

Meeting Title	Board of Directors		
Date	11/7/2019	Agenda item	Bo.7.19.12

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 May and June 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:

- Strong performance has been maintained on a number indicators including **VTE assessment**, **Clostridium difficile**, **MRSA** and the Hospital Standardised Mortality Ratio (HSMR).
- The Committee agreed there was no evidence for specific concern in relation to the Trust wide data in relation to **pressure ulcers**.
- The Committee noted the continuing improvement trajectory related to **complaints** and the work being planned to review the indicator to ensure it provided an effective representation of performance.
- The Committee again noted that the **readmission** rate has increased significantly post Electronic Patient Record (EPR) implementation. The Committee were informed of and assured that there was work being undertaken to understand this data, particularly in relation to the coding of planned readmissions. The Committee were informed that the Finance and Performance Committee receives this data and it is under consideration to assist benchmarking.
- The Committee expressed concern in relation to the number of **night time discharges** and requested further assurance, a purposefully sampled audit at its July meeting.

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.

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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 appropriate. The Committee requested additional assurance in relation to the care of people experiencing their first fit as a result of considering the outcome of a serious incident. In addition the Committee requested a comprehensive summary of the contributory factors to the development of a grade 4 pressure ulcer.

1.4 Key Control: Our Quality Plan

In March the progress with 'Our Quality Plan 2018/19' was discussed by the Quality Committee in the context of the organisational restructure and its timeframe was extended to September 2019, as proposed by the Chief Medical Officer and Chief Nurse, to enable a period of engagement and review. As a result the Director of Governance and Corporate Affairs had commissioned a review of the progress to date to provide assurance in relation to the continued focus on and improvements being made associated with the delivery. The paper is a summary of the content and outcome of the review providing assurance in relation to delivery of the Quality Plan 2018/2019, focussing on developments for 2019 onwards being proportionate, appropriate and describing the achievements and the work ongoing. The Committee accepted the report as strong evidence to support the confidence the Committee has in relation to the delivery of the Quality Plan.

1.5 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.

1.6 Key Control: Operational Plan 2018/19

The Committee received, as planned the 2019/20 Operational Plan submitted to NHS Improvement and the Committee considered the next steps in relation to assurances regarding qualitative implications in association with activity, quality, workforce and financial planning, membership and the quarterly improvement plan, the committee were assured that, since January 2018, when the last report was received, assessments have been evaluated by the Chief Medical Officer and the Chief Nurse, with any concerns reported by exception to the Quality Committee. The importance of aligning to other reporting mechanisms in this time of significant change and to ensure the correct assurance levels was noted.

1.7 Risk: Haemoglobinopathy and Haemophilia Services Peer Review Outcome

Following a Rapid Response Peer Review visit of the Haemoglobinopathy and Haemophilia Service by NHS England and NHS Improvement Specialist Commissioning Team on 11 April 2019, the Committee received assurance in relation to the response required by the Specialist Committee team, and were assured that they had been sighted on the issues relating to the service through previous reports and through the report of the Quality Oversight System.

1.8 Key Control: Safeguarding Adults Annual report

The Committee received the Safeguarding Adults Annual report and was assured that the report demonstrated the effectiveness of the controls in place to ensure a consistent and high quality approach to safeguarding adults in the Trust.

1.9 Key Control: Safeguarding Children Annual report

The Committee received the Safeguarding Children Annual report and was assured that the report demonstrated the effectiveness of the controls in place to ensure a consistent and high quality approach to safeguarding children in the Trust. The Committee also received an update in relation to the CQC area

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review of safeguarding children, and the steps the Trust was taking to address the recommendations.

1.10 Key Control: Maternity Annual report

The Committee received the Maternity Annual report and was assured that the report demonstrated the effectiveness of the controls in place to ensure a consistent and high quality approach to safeguarding children in the Trust. The Committee also received an update in relation to the progress being made within the CNST Safer Maternity Standards, and the steps the Trust was taking to address the requirements. The Committee was assured that these were proportionate and appropriate. In addition the Committee received a detailed presentation in relation to the Quality Improvement plan being implemented within the service.

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 Quarterly Report

The Committee received the Quarter 4 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.

2.3 Key Control: Clinical Audit Annual Report

The Committee received the Clinical Audit Annual Report and were assured in relation to the conduct and content of the work undertaken by the Trust during 2018/19 and considered the report in relation to the reports the Committee had received during the year.

2.4 Risk: Infections Diseases Service Mitigation Plan

The Committee received the Trust plan which has been developed in relation to a significant strategic risk and was assured that appropriate and proportionate mitigation was in place

2.5 Key Control: Learning from Deaths Quarterly report

The Committee received the Learning from Deaths Quarterly report and were assured in relation to the conduct and content of the profile of work being undertaken by the Trust during 2018/19.

2.6 Key Control: Security Annual report

The Committee received the Security Annual report and were assured in relation to the conduct and content of the profile of work being undertaken by the Trust during 2018/19. The Committee noted the reflection in the report of the measures being taken to address the strategic risk relating to the management of patients whose behaviour requires de-escalation or who require restraint.

3. Are our services responsive?

4. Are our services caring?

4.1 Key Control: Patient Experience Quarter 4 and Annual Report

The Committee received the Quarter 4 patient experience report. The Committee noted positive

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achievements described in the report, but required further information and assurance associated with the results of the National Inpatient Survey.

5. Are our services well led?

5.1 Governance: Quality Account

The Committee approved the 2018/19 Quality Account, as defined in the associated work programme.

5.2 Governance: Sub-Committee reports

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. It received and approved the revised Terms of Reference of the Health, Safety and Resilience Sub-Committee.

5.3 Key Control: Freedom to Speak Up Annual report

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

5.4 Key Control: Health and Safety Annual Report

The Committee received the Health and Safety Annual report and were assured in relation to the conduct and content of the profile of work being undertaken by the Trust during 2018/19.

5.5 Key Control: Emergency Preparedness and Resilience and Response Core Standards Update

The Committee were pleased to note the compliant status of the Trust and was assured by the approach to assuring compliance described within the update provided.

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

Confidence: There is 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 undertook a formal review of achievements and performance during 2018/19 at the April meeting to confirm this assurance level.

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 undertook a full review of achievements and performance during 2018/19 in April 2019. As a result they recommended that this should no longer be a strategic objective of the organisation, but referenced in a revised vision or mission statement and the effectiveness of the key controls monitored through other relevant strategic objectives.

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			

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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)
▪	▪				