

Trust Board meeting: Thursday 1 March 2012
 TB2012.24

Title	Minutes of the Quality Committee meeting held on 15 December 2011
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Status	A paper highlighting the key issues discussed at the Quality Committee supporting the minutes of the meeting.
History	This is a regular report to the Board

Board Lead(s)	Professor Edward Baker, Medical Director			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

The Quality Committee, a sub-committee of the Board, meets every quarter. Its most recent meeting was held on 15 December 2011. The following key items were considered:

1. Mr Chris Goard has joined the Committee and will provide the link across to and with the Audit and Finance Committee.
2. Patient experience and CQC Compliance - the Committee noted the continued programme of inspections which had focused on meal times, privacy and dignity and documentation. Divisions are taking forward their programme of assurance visits.
3. The Quality Committee noted the informal outcome of the CQC follow up visit held on 29 November 2011. (The Board received the final report from the CQC in January 2012).
4. The Quality Committee considered a paper on developing information to support decision making, integrated performance and assurance, and triangulation. The work plan was agreed and it was noted that the main aim will be to bring revised and improved reports to March's meeting of the Quality Committee.
5. Patient stories are being timetabled for each meeting, drawing on a number of sources. The DVD produced of Mrs Tutt's story has been circulated to the clinical services involved for review and discussion.
6. The Committee review the updated Board Assurance Framework and Trust Risk Register. In addition, it considered a paper from the Director of Assurance, presented by the Chief Nurse, on the steps to be taken to improve both documents, and to enhance and embed the supporting risk and assurance processes across the Trust. The Committee approved the project plan and revised model for the Board Assurance Framework and agreed to receive the update BAF and Trust Risk Register at the next meeting.
7. The Quality Committee received quarterly reports on Infection Control matters and on Complaints. In addition, it received a Quality report. However, it noted that with respect to all reports to the Committee, the work described above in determining information requirements, revised reports were now in development that would support the assurance role of the Committee. The Committee was keen to make sure that learning actions were delivered.
8. The Committee also reviewed the most recent Quality and Risk Profile produced by the CQC on the Oxford Radcliffe Hospitals, noting that reports for the Oxford University Hospitals would be available from the New Year.

The Board is asked to receive the minutes.

Quality Committee

Minutes of the meeting of the Quality Committee held on Thursday 15 December 2011 at 2pm in the Board Room of the John Radcliffe Hospital.

Present	Dame Fiona Caldicott	FC	<i>in the Chair</i>
	Mr Chris Goard	CG	Non-executive Director
	Professor David Mant	DM	Associate NED
	Sir Jonathan Michael	JM	Chief Executive
	Professor Edward Baker	EB	Medical Director
	Ms Sue Donaldson	SD	Director of Workforce
	Mr Andrew Stevens	AS	Director of Planning and Information
	Mrs Elaine Strachan-Hall	ESH	Chief Nurse
In attendance	Mrs Megan Turmezei	MET	Associate Director of Governance (Minutes)
Apologies	Mr Geoff Salt	GS	Non-Executive Director
	Mr Peter Ward	PW	Non-Executive Director
	Mr Paul Brennan	PB	Director of Clinical Services
	Ms Eileen Walsh	EW	Director of Assurance

Dame Fiona chaired the meeting in the absence of Mr Salt. Dame Fiona welcomed Mr Chris Goard who was joining the Quality Committee and would be providing the link across to and with the Audit and Finance Committee.

Declaration 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 52/11 Minutes of the meeting held on 20 September 2011

The minutes were approved as a correct record.

QC 53/11 Matters arising from the Minutes

41/11 Patient experience

Mrs Strachan-Hall reported on the continuing programme of inspections which had recently focused on meal times, privacy and dignity and documentation. Some particular problems had been identified with documentation during visits made by members of the Executive team. However, significant improvements had been made prior to the CQC revisit in late November.

The Divisions would continue to manage their own inspection programmes although the Chief Nurse and other members of the Executive would continue to carry out risk-based visits.

45/11 CQC Compliance reviews

Mrs Strachan-Hall reported on the visit on 29 November 2011 to the JR as the follow up on the DANI inspection in May 2011. The visit had focused only on nutrition in two wards. The key informal finding was that there had been a significant and fundamental improvement in practice, and documentation had been particularly strong. A number of small points were made but overall it had been a very positive visit. The draft report was expected before the year end for fact checking with publication of the report expected in the early New Year.

The Committee welcomed the improvements in patient care and the expected outcome. Mr Goard commented that continued review would be essential and this was agreed. It was noted that the outcomes of internal inspections and reviews were brought together for discussions within directorates and divisions and then put into the Divisional Quality Reports considered by the Clinical Governance Committee. It was recognised that it was important to document the inspections and the evidence to ensure that assurances were available at all times.

The Committee recognised the differences in approach between medical and nursing staff and also the need for input from all professional groups. OUH inspections were sometimes reactive and required to respond quickly to particular situations. CQC inspections took significantly longer and it was agreed that it would be important for staff in the areas visited to be able to respond appropriately and to record the visits.

ESH

The Committee noted that further work was being done in relation to statutory and mandatory training (outcome 14 supporting workers) and an update would be provided to the March meeting.

SD

QC 54/11 Chairman's Business

There was no Chairman's business.

