QUALITY COMMITTEE

Minutes of a Meeting of the Quality Committee
held on
Wednesday, 22 February 2017 at 2.00 pm

at Learning & Development Centre, Unit 3, The Reservation, East Road, Sleaford

PRESENT: Mary Dowglass, Non-Executive Director (Committee Chair)

Sue Elcock, Medical Director
Ian Jerams, Director of Operations
Alan Lockwood, Non-Executive Director
Tim Ludlow, Non-Executive Director
Jane Marshall, Director of Strategy
Anne-Maria Olphert, Director of Nursing & Quality

IN ATTENDANCE: Sue Cordon, KPMG
Peter Howie, Trust Secretary
Tony Kavanagh, Associate Director of HR
Amanda Stephens, Board Administrator

The Chair welcomed everyone to the meeting, the committee noted that Sue Cordon from KPMG would be observing the meeting as part of the Well-Led Governance review.

1 APOLOGIES FOR ABSENCE

There were no apologies noted.

2 DECLARATIONS OF INTEREST

There were no new declarations received.

3 MINUTES OF THE PREVIOUS MEETINGS HELD ON 8 DECEMBER 2016

The minutes were approved and signed as a true record of the meeting.

4 MATTERS ARISING FROM THE MINUTES

There were no matters arising from the minutes.
5 SCHEDULE OF ACTIONS AND FOLLOW UP

The following updates were provided to the committee:

Psychological Therapies Waiting Times
Mr Jerams advised the Committee that there were no further updates for the action presently.

Smoke Free Policy Update
Mr Jerams advised the Committee that there continued to be an issue at the Grantham and Boston Trust sites, where patients were being put at risk due to either smoking on the border of the site or within the public borders.

To ensure staff and patients were safe, the Committee agreed that the policy would be re-worded to clarify the variance in the estate, so that patients and staff were not put into a situation of possible risk whilst outside smoking. Action: Ian Jerams

The Committee noted that the action would remain open and updates would continue to be provided.

6 ANNUAL QUALITY REPORT & PLAN

The report provided the Committee with a review of the Trust’s performance against the 2016/17 indicators and Quality priorities up to the end of Quarter 3.

The Committee was asked to note that there were two mandated indicators to report against and one locally determined indicator. The indicators had been approved at the last Council of Governors’ meeting in January 2017, these had been recorded as follows:

Mandated Indicators – 7 day follow up and Crisis gate keeping
Local Indicator – Medication Management

It was advised that the Lincolnshire County Council Health Scrutiny Committee and Healthwatch will receive an updated version of the Quality Report before the Board of Directors’ are asked to approve the final version in May 2017.

The Committee expressed their thanks to everyone who had worked on collating the information and putting the Quality Report together.

The Committee RESOLVED;
• To receive the report and recommend the Board of Directors approve the final draft subject to the addition of the external assurance by Deloitte and stakeholder statements at the May 2017 meeting.

7 2017-2019 QUALITY STRATEGY
(Assurance: Positive)

The final version of the 2017-2019 Quality Strategy was provided to the Committee within the report. There had been a public consultation enabling patients/service users, carers, the public, Trust employees and key stakeholder members to give feedback/comments on the Strategy.

The Committee RESOLVED;
• To recommend that the Board of Directors approve the 2017-19 Quality Strategy at its next meeting to be held in March 2017.
8 CONTINUOUS QUALITY IMPROVEMENT REPORT
(Assurance: Positive)

The Committee was advised of the Continuous Quality Improvement programme which will cover four themes which will each be covered by the Executive Directors. The themes are as follows:

Data Quality
Care Planning, Risk Assessments
Supporting our people
Future of mental health and LD services

There will need to be rapid progress with the implementation of the plan, therefore the Committee was advised that the priorities will be seen by the Executive Team, the Strategic Change Committee along with the Quality Committee. It was advised that the themes will need to work across the new meeting structure with regular updates being provided to the relevant meetings.

The Committee RESOLVED;
- To receive the report and support the ongoing consultation on the proposed quality priorities for 2017-2019.

9 MINUTES OF THE LEGISLATIVE COMMITTEE MEETING HELD ON 27 JANUARY 2017
(Assurance: Positive)

The Committee was provided with the minutes from the second meeting of the Legislative Committee, It was noted that this meeting had been quorate.

