

Audit Committee

Item 6.2b

Subject: Annual Assurance Report - Quality Committee 2016/17
Date of meeting: 20th March 2017
Prepared by: Sue Pemberton Director of Nursing and Quality
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 of the performance of the Quality Committee. This Annual Report summarises activity of the Trust's Quality Committee for the financial year 2016 - 2017 and will outline how it has met its Terms of Reference (TOR) and key priorities, as outlined in their terms of reference. The committee has met on six 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 2017/18 to strengthen the assurance on quality for the Board of Directors.

2. Background

In July 2014, the Governance structure of the Trust was reviewed and changes made and two assurance committees were established. This was followed by a further assurance committee for workforce. 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 shall provide the Board of Directors with a means of independent and objective review of quality governance.

The Quality Governance review was completed in December 2014. The action plan was monitored by the Quality Committee and a final update was received in October 2016. It was explained at that meeting that the quality governance had now been superseded by the Well Led review which has recently been completed and will be presented to the Board of Directors at its March 2017 meeting.

It was noted that strong progress had been made in all areas identified for improvement in the Quality Governance review which provided assurance to the Quality Committee that significant steps had been taken to address areas where improvements had been highlighted.

4. Duties and Responsibilities

The Committee will promote safety and quality in patient care 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 Quality and Safety Improvement Strategy (2014-2017) in July 2014. This strategy has now been refreshed and will be presented to the Quality committee in April 2017. The Committee has monitored and received assurance on:

- **Mortality** –In all six meetings of the Quality Committee mortality data is reviewed – this involves reviewing HSMR data and feedback from the Medical Director on the performance of consultants. The Medical Director provided assurance that all consultants are managed according to trust policy if they fall outside of confidence levels in relation to their own cusum curves. In the meeting in October 2016 the committee had noted that the number of observed in-hospital deaths for all surgical admissions was higher than expected. It was explained that this could be due to lack of risk adjustment. Assurance was provided that all deaths are monitored and subject to mortality review. Mortality reviews had been completed for all 21 deaths in July 2016. The detailed information requested was presented to the committee providing assurance of the actions taken for all deaths.
- **Mortality review** – performance with mortality reviews has been monitored by the Quality Committee. The committee was informed that from October 2016 a new process would be in place for mortality reviews with a group of six consultants reviewing and screening all deaths. It was explained that the majority would require a rapid review with a small minority requiring a more detailed review. The committee was also informed that the new mortality review completion rate was now measured at 30 days in line with the new mortality review policy and improvement efforts to meet this were ongoing. The committee is aware that the new target for completion within 30 days is currently not being met however, has noted progress with this over the past 12 months.
- **Readmissions** – the committee were informed of the results of an audit that had been completed resulting in eight recommendations that had been reported to the Divisions. It was agreed that actions from the recommendations would be progressed and implemented. In the Quality committee meeting in January 2017, the Medical Director advised the committee that readmissions had been discussed at the recent Quality and Patient and Family Experience committee. He provided assurance that an action plan had been developed that identified a number of recommendations and that these would be monitored through the Quality and Patient and family experience committee. However, re-admissions has not been given the focus it requires and this will be a key area that the Quality committee will focus on in 2017/18.
- **VTE assessment and prophylaxis** - The committee have scrutinised VTE data with actions being identified to rectify the evidencing for compliance of prescribed prophylaxis, mechanical and therapeutic treatments for at risk

patients of venous thrombolisation. Performance has been variable. Some changes have been required in EPR to prompt and make it easier for the medical staff to complete the assessment and prescribe the prophylaxis. There has been a significant improvement in surgery however, the medical division compliance requires improvement. The committee has received assurance that efforts to improve consistency in meeting the targets is in progress however, noted that there are still improvements that need to be made.

- **Mixed sex accommodation breaches** – have been reported at each committee meeting and a detailed explanation of the work in progress to improve patient flow was received. In its meeting in July 2016 the committee was updated that a meeting had been held with the commissioners to assess the criteria and new guidance had been agreed. In the subsequent meetings in October 2016 and January 2017 it was noted that there were no mixed sex breaches and that performance had improved.
- **Quality Impact Assessments (QIAS)** – The committee received quality impact assessments and updates at four out of the six scheduled meetings. The main areas that the committee has raised as a concern was the timeliness of the QIAS being presented at the committee. In January 2017, the Head of the Project Management office informed the committee that their concerns regarding this had been fed back to the Business Transformation steering group. The PMO lead provided assurance that a number of steps had been put in place to ensure that the committee receives the QIAS going forward in a timely manner. Assurance was received that the Quality committee would receive a list of all schemes at its meeting in April 2017.

