

TRUST BOARD
26th May 2016

AGENDA NUMBER	ITEM	7.3
TITLE OF PAPER	Quality and Performance Committee Annual Report (Formally Integrated Governance Assurance Committee)	
Confidential	YES	
Suitable for public access	NO	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
None		
<u>STRATEGIC OBJECTIVE(S):</u>		
Best outcomes	√	
Excellent experience	√	
Skilled & motivated teams	√	
Top productivity	√	
EXECUTIVE SUMMARY		
<p>This report identifies the key achievements of IGAC/QPC for the period April 2015 to March 2016 they are as follows:</p> <ul style="list-style-type: none"> • Risk Summits and improved governance of the Trust Risk Register • Improvement work on Divisional reporting and integration of Divisional Directors into the committee attendees • Re-design and improvement of the Committee structure with ongoing review of the governance process • Overview and scrutiny of mortality reviews with emphasis on achieving compliance with on time reporting <p>The report also indicates the key areas of work for the forthcoming twelve month period from April 2016 – March 2017.</p>		

RECOMMENDATION:	Review the report and request any further actions for the period April 2015 – March 2016
SPECIFIC ISSUES CHECKLIST:	
Quality and safety	Y
Patient impact	Y
Employee	
Other stakeholder	Not sought
Equality & diversity	All of our services give consideration to equality of access, taking into consideration disability and age and all matters are dealt with in a fair and equitable way regardless of the ethnicity or religion of patients.
Finance	Not applicable
Legal	None Identified
Link to Board Assurance Framework Principle Risk	The report provides the Board with assurance that QPC (IGAC) is discharging its duties under the TOR.
AUTHOR NAME/ROLE	Russel Wernham, Deputy Chief Nurse/Associate Director of Quality -
PRESENTED BY DIRECTOR NAME/ROLE	Philip Beesley, Non–Executive Director and Chair of Committee
DATE	26 April 2016
BOARD ACTION	For Noting

**ANNUAL REPORT OF THE INTEGRATED GOVERNANCE AND ASSURANCE
COMMITTEE April 2015 – March 2016**

1. Meetings:

Dates of meetings:

- 23rd April 2015
- 21st May 2015
- 18th June 2015
- 23rd July 2015
- No August meeting
- 17th September 2015
- Meeting cancelled
- 19th November 2015
- Meeting cancelled
- 21st January 2016
- 18th February 2016
- 17th March 2016

2. Membership and Attendance

The membership and number of attendances during the period April 2015 to March 2016 can be seen in detail at Appendix one.

Discharge of Duties and achievements, April 2015 to March 2016

3. Terms of Reference and Membership

The committee held meetings monthly with the exception of August and December as per the recommendation from the 2nd Stage review of its Quality Governance processes carried out in November 2012. The meeting in October was cancelled due to quoracy.

In November 2015 the Chair and secretary took suggested changes to the terms of reference to the Executives and following a review at the January 2016 meeting, these were agreed as follows:

- Change the committee name to Quality and Performance Committee (QPC), to provide a clearer understanding of the revised remit of the Committee to include the impact of performance on quality and safety.
- Changes to membership of QPC: Divisional Directors to attend QPC, building on the wider review of the whole Trust Quality and Governance Committee structure.
- Review the position of QPC within the Governance structure and the relationship with Trust Executive Committee
- Building a robust business cycle with deep dives into services allocated dates on the agenda

The new business cycle for 2016 – 17 laying out the set dates for reviews can be found at Appendix two.

4. Control of Risk

Risk register

The Committee has reviewed the risk register on a quarterly basis and received a risk report to assist the review of the risk process.

The graphs in Appendix 3 detail the activity in the risk registers from April 2015 – March 2016. Over this period there have been several reviews of the risk register and how this data is reported to Board for assurance. The current process of Risk Scrutiny Committee and QPC remains until further ratification of any new processes. The process of reviewing the risk registers has been strengthened with the required attendance of the Divisional Directors tabled to provide assurance feedback on specific areas of quality and risk.

Work has also been done to review how we can simplify the adding of risks onto the register and the review of those already tabled.

5. Risk Culture and Registers

Other instruments to assess and respond to risk that were developed were the Quality and Safety Impact Assessment Process in relation to Cost Improvement Plan changes and the use of risk (or improvement) summits, to more effectively address issues of risk and safety within clinical areas. These have been used to good effect and have produced assurance to the Committee throughout the year, resulting in significant improvements in performance for several wards.