Key updates from the meeting were recorded as follows:
- The Mental Health Act Team will no longer be attending hearing meetings effectively from 1 June 2017. Revisions to process would be put in place to support this change and ensure compliance and patient experience
- A company called ORCA had been commissioned to undertake a review of the incidents which had occurred at Long Leys Court in Lincoln in 2013/15. ORCA have been carrying out interviews, meeting with Trust staff and families. This work has been carried out throughout January-March 2017. The Committee noted that ORCA will produce a report for the Board of Directors’, to receive at its May 2017 meeting.
- Work on the Disclosure & Barring Checks (DBS) being carried out for volunteers every three years is under review. Currently Volunteers are only having a DBS check carried out on recruitment to the service. The Committee was advised that staff have a DBS check carried out on appointment and then if a change to their job role if it is three years or more since their initial appointment. The Committee noted that DBS checks are not carried out every three years for all members of staff.
- A proposed change to Section 136 where an under 18 year old is no longer allowed to be taken to a Police station if under a Section 136, is to be introduced and will be confirmed with the Safeguarding Adults Board when implemented.
- Following a fire on Ward 12 in December 2016, a number of lessons learned had been identified and an action plan had also been produced to address the issues raised.

The Committee RESOLVED;
- To receive the minutes for the Legislative Committee meeting.
10 LEGISLATIVE COMMITTEE TERMS OF REFERENCE
(Assurance: Positive)

The Committee was presented with the terms of reference for the Legislative Committee following the review at its committee meeting in January 2017.

With there being no amendments required the Committee RESOLVED;
- To approve the Terms of Reference for the Legislative Committee.

11 HEALTH & SAFETY PROGRESS REPORT
(Assurance: Positive)

The report provided the Committee with updates to the nine highlighted areas of risk which had been raised at the last Legislative Committee meeting in January 2017.

Each of the issues had been reported with recommendations and an update to any actions being taken.

The Committee RESOLVED;
- To receive the report.

12 CARE QUALITY COMMISSION (CQC) MENTAL HEALTH ACT (MHA) UNIT INSPECTION REPORTS
(Assurance: Positive)

The report provided the Committee with updates on the action being taken following the routine Mental Health Act visits to the Trust’s inpatient areas by the Care Quality Commission (CQC).

The Committee was asked to note the following updates on the outstanding actions:

Ash Villa – The Committee was briefed on the extensive consultation of redevelopment plans to improve the same sex accommodation issues in Ash Villa. Some immediate mitigating actions were implemented following the CQC inspection, some interim estate work was in place pending completion of the larger works due later in 2017. Copies of the planned additional work will be available for the CQC to view during the planned re-inspection. Sue Cordon from KPMG confirmed that during a Clinical site visit to Ash Villa as part of the Governance Well-Led review, everything on the unit looked satisfactory from their perspective.

Conolly Ward – With the expected installation date for the new mirror at Conolly Ward being scheduled for the 24 February 2017, the Committee was advised that this would be checked that the timescale was going to be met. **Action: Jane Marshall**

Manthorpe Centre – It was noted that recruitment plans continue to be in place for the Band 2 Support Worker and Band 5 positions.

Manthorpe Centre – The Committee noted that the Estates team are waiting on a quotation for the replacement windows on the bedroom doors to resolve the issue around patients being able to close windows from inside the bedrooms.

Ward 12 – The new ward round templates should have been implemented by the 17 February, it was agreed that this would checked. **Action: Jane Marshall**
Langworth Ward – It was advised that the outstanding action should now be completed and that the action plan would need to be updated.

The Committee was advised that the Board of Directors would receive a comprehensive update and briefing at its Board Development Session on 23 February 2017 in relation to the preparation for the CQC re-inspection.

The Committee RESOLVED:
- To receive the report.

13 SAFEGUARDING & MENTAL CAPACITY MONITORING REPORT
(Assurance: Positive)

The report provided the Committee with an updated Safeguarding & Mental Capacity work programme.

The Committee noted that with Dr Anne Thompson retiring from her Consultant Psychiatrist role, the position had been advertised but to date there had been no applications for the vacancy. In the interim Dr Adaeze Bradshaw will act as Interim Named Doctor for Children with effect from March 2017, until the position has been appointed. It was noted that significant work on the Safeguarding work plan was also being done due to this being behind target.

The Committee was asked to note that from the fourteen actions listed on the work plan, the seven actions recorded as off target will be risk assessed.

