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Date	12/9/2019	Agenda item	Bo.9.19.13

## A report from the Chair of the Quality Committee

Presented by	Laura Stroud, Non-Executive Director
Author	Jacqui Maurice Head of Corporate Governance
Lead Directors	Bryan Gill, Chief Medical Officer; 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 July 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:

- Catheter associated Urinary Tract Infections (UTI) –The Committee were assured by the reports of the extensive work undertaken by the Infection Prevention and Control Team and noted that E-coli prevention measures and care guidance for catheters are being rolled out across the Trust.
- The Committee noted the increase in the number of cases over the last month of **C.Difficile** cases. And were assured that this was being monitored closely by the Infection Control Committee.
- The Committee reviewed the new metrics related to **complaints**. The Committee noted that in January 2018 there were 228 complaints being managed within the system which had now been reduced to between 60 and 85 in the system at any one time.

##### 1.2 Governance: Quality Oversight System

The Quality Committee considered the recent industrial action and the importance of being sighted on any impact over what could be a prolonged period of action. The important role of the Quality of Care Panel meetings was noted during this time and in particular ensuring agreement with families over timescales, where there might be any investigative delays. The Committee received assurances that the Trust would risk assess the situation as necessary. Whilst there were no apparent issues related to quality of care due to industrial action to date – decisions will be made with regard to the meetings required to be held during any industrial action. The Committee recognised that there is still a considerable risk to manage and there was a need for the Trust to closely monitor the effectiveness of the mitigations and take action as required. The Committee

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noted that the Clinical Commissioning Groups are sited on the arrangements and the Board of Directors are also fully sited on plans and arrangements in place.

### **1.3 Risk: Update of Rapid Response Peer Review of Haemophilia and Haemoglobinopathy Services.**

The Committee were informed that the Haematology Service has been the subject of a Trust level Quality Summit since September 2018. A comprehensive action plan has been developed and a full report on progress will be reported to the Quality Committee is expected in September 2019.

### **1.4 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 also noted that The West Yorkshire Association of Acute Trusts has agreed to produce a system for shared learning of SI reports.

### **1.5 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.

### **1.6 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.

### **1.7 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.

### **1.8 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.

### **1.9 Key Control: Patient Safety and Health and Safety Management and Compliance Incident**

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## Report

The Committee received the Patient Safety and Health and Safety Management and Compliance Incident Report and was assured that the report demonstrated the effectiveness of the controls in place to ensure a consistent and high quality approach to the management of incidents in the Trust.

### 1.10 Governance: Maternity Incentive Scheme Assurance Statement

The Committee received a Maternity Incentive Scheme Assurance Statement relating to the request by the Board of Directors to assure the contents of the submission made. The report was noted by the Committee and The Committee noted the significant work undertaken by Maternity on behalf of the organisation. The Committee were assured that the Trust would be in a position to submit full compliance prior to the 15 August 2019 deadline.

### 1.11 Nurse Staffing Data Publication – June 2019

The Committee received and noted the report, and were assured by the approaches being taken to understand risks related to staffing and the steps being taken to mitigate them.

## 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: Maternity Report – Quarter 1 – April to June 2019

The Committee received the Maternity Report – Quarter 1 – April to June 2019 and noted the challenges and the complexities in the care but were assured by the work being undertaken and the report was noted by the Committee.

### 2.3 Key Control: Mortality Review Improvement Programme/Learning from Death Update (April to June 2019)

The Committee approved the report and noted the progress made around the mortality review programme to date.

### 2.4 Key Control: Annual Clinical Audit Report

The Committee noted the scale of the audit programme and the amount of work involved to evidence and identify good practice and where standards may have fallen below good practice. The Committee were assured that the Trust applies the appropriate rigour to ensuring its services are effective through the use of clinical audit.

## 3. Are our services responsive?

## 4. Are our services caring?

### 4.1 Risk: Update on In-patient Survey Actions

The Committee received an update from the Chief Nurse who confirmed that the Patient Experience Collaborative was introduced on 24 July 2019 to drive improvement. The Committee will receive routine updates in relation to progress with the actions being taken and their impact

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## 5. Are our services well led?

### 5.1 Governance: Leadership Walk-round Quality Update/Engagement Walkround Quarterly Update

The Committee were concerned that a number of workarounds had been cancelled and ask that this was reviewed by the Director of Governance and Corporate Affairs

#### 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			
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		▪

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

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