There has been robust reviews of risk culture using thematic reviews, the committee also requested deep dives into certain areas of highlighted risk how changes in practice have been actioned.

6. Serious Incidents Requiring Investigations (SIRIs)

QPC has requested and received assurance of the process for managing serious incidents requiring investigations (SIRIs). A comprehensive report is reviewed at each meeting and attention is given to adequate action planning and assurance that actions are in place and effective through monitoring of the action log tracker. Actions are now being monitored by the division, via Datix Web and QPC has agreed that closure of incidents will be authorised when there has been a test of effectiveness carried out for each case being presented for consideration to the committee. Further processes to provide evidence of learning are being formulated for the 2016 -2017 period.

There were 93 SIRIs reported for April 2015 to March 2016. Four were deescalated during this period. 64 were closed by the Clinical Commissioning Group (CCG) and 8 were closed by IGAC/QPC.

QPC has paid particular attention to 'Never Events'. Significant improvements in key themes emerging from the SIRI reports notably falls and pressure ulcers have been noted.

Graph 6 below shows SIRI by theme and quarter.

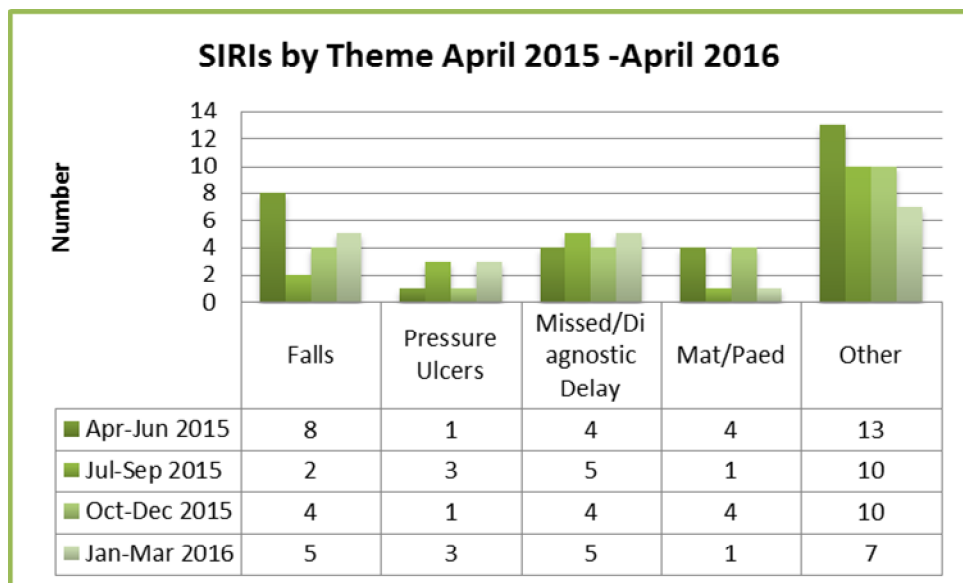


Table 2 SIRIs reported where there is not a common theme and falls under other category

	Category Other
April – June 2015	Suboptimal Care of the Deteriorating Patient x 4
	Cardiac Arrest in Radiology during a procedure
	Medication Error
	Wrong Wrist Name Band
	CPE outbreak
	Never Event – Ophthalmology
	Never Event – Dental Surgery
	Treatment delays x 2
	Surgical/Invasive Procedure Incident
	Never Event (wrong prostheses)
July – September 2015	ED patient absconded
	Surgical/invasive procedure incident meeting SI criteria x 4
	Treatment Delay x3
	Medication Incident x2
October – December 2015	Radiation Incident
	Patient violent towards staff member
	Blood Product
	Apparent/actual/suspected self-harm
	IG Breach
	Surgical/Invasive Procedure Incident
	Suboptimal Care of the Deteriorating Patient x 2
	Alleged Abuse
Medication Incident	
January – March 2016	Medication Incident x2
	Treatment Delay
	Suboptimal Care of the Deteriorating Patient
	Surgical/Invasive Procedure Incident x3

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	Surgical/Invasive Procedure Incident x3

7. Board Assurance Framework (BAF)

The BAF was considered by IGAC/QPC on four occasions during 2015/16 in April, July, November and January 2016 respectively. In the course of these reviews QPC found that the strategic risks (with one exception) have either remained or increased during the review period. Below is the detail of changes made.

