

Board of Directors: 12.7.18

Agenda Item: Bo.7.18.10

Report from the Quality Committee

27 June 2018

Presented by:	Prof Laura Stroud Non-Executive Director	Author:	Dr Bryan Gill Medical Director Karen Dawber Chief Nurse
Previously considered by:	n/a		

Key points	Purpose:
1. This paper provides a brief summary of the key messages from the meeting of the Quality Committee meetings on 30 May and 27 June 2018 .	To note and gain assurance

Executive Summary:
The purpose of the Quality Committee is to provide detailed scrutiny of the Foundation Trust's arrangements for the management and development of safety, effectiveness and patient experience in order to provide assurance and, if necessary, raise concerns or make recommendations to the Board of Directors.

Financial implications:
No

Regulatory relevance:

Monitor:	Code of Governance
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Equality Impact / Implications:	<p>Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p>
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Other:	
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Board of Directors: 12.7.18

Agenda Item: Bo.7.18.10

Strategic Objective: <i>Reference to Strategic Objective(s) this paper relates to</i>	To deliver our financial plan and key performance targets
	To provide outstanding care for patients

Key messages – Quality Committee meetings held on 30 May and 27 June 2018

The following is a summary of the key messages from the two committee meetings:

Maternity

In May senior clinicians from the Maternity Service presented the progress to date against the Maternity Improvement Plan. The team delivered a comprehensive presentation that addressed all of the actions within the improvement plan and progress made since December 2017.

The Maternity Annual Report was presented at the June meeting of the Quality Committee with the summary to be received at the July Board of Directors meeting.

The key messages were:

- Recognition of comprehensive work in the annual report
- Good progress against an improvement action plan
- Positive training figures regarding PROMPT and K2 CTG packages
- Year on year reduction in the number of stillbirths
- No intra-partum deaths
- Reduction in Serious Incidents (from 8 in 2016 to 4 in 2017)
- Positive feeling within the Committee regarding the presentation and the team presenting
- Acknowledgement that the action relating to the digitalisation (and storage) of CTG tracing could not be addressed fully within the service and that this would now be part of the wider Going Digital agenda
- The team described the actions taken to recruit to maternity theatres and the difficulty in obtaining suitably qualified staff. This remains a risk on the Divisional and corporate risk register and mitigation is in place.

The committee was **assured** on the progress being made and it was agreed that the outstanding actions would be transferred to the maternity tracker and regular updates against these actions would be presented formally to the committee on a quarterly basis and if required by exception on a monthly basis as part of the ongoing management of risk.

Serious Untoward Incidents/Never Events

The Committee received notification of three Never Events for the period April – June 2018. Two of these occurred in the maternity service and one in surgery.

The two events for the maternity service (retained swabs) occurred in April and May. Formal review and challenge meetings took place with all leaders and staff involved in the events.

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Immediate changes have been made to the processes around episiotomy repair processes. A programme of driving safety culture is now being developed with support from YHAHSN. For surgery a review and challenge meeting took place. Following this an investigation is taking place into the leadership on the ward and the capability of the individual.

Stroke

Update report on planned National SSNAP publication for the period December 2017 to March 2018 identifies that the service continues at Level E. The committee recognised that there had only been one month (March 18) since the improvement programme implementation and the latest report did demonstrate improvement in the overall score. The committee recognised the impact that this could have on the staff and the improvement work taking place (reviewed at April's meeting of the Quality Committee). A full service review will take place with the stroke team at the July meeting of the Quality Committee and noted that external validation of our improvement programme will take place shortly.

The committee received a verbal update on the CCG-funded programme for the development of a single stroke service with Airedale NHS Foundation Trust. The committee will receive update reports on progress