The Committee RESOLVED:
- To receive the report.

14 JOINT AREA TARGETED INSPECTION
(Assurance: Positive)

The report provided the Committee with the letter sent to local partnerships following the joint inspection with a deep dive focus on the response to children living with domestic abuse which had been carried out between the 17 and 21 October 2016 by Ofsted, the CQC, HMI Constabulary and HMI probation.

The Committee was advised the LPFT staff involved in the interviews had performed well throughout the process and there were positives to be taken from the whole process. The Committee was asked to note that the Trust had not been featured heavily in the final letter.

The Committee RESOLVED:
- To receive the report.

15 LOCAL SECURITY MANAGEMENT MONITORING PLAN
(Assurance: Positive)

Following the Committee meeting in December 2016, the Legislative Committee was asked to provide clarity on the scoring system and report back on the progress against the amber and red recommendations. The report provided the following responses:

Scoring System – The initial Red, Amber and Green rating system is based on the information supplied by the Trust, however the final rating which is produced at the
end of each section is calculated by the NHS Protect System. Therefore the Local Security Management Specialist (LSMS) has no control over the final rating given.

Progress against the Amber and Red recommendations – The report provided a further update on the three Red recommendations and the one Amber recommendation. The Committee noted out of the four recommendations, two will be changed to green for the next SRT submission in November 2017 and one will be changed to amber.

The Committee noted that on recommendation 3.8 the wording on the third line should read as departmental 'asset' registers and not 'risk' registers.

The Committee RESOLVED;
• To receive the report.

15 MINUTES OF THE ORGANISATIONAL DEVELOPMENT (OD) COMMITTEE MEETING HELD ON 17 JANUARY 2017
(Assurance: Positive)
The Committee was provided with the draft minutes from the last Organisational Development Committee meeting which had been held on the 17 January 2017. Key areas to note from the minutes were noted as follows:

Recruitment & Retention – Effective from 1 February 2017, quarterly KPI reports will be provided at the meeting.

Leadership & Culture – The meeting had reached an agreement on the membership of the Change Team, which had met since the agreement.

Workforce planning – Since the implementation of Revalidation in the last six months, there had been no breaches. The meeting had agreed to the use of the safe staffing ‘safe care’ tool which would be relaunched to services in February 2017. A presentation on the tool had also been provided at the Quality Improvement meeting.

Learning & Development – The meeting approved the review to the mandatory training so it’s a more statutory, role specific and voluntary training process with renewals every 3 years.

Engagement & Communication – The Quality Committee was advised that the results from the 2016 staff survey had just been received. On first sight the results looked positive and more favourable in comparison to the 2015 results. The Committee was assured that the results will be assessed and a more thorough report will be provided to the next Organisational Development Committee meeting in March 2017. The Committee noted the interview process which will be held on the 24 February 2017 for the Freedom To Speak Up Guardian position. There had been twenty six applicants for the position, seven of the candidates had been shortlisted for the interview process.

Equality & Diversity – The Trust had moved up thirteen places to one hundred and ten in the Stonewall Index.

Reward & Recognition – The Staff Excellence Awards were due to be held on 23 February 2017 with twenty seven finalists who had been shortlisted for the initial one hundred and sixty four nominations.

The Committee was advised that the membership for the Organisation Development Committee would need to be reviewed to ensure all service divisions are being
represented at the meetings. The Committee asked that the Freedom To Speak Up Champion be added to the membership of the OD Committee.  

**Action: Tony Kavanagh**

It was confirmed that there would be a workforce planning focus included in the Inspirational Leadership Programme on 7 March 2017.

The Committee was asked to note that all of the new Committee’s which had been formed under the new meeting structure, would be reviewed at the June Quality Committee meeting.  

**Action: Anne-Maria Olphert**

The Committee RESOLVED:
- **To receive the minutes and meeting report for the Organisational Development Committee meeting.**

16  
**ORGANISATIONAL DEVELOPMENT (OD) STRATEGY REFRESH**  
(Assurance: Positive)

The report provided the Committee with the draft version of the OD Strategy which had been reviewed in December 2016. The Committee noted the name of the strategy had been changed to the People Strategy so the workforce understands that it relates to them.

The Committee noted that the Strategy would go out to public consultation before the Board of Directors are asked to approve the final version.

