan–Hall confirmed that this work was already underway. Mr Goard suggested that it would be important to try and determine a longer term view of the position and the trends. It was noted Divisions did have access to more detailed data and they would be challenges to address specific issues. Professor Baker stressed the importance to tackling the issues and themes raised rather than challenging the data. A change of culture, driven by the new values, would be a priority for all areas.

Mr Jenkinson said that it remained important to seek the views of patients from hard to reach groups so that the widest possible perspective could be gained. Dame Fiona supported this and highlighted a specific group of patients, or potential patients who would have special requirements because of other factors, including the effects of thalidomide. In addition, the needs of vulnerable patients, those with dementia and learning disabilities, also needed to be covered in forward work. Mrs Strachan–Hall and Mr Goard would discuss information and data issues outside the meeting.

It was agreed that the executive summaries for both surveys would be circulated to all Board members.

The Committee noted the work being taken forward and asked for regular reports on the delivery of actions. In addition, it was noted that work was now also being done to ensure that CIPs were tested from the perspective of quality, safety and experience. This was welcomed.

Mr Salt summarised the discussion highlighting the need to tie actions to the values, to look at longer term trends, to ensure that hard to reach groups were included and that clear outcomes and follow up systems were put in place.

The Committee received the report.

**QC 08/12 Quality Governance Framework**

Ms Walsh introduced the report which included the detailed SHA feedback on the recent Quality Governance Self-Assessment submission. An action plan was now being develop to meet not only the requirements of this FT element but also to meet the requirements of the Board Governance Assurance Framework assessment process. The latter involved an internal self-assessment and an external review.

Mr Ward found the SHA feedback interesting and Ms Walsh commented on the positive support being given by the SHA particularly in terms of the change of leadership and the embedding process now underway. However, in view of the planned quality assessments in June/July, it would be important for the organisation to take forward its quality governance work throughout the organisation as quickly as was possible. The build-up of the evidence base, both historically and prospectively, would be important. It would be important to determine the nature and scope of the assessment and Ms Walsh confirmed she was discussing this with the SHA to make sure that expectations were understood by both parties. She cited the DTOC issue and indicated that the SHA had said it would expect to be able to see detailed risk assessments for
Each DTOC patient was documented. However, it was recognised that might not be an area in which all patients were risk assessed. In addition, she indicated the support of the SHA for the Trust in the FT application process.

Dame Fiona stated that this was an important area for regular Board consideration but finally the Board and the organisation would only be able to do what it could reasonably do. Ms Walsh supported this stating that the FT process was only part of the work and journey of the OUH and the systems and processes it put in place, and the strategies it developed, needed to ensure sustainable progress was being made. Mr Goard commented on the importance of communications across the Trust about the process and the work being done to underpin quality and governance improvements.

Mr Salt welcomed the discussion, noting the importance of work on the developing strategies, including for Quality but also recognised the tensions between the Board and the Ward in terms of understanding and knowledge.

The Committee noted that the Executive team had been tasked by Sir Jonathan to finalise plans for the shadow HDD by early April.

**QC 09/12 Quality Committee review and objective setting 2012/2013**

Ms Walsh introduced the paper and commented that whilst a review of the Board Committee terms of reference was underway, it was good practice for the Committee to review its terms of reference each year and to see whether these had been delivered. In reviewing the current terms of reference a number of important points were made as follows:

- a) Individuals should be invited to the Committee more often in support of specific subject papers so that the committee could benefit from their specialist knowledge, expertise and the opportunity of discussion.

- b) It was important that the clinical services were represented and discussions were being held with the Director of Clinical Services on this issue.

- c) It was agreed that formal deputies for the named Executive Director members should be nominated to ensure full coverage. This applied particularly to clinical services (as above).

- d) It was suggested that additional meetings were required in order to cover the range of business and to allow topic specific items to be considered. It was agreed that a plan for six meetings a year would be explored.

- e) The 50% attendance rule was considered and it was suggested that this should be raised to perhaps 66% (particularly if the number of meetings was increased to six).

