Board of Director: 11.1.18
Agenda Item: Bo.1.18.9

Report from Quality Committee
29 November 2017

Presented by:	Professor Laura Stroud, Non-Executive Director	**Author:**	Fiona Ritchie, Trust Secretary
Previously considered by:	n/a		

Key points	**Purpose:**
This paper provides a brief summary of the key matters that were discussed at the meeting of the Quality and Safety Committee held 29 November 2017.	To discuss and note

Executive Summary:
The purpose of the Quality and Safety Committee, as set out in its Terms of Reference, is to provide detailed scrutiny of the Foundation Trust's arrangements for the management and development of quality and safety in order to provide assurance and, if necessary, raise concerns or make recommendations to the Board of Directors.

Financial implications:

Regulatory relevance:

Monitor:	

Equality Impact / Implications:	**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) Yes ☐ No ☒ If yes, what is the mitigation against this?

Other:	

Strategic Objective: *Reference to Strategic Objective(s) this paper relates to*	To provide outstanding care for patients

Quality and Safety Committee – 29 November 2017

1. Introduction

The purpose of this paper is to advise the Board of Directors of the key matters discussed and provide a brief summary of agenda items of the Committee which was held on 29 November 2017.

2. Key Matters discussed at the meeting held on 29 November 2017

- Palliative Care Presentation and Annual Report
- Patient Experience
- Safeguarding Training for key BTHFT positions
- Safety Thermometer
- Stoke Services Deep Dive

3. Agenda items

3.1 Quality Committee Dashboard

The Quality Committee dashboard was discussed.

3.2 Information Governance Quality Report

There have been no Level 2 High Risk reportable incidents since the last report.

Mandatory information governance training compliance has improved with the delivery of EPR training and is at 88% as at 31 October 2017; Plans are in place to meet the 95% requirement for March 2018.

3.3 Information Commissioner's Office Visit Update

BTHFT had a consensual visit from the Information Commissioner's Office (ICO) Best Practice team in November 2016.

The ICO made 50 recommendations - 49 accepted or partially accepted and one declined. An Action Plan was developed and executed. Evidence has been compiled to support a response to the ICO in December 2017, as per the plan.

Internal Audit will conduct a final appraisal of the work completed in November/December 2017 before submission of the final status.

3.4 Data Protection Officer Appointment

The General Data Protection Regulation (GDPR) will be adopted into UK law on 25 May 2018. The Trust is required, as a public body, to appoint a Data Protection Officer (DPO).

The Committee approved the recommendation that the role of Data Protection Officer for BTHFT and AHFT is carried out by the Joint Head of Information Governance.

3.5 Palliative Care Annual Report and Presentation

The Palliative Care team presented on End of Life Care at BTHFT and the annual report was noted.

3.6 Serious Incident Report

Three new SIs have been reported since the last report. All three were reportable hospital acquired pressure ulcers.

There were no Never Events reported.

3.7 Clinical Effectiveness Report Q2

The Committee discussed the following elements of the report:

- The management and assurance processes associated with national best practice recommendations (National Institute of Clinical Excellence (NICE) guidance).
- The management and assurance processes associated with the conduct of and assurance related to National Confidential Enquiry into Patient Outcome and Death (NCEPOD) studies.
- The management and the assurance processes associated with the National Clinical Audit and Patient Outcome (NCAPOP) programme and national audits included in the annual Quality Account.
- The management and assurance related to the Trust High Priority local Clinical Audit Programme and the management and assurance related to local clinical audit.
- The management of Trust wide and locally devolved clinical guidance.

3.8 Safer Procedure Update Report

The Committee discussed and approved the approach to be taken in implementing the WHO Surgical Safety Checklist.

3.9 Learning From Deaths Quarterly Update

As part of the national guidance on learning from deaths the Trust is required from quarter three of this financial year to publish information on deaths, reviews and investigations via a quarterly agenda item and paper to its public board meetings including information on reviews of the care provided to those with severe mental health needs or learning disabilities. The update was discussed by the Committee and it was noted that a report will be presented to the January 2018 Board of Directors Meeting.

