Great Western Hospitals NHS Foundation Trust

Meeting:	Board of Directors	**Date:**	4 January 2018
Title:	**Chair of Quality & Governance Committee Report – November and December 2017**		

Summary of paper:	This paper summarises key issues considered by the Quality & Governance Committee at its meetings held on 23 November and 21 December 2017 which it is considered should be drawn to the attention of the Board for discussion in public in relation to:- • Quality Report • Emergency Department Dashboard • Quality Strategy Update • National Mortality Reviews and 500 Lives • Overdue Follow Up Update • Trust position against National Sentinel Stroke National Audit Programme 2015/16 for Stroke performance • Safeguarding Adults Six Monthly Update • Safer Staffing Monthly Exception Report • Swindon Community Health Services clinical governance and quality oversight • Well Led Assurance Framework • Code of Governance Annual Review of Compliance • Provider Licence • Corporate Governance Report
Consultation / other committee views:	The Patient Quality Committee had previously considered patient quality issues; and the Improvement Committee had reviewed progress in delivering milestone actions.
Assurances:	
Recommendations/ decisions required:	***that the report be received and it be noted that the Quality & Governance Committee will continue to scrutinise and challenge the delivery of actions to drive improvements.***

Link to Trust Priorities	**Link to Quality**
(1) We will make the patient the centre of everything we do. (2) We will work smarter not harder to make best use of existing resource. (3) We will innovate and identify new ways of working. (4) We will build capacity and capability by investing in our staff, infrastructure and partnerships.	(1) Safety (staffing, falls, never events, handover, SI, safeguarding, infection control, environment, medicines, equipment). (2) Effectiveness (HMSR, SHMI, Mortality, Clinical audits, care bundles, deteriorating patient). (3) Caring (patient experience, patient surveys, friends and family test, patient stories, response to call bells). (4) Responsiveness (complaints, waiting times, cancelled operations, ambulance stays, translation services, comfort factors – TV and seating). (5) Well led (staff survey, staffing levels, sickness rates, flu vaccinations rates, board/ward interactions, staff reports, governance and reporting, risk management, financial control).

Risk issues:	**Risk Register Ref No**:	**Risk Score:**
Failure to deliver any of the undertaking made to NHSI will have a direct impact on future regulatory action therefore failure to adequately resource this work risks significant consequence with NHSI.	814	16

Resource Implications: Expenditure / Income net value	**Regulations and legal considerations:**	**Quality consideration and impact on patient and carers:**
n/a	n/a	n/a

Report Sign Off:		
Financial	**Operational**	**HR**

n/a	n/a	n/a

Confidentiality This report does not contain any confidential information.
Equality Impact Assessment Great Western Hospitals NHS Foundation wants its services and opportunities to be as accessible as possible, to as many people as possible, at the first attempt. This report has been assessed against the Trust's Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics.

Non Executive Director:	Nick Bishop	**Title:**	Chair of Quality & Governance Committee

1. Introduction

This paper summarises key issues considered by the Quality & Governance Committee at its meetings held on 23 November and 21 December 2017 which it is considered should be drawn to the attention of the Board.

2. Quality & Governance Committee purpose and objectives

The purpose of the Quality & Governance Committee is to obtain assurance on behalf of the Board that the Trust has in place the necessary structures and processes for the effective direction and control of the organisation so that it can meet all its objectives including specifically the provision of safe high quality patient care and comply with all relevant legislation, regulations and guidance that may from time to time be in place.

3. Chairman's Overview of the Quality & Governance Committee Meeting

(a) Quality Report

The Committee reviewed the monthly quality report with commentary and progress on activity associated with key safety and quality indicators, prior to submission to the Board. Specific areas of the report were discussed and updated information would be included in the presentation to the Board.

It was disappointing to note the reported data for overdue clinical incident investigations in relation to 90+ days and the Committee was assured that the Clinical Risk Team is working with Divisions to address this. Additional focus will be given to this at Divisional performance review meetings and to ensure that each incident of harm with a moderate/severe impact is being investigated within timeframes and learning cascaded. However, the Committee acknowledged that the number of overdue investigations was an indication of extreme pressure and activity being experienced within the organisation.

The Committee was pleased to note the encouraging results from the National Audit of Inpatient Falls 2017 and the comparison with the Trust's 2015 results. The Great Western Hospitals NHS Foundation Trust is the only hospital in the South West area (18 hospital trusts) to achieve 80-100% in 4 key areas and achieved above national averages in 5 out of 7 key areas.

(b) Emergency Department Quality Dashboard

The ED Dashboard was received by the Committee. The dashboard has been developed in response to on-going performance and quality challenges and provides a summary of key measures relating to safety and quality. The area of focus for the ED management team is to reduce breaches in the first assessment and a QI project is underway to review and standardise the triage process. The ED's performance position is severely affected by the flow of patients into and out of the Trust, resulting in the department being overcrowded.

