


CHAIR'S KEY ISSUES

ISSUES FOR REFERRING / ESCALATING TO BOARD / COMMITTEE / TASK & FINISH GROUP

PART A:

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:		IHT Quality Committee	DATE OF MEETING ISSUE RAISED:	13 June 2018	
CHAIR:		Helen Taylor	LEAD EXECUTIVE DIRECTOR:	Claire Thompson, Interim Director of Nursing, and Crawford Jamieson, Medical Director	
Agenda Item No.	DETAILS OF ISSUE:	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?		RISK REGISTER / BAF REFERENCE	PAPER ATTACHED √
100/18	<p>Internal Audit Reports <u>Clinical Quality – National Audit Delivery</u> A 'reasonable assurance' opinion was received from the internal auditors.</p>	Assurance (positive)			
100/18	<p><u>Clinical Quality – Mortality Governance and Data Quality</u> A 'limited assurance' opinion was received from the internal auditors which focussed on key issues identified in the form of coding delays, diagnosis review within 48 hours, and completion of discharge summaries. The Board of Directors is asked to note the recommendations:</p> <ul style="list-style-type: none"> • The Coding Backlog Proposal paper to be reviewed by management, and action taken to reduce coding delays. Noted that at the time of the audit there was a backlog of approximately 800 non-coding issues however the trajectory for completion of backlog was encouraging. • Coding risks be logged on the Trust's Datix system so they can be scored for likelihood and impact, and to ensure management are aware; • A process be put in place to monitor and improve performance with regards to the 	Assurance (negative)			

	<p>completion of the 'diagnosis at 48 hours' box on the emergency admission proforma;</p> <ul style="list-style-type: none"> • Delays completing discharge summaries for deceased patients be discussed at the Division 1 Mortality and Morbidity Review Meeting, and actions assigned to improve performance; • A standard agenda format be developed and issued across the Trust for the Mortality and Morbidity Group meetings. 			
101/18	<p>ESNEFT Quality & Patient Safety Committee – Arrangements Going Forward</p> <p>Committee received a report explaining the arrangements in place for the Quality & Patient Safety Committee following the merger with Colchester Hospital University NHS Foundation Trust noting:</p> <ul style="list-style-type: none"> • The change in committee membership and attendees; • Proposed governance and assurance framework consisting of the draft Terms of Reference, Forward Plan; and Assurance Map; • Outstanding actions from current Quality committees at both trusts would be combined with new action leads where necessary and carried forward in the new committee; • A Chair’s Key Issues report would continue to be produced each month for Board assurance purposes. 	Information		 <p>3.2 Appendix 1 - QPS ToR.pdf (Also attached separately - Item: 3.2 Appendix 1 QPS ToR)</p>
102/18	<p>Quality Account 2017/18</p> <p>Committee received the final Quality Account and noted the assurance received in respect of meeting the Quality Account Regulations and approved the Quality Account 2017/18.</p>	Assurance		
103/18	<p>Revalidation & Appraisal Annual Report 2017/18</p> <p>The Committee received the annual revalidation and appraisal report and noted the assurances received in respect of Statement of Compliance. The Committee approved the report for submission and recommended it for signature by the Managing Director.</p>	Assurance		
105/18	<p>Committee Annual Reports</p> <p>Committee received the annual reports from the executive committees that feed into the Quality Committee.</p>	Information		

107/18	Winter Plan – Reflection on 2017/18 Received a presentation from the Director of Operations advising achievement of key measures, key schemes enabling delivery of the bed model, initiatives that worked well and where improvements are required together with plans for the seasonal pressure periods ahead. On request of the Chairman the presentation would be circulated to Board members for information.	Information		
108/18	Quality Risk Oversight Report Committee received an updated of the risk aligned to the Quality Committee, noting that over the course of recent meetings reviews had been undertaken by the committee. The Committee noted a number of moderate risks escalating within the risk framework on equipment age and replacement and will suggest a review for the ESNEFT.	Information		
109/18 & 110/18	ESNEFT Safeguarding Adults Policy / ESNEFT Safeguarding Children Policy Committee received the draft Safeguarding Policies for ESNEFT for consultation. The policies would be revised following comments received by the Committee and forwarded for approval.	Information		
111/18	Policy Register Committee received the Policy register noting one overdue policy (Organ and Tissue Donation’ policy) due for review June 2018. Due to the proximity of the merger this policy will be harmonised early July.	Information		
DATE COMPLETED AND FORWARDED TO SEC OF RECEIVING BOARD / COMMITTEE / TASK & FINISH GROUP:				

PART B:

RECEIVING BOARD / COMMITTEE / TASK & FINISH GROUP:			DATE OF MEETING ISSUE CONSIDERED:	
CHAIR:			LEAD EXECUTIVE DIRECTOR:	
Agenda Item No.	RECORD OF CONSIDERATION GIVEN / APPROVAL / RESPONSE / ACTION:			
DATE COMPLETED AND FORWARDED TO CLERK OF ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:				