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| Meeting Title | Board of Directors | | |
| Date | 13.9.18 | Agenda item | Bo.9.18.29 |

Quality Committee Annual Report 2017/18

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| Presented by | Professor Laura Stroud, Chair of the Quality Committee | | |
| Author | Jacqui Maurice, Head of Corporate Governance | | |
| Lead Director | Karen Dawber, Chief Nurse and Bryan Gill, Medical Director | | |
| Purpose of the paper | To present the annual report from the Committee to the Board of Directors. | | |
| Key control | The Quality Committee assures the strategic objectives to: - Provide outstanding care for our patients - Be a continually learning organisation | | |
| Action required | To receive | | |
| Previously discussed at/ informed by | Quality Committee | | |
| Previously approved at: | Committee/Group | Date | |
| | Quality Committee | 29 August 2018 | |
| | | | |
| Background | | | |
| <p>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.</p> <p>In June 2017 the Board of Directors undertook a comprehensive review of its Board and Committee Structures to improve the effectiveness of the Board. The Board determined that the Quality and Safety Committee would become the Quality Committee to better reflect the Committee’s expanded remit.</p> <p>The annual report from the Quality Committee incorporates an outline of the activities of the Quality and Safety Committee which was in existence up to August 2017.</p> <p>The report sets out how the Quality and Safety Committee and the Quality Committee have each met their Terms of Reference and key priorities during the reporting period.</p> | | | |
| Recommendation | | | |
| The Board of Directors is requested to note the work of the Quality and Safety Committee and the Quality Committee in 2017/18. | | | |

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Quality Committee Annual Report 2017/18 to the Board of Directors

1. Introduction

Good practice states that the Board of Directors (the Board) should review the performance of its Committees annually to determine if they have been effective, and whether further development work is required.

The period reported on is from 1 April 2017 to 31 March 2018

1.1 Review of Committees

In June 2017 the Board of Directors undertook a comprehensive review of its Board and Committee Structures to improve the effectiveness of the Board. The Board determined that the Quality and Safety Committee would become the Quality Committee to better reflect the Committee's expanded remit. The new Committee structure was implemented in September 2017.

1.2 Scope of this Annual Report

This annual report from the Quality Committee incorporates an outline of the activities of the Quality and Safety Committee which was in existence up to August 2017.

The report sets out how the Quality and Safety Committee and the Quality Committee have each met their Terms of Reference and key priorities during the reporting period.

2. Quality and Safety Committee (April 2017 to August 2017)

2.1 Responsibilities

The purpose of the Quality and Safety Committee was 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.

From April 2017 to August 2017 the Committee regularly reviewed all aspects of quality and safety within the Foundation Trust through examination of:

- 2.1.1 Serious Incidents and Never Events
- 2.1.2 Infection Prevention and Control
- 2.1.3 Patient Experience
- 2.1.4 Workforce reports
- 2.1.5 Reports from the following Sub-Committees reporting to the Quality and Safety Committee
 - Children and Young People's Board
 - Mortality Sub-Committee
 - Integrated Safeguarding Sub-Committee
 - Education and Workforce Sub-Committee
 - Clinical Audit and Effectiveness Sub-Committee
 - Information Governance Sub-Committee
 - Patient Safety Sub-Committee
 - Patients First Sub-Committee
- 2.1.6 National reviews and inquiries involving systems failure.

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The Committee held responsibility for;

- 2.1.7 Developing a strategy for Quality and Safety in the Foundation Trust;
- 2.1.8 Contributing to the development of the Foundation Trust's Quality Account; and
- 2.1.9 Informing the development of the corporate objectives and priorities for inclusion in divisional annual plans

In addition, the Committee received and reviewed those Board Assurance Framework risks allocated to it by the Board, monitored progress made in mitigating those risks, identified any areas where additional assurance was required and escalated assurance to the Board as agreed by the Committee.

2.2 Membership and attendance record

The Quality and Safety Committee met on a monthly basis and met five times during the reporting period.

