

## Audit Committee

### Item 6.1b

**Subject:** Annual Assurance Report - Quality Committee 2016/17  
**Date of meeting:** 24<sup>th</sup> April 2018  
**Prepared by:** Sue Pemberton, Director of Nursing and Quality  
**Presented by:** Sue Pemberton, Director of Nursing and Quality  
**Purpose of Report:** To note

BAF Ref	Impact on BAF
1.1, 1.2	No impact

#### 1. Executive Summary

The purpose of this annual report is to provide assurance to the Board of Directors on the performance of the Trust's Quality Committee. It summarises the activity of the committee for the financial year April 2017 – March 2018 and outlines how it has complied with its Terms of Reference (TOR) and key priorities.

The committee met on four occasions during the year. Its purpose is laid down in its TOR: in summary, to provide the Trust Board with assurance on all aspects of quality including delivery, governance and clinical risk management. This report identifies the core issues that were discussed and the assurances that were received. It also highlights the improvements required for 2018/19 to strengthen the assurance on quality for the Board of Directors.

#### 2. Background

The Quality Committee is one of three Trust assurance committees. It operates to a work plan derived 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 report detailed many examples of the quality of care provided by the Trust.

#### 3. Main Priority and Objective

The Quality Committee is constituted to provide the Board of Directors with an independent and objective review of quality governance. Its main priority is to scrutinise assurances that the Trust's strategic priorities for quality improvement are identified, implemented and monitored.

In October 2017 an exercise was conducted by MIAA to examine the effectiveness of the Quality Committee. Overall the review found that it operated well; however, there were suggestions for improvement which have been reflected in the updated TOR for 2018/19. The main focus of the recommendations, which was accepted by the Trust Board, was to eliminate duplications with the Divisional Quality and PFEC committee that is chaired by the Medical Director and between the Quality Committee and the Board of Directors.

#### 4. Duties and Responsibilities

The Committee is required to promote safety and quality in patient care and experience, and to help to identify priorities and risks on a continuous basis.

##### 4.1 Quality Strategy

The Committee received the Trust's Quality and Safety Improvement Strategy (2017-2020) in April 2017. The strategy has since been refreshed and will be presented to the Committee in April 2018.

The Committee has monitored and received assurance on:

**4.2 Quality Impact Assessments (QIAS) relating to cost improvements** – The committee received and reviewed five quality impact assessments at its meeting in April 2017 and also received assurance on the process of sign off for QIAS. Further assurances on the process were received by the committee in July 2017 and January 2018.

**4.3 The quality report**, which addressed assurance in the following areas:

**Mortality** – Mortality data were reviewed at all four meetings of the Committee; this involved a review of HSMR data and feedback from the Medical Director on the performance of individual consultants. In its April 2017 meeting the committee received an update on the new National Guidance on mortality governance – Learning from deaths. In July 2017 the committee discussed the HSMR ratios in relation to RAG ratings and risk-adjusted targets. Whilst a number of targets were rated amber, this reflected a small deviation from the standard and was not considered to be a cause for immediate concern; however, in the January 2018 meeting the Medical Director detailed the on-going work to address the amber-rated mortality indicators. In addition the Trust had responded to two mortality alerts,

- **Readmissions** – the committee reviewed readmission rates in its July 2017 meeting and noted that performance for elective admissions was better than the national average in-month and year to date although non-elective readmissions remained amber. The committee was appraised of work that was underway in the divisions to provide a more detailed analysis of the data.
- **VTE assessment and prophylaxis** - The committee received assurance via the quality performance report of good compliance with VTE risk assessment. Prophylaxis had been under target and performance variable; more recently, however, it has improved and is now above target.
- **Mixed sex accommodation breaches** – Excellent performance has been noted by the committee with minimal mixed sex breaches.
- **External Regulation** – The committee received the Trust's CQC action plan in response to its inspection in April 2016 together with the additional actions that have been taken as a result of internal monitoring and mock inspections. It also received updates in relation to the four key quality priorities for the Trust and the national and local CQINS.
- **Annual reports** – The committee received the following annual reports:
  - Diabetes,
  - Medicines policy,
  - The Director of Infection prevention,
  - The NHS National patient survey
  - Safeguarding,
  - Complaints,
  - Resuscitation

#### 4.4 Annual Quality Report

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

#### 4.5 External Regulations

The Trust underwent its planned CQC inspection on 26-29th April 2016 and was rated outstanding. The committee received an update on the Trust's external PLACE report and noted that its score was above the national average in all domains.

