

## Quality Committee

### Item 6.1.2

**Subject:** Annual Assurance Report - Quality Committee 2018/19  
**Date of meeting:** Tuesday 26<sup>th</sup> March 2019  
**Prepared by:** Sue Pemberton, Director of Nursing and Quality  
Dr Nicholas Brookes, Non-Executive Director & Quality Committee Chair  
**Presented by:** Sue Pemberton, Director of Nursing and Quality

BAF Ref	Impact on BAF
1.1,1.2	None

#### 1. Executive Summary

The purpose of this report is to provide assurance to the Board of Directors on the performance of the Quality Committee. The Annual Report summarises activity of the Trust's Quality Committee for the financial year (April 2018 – March 2019) and outlines how it has met its Terms of Reference (TOR) and key priorities. The committee met on four occasions during this financial year.

The purpose of the Quality Committee is laid down in its TOR; in summary, it is responsible for providing the Trust Board with assurance on all aspects of quality including delivery, governance and clinical risk management. The report identifies the core issues discussed and debated and the assurances received. It also highlights where improvements are required for 2019/20 to strengthen the assurance on quality for the Board of Directors.

#### 2. Background

The Trust has four assurance committees of which the Quality Committee is one. The Committee operates via a work plan devised from its terms of reference. In April 2016 the Trust underwent its formal inspection from the CQC and was rated outstanding overall with outstanding ratings awarded for effective, caring and well-led. The surgical services have recently been inspected and the Trust has undergone its CQC well led inspection. The outcome of these inspections is expected in April 2019.

#### 3. Main Priority and Objective

The Quality Committee shall provide the Board of Directors with a means of independent and objective review of quality governance. The committee's main priority is to review and scrutinize assurances that the Trusts strategic priorities for quality improvement are identified, implemented and monitored.

## 4. Duties and Responsibilities

The Committee will promote safety and quality in patient care and experience and help to identify priorities and risks arising from clinical care and treatment on a continuous basis.

### 4.1 Quality Strategy

The Committee received the Trusts updated Quality and Safety Improvement Strategy (2017-2020) in October 2018 and received assurance on the delivery of the strategy as below.

### 4.2 Quality Impact Assessments (QIAS) relating to cost improvements

The committee received quality impact assessments and assurance on the process of sign off for QIAS at its meeting in April 2018. Further assurances on the process were received in July 2018, October 2018 and January 2019.

### 4.3 Clinical Effectiveness

The committee receives a quality report via the Quality and Patient and Family Experience Committee and a Quality dashboard which provides assurance in the following areas pertaining to patient safety and quality:

- **Mortality** – Mortality data were reviewed in all four meetings of the Quality Committee. The process involves examination of HSMR data and feedback from the Medical Director on the performance of consultants. In its April 2018 meeting the Committee received the mortality annual report and reviewed the individual CUSUM charts for both medicine and surgery. The Committee received assurance that consultant performance was being managed in line with the Trust policy. The report outlined how the mortality review process was being improved in line with national guidance and how learning from deaths had been implemented.
- **Emergency readmissions** – The Committee noted in its April 2018 meeting that over 90% of readmissions were to other providers. The Associate Medical Director for medicine is the lead for the action plan to address improvements required to minimise readmissions.
- **VTE assessment and prophylaxis** - The committee received assurance of good compliance with VTE risk assessment. Prophylaxis implementation had been variable and below target but, more recently, has improved and is now above target.
- **Mixed sex accommodation breaches** –Excellent performance has been noted by the committee with minimal mixed sex breaches.
- **Falls and Pressure ulcers** – The committee has received assurance of the work undertaken to reduce the incidence, and noted significant improvements.
- **Radiology alerting and acting on alerts was an area that required improvement in 2018/19** – this has been achieved with much improved compliance.
- **Sepsis** – The committee has monitored the Trust's compliance with sepsis policies throughout the year and noted the major educational efforts and improvements that have been put in place to address completion of the sepsis bundles. This has resulted in some improvements but will require continued focus in 2019/20.
- **Medication safety** – At its April 2019 meeting the committee received a report on missed doses and was assured that legitimate reasons existed in most cases such that the number of true missed doses was low. An action plan was in place which included improvements to EPR and a review of the nurses' administration of medicines page. Subsequently the committee received the medications incidents strategy and the medicines policy annual report.
- **Infection rates** - The committee has received assurance at all meetings of continuous improvement in infection prevention with sustained low infection rates. The one area noted to require further improvement was CPE; the committee received assurance that a plan is in place to ensure that all appropriate prevention measures are in place.
- **CQUINS** – assurance has been provided at all meetings of progress in achieving national and local CQUINS, and good performance has been noted.

