

Meeting Title	Board of Directors		
Date	20 January 2021	Agenda item	Bo.1.21.10

QUALITY OVERSIGHT AND ASSURANCE EXCEPTION PROFILE (NOVEMBER 2020)

Presented by	LeeAnne Elliott, Deputy Chief Medical Officer				
Author	Sarah Branigan, Quality Governance & Datix Manager Liz Tomlin, Improvement Lead				
Lead Director	Ray Smith, Chief Medical Officer				
Purpose of the paper	The purpose of this presentation is to provide the Regulation Committee with assurance in relation to the Quality Oversight System.				
Key control	This presentation is a key control for the Board Assurance Framework				
Action required	To assure				
Previously discussed at/ informed by	All elements of this presentation are discussed at the weekly Quality of Care Panel and the format was first presented at the July NE Regulation Committee				
Previously approved at:	Committee/Group	Date			
Key Options, Issues and Risks					
<p>This new model for Quality Oversight was introduced during COVID to ensure continuing assurance for Patient Safety during the pandemic. It sets out a whole range of safety indicators to ensure that quality of patient care is monitored and managed appropriately. This information, in the same format is presented to the Quality of Care Panel on a weekly basis.</p>					
Analysis					
<p><u>Incidents</u> – Commenced pilot of ‘We are Listening’ a dedicated incident email address/telephone line 09/12/2020 in Urgent and Emergency Care CBU to log no harm/low harm issues, in recognition of the pressure front line staff are currently under in the second wave of the COVID pandemic and to further develop safety culture.</p> <p><u>Regulators</u> – Reporting and responding to external agencies.</p> <p>12 CAS alerts received in November 2020 – none required a formal response, however internal actions have been identified; 4 incidents reported to the HSE under RIDDOR; 1 incident reported to the MHRA under SHOT; Enquiries received from the CQC in relation to Serious Incidents and NRLS reported incidents – update submitted 07/12/2020.</p> <p><u>Claims</u> – T/MH/KHAM/I Conference with counsel – missed opportunity to identify meningioma on scan. Decision - to defend.</p> <p><u>Effectiveness</u> – Alert from NPCA led to a review of 90 day re-admissions for men undergoing radical prostatectomy between 01/04/2018 and 31/03/2019. 54 patients identified as re-admissions. Reviewed to</p>					

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understand causes of re-admissions and identifying learning and areas for improvement.

Recommendation

The Board of Directors is asked to:

- Note the comprehensive report attached.
- Be assured that quality oversight is has been maintained during the Covid period.
- Consider the new approach to providing assurance which will link into the work of the Quality Academy and its three pillars, Assurance, Learning and Improvement.

Risk assessment

Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant) <input type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework <input checked="" type="checkbox"/> Code of Governance <input checked="" type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Effective
Care Quality Commission Fundamental Standard: Good Governance
NHS Improvement Effective Use of Resources: Clinical Support Services
Other (please state):

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>