- f) In reviewing the areas of coverage, it was suggested that Research Governance might report annually. Information Governance reports were received quarterly and this might be reviewed. Professor Baker suggested that an annual outcome report (cf Dr Foster) might be produced.
g) More thought should be given to the timetabling of annual reports for the committee and to the inclusion of more detailed items from the work of the Clinical Governance Committee.

h) The outline plan for the year was noted and would be amended as discussed.

i) In response to Mr Ward, it was confirmed that the Divisional performance reviews did cover quality and safety in addition to financial and operational performance.

j) Work was underway on the developing performance framework and Ms Walsh was working closely with Mrs Randall, who was leading on the development of the integrated performance report. In particular, work was being done on the quality and safety assessment of CIPs through the Divisions, the Clinical Governance Committee, TME and sign off by the Medical Director and the Chief Nurse.

k) Professor Mant suggested that the duties of the Committee may be overcomplicated and might be simplified to cover patient experience, clinical safety and outcomes. It was agreed that further discussion would take place on this outside the meeting.

l) It was agreed that a limited number of annual objectives would be set for the Committee over and above its routine duties. Suggestions included:
   - A clear vision and strategy for quality
   - Improvements in the presentation and use of information and data in support of both assurance and decision making
   - Consideration of compliance areas and how to gain the necessary assurances e.g. NICE
   - Detailed assessment of outcomes, e.g. through Dr Foster

   In conclusion, it was agreed that all the above would be taken into account and fed into the review of terms of reference for Board committees and that an updated plan for the year, including specific objectives, would be prepared and circulate for consideration in advance of the next meeting of the committee.

QC 10/12  Board Assurance Framework and Trust Risk Register

Ms Walsh introduced the papers and the updated BAF and risk register. The main aim was to develop the Board’s understanding of risks and to establish tolerances across the Trust and the authority for actions at the various levels of the organisation. The Audit and Finance Committee had the main role in monitoring these two documents but it would be important for the Quality Committee to understand the documents as they impacted or highlighted risks and assurances in relation to quality, safety and outcomes.

The work remained in progress but the updated version of the BAF included a focus on gaps in both controls and assurances against the risks to the OUH’s strategic objectives. The Risk register, which focused on the operational risks to the OUH’s activities, highlighted the important of risk appetite and the actions to be taken. The intention was to take this further at the May Board workshop.
on the quality, risk and assurance strategies. Work was underway with the Executive team on both the BAF and the Risk Register in preparation for this. In addition, discussions were continuing within the Divisions particularly on the risk registers and the approach to the building up of risk registers.

Professor Baker welcomed the progress that had been made and suggested that more should be done to seek assurances on the impact of, for example, DTOC on the quality of patient care. Similarly, more information could be included within the BAF on staff engagement and risks to this engagement.

The Committee noted that the Board to Board meetings with the SHA and Monitor would require a significant level of knowledge and understanding in these two documents and hence the current updating work and planning for workshops etc. would be critical. It also suggested that an appropriate way of the Quality Committee testing the documents might be through an assessment of the DTOC impact and the actions to be taken.

Ms Walsh welcomed comments and asked that any further comments be sent through as soon as possible. The intention would be to provide updated documents for the April Board meeting.

Ms Walsh also highlighted in the risk register the options available for each risk: treat, tolerate, transfer, terminate and take the opportunity. At this stage of the development of both the Trust–wide register and the organisation, it was expected that the majority of risks would be treated. However, it was also recognised that the increasing maturing with respect to risk would result in changes.

Ms Walsh also reported that the inclusion of the BAF and Risk Register within HealthAssure was underway and hence it could be accessed (once completed) by members of the Committee at any time.

The Committee received the document, noting the revisions to the BAF and the TRR. It reviewed the revisions as outlined, noting specifically the assurances in the BAF and the controls in place to manage risk. It noted also that an update would be provided to the April Board meeting. It was also suggested that the new Quality Committee might receive specific updates in relation to DTOCs and their impact and the assessment of CIPs.

QC 11/12  CQC: Quality and Risk Profile (QRP) update

Ms Walsh presented the paper which represented the CQC’s interpretation of several thousand data items available on NHS Trusts and the OUH specifically. Data items tended to be historic and hence the profile did not always reflect the current position of any organisation. Discussions were continuing with the CQC on the analysis and importantly, the weighting of data, from across the Trust. The CQC for February and March had treated data from the NOC and the former ORH equally. It was noted that a software update was due in April and it was to be hoped that the data might then be presented more appropriately. Ms Walsh stressed that the outcome ‘insufficient data’ did not reflect on either the OUH’s data or the provision of data to the CQC. However, she also said that work continued to follow up internally on any areas of
potential risk. Mr Ward suggested that the data on DTOC might be monitored and used to support work going forward in improving the position. The collection of OUH evidence and collation within HealthAssure will be a key plan in the developing assurance systems for the OUH.

The Committee noted the changes and the continuing work. It noted also that it was hoped that the data would settle, particularly following the software update, and that an increasingly accurate picture might be provided by the CQC.