3.10 Medicines Optimisation

In 2016 the CQC raised significant concerns about the standards of Medicines Safety and Medicines Management within BTHFT. BTHFT submitted a response and action plan to the CQC with specific timescales for actions to be completed, addressing the issues that have been raised by the inspection team. The Committee discussed the Medicines Optimisation paper.

3.11 Review of Training Targets

The Committee discussed and approved the new targets for update/refresher training and noted that core mandatory training remains at 100% compliance.

3.12 Freedom to Speak up Report Q2

The Committee received an update on concerns raised in quarter 2 and any themes that have emerged. The Committee also discussed the published case review, by the National Guardian's Office, of Southport and Ormskirk NHS Trust.

3.13 Infection Control Quarterly Report

2 cases of MRSA bacteraemia occurred in August to October 2017, 1 allocated to the Trust and 1 recurrent case accepted by NHS England as third party. There have been 3 MRSA bacteraemia cases allocated to the Trust since April 2017.

6 cases of C difficile >day 3 of admission were recorded in August to October 2017 giving a maximum number of 11 against a target trajectory of 30.

3.14 Patient Experience Quarterly Report

The Foundation Trust received a total of 115 formal complaints between 1 July and 30 September 2017, which is a 25% decrease of the previous quarter.

The top 3 themes of complaints were appropriateness of treatment, outpatient appointments and staff attitude.

5 cases have been closed by the PHSO in quarter 2, 4 of which were partially upheld and 1 which was not upheld. There have been no new cases but are 6 on-going cases.

234 people contacted PALS in Quarter 2; this is an 18% increase of contacts on the previous quarter.

30% of complaints were closed within agreed timescales.

3.15 Safety Thermometer Update

The Classic safety Thermometer is a measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, urinary tract infections (UTI) (in patients with a catheter) and Venous Thromboembolism (VTE).

There has been deterioration in the percentage of patients receiving care that is free from new harm as measured by Safety Thermometer. This was discussed in detail at the Committee.

3.16 Safeguarding: Children and Adults Update

A midyear update was provided to the Committee for both Adults and Children. The Reports were noted. Discussion occurred around the training provided for key positions within BTHFT.

3.17 Stroke Services Deep Dive

The Stroke Services team presented a deep dive of their services. This was an in-depth presentation with a lot of discussion. A follow up to this is planned for March 2018.

3.18 Board Assurance Framework

The Quality Committee is responsible for the following strategic risks in the Board Assurance Framework (BAF).

- **SR1: To provide outstanding care for our patients**
  The Executive Lead is the Chief Nurse and the Medical Director

- **SR4: To be a continually learning organisation**
  The Executive Lead is the Medical Director

The Committee discussed and gained assurance on the management of the risks.

4. Escalation to the Corporate Risk Register

Safeguarding training for key positions is to be discussed at the next Integrated Governance and Risk Committee.

5. Recommendation

The Board of Directors is asked to note the above points.

Board of Director: **11.1.18**
Agenda Item: **Bo.1.18.9**

Report from Quality Committee
20 December 2017

Presented by:	Professor Laura Stroud, Non-Executive Director	**Author:**	Fiona Ritchie, Trust Secretary
Previously considered by:	n/a		

Key points	**Purpose:**
This paper provides a brief summary of the key matters that were discussed at the meeting of the Quality and Safety Committee held 20 December 2017.	To discuss and note

Executive Summary:
The purpose of the Quality and Safety Committee, as set out in its Terms of Reference, is to provide detailed scrutiny of the Foundation Trust's arrangements for the management and development of quality and safety in order to provide assurance and, if necessary, raise concerns or make recommendations to the Board of Directors.

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Other:	

Strategic Objective: *Reference to Strategic Objective(s) this paper relates to*	To provide outstanding care for patients

Quality and Safety Committee – 20 December 2017

1. Introduction

The purpose of this paper is to advise the Board of Directors of the key matters discussed and provide a brief summary of agenda items of the Committee which was held on 20 December 2017.