Month	Added	Closed	Total	Rag Rating
April 2015	1	0	16	9 (Extreme)
July 2015	0	0	16	6 (High)
November 2015	0	0	16	1 (Medium)
January 2016	0	0	16	0 (Low)

8. Reporting Committees

The Committee has received exception reports from the Quality Governance Committee, Risk Scrutiny Committee, the Patient Experience Monitoring Group and Finance and Audit Committees on a quarterly basis, giving assurance that the Trust has effective and sustainable management of quality throughout the organisation.

9. Care Quality Commission

The committee has reviewed progress on the preparation for the CQC visit and will monitor the outcomes. QPC obtains assurance regarding Care Quality Commission (CQC) compliance from a range of internal and external sources.

External assurance is from the CQC sector benchmarked Intelligent Monitoring Reports and CQC Inspections. During 2014/15 the Trust's intelligent monitoring showed a slight dip from Band 6 to Band 5, both of which are low risk ratings. The next Intelligent Monitoring rating is expected in May 2015.

CQC Intelligent Monitoring Reports

	Mar – 14	July- 14	Dec - 14
Band	6	5	Recently Inspected
Risks	4	5	5
Elevated Risks	0	0	0

Internal assurance is primarily from six monthly self assessments using the Compliance in Practice (CIP) Audit. Valuable soft intelligence for learning and improvement is also gained from 24 hour hospital observation exercises.

A comparison of the February 2014 and September 2014 CIP audits versus the December 2014 CQC Inspection ratings is shown below. It is not possible to assess the predictive value of CIP solely based on the below table for two key reasons. The first is that the CIP audit was designed based upon the draft CQC rating scheme for acute Trusts, and so categories do not fully align with the new CQC model rolled out in late 2014. When CIP is next undertaken it will be refreshed to align with the new acute Trust model. The second reason is owing to the confounding issue which is likely to have occurred by the Trust's pre-inspection improvement programme rolled out between September and November 2014. This programme is likely to have raised performance in the Inspection which may partially explain why the Trust's CIP scores in some areas were improved between September 2014 CIP audit and the December 2014 CQC Inspection. However, the table does enable a broad brush comparison; the key association being that areas highlighted by CIP as yellow or amber are likely to be reasonable indicators of the need to improve performance.

CQC Inspection December 2014 – Key Findings

The CQC inspection report of 10 March 2015 rated the Trust as good overall in respect of the December 2014 inspection. This is a considerable achievement against the sector benchmarked position for acute Trusts, whereby only 35% of acute Trusts have been rated as good recently with 65% rated as requires improvement or inadequate.¹ Each registered site receives its own rating and Ashford Hospital was rated as good and St Peter's Hospital received requires improvement. IGAC will monitor implementation of the action plan arising from the CQC report.

Compliance actions

The December 2014 inspection Report outlines CQC compliance actions in 10 action areas for 2 of the Trust's 7 regulated activity areas (1) treatment of disease, disorder or injury and (2) diagnostic and screening procedures. Compliance actions 9, 10, 20, and 22 pertain to both of the above regulated activity areas and compliance action 13 pertains solely to treatment of disease, disorder or injury.

In addition to the above actions which the Trust must take, the CQC has also outlined 53 actions which the Trust should make to improve its services; of these 40 actions should be undertaken at St Peter's Hospital and 13 actions pertain to Ashford Hospital. The items classified as 'should' are in a broad range of areas including governance and risk management, security of clinical areas, care of patients with complex needs, staff training and patient care. The Trust submitted its high level action plan to the CQC on 7 April 2015 and monthly reports on this plan will be provided to QPC with summary to Trust Board.

Special Reviews Undertaken by the CQC under Section 48 of the Health and Social Care Act 2008

The Trust participated in a special review by the Care Quality Commission during the 12 month period ended 31 March 2015. The Care Quality Commission conducted a pilot multi-inspectorate inspection of children's safeguarding and the health and wellbeing of looked-after children. The review was conducted under Section 48 of the Health and Social Care Act 2008 which permits the CQC to review the provision of healthcare and the exercise of functions of NHS England and Clinical Commissioning Groups. The CQC has stated that it does not intend to publish this report² on its website. The findings will be shared with the Surrey Health community and Surrey County Hospital in order to support local service improvement. This was a multi-agency inspection of which Ashford and St Peter's NHS Foundation Trust was one of the participating organisations. The key findings of the report are expected to be issued shortly.