QC 12/12 HealthAssure – an update

The Committee received the update report on the implementation of HealthAssure and the various elements. Ms Walsh reported that the risk register and BAF elements were nearly ready and it was hoped that the former would be available for use across the Trust from the end of August.

Elements were also being developed to support the Quality Governance framework and NHSLA. The information for the CQC element was being prepared and would be loaded on a service by service basis. It was anticipated that the information would all be in place by the end of 2012. Individual timescales would be set for individual areas.

The Committee welcomed the progress, noting the scope of the task. Ms Walsh stated that the intention would be to provide access to sources of verifiable evidence to support all areas of activity.

QC 13/12 Information Governance report

Mr Stevens introduced the report and highlighted the following points:

a) Meeting targets for IG training remained a challenge. The Trust Management Executive was to consider a new approach to statutory and mandatory training later in the week. Recording and monitoring training and competence was being targeted in the new approach. The introduction of smart cards (for EPR access) would support this.

b) A workshop was to be held for information asset owners; this would include system governance.

c) The information-related incidents were noted.

The Quality committee received and endorsed the report, noting also the continuing work of the Information Governance Group chaired by the Caldicott Guardian.

QC 14/12 HR Governance Framework

Mr Jenkinson introduced the report highlighting that the work of the core HR team was focused on legislation and regulation. The framework was intended to provide evidence in support of delivery against this. The team held its own performance meetings and was also open to judgement from its internal customers.

The draft framework was reviewed and the following comments were made:
a) It would be important to provide evidence in support of compliance with policies rather than just the policies themselves.

b) It would be helpful to include timescales and additional outcomes, although it was noted that the Workforce Committee received regular reports on key performance indicators, relating to, for example, recruitment.

c) Measurement of HR consultancy – i.e. the work within the Divisions – was under development.

d) It was suggested that the Workforce Committee should review all aspects of HR and workforce performance so that a full assurance picture could be provided to the Quality Committee at agreed intervals.

The Committee received the report and noted the on-going work.

QC 15/12 Approach to Risk, Quality and Assurance Strategies

Ms Walsh presented the paper which outline the unified approach to the development of three key strategies to support the work of the Trust and its FT application: Risk Management, Quality and Assurance. The Board would be directly engaged in the strategy development and it was also intended to seek the views of patients, clinical commissioners and the PCTs. Dame Fiona asked that particular attention be paid to seeing the views from individual GPs in addition to those of the CCG and the PCT.

Sir Jonathan had authorised additional resource to work on a range of quality initiatives and bring the work together. Ms Walsh would oversee the development of these crucially interlinked strategies with Mrs Strachan–Hall and Professor Baker leading on the quality strategy and Ms Walsh on the risk and assurance strategies. A Board workshop was being planned to take this work forward and the planned output would a single summary page on the key elements of each.

Professor Baker supported the interlinking as crucial and said that the quality strategy would bring together a number of pieces of work, including the patient experience framework, outcome measures, staff feedback and patient safety themes.

The Committee noted and agreed the approach proposed and looked forward to an update for the June meeting.

QC 16/12 Quality Account

Professor Baker introduced the report which outlined the current position and the programme for completion and sign off. The CQUINs had been identified as the key drivers for the OUH’s priorities for 2012/2013 and in addition, the recent patient engagement event had also supported strongly the focus on customer care and the patient experience and the care of vulnerable people. Professor Baker commented on the importance of the right number of objectives and priorities so that these could be delivered effectively sustainably.
The Committee noted and supported the approach, noting also that there would be a formal audit of the Quality Account as part of the Annual Accounts process. Specifically the priorities outlined in paragraph 20, namely:

a) Compassionate excellence in nursing care;
b) Rationalisation of spinal surgery pathway;
c) Design and implementation of a palliative care tool; and
d) Medicines reconciliation

should be adopted with the addition of customer care and vulnerable people.

Dame Fiona asked that the Quality Account be made much more accessible and visible on both the internet and the intranet. Mr Stevens would take this forward and also provide similar access to other key documents.

Mr Salt asked that the members review the proposals, that copies of the next draft due on 4 April be circulated to all committee members for further comment.

It was agreed that the Quality Committee, with delegated authority from the Board through the Chairman, would sign off the Account for publication at its June meeting.