2. Key Matters discussed at the meeting held on 20 December 2017

- A &E Quality Summit Follow Up
- Serious Incidents
- Maternity Improvement Programme
- CQC Compliance
- Review of Sub Committees reporting into the Quality Committee

3. Agenda items

3.1 A&E Deep Dive

A team from A&E presented on progress made since the A & E Quality Summit. The presentation was discussed in great detail by the Committee. Good progress has been made and further work continues.

3.2 Quality Committee Dashboard

The Quality Committee dashboard was discussed

3.3 Information Governance Report

There have been no Level 2 high risk reportable information governance incidents or cyber security breaches in November 2017.

Mandatory information governance training compliance has improved with the delivery of EPR training and is at 88% as at 30 November 2017; below the 95% requirement for March 2018. Plans are in place to acheive the 95% target.

The Information Commissioner's Office Best Practice report has been completed and is ready for final submission to the ICO by 20 December 2017.

3.4 Strategic Staffing Review

A presentation was delivered on the process around the National Strategic Staffing Review. BTHFT's review will be presented to the Board of Directors on 11 January 2018. .

3.5 Serious Incident Report

There have been five new serious incidents reported during November 2017. Three of these were in relation to hospital acquired pressure ulcers. The other incidents related to:

- A patient who had surgery to remove a metastatic renal tumour under general anaesthetic who then arrested immediately post operatively.
- A paediatric safeguarding concern relating to a child who attended the Emergency Department.

Three investigations have been completed and their reports submitted to the Clinical Commissioning Group for approval and closure on the Strategic Information System. These completed investigations related to:

- The failure to provide haemodialysis to a Hepatitis B virus (HBV) positive patient on a designated individual machine.
- The failure of the Temple Bank generator to provide appropriate backup power during a mains power cut.
- The death of a cancer patient who developed sepsis.

3.6 Cancer MDT Process Assurance

Audit Yorkshire completed a review of Cancer Activity Data. The audit confirmed 'significant assurance' that the Foundation Trust has generally robust systems in place to identify record, validate and report cancer wait times associated with patients for whom it provides services. An update on the three key recommendations was provided to the Committee.

3.7 Childrens and Young People's Board Report

In line with the Yorkshire and Humber Strategic Clinical Network, 'Standards Relating to Paediatric General Surgery' and a recommendation from the RCPCH peer review; the Children's and Young People's Board (CYPB) was established as a multi-disciplinary and multi-agency sub-committee of the Foundation Trust's Quality and Safety Committee (QSC).

The report provided an update on:

- Service developments, some of which are in collaboration with GP's and the CCG including ambulatory care, autism and SEND
- Current local changes in children's services, such as the new ward block and local management of specific patient groups and care provision such as stabilisation
- Consideration of service specific annual reports - specifically the Annual Safeguarding Children report.

3.8 Maternity Improvement Programme Action Plan v3

An update was provided on the Maternity Services Improvement Plan and feedback given from the follow up Maternity Summit held on the 13 December 2017. The Committee approved the request to de-escalate the summit process and receive a two monthly update on progress against the action plan.

3.9 Prevent Training Update

The Committee was updated on the work being carried out on re-profiling the trajectory to ensure the target of 85% is met by March 2018.

3.10 Central Alerting System Report

The Committees discussed the CAS report. There are no outstanding NPSAS or MDA alerts.

3.11 CQC Compliance and Assurance

The Committee received an update on CQC inspections, compliance and assurance. The compliance action plan was discussed.

3.12 Governance Review of Sub-Committees of the Quality Committee

The Committee discussed the sub-committees that report into the Quality Committee. Concern was raised about attendance/quoracy of some. Review of this will feed back into a future Committee. The terms of Reference of the sub-committees will be submitted to the next Committee for review.

3.13 Combined Learning Report

The Quarter 2 report, which provides an overview of the learning generated, was discussed by the Committee

3.14 Board Assurance Framework

The Quality Committee is responsible for the following strategic risks in the Board Assurance Framework (BAF).

- **SR1: To provide outstanding care for our patients**
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- **SR4: To be a continually learning organisation**
  The Executive Lead is the Medical Director

The Committee discussed and gained assurance on the management of the risks.

4. Escalation to the Corporate Risk Register

There were no risks to escalate.

5. Recommendation

The Board of Directors is asked to note the above points.