

**To** The Board

**For meeting on:** 30 November 2017

**Agenda item:** 10

**Report by:** Jessica Dahlstrom, Head of Governance  
Sofia Bernsand, Deputy Head of Governance

**Report on:** Corporate Report

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## **Introduction**

1. The Corporate Report brings together reports of all of NHS Improvement's Board committees. This report summarises the committees' activity since the last meeting of the Board, which took place on 28 September 2017.

## **Nominations and Remuneration Committee meeting – 4 October 2017**

2. Update on harmonisation: The Committee was provided with an update on harmonisation of Monitor and NHS TDA terms and conditions. It was noted that a project to examine options was ongoing and that the results of the first phase of the work would be presented to the Committee and to the Executive Committee.
3. Recognition of continuous service: The Committee considered an individual application for recognition of continuous service.
4. Full minutes of the meetings are attached as Confidential Annex A.

## **Operational Productivity Programme Delivery Group – 4 October 2017**

5. Corporate Services Programme Update: The Group was provided with an update on the progress of the Corporate Services Programme. Delivery of the programme to date, the proposed next steps and the key barriers to progressing this work were considered.
6. Communications Update: The Group discussed an update on the key communications activities and achievements across the Operational Productivity Programme, including the coverage and feedback that had been received on the Getting It Right First Time general surgery report and the pathology networks announcement.
7. Procurement sub-programme: Group members considered a report on the

objectives, scope and targets for the six key workstreams that had been established following a review of the Procurement sub-programme. There was a discussion on the increase in trusts' use of the Purchase Price Index Benchmarking tool, the cost improvement plans that had been submitted by trusts related to the sub-programme and the progress of the Nationally Contract Products programme.

8. Draft Regional Operating Structure: The Regional Productivity Director (London) outlined the draft regional operating model for the Operational Productivity programme. The Group discussed NHS Improvement's approach, through its existing regional structure, to interfacing with trusts. The potential use of the Model Hospital to support both trusts and NHS Improvement to identify issues and develop action plans to address these was considered.
9. Full minutes of the meetings are attached as Confidential Annex B.

### **Quality Committee meeting – 26 October 2017**

10. Proposed Terms of Reference: Committee members discussed the roles and responsibilities of this new board committee and provided detailed comments on the Terms of Reference.
11. Quality dashboard: The Committee discussed the guiding principles for the quality dashboard. The dashboard presented had been constructed using the Care Quality Commission (CQC)'s five domains and links had been made to the Developing People – Improving Care framework. Suggestions for changes and additions to the dashboard were made and the importance of involving regional colleagues in the design and in the discussion of the dashboard was highlighted.
12. Update on Learning from Deaths: The Committee received a the report which provided an update on the implementation of the Learning from Deaths policy. Legislative reforms to the death certification process were discussed and the role of medical examiners was considered.
13. Full minutes of the meetings are attached as Annex C.

### **Audit and Risk Assurance Committee meeting – 8 November 2017**

14. Deep dive risk review: The Committee received deep dive risk reviews into the Strategy Directorate's work, risk appetite maturity and integration. Key themes emerging from the discussion included the need to develop a clear framework and governance requirements for joint working at national level and in the service. The Committee also requested that another session would be scheduled for the Board to discuss risk and risk appetite, and to discuss NHS Improvement's operating model.
15. Q2 corporate risk review: The Committee received the Q2 risk report. The red risks were highlighted and the Committee was provided with an overview of changes to the risk register as well as hot topics for discussion. The arrangements for the handover from the outgoing to the incoming Accounting Officer were discussed, and the draft Annual Governance Statement was considered.

16. Internal audit progress report and audit report: The internal auditor provided the Committee with an overview of progress made against the internal audit plan and presented the findings from the four internal audit reviews which had taken place since the last Committee meeting. The reviews concerned Pricing, Emergency Care, Transactions and the Patient Falls Collaborative. Internal audit actions were noted.
17. Audit planning reports for Monitor and the NHS Trust Development Authority: The external auditor presented the audit planning reports for Monitor and the NHS Trust Development Authority. Key areas of risk were noted, and the Committee noted that the audit planning report for the consolidated accounts of NHS providers was to follow.
18. Full draft minutes of the meetings are attached as Confidential Annex D.