¹ Source: CQC NHS acute trust ratings data December 2013 to August 2014 as cited in page 18 of The State of Health Care and Adult Social Care in England 2013/14.

² Review of Health Services for Children Looked After and Safeguarding in Surrey. CQC.

10. Mortality Review

QPC receives quarterly papers on the Trust compliance with undertaking mortality reviews for every patient that dies. There are dedicated resources and monthly performance-monitoring processes to help clinicians meet this objective. The operational pressures over the winter period may have impacted on compliance in some areas. Governance teams are supporting the process in all divisions.

The reporting of Mortality has been highlighted again with the publication of the Mazar's report and the committee took assurance on the processes in place to review mortality. The deep dive however, noted that we still needed to improve practice on this action which is a key goal for next year.

11. Complaints Process

QPC has continued to support the work been undertaken by the Patient Experience Lead, The systematic review of the behaviours, practices and processes around complaints handling, has shown a significant reduction in the number of formal complaints and the number of PALs requests, and also in the both the quality and timeliness of Trust's to these. The committee would like to acknowledge the work of Heather Caudle in the change and improvement process that provided better performance.

12. Constraints Faced by the Committee

The monthly review of the quality, experience workforce and safety data by ward area is a valuable discussion looking at early warning signals to address emerging quality issues. The production of this information is constrained by data collection issues which put a time constraint in getting this report to the Committee. Therefore the QEWS dashboard forms the basis of a live discussion in the Committee with key members contributing soft intelligence to the discussion whilst looking at the hard data within the dashboard. There is detailed discussion regarding those areas scoring 0, 1 or 2 on the dashboard. When indicated, QPC has requested specific detailed feedback on individual areas from the Chief Nurse or deputy. The monthly review has led to action including risk summits to improve areas of concern.

13. Policies which have been Approved and/or Ratified

No policies were ratified in QPC for the period of review.

14. Objectives/Forward Plan April 2016 – March 2017

The QPC Chair acknowledges the commitment and excellent work of the quality team in preparing data and information for the committee over the last 12 months.

The Committee will continue to discharge its duties and responsibilities as described in the revised Terms of Reference. The forward plan for 2016 -17 is laid out in Appendix two. QPC acknowledges that challenges identified in 2015/16 still continue. These include:

Training compliance.

Robust delivery of safeguarding training

Increasing compliance in mortality reviews

Reviewing and assurance with safer staffing and the agency cap.

The main goals of the committee for 2016/17 are as follows:

Support a review of the Trusts safeguarding policies and procedures, with scrutiny on any proposed changes.

Continue the increased involvement of the Divisions in providing quality assurance in meetings.

Robust scrutiny of performance with the requesting of time sensitive outcomes on any action plans.

To review and challenge the embedding of learning from action plans, at both Trust and Divisional level, in relation to the delivery of increased quality.

Report compiled by Russell Wernham, Deputy Chief Nurse/AD Quality on behalf of Philip Beesley, Non- Executive Director, Chair of QPC.

Appendix 1

Attendance List

Name	Dates												Total
	23/04/15	21/05/15	29/06/15	23/07/15	-	17/09/15	-	19/11/15	-	21/01/16	18/02/16	17/03/16	
Valerie Bartlett	✓	x	x	✓		x		x		x	x	x	2/9
Philip Beesley	✓	✓	✓	✓		✓		✓		✓	✓	✓	9/9
Heather Caudle	✓	✓	✓	x		✓		✓		x	x	✓	6/9
David Fluck	x	✓	✓	x		✓		✓		x	✓	✓	6/9
Mick Imrie	✓	✓	✓	✓		✓		✓		✓	✓	x	8/9
Simon Marshall	x	x	✓	x		x		Left Cmittee					1/5
Louise McKenzie	x	x	✓	x		✓		x		✓	x	x	3/9
Terry Price	✓	✓	✓	✓		✓		✓		x	x	x	6/9
Suzanne Rankin	x	✓	✓	x		✓		x		✓	x	✓	5/9
George Roe	x	x	x	x		x		x		x	x	x	0/9
Carolyn Simons	x	x	x	x		x		x		x	x	x	0/9
Marty Williams	x	✓	✓	✓		✓		Left Cmittee					4/5
Russell Wernham								Joined Cmittee		✓	x	x	1/3