4.2 Annual Quality Report

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

4.3 External Regulations

The Trust underwent its planned CQC inspection on 26-29th April 2016. The Trust was rated outstanding.

The committee received an update on the Trusts PLACE report (external report) and was informed that the Trust had achieved above the national average.

4.4 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 all targets have been met.
- **Safeguarding** - The committee received an annual report on safeguarding adults and children in May 2017 .
- **Safety thermometer** – assurance received through the quality report
- **Incident reporting and learning** and updates on serious incidents and one never event – assurance through the IICC report and additional verbal feedback.

- **Safe staffing levels** - In relation to staffing levels the Director of Nursing has provided assurance that staffing levels are calculated utilising the safer nursing staffing tool and the professional judgment model. The Heads of Nursing for the Divisions attended the committee to present their assessment of nurse staffing across the hospital.

The committee has monitored and gained assurance of the actions to improve for the following key areas

- The numbers of pressure ulcers
- The number of falls
- Medication errors
- Patient and family experience
- Infection rates
- Patient safety reported incidents
- Sepsis
- Who safety checklist for Theatres and catheter Labs
- Dementia screening
- Mixed sex breaches
- Quality priorities update

In addition, the Committee has received the following reports:

- Compliance with the NHS constitution
- The Quality account
- Assurance report on delivery of the equality delivery system
- Annual assurance report for the Quality Committee
- A review of the claims history within the trust within the IICC report
- National patient survey results (2015)
- Progress report on the delivery of then clinical audit and effectiveness strategy
- Assurance report on the delivery of the research and innovation strategy
- Long term strategy for managing multi-resistant organisms
- PLACE report
- Resuscitation annual report
- Nutritional steering group annual report
- Revalidation for doctors annual report
- Medications assurance report
- End of life care annual report
- Diabetes annual report
- Medical equipment assurance report
- Equality and diversity priorities for quality
- Stroke care update
- Cancer service annual report
- Tissue viability annual report
- Mortality annual report
- Bi-Annual Complaints report
- Slips trips and falls report
- Medication errors report
- Clinical audit and effectiveness annual report
- Patient and family experience annual report
- ECS annual report
- Sepsis update reports
- Resuscitation annual report

- Benchmarking annual report of quality outcomes
- Nutritional steering group annual report

4.5 Clinical Effectiveness

The Committee has received assurance through the annual reporting of the progress made in relation to clinical audit and effectiveness processes within the Trust. This included receiving the Clinical Audit and Effectiveness strategy. However, there is further work required to satisfy the committee terms of reference that:

Effective Governance surrounding mortality reviews – the Committee has monitored and has received assurance that the Medical Director is working with the Associate Medical Directors to ensure that mortality reviews are carried out timely. The new mortality review process is in place and continued scrutiny needs to be in place to ensure that the mortality review policy is followed.

Effective Governance surrounding Sepsis - has been continuously monitored by the committee. In October 2016, the Medical Director updated the committee that there had been new NICE Guidance issued in July 2016 which contained new definitions and risk stratification tools for patients with suspected sepsis. The Medical Director explained the difficulties experienced in meeting the KPIs and the challenges experienced in recording the required information on EPR in a timely manner. The committee expressed that they required further assurance of the trusts plans to improve the management of sepsis. This was further discussed at the Board of Directors. This will remain a key area for focus for the Quality Committee.

4.6 Patient and Family Experience

The committee has been provided with assurance against the Patient and Family Experience measures via the quality report and the annual patient and family experience assurance report. In addition, the Committee received the national patient survey results which demonstrated that the Trust was voted top 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.

4.7 Research and Development

The committee has received assurance on updated developments against the research and development strategy and objectives contained within the strategy document.

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
Jan 2016	√	√	√	√	√	√
Mar 2016	√	√	√	√	√	√
May 2016	√	√	√	√	√	√

Jul 2016	√	√	Apologies (MS)	√	√	Apologies
Oct 2016	√	√	√	√	√	√
Jan 2017	√	√	√	√	√	√

6. Conclusion

Throughout the past twelve months the Quality Committee has received assurance on quality and the identified key priorities of responsibility that are identified in the committee TOR. The Committee has met on six occasions with meetings occurring on a bi monthly basis initially and changed to quarterly in July 2016. Review of the recorded minute taking documentation shows an excellent attendance of all Committee members.

This annual assurance report review has identified from the minute recording documentation used that the Committee has received assurance against the criteria of the TOR. The Operational Board minutes have been received by the Quality Committee at each meeting.

7. Recommendations

The Quality Committee to receive assurance that the Quality committee has met its terms of reference noting the areas for improvement.

The Committee to recommend the updated terms of reference for the Quality Committee noting the changes to the TOR highlighted within the document.