### **Recommendation**

19. The Board is asked to note recent committee activity.

**MINUTES OF A MEETING OF THE QUALITY COMMITTEE HELD ON THURSDAY  
26 OCTOBER 2017 AT 9.00am AT WELLINGTON HOUSE, 133-155 WATERLOO  
ROAD, LONDON SE18UG**

**Present:**

Sarah Harkness, Non-Executive Director  
Maggie Boyd, Director of Clinical Quality (Midlands & East) (by telephone)  
Vincent Connolly, Regional Medical Director (North) (by telephone)  
Helen Dabbs, Regional Nurse Director (North) (by telephone)  
Sue Doheny, Joint Regional Director of Nursing (South)  
Julia Holding, Head of Patient Experience (deputising for Ruth May, Executive Director of Nursing)  
Celia Ingham-Clark, Interim National Director of Patient Safety  
Kathy McLean, Executive Medical Director  
Oliver Shanley, Chief Nurse (London)  
Lyn Simpson, Executive Regional Managing Director (North) (by telephone)  
Richard Wilson, Director of Quality and Intelligence & Insight

**In attendance:**

Jessica Dahlstrom, Head of Governance

**1. Welcome and apologies (oral item)**

- 1.1. Apologies for absence had been received from Dale Bywater (Executive Regional Managing Director (Midlands & East)), Lord Ara Darzi (Non-Executive Director), Rachael De Cauz (Regional Managing Director (South)), Jennifer Howells (Regional Director NHS England (South)) and Ruth May (Executive Director of Nursing).
- 1.2. There were no declarations of interest.

**2. Proposed Terms of Reference of the Quality Committee (QC/17/01)**

- 2.1. The Chair opened the discussion by inviting Quality Committee (Committee) members to set out their hopes with regard to this new Committee and its role and responsibilities.
- 2.2. Committee members expressed their support for the creation of the committee. A discussion took place on the aims and objectives of the Committee, which included bringing together key people with responsibilities in the area of quality and providing a forum for the review of trends in indicators of quality across the provider sector. The importance of developing a single view of quality was emphasised and the Committee highlighted the need to continue to develop information and data to measure quality of care.

2.3. Other key roles for the Committee included the analysis and discussion of variation across regions and trusts and the spreading of good practice. The importance of communications from the Committee, both up to the Board and out to the regions and to providers, was highlighted and it was requested that communications from the committee would be a standing agenda item at the end of each meeting of the Committee.

**ACTION: JD**

2.4. A detailed review of the proposed Terms of Reference took place. With regard to the purpose of the Committee, it was noted that a reference should be included regarding the Committee's role in identifying appropriate resources to address quality issues.

2.5. With regard to Committee membership, the scope for confusion caused by having Regional Medical Directors and Regional Directors of Nursing as rotating members was discussed and the Committee agreed to amend this aspect of the Terms of Reference, asking Executive Regional Managing Directors to invite either their Regional Medical Director or their Regional Director of Nursing to each meeting. Committee members also requested that the reference to the number of Executive Regional Managing Directors would be removed as this could be subject to change. Finally on Committee membership, the Chair commented that the Chair and Chief Executive of NHS Improvement would be invited to attend meetings but were not formal Committee members.

2.6. The duties and responsibilities section of the Terms of Reference was discussed and it was requested that this section should be amended to include specific references to the National Quality Board and to the Getting It Right First Time programme. The Committee also considered that paragraph 6.1.6 was not currently worded appropriately and that instead of coordinating actions itself, the Committee would be seeking assurances from executives that actions were taken forward.

2.7. Committee members considered including workforce issues in the scope of the Committee but noted it would be more appropriate to regard workforce as a potential root cause for quality issues to be overseen elsewhere in NHS Improvement's governance structure. A discussion took place on including the governance of the breadth of quality related policy and other communications issued by NHS Improvement in the Committee's Terms of Reference but noted that, while the governance process for these required improvement, the Committee's meetings would not be frequent enough to allow it to play a role.

2.8. The Head of Governance undertook to make the amendments set out above to the Terms of Reference and circulate a revised draft to the Chair of the Committee and the Executive Medical Director for initial review.