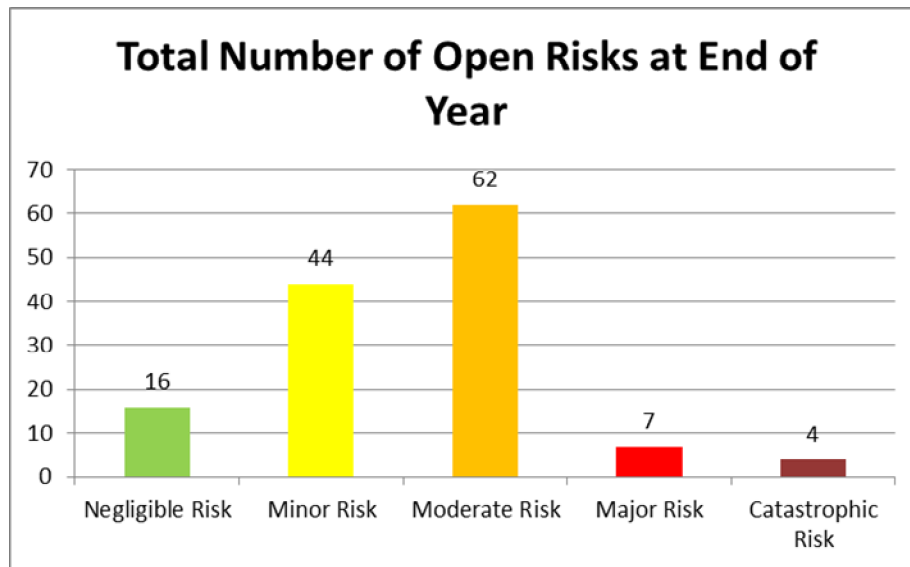
Agenda Items	22-Jan	19-Feb	19-Mar	23-Apr	21-May	18-Jun	23-Jul	Aug	17-Sep	22-Oct	19-Nov	17-Dec
Apologies	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Committee Duties and Responsibilities	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Previous Minutes	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Matters Arising	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Quality, Safety and Risk Management Strategy						✓						✓
Self-Certification				✓		✓				✓		✓
Patient Experience Improvement Strategy						✓				✓		
Incidents - SIRI Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Action Trackers of all quality and safety plans		✓			✓				✓			✓
Risk Register - Overview Report; CRR / High / New		✓		✓			✓			✓		✓
Care Quality Commission - Essential Standards	✓			✓			✓			✓		
Board Assurance Framework	✓			✓			✓			✓		✓
External Agencies and Inspections Report				✓						✓		
Annual Report for Trust Board				✓								
Quality Governance Committee Exception Report			✓			✓			✓			✓
Risk Scrutiny Committee Exception Report		✓			✓				✓		✓	
Audit Committee Exception Report		✓			✓		✓				✓	
Finance Committee Exception Report		✓			✓		✓				✓	
Mortality reviews		✓			✓				✓			✓
Patient Experience Monitoring Group	✓				✓				✓			✓
Any Other Business	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
TOTAL items per month	8	13	12	10	12	10	13	0	12	13	9	13