Membership and attendance is recorded in the table below:

| MEMBERS | 26.4.17 | 31.5.17 | 28.6.17 | 26.7.17 | 30.8.17 | TOTAL |
|----------------------|--------------------|---------|---------|---|---------|--------|
| James Walker (Chair) | ✓ | ✓ | ✗ | ✓ | ✓ | 4 of 5 |
| Pat Campbell | ✓ | ✓ | ✓ | ✓ | ✓ | 5 of 5 |
| Karen Dawber | ✓ | ✗ | ✓ | ✓ | ✓ | 4 of 5 |
| Cindy Fedell | ✗ | ✓ | ✗ | ✓ | ✓ | 3 of 5 |
| Bryan Gill | ✓ | ✓ | ✓ | ✓ | ✓ | 5 of 5 |
| John Holden | ✓ | ✓ | ✓ | ✓ | ✓ | 5 of 5 |
| Matthew Horner | ✓ | ✓ | ✓ | ✓ | ✓ | 5 of 5 |
| Clive Kay | ✓ | ✓ | ✓ | ✓ | ✓ | 5 of 5 |
| Donna Thompson | ✓ | ✗ | ✓ | ✓ | ✓ | 4 of 5 |
| Mohammed Iqbal | ✗ | ✓ | ✗ | ✓ | ✓ | 3 of 5 |
| Pauline Vickers | ✓ | ✓ | ✓ | ✓ | ✓ | 5 of 5 |
| David Munt | ✓ | ✓ | ✓ | ✓ | ✓ | 5 of 5 |
| Selina Ullah | ✗ | ✓ | ✓ | ✗ | ✗ | 2 of 5 |
| Amjad Pervez | ✗ | ✓ | ✓ | ✓ | ✓ | 4 of 5 |
| ✓ = Attended | ✗ = Apologies sent | | | Denotes period when not a member of the Committee | | |

Committee meetings are also attended by the Trust Secretary.

The Quality and Safety Committee became the Quality Committee from September 2017.

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In order for the meeting to be quorate, there should be at least the Chair and four members present.

2.3 Reporting requirements

Each month the Quality and Safety Committee received and reviewed reports on the following standard agenda items;

- 2.3.1 Information Governance Report
- 2.3.2 Serious Incidents/Never Events Report
- 2.3.3 Nurse Staffing Data Publication
- 2.3.4 Board Assurance Framework

Additional items reviewed are included below;

- 2.3.5 Quarterly Risk Report
- 2.3.6 Effectiveness Report (NICE and Audit)
- 2.3.7 Clinical Audit Annual Report
- 2.3.8 Combined Learning Report
- 2.3.9 ProgRESS Report (100 day report)
- 2.3.10 CQC Compliance
- 2.3.11 Workforce Report
- 2.3.12 Information Governance Toolkit
- 2.3.13 Quality Improvement Programme Update
- 2.3.14 Nursing Establishment Review
- 2.3.15 Infection Prevention and Control
- 2.3.16 Security Report
- 2.3.17 Physical Assault Annual Submission
- 2.3.18 Security Management Standards for Providers
- 2.3.19 Midwifery Annual Report (next due 2018)
- 2.3.20 Patient Experience (including complaints)
- 2.3.21 Leadership Walk around Update
- 2.3.22 Safeguarding Children update
- 2.3.23 Safeguarding Adults Update
- 2.3.24 Deep Dives as requested by the Committee
 - Stroke
 - Information Governance
 - Perinatal Mortality
- 2.3.25 Mortality Review Improvement Programme
- 2.3.26 NHS Staff Survey
- 2.3.27 Palliative Care Annual Report
- 2.3.28 'Freedom to Speak Up' Report
- 2.3.29 Review Terms of Reference of this Committee
- 2.3.30 External Reports/Regulatory Matters (when arises)
- 2.3.31 Committee Annual Report 2016/17
- 2.3.32 Committee Work plan 2018/19
- 2.3.33 Review Sub-Committees Terms of Reference
- 2.3.34 Children and Young People's Board Report
- 2.3.35 Clinical Audit & Effectiveness Sub-Committee Report
- 2.3.36 Education & Workforce Sub-Committee Report
- 2.3.37 Patients First Sub-Committee Report

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- 2.3.38 Patient Safety Sub-Committee Report
- 2.3.39 Quality Surveillance Report
- 2.3.40 SIRO Report
- 2.3.41 Research, Translation and Innovation Committee Report
- 2.3.43 'Mortality' reporting

After each meeting, the Quality and Safety Committee reported to the next Board meeting by way of a summary report of key points discussed. Once the meeting minutes were agreed by the Committee, a copy was submitted to the subsequent Board meeting.

