

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>12.3.20</b>	<b>Agenda item</b>	<b>Bo.3.20.10</b>

## A report from the Quality Committee

Presented by	Bryan Gill, Chief Medical Officer; Karen Dawber, Chief Nurse		
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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 January and February 2020		
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			
<ul style="list-style-type: none"><li>to provide outstanding care for patients and</li><li>to be a continually learning organisation</li></ul>			
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 and Assurances Received			
	Strategy/governance/risk		Level of assurance
1. Are our Services safe?			
1.1	Strategy: Quality Dashboard		Level 1 operational
	The Quality Dashboard is reviewed at every meeting and specific areas of quality performance considered.		
1.2	Governance: Quality Oversight System		Level 1 operational
	The Quality Committee considered the contemporaneous summary of the work of the Quality Oversight System which is routinely provided. The continued important role of the Quality of Care Panel meetings was noted.		
1.2	Key Control: Serious Incident Report		Level 1 operational
	The Committee receives a report detailing serious incidents declared and serious incident investigations completed in the preceding month at each meeting. In particular it noted the Serious Incident declared in relation to the endoscopy service and the ongoing processes in place to support the identification of any harm and also the improvement trajectory		
1.3	Key Control: Nurse Staffing		Level 1 operational
	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 in specific risk assessments. In particular it noted the consistent approach being applied across discreet wards (where there had been an increase in pressure ulcers) to sustainable Quality Improvement in relation to the implementation of prevention strategies.		
1.4	Strategy: National Patient Safety Strategy		Level 1 operational
	The Committee reviewed the actions identified and agreed in relation to the national patient safety strategy and agreed reporting schedule back to the Committee and associated assurance required.		
1.5	Key Control: Infection Prevention Control Exception report		Level 1 operational

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	The Committee were informed that the reported increase in CDI cases during November and December had received a detailed investigation and no episodes of cross infection had been identified. The Committee received recommendations to support a reduction in cases	
<b>2. Effective</b>		
<b>2.1</b>	<b>Key Control: Clinical Effectiveness Quarterly Report</b>	<b>Level 1 Operational</b>
	The Committee reviewed the content of the report and considered the risks identified in relation to the implementation of external recommendations and the management of the national audit programme. The Committee acknowledged the initiation of a change in focus of the work in relation to clinical effectiveness with a clear focus on sustainable quality improvement.	
<b>2.2</b>	<b>Key Control: High Priority Audit Plan 2020/21</b>	<b>Level 3 Independent</b>
	The Committee approved the High Priority Audit Plan 2020/21.	
<b>2.3</b>	<b>Risk: Focus on Stroke Service</b>	<b>Level 1 Operational</b>
	The Committee received information in relation to the delivery of the stroke service and its performance in relation to the national audit (SSNAP). It considered changes in staffing and morale within the team. It noted that the Patient Safety Committee was due to receive a detailed presentation at its meeting in March.	
<b>2.4</b>	<b>Risk: 3468 Data Quality</b>	<b>Level 1 Operational</b>
	The Committee requested specific assurance in relation to Strategic risk 3468 and discussed the controls in place, mitigation and associated assurance.	
<b>2.5</b>	<b>Assurance: Information Asset Ownership Internal Audit</b>	<b>Level 1 Operational</b>
	The Committee received specific information in relation to the actions being taken to address the recommendations within the limited assurance internal audit report.	
<b>2.6</b>	<b>Key Control: Information Governance</b>	<b>Level 1 Operational</b>
	The Committee received a report relating to the current status of IG and the annual Toolkit. In addition the quarterly SIRO report was received by the Committee and will be received by the Board of Directors	
<b>2.7</b>	<b>Risk: Sepsis Internal Audit Report</b>	<b>Level 1 Operational</b>
	The Committee received a Significant Assurance Internal Audit report in relation to the management of sepsis. At the request of the Audit and Assurance Committee the Committee reviewed the outcome of the report and it was confirmed and agreed that the Patient Safety Committee would review the required assurance in relation to the recommendations at its March meeting, which would subsequently be reported to the Committee in its routine Quarterly Sepsis Report.	
<b>3. Are our services responsive?</b>		
No specific items were identified for highlighting to the Board of Directors in this domain.		
<b>Are our services caring?</b>		
<b>4.1</b>	<b>Key Control: Patient Experience</b>	<b>Level 1 Operational</b>
	The Committee received the quarterly report and noted areas of risk and were informed of the Trust's response to the Health watch 'Shifting the Mindset' publication	
<b>4. Are our services well led?</b>		
<b>5.7</b>	<b>Assurance: Delivering the Patient and public engagement strategy</b>	<b>Level 1 Operational</b>
	The Committee received a presentation describing the approach to the delivery of the Patient and Public Engagement Strategy.	
<b>5.8</b>	<b>Risk: EPRR</b>	<b>Level 2 Oversight</b>
	The Committee received additional assurance in relation to compliance with EPRR standards following the escalation from the Audit and Assurance Committee.	
<b>5.8</b>	<b>Assurance: Maternity Service</b>	<b>Level 1 Operational</b>

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	Following the Annual Maternity Services Report presented to Quality Committee in May 2018, it was agreed that the Committee would be provided with a quarterly update of the activities of the maternity service, including key risks, successes and improvement work. The Committee were provided with a report outlining key issues emerging in Quarter 3 2019/20. The paper described consistently good clinical outcomes along with a significantly improved midwifery staffing position. The paper also highlighted key priorities for 2019, including the requirement to achieve 20% of women booked on a Continuity of Carer pathway, to include continuity during birth, by March 2020. It also described risks to the service, including obstetric theatre ventilation.
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#### Committee Governance

##### 6.1 Self-Assessment and review of compliance with Appendix 1 of Terms of Reference

	The Committee developed a summary of its compliance with Appendix 1 of its Terms of Reference for submission to the Audit and Assurance Committee and reviewed the results of the self-assessment undertaken by its members.
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#### 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.
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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 (b)	g (a)		
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
<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>

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**Other (please state):**

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