After reviewing the revised strategy, the Committee asked if the flow chart used within the LPFT mission statement diagram used within the Quality Strategy could be added into the People Strategy as well. The Committee advised that the format of the draft strategy looked really good and asked if the same template and format could be used for all the other Trust strategies.  

**Action: Communications Team**

The Committee RESOLVED:
- **To recommend the draft strategy is consulted upon and then forwarded to the Board of Directors’ for approval.**

17  
**WORKFORCE REPORT**  
(Assurance: Positive)

The report provided the Committee with an update on the Trust’s key workforce metrics. It was noted that there had been a positive reduction in sickness and absence over the last six months in comparison to the same point in 2016.

The Committee was advised that two of the tables within the report were out of date by three months. These were noted as the sickness absence table on page one and the vacancies by staff group on page 3. Tony Kavanagh advised the Committee that he would arrange for an updated version of the report to be sent out to all Committee members.  

**Action: Tony Kavanagh/Amanda Stephens**

The Committee RESOLVED:
- **To receive the report.**
- **To receive an updated report following the meeting.**

Tony Kavanagh left the meeting.
The minutes of the Patient Safety & Experience Committee were presented to the Committee with a very detailed covering report.

The Committee discussed the following key areas within the report:

Infection Control Monitoring Report – Following the flu vaccine being available to all clinical and non-clinical staff, the Committee noted that there had been a marginal increase in the number of staff having the vaccine. However, the Trust was still not expected to meet the threshold for the related CQUIN payment. The Committee was advised that early planning for the 2017/18 campaign would be discussed early in the summer. It was also reported that there had been no Healthcare Associated Infections reported during quarter 3.

Physical Healthcare Monitoring Report – The Trust’s Physical Healthcare Strategy was presented at the January meeting of the Patient Safety & Experience Committee, it was noted that this will be launched in the next couple of months. The recruitment for three new Physical Healthcare Practitioners was underway. The Physical healthcare training (PHILIP) which is being facilitated through the Learning & Development team was noted as being well received. The Committee was advised of the particular concern around the emergency services not responding to the recent incidents which are occurring in the Mental Health units based on hospital sites. The Committee was assured that the Director of Operations is seeking a prompt response from EMAS and ULHT to ensure patient safety is being met. It was noted that the issue had been raised on the Trust’s Risk Register.

Patient Experience – The meeting was advised the recommendation rates remained high in the quarter 3 patient feedback from the Friends and Family test.

The Committee was asked for its comments on how future summary reports should be presented with the minutes. The Committee advised that the summary report should only be a brief highlight on exceptions report of the minutes.

Action: Anne-Maria Olphert

The Committee RESOLVED:
- To receive the minutes and meeting report for the Patient Safety & Experience Committee meeting.

PATIENT EXPERIENCE REPORT

The report provided the Committee with a summary of the information collated throughout the last quarter on. This included a detailed summary of the broad range of issues relating to complaints upheld. The three top categories of complaint which continued in quarter 3, were reported as: Care and Treatment, Communication and Access to Services. These categories have remained the same for the previous two quarters of 2016/17.

The Committee considered it important to keep the Patient Experience Report on the forward agenda, so a separate report is produced and reported to the Quality Committee. The committee did not feel the additional quality reports were required for
example trends and themes, and incidents and could be summarised in the front sheet.  

Action: Anne-Maria Olphert

The Committee RESOLVED;
  • To receive the report

20  MEDICINES MANAGEMENT REPORT  (Assurance: Positive)

The report provided the Committee with information on the processes involved in collecting the data that reflected a wide range of medicines management related activity and the recent introduction of the nationally approved critical drugs list. There were five key performance indicators identified from the Medicines Management Datix Incidents. They are: Medicines Reconciliation, Controlled Drugs, Prescribing Antibiotics and Prescribing Formulary Adherence. The format of the report allowed for comparisons, easy identification of risks and good practice along with noting any improvements.

The Committee RESOLVED;
  • To receive the report.

21  INCIDENTS & COMPLAINTS REPORT  (Assurance: Positive)

The report advised the Committee of all the incidents which had occurred throughout Quarter 3 of 2016/17. The report identified that 1 reported incident from the previous quarter had been classified as causing Permanent harm. The Committee was advised of the seventy eight incidents reported, one of which was a suspected suicide.

The Committee asked why the number of incidents within the Steps2change team had increased. The Director of Operations advised that the number of people being seen by the service had increased, this had therefore seen the number of reported incidents increase. The Committee sought and received assurance that this would be monitored.  