QC 55/11 Information requirements exercise

In the absence of Ms Walsh, Mrs Strachan-Hall presented the paper. The Committee noted the following points:

1. Integrated reporting should be the objective and the Committee noted work was now being done to bring all aspects of performance reporting together in such a way that assurance reports would then be drawn from the information.
2. Triangulation between various sources of information would also be key and it was noted that reports from other organisations were being reviewed so that learning from good practice could occur.
3. It was agreed that the review of information for quality and performance reporting was extremely importance and that all aspects needed to be covered. Sir Jonathan asked that this be brought to the Board for discussion and review.
4. Dame Fiona concurred and noted that the aim was to bring all reporting together covering quality, finance, workforce, activity and performance.

5. Mrs Strachan-Hall confirmed that the initial focus would be on improving and developing reports for the Quality Committee at a higher level of detail in support of the higher level Board reports. Mr Stevens confirmed that work was being done in parallel to ensure integration.
6. Dame Fiona stressed the importance of the Board either considering the detail itself or being confident that proper mechanisms were in place for assurance through its Sub Committees.

It was agreed that it would be essential for the final approach to integrated reporting was considered and agreed by the Board.

The Committee **agreed** the recommendations in the report but asked that the discussions be widened to cover all aspects of performance reporting and assurance.

ESH/EW

QC 56/11 A patient story

The Committee noted the steps that had been taken in following up Mrs Tutt's contribution.

The Committee also considered the audio story that had been circulated in advance. It was noted that regular discussions took place within the Divisions and that members might also suggest stories for consideration and draw on staff experiences. It was agreed that a plan for the coming year covering a range of stories would be drawn up.

ESH

QC 57/11 Board Assurance Framework and Trust Risk Register update

The updated documents were considered and noted. TME would be doing further work on the Risk Register and as outlined in the next paper, a number of steps would be taken to provide a BAF and TRR fit for purpose within the context of the FT application and the requirements of the Board. The work would also take place within the restructured Assurance department, with close links to clinical governance and patient safety.

ESH/EW/EB

QC 58/11 Board Assurance Framework and Trust Risk Register -next steps

In the absence of Ms Walsh, Mrs Strachan-Hall presented the paper which included recommendations for actions in the coming weeks that would bring updated documents to the next meeting. The Committee agreed that this was a very helpful piece of work and welcomed the pilots to be done within Estates and Women's and Children's services.

The Committee also noted the plans for the implementation of HealthAssure (demonstrated at the last meeting) and the contribution that this could make to the collection, collation and reviewing of information and evidence in support of the assurance and risk management agendas.

The Committee reviewed the report and **agreed** the project plan and revised model for the Board Assurance Framework. It looked forward to consideration of the revised BAF and Risk Register at the March meeting.

ESH/EW

QC 59/11 Quality Governance Self Assessment

The Committee noted the draft self assessment that had been circulated and agreed that any comments should be sent to Mrs Strachan-Hall by 22 December. The final draft would then be considered by the FT programme Board prior to consideration by the Trust Board in January and subsequent submission to the SHA. It was also noted that Monitor would undertake a detailed quality assessment.

All members

QC 60/11 Quality Report

The Quality Committee **received** the report and noted the following points in discussion:

1. Changes in the status of NICE guidance were expected although no date for their introduction was yet known.
2. Work continued on the management and care of patients with dementia and on end of life care; the latter was being taken forward by the EOLC working group. Discussions were also being held with the PCT.

QC 61/11 Quarterly Complaints Report

The report was considered and it was noted that actions had already been taken to tackle the problems arising within the Neurosciences Trauma and Specialist Surgery Division. It was recognised that there continued to be a number of long standing areas of complaint to be resolved. The Matrons' rounds had had a positive impact in that issues were being resolved informally and quickly. The longer term impact on the number of complaints would also be monitored and it was agreed that Mrs Strachan-Hall would discuss this within Trauma.

ESH

The report was **received**.

QC 62/11 Quarterly Infection Control Report

The Quarterly report was considered and it was noted that the infection control team had carried out a number of inspection visits testing compliance with outcome 8. Other areas of focused work included the management of antibiotics, cleanliness audits and the specific work that was being done in JR theatres on the number of post operative infections in trauma. In addition, the Committee noted the position in relation to the Neonatal Unit and that the sole neonate to be affected had recovered well.

The Committee noted the plans for the introduction of staff immunisations for measles and the ongoing flu programme for staff. It was noted that good progress was being made in this area although probably a number of staff not taking up the opportunity were being immunised through their own GPs.

The Quality Committee received the report.

QC 63/11 CQC Quality and Risk Profile

The Profile for October for the ORH alone was considered. No OUH profile had yet been produced. The Committee noted the position and the steps being taken to address training issues, particularly in support of safeguarding. However, it was also noted that this was not having an impact on patient

safety. Work continued to ensure the robustness of training data as referred to above.

Further reports would be prepared for the Committee on the availability of reports from the CQC.

QC 64/11 Any other business

It was noted that the March meeting would include proposals for standing items and the forward look. A draft would be prepared for circulation in advance.

ESH

QC 65/11 Date of the next meetings

Tuesday 20 March 2012 at 10 am

Tuesday 26 June 2012 at 10 am

Tuesday 25 September 2012 at 10 am

Tuesday 18 December at 10 am