**QPC
Annual
Plan**

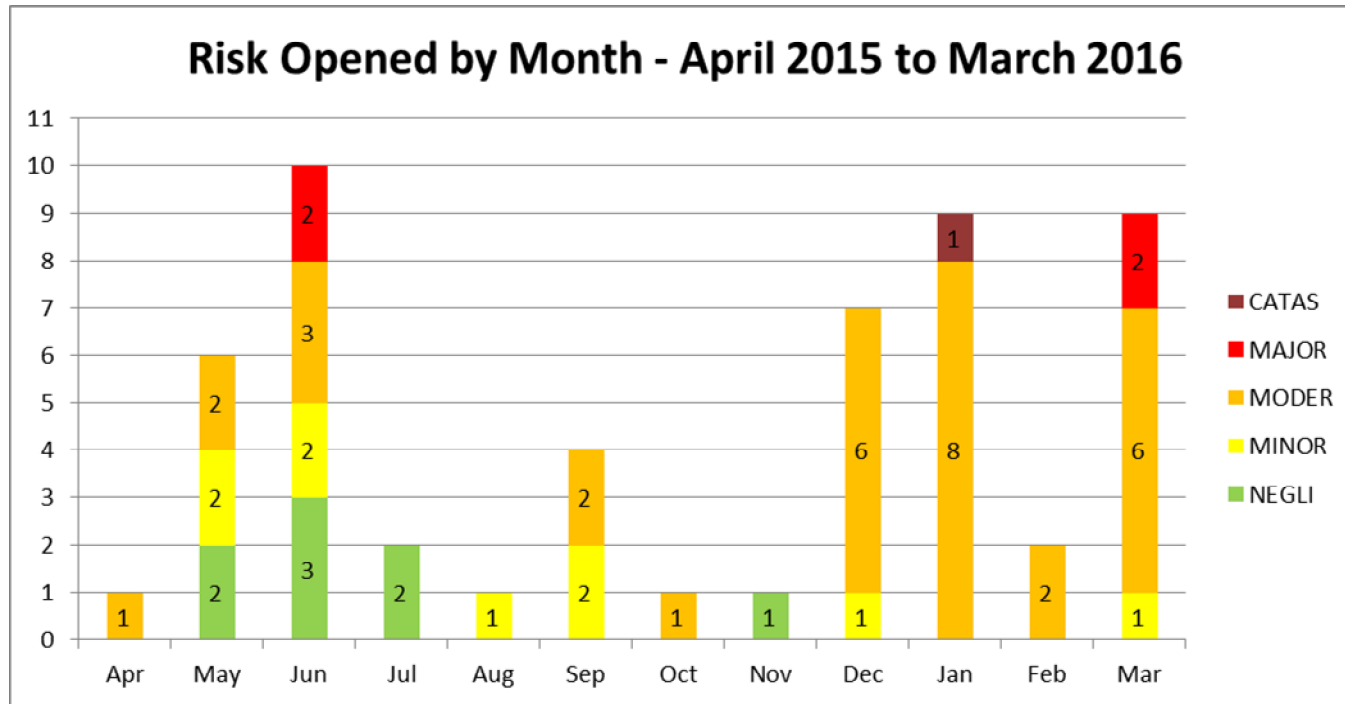
Appendix 3

Visual graphs of risk position.

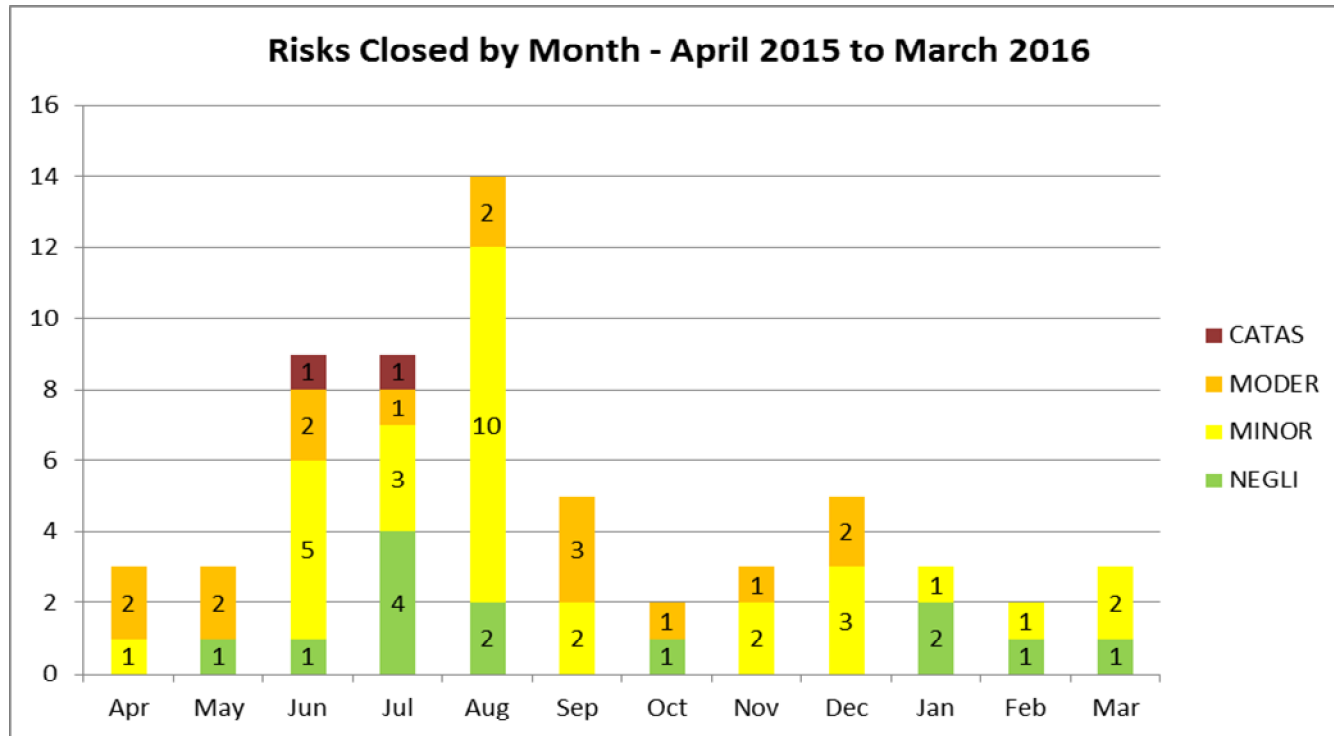
1 Total Number of Risks on the Risk Register at 31st March 2016