Minutes included a description of the business conducted, risks identified and key actions agreed. Issues and items that have been escalated to the Board in 2017/18 covered:

- 2.3.44 Adult End of Life Care Update
- 2.3.45 Annual Staff Survey Results
- 2.3.46 Emergency Department Clinical Records Report
- 2.3.47 Consultant workforce and services where difficulties are envisaged.
- 2.3.48 Stroke presentation – Aspirations of the service moving forward.
- 2.3.49 Pathology Joint Venture.
- 2.3.50 AED Clinical Records Report
- 2.3.51 AED Quality Summit
- 2.3.52 Information Governance Toolkit
- 2.3.53 Testing of sample materials
- 2.3.54 Serious Incidents
- 2.3.55 Mortality Review Improvement Programme
- 2.3.56 Organisational Learning
- 2.3.57 Nurse Staffing data

2.4 Review of the Terms of Reference of the Quality and Safety Committee

The Quality and Safety Committee terms of reference were reviewed in July 2017 by the Board as part of the review of the committees detailed in section 1.1. The Board of Directors approved key changes to the remit of the Quality and Safety Committee, along with a change in name to the Quality Committee, to reflect the expanded remit.

2.5 Cycle of Business

During its operation; the Quality and Safety Committee kept under review its own working arrangements and was mindful of the need to ensure that its remit fit appropriately with the other Committees of the Board of Directors as they were configured up to August 2017.

2.6 Conclusion

The Quality and Safety Committee took all reasonable steps to perform its duties as delegated by the Board and mandated in its Terms of Reference and in accordance with good governance arrangements.

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3. Quality Committee (October 2017 to March 2018)

3.1 Responsibilities

The first meeting of the Quality Committee took place in October 2017. It is a Committee of the Board of Directors. 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.

From October 2017 to March 2018 the Quality Committee carried out its duties as laid out in its Terms of Reference.

The Committee is responsible for:

- 3.1.1 Assuring safety, effectiveness and patient experience across all the Foundation Trust's services
- 3.1.2 Contributing to and overseeing the development of the Foundation Trust's annual Quality Report;
- 3.1.3 Determining and monitoring the programme of clinical risk management and clinical audit;
- 3.1.4 Overseeing the programme of work to move the CQC rating of the Foundation Trust to good/outstanding; and
- 3.1.5 Informing the development of the corporate objectives and priorities for inclusion in divisional annual plans
- 3.1.6 Overseeing the Foundation Trust's Information Governance requirements

These duties include a review and through examination of:

- 3.1.7 Serious Incidents, Infection Prevention and Control, Patient Experience, and other relevant reports;
- 3.1.8 Regular highlight reports from the Sub-Committees and
- 3.1.9 National reviews and inquiries which involve systems failure.

The Committee is also required to receive and review the strategic objectives allocated to it by the Board of Directors identifying any areas where additional assurance is required.

The Committee will also receive and review those Board Assurance Framework risks allocated to it by the Board, monitoring progress made in mitigating those risks, identifying any areas where additional assurance is required and escalating assurance to the Board of Directors as agreed by the Committee.

3.2 Membership and attendance record

The Committee met on a monthly basis and met six times during the reporting period.

Membership and attendance is recorded in the table overleaf.

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| MEMBERS | 27.9.17 | 25.10.17 | 29.11.17 | 20.12.17 | 31.1.18 | 28.2.18 | 28.3.18 | TOTAL |
|---|--------------------|----------|----------|---|---------|---------|---------|--------|
| James Walker (Chair until Sept 2017) | | | | | | | | 0 of 0 |
| Laura Stroud (Chair from Sept 2017) | | X | ✓ | ✓ | ✓ | ✓ | ✓ | 5 of 6 |
| Karen Dawber | | X | X | ✓ | X | ✓ | X | 2 of 6 |
| Bryan Gill | | X | X | ✓ | X | ✓ | ✓ | 3 of 6 |
| Cindy Fedell | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 6 of 6 |
| Donna Thompson | | X | ✓ | ✓ | ✓ | ✓ | X | 4 of 6 |
| Mohammed Iqbal | | ✓ | X | X | ✓ | | | 2 of 4 |
| Amjad Pervez | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 6 of 6 |
| Selina Ullah | | ✓ | ✓ | X | ✓ | X | ✓ | 4 of 6 |
| Jon Prashar | | | | | | X | ✓ | 1 of 2 |
| ✓ = Attended | X = Apologies sent | | | Denotes period when not a member of the Committee | | | | |
| | | | | Meeting cancelled | | | | |

Committee meetings are also attended by the Trust Secretary and Head of Performance.

