

## Report from the Quality Committee 25 July & 29 August 2018

<b>Presented by:</b>	Prof Laura Stroud, Non-Executive Director	<b>Author:</b>	Dr Bryan Gill, Medical Director Karen Dawber, Chief Nurse
<b>Previously considered by:</b>	Board of Directors on 13 September 2018		

Key points	Purpose:
1. This paper provides a brief summary of the key messages from the meeting of the Quality Committee meetings on 25 July & 29 August 2018.	To note
2. Attached at appendix 1 is the Quality Committee Annual Report	To note

Executive Summary:
<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 style="text-align: center;"><b>Key messages: Quality Committee meetings held on 25 July &amp; 29 August 2018</b></p> <p>The following is a summary of the key messages from the two committee meetings:</p> <p><b>1. Assurance the way forward</b> A separate paper has been submitted to the Board. This is available online at <a href="https://www.bradfordhospitals.nhs.uk/our-trust/how-we-make-decisions/">https://www.bradfordhospitals.nhs.uk/our-trust/how-we-make-decisions/</a> - the agenda and papers for the meeting held 13 September 2018.</p> <p><b>2. Maternity Services</b> The Committee remains sighted on Maternity Services Improvement Programme and discussed in detail the actions which are on track to be delivered within the planned timescales.</p> <p>The Board is receiving two specific papers</p> <ul style="list-style-type: none"> <li>- One in relation to an outlier alert for puerperal sepsis which the Committee received in July.</li> <li>- The second is in relation to notification from CQC that they are currently reviewing Maternity Services and have submitted an information request. The Committee will receive a summary of the information provided to the CQC at the next Committee meeting as it was required to be submitted on 31 August. A summary of information provided can be found in the specific paper to the Board of Directors.</li> </ul> <p>The Committee is expecting a further focussed discussion around the quality of Maternity Services during quarter 3.</p> <p><b>3. Stroke Services</b> The Committee received an in-depth service review presentation in July from the Stroke team providing progress reports on all actions taken and improvements that have been made to the delivery of the service. In August the Committee was extremely pleased to note the national SSNAP publication for the period April to June 2018 showed improvement from Level E to Level C which reflected an excellent recovery position. The Committee will however continue to keep a</p>

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focus on future developments however the Board will be receiving a separate report on Stroke Services.

#### **4. Performance**

The Committee has also focussed on the good performance recorded with regard to VTE (Venous thromboembolism), Clostridium difficile, MRSA and, Grade 3 and 2 pressure Ulcers.

#### **5. Annual Report from the Quality Committee to the Board of Directors**

The annual report was presented to the Board of Directors on 13 September 2018. Please find it attached at Appendix 1.

*The Council of Governors is asked to note the report.*

#### **Financial implications:**

No

#### **Regulatory relevance:**

#### **Monitor:**

Code of Governance

#### **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 deliver our financial plan and key performance targets

To provide outstanding care for patients

## **APPENDIX 1**

### **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

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- Information Governance Sub-Committee
- Patient Safety Sub-Committee
- Patients First Sub-Committee

2.1.6 National reviews and inquiries involving systems failure.

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

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- 2.3.37 Patients First Sub-Committee Report
- 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.

### **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**