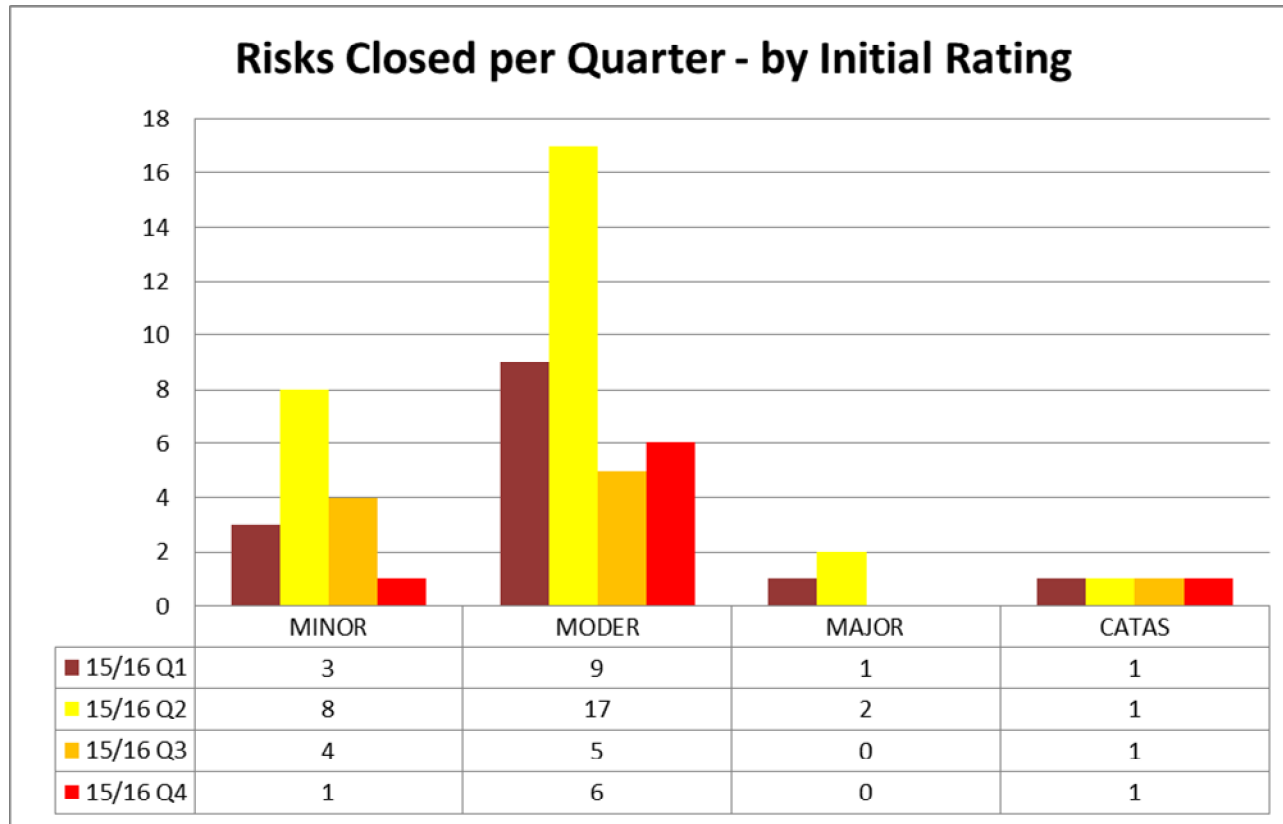
Graph 2 Total Numbers of Risks Opened by Month