The Quality and Safety Committee became the Quality Committee from September 2017.

3.3 Reporting Requirements

Each month the Quality Committee receives and reviews reports on the following standard agenda items;

- 3.1.1 Information Governance Report
- 3.1.2 Serious Incidents/Never Events Report
- 3.1.3 Nurse Staffing Data
- 3.1.4 Board Assurance Framework
- 3.1.5 Quality Committee Dashboard

In addition, the Quality Committee's work programme in 2017/18 has included a review of the following items either bi-monthly, quarterly, annually or, by exception.

- 3.1.6 Risk Management Report
- 3.1.7 Effectiveness Report (NICE and Audit)
- 3.1.8 Combined Learning Report
- 3.1.9 ProgRESS Report (100 day report)
- 3.1.10 CQC Compliance
- 3.1.11 Information Governance Toolkit
- 3.1.12 Quality Improvement Programme Update
- 3.1.13 Infection Prevention and Control
- 3.1.14 Security Management Standards for Providers
- 3.1.15 Patient Experience (including complaints)
- 3.1.16 Ward Accreditation
- 3.1.17 Leadership Walk round Update

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- 3.1.18 Safeguarding Children update (6 monthly report)
- 3.1.19 Safeguarding Adults Update (6 monthly report)
- 3.1.20 Deep Dives (requested by the Quality Committee)
 - Stroke
 - Accident & Emergency
 - Paediatric Stabilisation
- 3.1.21 Palliative Care Annual Report
- 3.1.22 'Freedom to Speak Up' Report
- 3.1.23 Committee Work plan 2018/19
- 3.1.24 Review Sub-Committees Terms of Reference
- 3.1.25 Children and Young People's Board Report
- 3.1.26 Clinical Audit & Effectiveness Sub-Committee Report
- 3.1.27 Safer Procedures
- 3.1.28 Patients First Sub-Committee Report
- 3.1.29 Patient Safety Sub-Committee Report
- 3.1.30 Quality Surveillance Report
- 3.1.31 SIRO Report
- 3.1.32 Research, Translation and Innovation Committee Report
- 3.1.33 Mortality Sub Committee Report

The Committee received and reviewed those Board Assurance Framework risks allocated to it by the Board, monitored progress made in mitigating those risks, identified any areas where additional assurance was required and escalated assurance to the Board as agreed by the Committee.

After each meeting, the Quality Committee reported to the next Board meeting by way of a summary report of key points discussed. Once the meeting minutes were agreed by the Quality Committee, a copy was submitted to the subsequent Board meeting. Minutes included a description of the business conducted, risks identified and key actions agreed. Issues that have been escalated to the Board include:

- 3.1.34 Staffing.
- 3.1.35 Presentation from the Division of Women and Children.
- 3.1.36 New Quality Committee Dashboard
- 3.1.37 Report on Security and Physical Assaults
- 3.1.38 Serious Incidents Report
- 3.1.39 VTE
- 3.1.40 Risk Management
- 3.1.41 Maternity Improvement Programme and Action Plan
- 3.1.45 Palliative Care Presentation and Annual Report
- 3.1.46 Patient Experience
- 3.1.47 Safeguarding Training for key BTHFT positions
- 3.1.48 Safety Thermometer
- 3.1.49 Stoke Services Deep Dive
- 3.1.40 A & E Quality Summit Follow Up
- 3.1.41 CQC Compliance
- 3.1.42 Review of Sub Committees reporting into the Quality Committee
- 3.1.43 Emergency Care Standard
- 3.1.44 Risk Management
- 3.1.45 'Our Quality Plan 2018/19'
- 3.1.46 Mortality Report
- 3.1.47 Paediatric Stabilisation

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3.4 Review of the Terms of Reference of the Performance Committee

The Quality Committee terms of reference were approved by the Board in July 2017. The terms of reference are reviewed annually and recommendations for any changes will be submitted to the Board of Directors for approval.

3.5 Cycle of Business

The Quality Committee keeps under review its own working arrangements and is mindful of the need to ensure that its remit fits appropriately with the other Committees of the Board of Directors.

7. Conclusion

The Quality Committee believes it has taken all reasonable steps to perform its duties as delegated by the Board and mandated in its Terms of Reference and in accordance with good governance arrangements.

Professor Laura Stroud
Non-Executive Director and Chair of the Quality Committee

August 2018