Action: Ian Jerams

The Committee was advised that any fixed point ligation incidents would be subject to an investigation within 30 days from the incident.

The Committee RESOLVED;
  • To receive the report.

22  INFECTION PREVENTION & CONTROL PROGRESS REPORT  (Assurance: Positive)

The report provided an update and assurance against the Infection, Prevention & Control annual work programme for 2016/17. This included details of the related work to demonstrate compliance with the Health & Social Care Act, Code of Practice on the prevention and control of infections and related guidance. The Committee was asked to note an embedded document on the work in progress against the annual work programme had not been included in the report.

The Committee was advised that the ground breaking work done in promoting infection control and good hand hygiene, Jane Lord, Infection Prevention & Control Nurse Specialist had recently been shortlisted for the Infection Prevention Nurse of the year at this year's British Journal of Nursing Awards. The Committee
congratulated Jane on the nomination and wished her all the best for the awards ceremony.

The Committee noted that Lynda Stockwell had recently been appointed as Head of Physical Healthcare and IPC. This will allow for a more holistic and team based approach to IPC both within and outside the physical health agenda.

The Committee RESOLVED:
- To receive the report.

23 QUALITY PRIORITIES PROGRESS REPORT Q3
(Assurance: Positive)

The report provided the Committee with an update on the progress of the three Quality Priorities for Q3 2016/17, which included levels of compliance against the associated targets which had been agreed.

From the eleven metrics across the three priorities, ten have been fully achieved and one has been partially met. The partially met metric relates to Priority 1, Patient Safety within priority 1 has partially been achieved. The action was being addressed with the individual teams concerned to ensure support achievement and to ensure the recommendations and actions are still relevant.

The Committee noted completion of all metrics remained on target for being achieved by the end of the year and that the same process would remain in place for the 2017/18 Quality Priorities.

The Committee RESOLVED;
- To receive the report

24 DRAFT MORTALITY SURVEILLANCE COMMITTEE TERMS OF REFERENCE
(Assurance: Positive)

The draft Terms of Reference for the new Mortality Surveillance Committee was presented to the Committee. The committee had been developed in response to the review at Southern Health and are being refined by LD and Mental health Trusts as they implement them for the first time. The Committee was advised that the Mortality Surveillance Committee will meet on a monthly basis, starting 1st March 2017. The data being reported on will be based on the previous month’s data.

The Committee was advised that the forward agenda would be amended to reflect the addition of the new committee. Action: Amanda Stephens

The Committee RESOLVED;
- To approve the Terms of Reference

25 CARE QUALITY COMMISSION (CQC) INSPECTION ACTION PLAN
(Assurance: Positive)

The action plan provided within the report had previously been submitted to the last Board of Directors meeting held in January 2017. The Committee noted that the CQC Action Plan has been formally closed.

The Committee was asked to note that out of the six outstanding actions, one will be monitored at the Finance & Performance Committee and the other five will be
The Committee RESOLED:
- To receive the report formally closing the CQC Action Plan.

26 INTERNAL AUDIT REPORTS
(Assurance: Positive)

The Committee was presented with the limited assurance audit report from 360 Assurance on Patient Experience. The report included an updated action plan with the progress to date.

The Committee asked if the Audit Committee could be assured that the outstanding actions are progressing well. The Committee was advised that sufficient clinical assurance was being given within the report, ensuring the Committee are provided with accurate updates. The Committee therefore considered it could provide assurance to the Audit Committee at its next meeting in April.

The Committee RESOLVED;
- To receive the report.

27 EFFECTIVE, PATIENT EXPERIENCE: OLDER ADULT INPATIENT SERVICES
(Assurance: Positive)

The Committee was advised following the Audit Committee meeting in October 2016, clarity was needed from the Quality Committee regarding the appropriate utilisation of beds on wards and the separation of functional and organic beds.

It was agreed that a detailed report will be provided at the next Committee meeting in June 2017, this will have clear recommendations and expectations on how this will be managed.

Action: Ian Jerams

The Committee RESOLVED;
- To receive a detailed report at the June meeting with clear recommendations.

28 MENTAL CAPACITY ACT POLICY
(Assurance: Positive)

The Committee was asked to approve the review date for this policy so it is extended to August 2017, the policy had previously been updated in August 2016. The extension to the review of this policy would allow for other local organisations to be in a position so a whole community review can be completed.