Graph 3 Total Number of Risks Closed by Month



Graph 4 Total Number of Risks Closed per Quarter (Initial Rating) * No Negligible



Graph 5 Total Number of Risks Closed per Quarter (Closed Rating) * No Majors

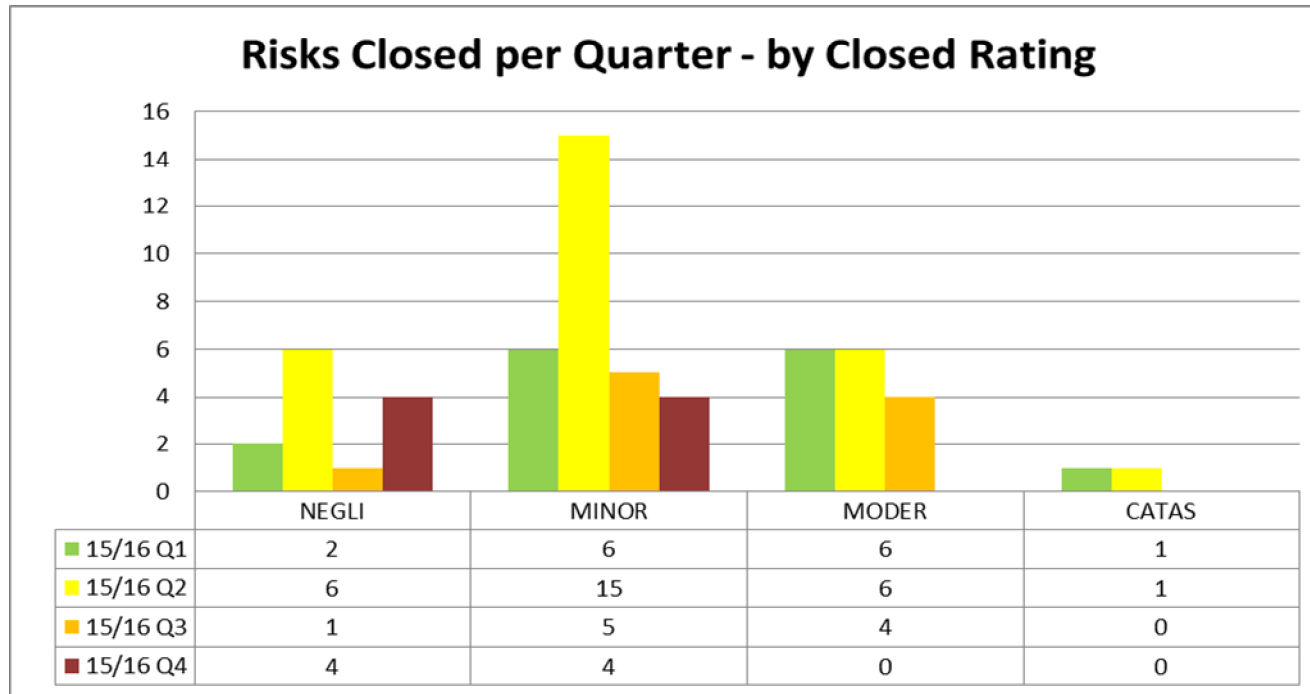


Table 1 Risks Closed per Quarter – identifying changes in ratings

	Q1		Q2		Q3		Q4	
	Initial Rating	Closed Rating	Initial Rating	Closed Rating	Initial Rating	Closed Rating	Initial Rating	Closed Rating
Catastrophic	1	1	1	1	0	0	1	0
Major	2	0	2	0	4	0	0	0
Moderate	9	6	17	6	5	4	6	0
Minor	3	6	8	15	0	5	1	4
Negligible	0	2	0	6	1	1	0	4
TOTAL	15		28		10		8	