Sign up to safety – the committee received assurance on the improvements made as a result of the sign up to safety campaign.

#### 4.6 Patient Safety

The Committee has identified the priority areas for consideration:

- **Infection prevention and control** – infection rates have been presented as part of the quality report and good progress has been made.
- **Safety thermometer** – assurance received through the quality report
- **Incident reporting and learning** and updates on serious incidents and one never event – assurance received through the IICC report and additional verbal feedback.
- **Naso-gastric compliance** – assurance received that the Trust has an action plan, with training, care and management protocols in relation to NG tube compliance.
- **Other clinical indicators** – assurance received on falls, pressure ulcers, medications errors, sepsis, the WHO checklist, the development of Natsips and Locsips, infections, complaints and radiology alerting

#### 4.7 Clinical Effectiveness

The Committee received the clinical audit annual assurance report via the QPFEC key issues report in October 2017. The report included the process for introduction of new technologies and the improvements made throughout the last 12 months. Overall, it was noted that all National and data audit targets had been achieved for the year.

**4.8 Effective Governance surrounding mortality reviews** – the Committee has monitored and received assurance that the Medical Director is working with the Associate Medical Directors to ensure timely performance of mortality reviews. The new mortality review process is in place and continued scrutiny is required to ensure that the policy is followed.

**4.9 Effective Governance surrounding Sepsis** - has been continuously monitored by the committee. In April 2017 the committee noted that the taking of blood cultures prior to antibiotic therapy and the one-hour target from prescription to antibiotic administration required improvement. Some improvement in both targets was noted by the committee in January 2018. The Medical Director explained that a number of actions were in place in order to further improve compliance with the sepsis protocol.

#### 4.10 Patient and Family Experience

The quality report has provided the committee with assurance over the Patient and Family Experience measures, and the national patient survey reported that the Trust was voted second in the country for overall patient care. The committee has also received the quality strategy which sets out the priorities in relation to patient and family centred care.

#### 4.11 Research and Development

The Committee has received assurance on the research and development strategy document which has been updated to bring it in line with new mandatory and statutory requirements. .

## 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.

Member	27 <sup>th</sup> April 2017	11 <sup>th</sup> July 2017	24 <sup>th</sup> Oct 2017	9 <sup>th</sup> Jan 2018
Lawrence Cotter (Chair-April Only)	✓	N/A	N/A	N/A
David Bricknell (Chair-July Only)	N/A	✓	N/A	N/A
Nick Brooks (Chair)	N/A	N/A	✓	✓
Mark Jones	✓	✓	✓	✓
Marion Savill	✓	x	✓	✓
<b>Attendees</b>				
Mark Jackson (Director of Research & Innovation)	✓	✓	✓	✓
Raphael Perry (Medical Director)	✓	✓	✓	✓
Sue Pemberton (Director of Nursing & Quality)	✓	✓	✓	✓

## 6. Equality and Inclusion

The committee received the equality and inclusion 6 month report at its July and January 2018 meetings.

## 7. Priorities for 2018/19.

Following the MIAA review in October 2017 the TOR have been amended to include key assurance reports from the Quality and Patient and Family Experience Committee which is attended by divisional and clinical leads and is chaired by the Medical Director. The Quality report will be compiled to highlight the key assurances for the Quality Committee and any risks that require review. The priority areas for further scrutiny in 2018/19 include:

The outcome of the GIRFT report in relation to re-operation for bleeding and the incidence of stroke after cardiac surgery.

- Compliance with the sepsis bundle
- Acute Kidney Injury
- Infection prevention and control
- Continued focus on mortality

## 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 its TOR. The Committee has met quarterly. Review of the minutes shows excellent attendance by all members.

## 9. Recommendations

The Quality Committee to receive assurance that it has met its terms of reference and noted the areas for improvement.

The Committee to accept the updated terms of reference, noting the changes highlighted within the document.