**ACTION: JD**

### 3. Quality Dashboard (QC/17/02)

- 3.1. The Director of Quality and Intelligence & Insight introduced the report which set out the guiding principles for the quality dashboard. The dashboard had been constructed using the Care Quality Commission (CQC)'s five domains and links had been made to the Developing People – Improving Care framework. The Committee noted that the latter was a leadership development framework used by the NHS which needed to be embedded further.
- 3.2. The dashboard set out key messages on the first page, followed by an overview of CQC inspection results and key indicators by domain. It was noted that the dashboard was a live document which would continue to be developed as further quality data became available.
- 3.3. The Committee welcomed the report which was considered to be a good start particularly given the large number of indicators that existed in the area of quality measurement. The charts for key indicators were considered to be useful and the Committee commented that the report could be expanded by including, by exception, focus on regional variation where appropriate.
- 3.4. Consideration was given to CQC thematic reports (in addition to the inspection reports related to individual trusts included in the dashboard) and it was noted that CQC thematic reports would be presented to the Committee separately as and when they became available.
- 3.5. The Committee discussed ways in which the patient voice could be represented in the information received by the Committee and a number of options were considered. One option was to commence each meeting of the Committee with a patient story to set the scene. Another option was to include a patient member in the membership of the Committee. If the latter option was pursued, a job description would need to be developed to ensure a good match between what was required of Committee members and the skills and experience of interested patients. The Head of Patient Experience undertook to develop proposals for patient involvement for discussion at the next meeting.  
**ACTION: JH**
- 3.6. Committee members commented on the way metrics were expressed in the dashboard and noted that where possible, using phrases such as “4 out of 10” was more meaningful from a patient viewpoint than percentages.
- 3.7. The Committee discussed a number of other indicators which could be included in the dashboard including weekend mortality and cancelled operations. The possibility of including a ‘learning from deaths’ metric was also considered. The merits of including the ‘never events’ metric in the dashboard were discussed and the Committee noted that this metric was regularly reported to the Secretary of State.

3.8. The Director of Quality, Intelligence & Insight invited all Committee members to give thought to further metrics for inclusion in the dashboard, and to feed this back to him in advance of the next meeting.

**ACTION: AII / RW**

3.9. The Committee discussed the implications of performance against each metric as currently reported on the dashboard. In relation to venous thromboembolism (VTE) assessments, it was noted that the downward drift in performance could be due to the end of Commissioning for Quality and Innovation (CQUIN) payments in relation to this metric.

3.10. The metric related to the number of patients absconding from mental health was discussed, and reporting difficulties in relation to this metric were noted. In general it was noted that more work needed to be done on identifying meaningful metrics of performance for mental health and other non-acute services. In relation to the hip fractures metric, it was noted that the improvement in performance was likely to be linked to staffing and the initiative of having a named person responsible for each hospital bay.

3.11. Measurement issues regarding pressure ulcers data was discussed and it was noted that it was often difficult to establish whether an ulcer had already been present at the time of admission. With regard to E. Coli, the trend as shown in the report was considered to be concerning however the increase could be the result of increased reporting.

3.12. The Committee discussed complaints handling and highlighted the importance of discussing this topic in detail at a future meeting.

**ACTION: KMCL/JD**

3.13. A discussion took place on mortality rates and the oversight groups which were in place to review these. In relation to the well-led domain, the possibility of including race equality data was discussed.

3.14. The Committee requested that at the next meeting, regional colleagues would provide comments on the trends set out in the dashboard in advance of the meeting.

**ACTION: ERMDs, RMDs, RDNs**

#### **4. Update on Learning from Deaths (QC/17/03)**

4.1. The interim National Director of Patient Safety introduced the report which provided an update on the implementation of the Learning from Deaths policy. The Committee received a progress report on the number of providers who were planning to publish an updated Learning from Deaths policy. It was noted that to date, efforts had been focused on the acute sector but tools were now being developed for mental health trusts.

4.2. Legislative reforms to the death certification process were discussed and the role of medical examiners was considered. The importance of this role in

ensuring accurate death certificates and providing an appropriate and timely liaison for families was highlighted and the benefits associated with more appropriate referrals to coroners were discussed.

- 4.3. The communications challenges associated with the Learning from Deaths policy were discussed and it was emphasised that the policy was not concerned with counting deaths or ranking hospitals by number of deaths, but instead was focused on ensuring learning took place. It was noted that a careful communications strategy would be required.

## **5. Any other business**

- 5.1. It was noted that at each of its meetings, the Committee would be presented with the dashboard and with one topic into which a deep dive analysis had been conducted. It was suggested that infection prevention and control would be an appropriate topic for the next meeting.

- 5.2. The next meeting of the Committee would be scheduled for January 2018.

**Close**