Results from the internal audit of the SHINE checklist for October showed continued strong performance in most areas, however some require further improvement and the Committee will continue to monitor this.

(c) Quality Strategy Update

A paper was received which updated the Committee on the second six month summary of progress against the Key Performance Indicators (KPIs), following the Trust's Quality Improvement Strategy refresh in October 2016. It was noted that 22 KPIs have been achieved and 8 KPIs have been partially achieved. 12 KPIs have not been achieved as intended and the Committee noted the key risks identified against this, with supportive plans in place for each indicator lead to make further progress. A further review and assessment of progress will be reported through the meeting governance process as part of the Trust Quality Accounts in April 2018.

(d) National Mortality Reviews and 500 Lives

An update on mortality reviews and 500 Lives was provided to Committee by Dr Mark Juniper, Quality Lead for the Trust.

A new national process for learning from deaths was launched in March 2017. Trusts are required to report quarterly on mortality reviews, including associated learning in the public part of Board meetings from Q3 of the 2017/18 financial year. The Committee noted an update on monitoring and reporting of mortality reviews in preparation for public reporting.

A campaign to save 500 lives over five years was established in 2015. This was based on a combination of quality improvement projects that were delivering improved outcomes and observed mortality rates that were better than the national average. The Committee noted an interim update on progress against the original plan.

(e) Overdue Follow Up Update

An update was received on the overdue follow up position and clinical risks for patients within each group. The Committee noted that good progress had been made since the previous report in July, however the position for some specialties remains challenged. Each clinical division has now reviewed their current overdue follow up workloads and RAG rated specialities based on a number of factors and provided mitigating actions.

(f) Review of current Trust position against National Sentinel Stroke National Audit Programme (SSNAP) 2015/16 for Stroke performance

A report was received which summarised the review of the Trust's current position against the Sentinel Stroke National Audit Programme (SSNAP), together with an action plan which outlined the areas of focus for the organisation and improve the SSNAP data position for the organisation. From Q1, improvement measures are being introduced specifically aimed at improving performance against the key SSNAP metrics and it is hoped that the benefit of these action plans should be reflected in the data available in January.

A key challenge for the trust in terms of performance against SSNAP continues to be admissions directly to the acute stroke unit. This was primarily due to pressures within both the ED and the Trust generally which has resulted in patients being admitted directly to the acute medical unit instead of the acute stroke unit. To improve this key performance indicator, the acute stroke unit ringfenced two beds from September which created some stability within the unit and has made the stroke position more of a priority within site meetings.

(g) Safeguarding Adults Six Monthly Update

The Safeguarding Adults at Risk six monthly update was received, which provided assurance on Trust performance against a number of priorities for safeguarding adults at risk, including a training strategy, Annual Audit Programme, and the update of key policies. It was noted that Swindon Community Health Services are now included in the Acute Services reporting, which will involve the alignment of processes including both Safeguarding and DoLS.

(h) Safer Staffing Monthly Exception Report

The Committee received the safer staffing monthly exception reports for October and November which advised of the actual Registered Nurse (RN), Midwifery and Care Staff fill rates compared to that planned, and any associated effects. The most recent assessment of Total Care Hours per patient day shows an improvement to 7.7.

(i) Swindon Community Health Services – clinical governance and quality oversight

An update on the exception overview of the key activity and issues, together with progress on governance and quality was received at the November meeting.

(j) Well Led Assurance Framework

A report was received which summarised the approach which has been developed to provide systematic assurance around how the Trust meets the requirements of good practice defined by NHS Improvement. The introduction of an internal assurance framework is to be rolled out to maintain focus on being well led and to seek assurance on the eight key lines of enquiry. It was noted that the governance arrangements would be to seek assurance against all the indicators in the WLAF at least bi-annually. This evidence would then be reviewed by the Executive Directors at least bi-annually, and at least annually a report would be submitted to the Quality & Governance Committee and the Audit, Risk & Assurance Committee for oversight.

(k) Code of Governance Annual Review of Compliance

The Trust is required to either comply or explain compliance with the Code of Governance published by NHS Improvement. The Committee received a report which provided an update on areas identified in 2016/17 and those provisions for further action in 2017/18 to either explain or comply in the Annual Report due for submission in May 2018.

(l) Provider Licence

A report was received which summarises the 28 provider licence conditions with a high level overview of compliance against each and actions suggested to ensure continuing compliance or to gain assurance of compliance. The Committee noted the key headlines, together with those areas of concerns to flag around ongoing compliance with the Provider Licence, and confirmed that it is satisfied with the progress being made to gain assurance and identify any further actions considered necessary.

It was noted that this report is only received by this Committee and it was requested that the Executive Committee should also receive and debate the concerns being flagged to the organisation to provide assurance back to the Quality & Governance Committee that potential issues are being addressed.

(m) Corporate Governance Report

The Committee received Corporate Governance Reports for November and December and noted the key headlines.