

Meeting Title	Board of Directors		
Date	7/3/2019	Agenda item	Bo.3.19.10

A report from the Chair of the Quality Committee

Presented by	Laura Stroud, Non-Executive Director
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Lead Directors	Bryan Gill, Medical Director; Karen Dawber, Chief Nurse
Purpose of the paper	This paper is to provide the Board of Directors with an overview of the work of the Quality Committee in January and February 2019.
Key control	This paper is a key control for the strategic objectives to provide outstanding care for patients and to be a continually learning organisation
Action required	To note

Background

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.

The Quality Committee uses the assurance presented throughout its meeting, which is aligned to key controls for identified risks associated with delivering the Trust's strategic objectives

- to provide outstanding care for patients and
- to be a continually learning organisation

in combination with a review of the relevant risks on the strategic risk register to review the Trust's Board Assurance Framework. At the end of each meeting consensus is achieved in relation to the assurance level and associated statement. This is presented in the Board Assurance Framework.

Key Matters Discussed

1. Are our Services safe?

1.1 Strategy: Quality Dashboard

The Quality Dashboard is reviewed at every meeting and specific areas of quality performance considered have been:

- There has been sustained improvement on the sepsis indicators following the improvement programme, noting the positive impact of the EPR and the appointment of the sepsis nurse.
- Strong performance has been maintained on a number indicators including VTE assessment, Clostridium difficile, HSMR and MRSA.

1.2 Governance: Quality Oversight System

The Committee was informed of the work of the Quality Oversight system and noted the quality summit programme which includes: Stroke, Maternity, Theatres, Haematology and Accident and Emergency services. It was assured that the appropriate level of scrutiny was in place and that the risks described corresponded with those that are currently being managed on the Strategic Risk Register or had been highlighted previously to the Committee.

The Committee were informed of a current CQC inspection into safeguarding and looked after children services across the health economy, which involved maternity, accident and emergency and paediatric services in the Trust. The Committee will receive formal feedback when the inspection process is concluded.

1.3 Key Control: Serious Incidents

The Committee receives a report detailing serious incidents declared and serious incident investigations completed at each meeting. The Committee was assured the governance associated with management of this type of incident, and explicitly the identification of recommendations and learning was proportionate and

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appropriate.

1.4 Key Control: Safe Staffing

The Committee receives a report relating to safe staffing every month, this report is also received by the Workforce Committee. The Committee was alerted to areas of potential risks and decided that it was assured that appropriate mitigation was in place to manage risk associated with staffing.

1.5 Key Control: Safer Procedures

The Committee received assurance in relation to the safer procedures collaborative, but also a specific piece of work being undertaken to assure the Trust's response to the implementation of National Safety Standards for Interventional Procedures (NatSSIPs). The Committee will receive further assurance during quarter 1 2019/20.

1.6 Risk: Sepsis

The Committee received a presentation in relation to the progress with the sepsis action plan and the implementation of NEWS2 (the revised national early warning score) and were assured that the actions currently in progress were effective.

1.7 Risk: VTE information for patients

The Committee received assurance in relation to the response made by the Trust in relation to a Regulation 28 notice from HM Coroner. The Committee was satisfied that the Trust had responded appropriately and proportionately.

2. Are our services effective?

2.1 Key Control: Information Governance

The Committee reviewed the content of the Information Governance report and the Senior Information Risk Owner's (SIRO) report and decided that it was assured that information governance was being effectively managed in the Trust and that actual and latent risks were being managed appropriately.

2.2 Key Control: Effectiveness Report (Quarter 2)

The Committee received the Quarter 3 Clinical Effectiveness report. It again acknowledged the concerns described about the participation of the Trust in the National Audit Programme, but decided that it was assured that risks were being identified and managed in a consistent way and mitigated appropriately. The Committee also decided that it was assured that the appropriate governance is in place to manage the clinical effectiveness programme of work in general, and to effectively escalate actual, emergent and latent risk. The Committee are keen that the Trust's approach to the High Priority Audit Plan for 2019/20 is reflective of both the mandated national audit programme but also of the quality improvement priorities of the organisation.

3. Are our services responsive?

3.1 Key Control: End of Life Care National Audit

The Committee received a presentation from the Palliative Care team, subsequent to the receipt of the national audit report. The Committee were again informed of capacity and demand issues within the service, and clear opportunities for change and improvement. The Committee requested that the issues raised were discussed at a meeting of the Executive Management Team.

1. Are our services caring?

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1.1 Key Control: Patient Experience Report (Quarter 2)

The Committee received the Quarter 3 patient experience report. The Committee noted positive achievements described in the report, but required further information and assurance at its next meeting associated with the maternity inpatient survey.

2. Are our services well led?

2.1 Governance: Quality Account

The Committee received an update in the progress with the actions described in the 2017/18 Quality Account relating to Pressure ulcers and safer interventional procedures (see 1.5). The Committee reviews the incidence and harm caused by pressure ulcers on a monthly basis and received detailed assurance in relation to the progress being made and the governance associated with the reporting, investigating and learning from pressure ulcers occurring where there have been identified omissions in care, but also in relation to the impact of the quality improvement initiatives which are being implemented across the Trust.

2.2 Key Control: Freedom to Speak Up Quarter 3 report

The Committee received this report and noted the governance associated with this initiative in relation to both workforce and governance issues.

2.3 Key Control: Bradford Accreditation Scheme

The Committee approved the Bradford Accreditation Scheme, which is designed to accredit care environments (wards/departments) based on a range of quantitative and qualitative measures of quality. The Committee was informed of the governance and escalation of concerns framework in relation to this scheme.

2.4 Risk: Maternity Services Report

The Committee noted this report and required further assurance in relation to the sustainability of the changes and improvements being made in the quarter 4 report.

2.5 Governance: Sub-Committee reports

The Committee received reports from the Patient Safety Sub-Committee and the Children and Young Peoples Board. It also received a report from the Research, Translation and Innovation Committee. The Committee was assured in respect of the work being undertaken by its sub-committees and other committees which support the assurance associated with the achievement of the strategic objectives.

Recommendation

The Board of Directors is requested to note the work of the Quality Committee in scrutinising the Foundation Trust's arrangements for the management and development of safety, effectiveness and patient experience. It is also asked to note the assurance level and statement agreed by the Committee which is provided on the Board Assurance Framework.

Strategic Objective 1: To provide outstanding care for patients

Limited Confidence: There is increasing confidence that structures and processes to identify and support the mitigation of risk associated with the achievement of this strategic objective are established. The Quality Committee recognises the improvements that have been made and will undertake a formal review of achievements and performance during 2018/19 at the April meeting.

Strategic Objective 4: to be a continually learning organisation

Confidence: Evidence continues to be presented to Committees and Board which demonstrates the significant progress made, recognising that there are further opportunities for change and improvement. The Quality Committee will undertake a full review of achievements and performance during 2018/19 in April 2019.

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Risk Implications	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	▪	
Quality implications	▪	
Resource implications	▪	
Legal/regulatory implications	▪	
Diversity and Inclusion implications		▪

Regulation, Legislation and Compliance relevance
NHS Improvement: Risk assessment framework, quality governance framework, code of governance , annual reporting manual
Care Quality Commission Domain: <i>Safe, caring, effective, responsive, well led</i>
Care Quality Commission Fundamental Standard:
Other (please state):

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
▪	▪				