It was agreed that the review date will be changed on the policy to August 2017.

The Committee RESOLVED;
- To approve the extension of the review date to August 2017.
- To receive and approve the reviewed policy at the September Committee meeting.
The Involvement policy presented to the meeting had been updated so it refers to the latest policy guidance and local Lincolnshire strategy for the next five years.

The Committee was asked to consider and agree to the following information being added under section 6 - Legislation, guidance and Policy Documentation considered:

- The NHS Five Year Forward Plan
- Sustainability & Transformation Plans (STP’s)
- Lincolnshire STP pre-consultation business case

**Action:** Jane Marshall

The Committee asked that the following amendments also be made to the policy:

- Page 1 – The Committee, Group or Individual Monitoring the Document section is to be changed from Involvement Committee to Representation Committee.
- Page 1 – The policy review date be changed to 2 February 2019.
- Page 9, Section 11, Foundation Trust – the reference to Monitor is to be changed to NHS Improvement.

**Action:** Amanda Stephens

Subject to the changes and additions being made to the policy, the Committee RESOLVED:

- To approve the revised policy.

The policy presented had been updated following the requested changes at the last meeting in December.

The policy will strengthen the Trust’s compliance with the Code of Practice and formalise the robust processes in place, to protect staff and patients from the risk of infection whilst in contact with animals.

The Committee sought confirmation that the Trust would be able to meet the requirements listed within the policy. It was advised that the document presented will be guidance and not a Policy. The Committee asked that the document be clearly marked as guidance before it is uploaded on the Trust website.

**Action:** Amanda Stephens

With the Guidance being a new document, the Committee asked that it be bought back to the Committee in six months’ time for further review.

**Action:** Anne-Maria Olphert

The Committee RESOLVED:

- To approve the revised guidance.
- To review and approve the guidance in six months’ time.
31 CLINICAL CARE POLICY –
  o PHYSIOLOGICAL OBSERVATIONS POLICY FOR PATIENTS / SERVICE USERS
  o PHYSICAL ASSESSMENTS & EXAMINATION OF PATIENTS
(Assurance: Positive)

The new policies presented, offer a robust framework for guiding physical healthcare for staff and service users.

The Committee was advised that as the policies are not comprehensively practical for the community teams, both of the policies would be checked at and bought back to the next meeting in June 2017 for approval.

Action: Anne-Maria Olphert, Dr Sue Elcock & Ian Jerams

The Committee RESOLVED:
  • To receive and approve the revised policies at the next meeting in June.

32 BOARD ASSURANCE & ESCALATION FRAMEWORK POLICY
(Assurance: Positive)

The revised Policy presented to the Committee had been updated in line with national regulatory changes, internal improvements, developments in divisional structures and accountability arrangements.

The Committee was satisfied with the revised policy and asked that the final updated version of the policy be presented at the Board of Directors in March 2017 for approval.

The Committee RESOLVED;
  • To receive the revised policy and recommend the Board of Directors approve the final version.

33 FORWARD AGENDA
(Assurance: Positive)

The report provided the Committee with an update on the papers which would be presented at the Committee meetings throughout the year.

Following the reports presented at this meeting, the Committee agreed that the ‘Organisational Development (OD) Strategy Refresh’ would be changed on the forward agenda to the ‘People Strategy’.

Action: Amanda Stephens

The Committee noted that the main policies to be approved by the Committee are the ‘Health & Safety, Environment & Fire Policy’, ‘Safeguarding Policy’ and the ‘Infection Control Policy’. All the other policies listed will be re-allocated to the relevant Committee as and when appropriate.

The Committee RESOLVED:
  • To approve the forward agenda subject to changes being made as and when appropriate.
ANY OTHER BUSINESS

The chair asked the committee for feedback on how the meeting had gone.

The Committee considered that the development of the new meetings structure had clarified responsibilities, but noted that the new reports and styles of recording minutes were variable.

The Committee recognised the need for concise highlight and exception reports that provided assurance and identified areas where greater challenge and reporting may be required.

With no further business discussed, the meeting was closed.

DATE, TIME & VENUE OF NEXT MEETING

The date of the next Quality Committee meeting would be on Thursday 8 June 2017 to be held in Lincoln with the following meeting to be held in Boston.

Signed: ..............................................

(Chair)

Date: ..............................................