#### **4.4 Additional assurances received**

- The sentinel stroke audit and stroke update demonstrated progressive improvement in all domains.
- National Early Warning Score (NEWS) and Modified Early Warning Score (MEWS). This has been discussed within the committee and concerns, based on clinical opinion and audit data, regarding the requirement to move to the NEWS were noted.
- Diabetes annual report – the committee were assured on the improvements to date and noted the areas requiring further improvement.
- Getting it right first time (GIRFT) surgical report progress update was received in October 2018. The committee received assurance that there was a clear action plan in place to address the areas for improvement and that this plan was being presented to the surgical audit group bi-annually.
- CQC mortality alerts – The committee received notification of 2 mortality alerts. A detailed review had been undertaken and a comprehensive report had been reported to the Board of Directors. The Committee took assurance of the active management of mortality in cardiac surgery and specifically CABG (other).
- Other clinical indicators – The committee has received assurance on the development and implementation of Natsips and Locsips. In particular, assurance was received that the Trust has an action plan in place in relation to compliance with care and management protocols for naso-gastric tubes.. In addition, assurance was received that the Trust is compliant with the WHO checklist in theatres and catheter labs, and is meeting the required standards of nutrition.
- End of life – the committee received assurance via the key issues report from QPFEC regarding implementation of the trust-wide end of life strategy. It was noted that the end of life dashboard was due to go live in March 2019 that inpatient referrals had increased by 8% and that all patients had been seen within 24hrs of referral to the team. Assurance was also received that end of life training was now available on e-learning.

#### **4.5 Annual Reports**

The committee has received annual reports directly or via the Quality and Patient and Family Experience committee for;

- Diabetes
- Medicines policy
- Drugs and Therapeutics
- Safe medications
- Mortality
- The Director of infection prevention
- The NHS National patient survey
- Cancer
- Incidents claims and complaints
- Complaints

#### **4.6 Annual Quality Report**

The quality report has been completed in accordance with statutory requirements, forming part of the annual report.

#### **4.7 External Regulations**

The Committee received an update on the PLACE report (external report) and was informed that the Trust had achieved above the national average in all domains.

#### **4.8 Patient and Family Experience**

The committee has been provided with assurance against the Patient and Family Experience measures via the quality report. In addition, the Committee received the national patient survey results

which demonstrated that the Trust was rated top in the country for overall patient care.

#### 4.9 Research and Development

The Committee has received assurance relating to objectives included in the updated research and development strategy document.. It was noted that two of the principal research initiatives had been taken forward. The department has implemented an action plan to prepare for an anticipated Medicines and Healthcare Products Regulatory Authority (MHRA) inspection.

#### 5. Membership and Attendance

Three nominated Non-Executive Directors, one of whom will be Chair and one Vice Chair. In attendance at all meetings: Director of Nursing and Quality, Medical Director, Director of Strategy and Organisational Development, Director of Research and Informatics.

Position - month meeting occurred	Non-Executive Director (Chair)	Non-Executive Director	Non-Executive Director	Director of Nursing and Quality	Medical Director	Director of Research and Informatics
April 2018	√	√	√	√	√	√
July 2018	√	√	√	√	Apologies RP – MK attended	√
October 2018	√	√	√	√	√	√
Jan 2018	√	√	√	√	√	√

#### 6. Equality and Inclusion

The committee received the equality and inclusion assurance update at its July 2018 and January 2019 meetings.

#### 7. Priorities for 2018/19.

Priorities for 2019/20 include:

- Assurance on the progress of the GIRFT surgical action plan
- Continuous improvement in sepsis documentation and management
- Outcomes of the strategy to reduce medication incidents

#### 8. Conclusion

Throughout the past twelve months the Quality Committee has received assurance on quality and the key priorities of responsibility that are identified in the committee's TOR. The Committee has met on four occasions with meetings occurring quarterly. Review of the recorded minute taking documentation confirmed excellent attendance of all Committee members.

This annual assurance report review has identified from the minute recording documentation that the Committee has received assurance against the criteria of the TOR. Amendments have been made to the TOR to highlight areas that need attention in 2019/20, and which require Board approval.

## **9. Recommendations**

The Board of Directors to receive assurance that the Quality Committee has met its terms of reference, and to note the areas requiring improvement in Trust performance.