The Committee reviewed the Quality Report, noting the additional detail included on the observatory, incidents, infection control, NICE compliance and complaints. In discussion, the following points were made:

a) Work was continuing on exploring how best the data in the East Midlands Observatory should be used. Areas shown as outliers were and would continue to be investigated (e.g. outcomes in relation to low risk HRGs), using the methodology already in place for Dr Foster work.

b) VTE assessment performance remained below target at 85%. The target (90%) would be reached by the year end although it was recognised that this performance had been disappointing.

c) The highlighting of Hepatitis B vaccination status for compromised patients had been an important outcome from the review of the outbreak.

d) Detailed information had been provided on incidents as a means of informing the Committee of the detailed work done across the Divisions. Mr Goard wondered about the nature of incidents and the divisional variations. Professor Baker commented that increased numbers of incidents being reported was being encouraged as a sign of an open culture. However, as a result also of the very varied nature of the work being done across the Trust, comparisons between services and indeed between times of the year, were extremely difficult. Work continued to be done to determine the most useful ways of analysing and reporting the data. It was agreed that Mr Goard would discuss this further outside the meeting with Professor Baker and Ms Walsh.

e) With the planned introduction of DATIX, a web based reporting system, the number were expected to increase considerably. Ms Walsh
commented that analysis of incidents also linked into the risk development work and incident profiles can be established. Triggers can then be set and contribute to the development of risk profiles for services and the Trust as a whole.

EW

f) The never event at the Churchill was discussed. Professor Baker also reported on a second never event of a similar nature now being investigated. It was noted that the final report was awaited and Dame Fiona asked that the report be circulated to Board members as soon as it became available. An update on the position would be provided to the April Board meeting.

EB

g) The complaints section had included detail for the quarter during which the number of complaints had increased and that communication issues relating to EPR problems in December and early January had contributed to the number.

h) The Annual Report on Complaints was intended to try and look at longer term trends in performance and issues raised.

i) In the light of earlier discussion on the objectives and role of the Quality Committee, it was suggested that the Quality Report might be further broken down perhaps into three sections: safety, patient experience and outcomes. It was agreed that this should be considered further outside the meeting.

GS/ESH/EB/EW

The Committee received the report, noting the on-going development of the nature of the report, drawing on work from a number of areas. The Committee agreed that the April Board would receive an update on the two recent never events.

EB

QC 18/12 Reporting of data relating to quality within OUH

Professor Baker presented the report which was for information at this stage although he hoped that members would review and provide comments. Work was being done to review scope the range of measures that would be useful, ensuring the reliability and quality of data and measurement. It was intended that data would feed into the integrated performance report now being developed. Ms Walsh reported that internal audit were currently doing work on sources and quality of data in support of this and other pieces of work.

Professor Baker would continue to keep the Committee informed.

EB

QC 19/12 Review of executive quality walk rounds and inspection visits

The Committee reviewed the report on the quality walk rounds, noting that these were to be refreshed with a particular focus on the patient experience in all areas and the delivery of actions in a more timely manner. The 15 step approach would be included within the approach and the plan would be to bring an refreshed programme to the next meeting for implementation by the end of June.

ESH

Ms Walsh commented that in view of the requirements of the FT Quality Governance Assessment and the Board Governance Assurance Framework it
might be sensible to include some key questions into the walk rounds. This was agreed and it was suggested that this be included within the refreshed programme. However, it was also recognised that it would be sensible to include these questions into the currently planned walk rounds so that all areas could become familiar with the approach, it could be embedded and that the importance of quality in all areas became the norm. This was supported and it was agreed that a short update on the questions to be included within the walk rounds would be provided within the Quality Report for the April Board meeting.

The Committee then reviewed the report on the Inspection programmes which will form a key plan within the assurance systems across the Trust. The Committee welcomed the work done to date as outlined in the report and noted that the work continued with strong Divisional ownership aimed at embedding across all areas. It was recognised that Executive input was particularly important as was the risk based approach. In addition, the Committee welcomed the proposed training in conducting inspections and the validation of inspections. Training in recognising ‘what good looks like’ would be invaluable.

The Committee welcomed the report, noting that inspections would continue to form a vital element in the developing assurance strategy for the OUH.

**QC 20/12 Clinical Governance Committee minutes**

Professor Baker reported on the very productive workshop held in February looking at taking the work of the Committee forward. The minutes of the meetings were received with interest. However, it was also agreed that it would be important for the minutes of these meetings to be circulated to members of the Committee as they were produced. This circulation would provide members with more immediate information on the work of this Committee and would be in addition to the formal reporting of the minutes to the Quality Committee.

**QC 21/12 Any other business**

There was no other business.

**QC 22/12 Date of the next meetings**

The Committee noted that the dates could be changed with the additional of extra meetings during the year.

- Tuesday 26 June 2012 at 10 am
- Tuesday 25 September 2012 at 10 am
- Tuesday 18 December at 10 am