

Report to the Board of Directors meeting - 10 May 2017

From Chair of Quality and Performance Committee – Claire Feehily, Non-Executive Director

This report describes the business conducted at the Quality and Performance Committee held 27 April 2017, indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Divisional Report - Surgery	CoS and DND presented an overview of quality initiatives and learning from incidents	Scope of presentation focused on quality. In future extend to include performance. Divisional priorities could be clearer. Responding to and learning from complaints	Robust governance structure described Strong evidence of learning from incidents selected Continued focus on improving approach to complaints and on peer learning	Brief to divisions to be altered to focus on; <ul style="list-style-type: none"> • Significant successes • Generalizable learning • Risks to delivery of improvement plan
Quality Account	Presentation of the final draft of the Quality Account prior to circulation to external stakeholders for comments	Some data remains incomplete due to lack of availability of year-end information	Assurance that Quality Account is compliant with national guidance External Audit of prior year accounts has consistently confirmed compliance	Final Quality account to be endorsed at additional Board meeting at the end of May 2017

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Integrated Performance Report (IPR)	Summarised performance up to the end of March 2017. Trust did not meet any of the 4 national access targets.	The Impact of TrakCare on data quality and operational performance still unclear. Improvement trajectories not visible to the Committee	Data relating to ED and cancer performance is stabilising post TrakCare Cancer performance improving but still not meeting target	Review of approach to operational recovery post TrakCare, utilising external support. Committee to focus in future on monitoring performance against recovery trajectories
Emergency Pathway Report	Report of operational performance to end of March 2017 and progress against the Emergency Care Milestone plan. Whilst performance is improving, still below target	ED performance does not appear to reliably improve when bed pressures are reduced and notwithstanding the range of improvement initiatives that have been attempted. Compliance with ED Safety Check List needs to improve across both sites. Do we have evidence of patient experience of these performance levels?	Key quality measure in ED have been maintained – 15 minute to first assessments Change of clinical and managerial leadership in ED Specific assurance given that no adverse patient feedback has been received by Head of Patient Experience	Reports to regulators to be reported in Board governance structure. Further progress on Safety Check List Future Committee focus on recovery trajectories for both performance and safety measures. Future reports to include section on monitoring of patient experience
Mortality	Position statement and action plan for National Guidance on Learning from Deaths	Would benefit from a whole	Good current practice with	

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		system approach between NHS providers across Gloucestershire	Duty of Candour, investigation of deaths and involvement of families was described	
	Update on Trust's mortality data	Progress with reducing specific mortality rates Impact of data completeness on Trust's statistical returns	Whole system approach being progressed, including involvement of CCG and primary care Continuing focus on data completeness and evidence of coding improvements in palliative care and additional momentum in co-morbidity coding work. Mortality figures reported in IPR are benchmarked nationally but 3 months in arrears	Future mortality report with analysis and action to address outlier areas of : <ul style="list-style-type: none"> • GI bleeds • Stroke • Respiratory
CQC	Progress against the action plan to address concerns relating to ED raised by CQC following visit	Does not include actions to address concern raised in subsequent correspondence regarding Fit & Proper Persons Requirements	Majority of actions completed.	Will need to be reviewed and monitored by Committee when final CQC report received
Serious Untoward Incidents (SUIs)	Report of SUIs in past month and progress with investigation and closure of previous incidents	Report should include referrals to the Information Commissioner (ICO)	No never events this month and all investigations completed within required timeframe	Future Board report to include ICO referrals Review guidance and confirm whether report

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Safer Staffing	Report demonstrating compliance with the framework of Hard Truths – Safer Staffing Commitment	Is there a continuing requirement to report this in same format to Board?	Should be sufficient for a Board Subcommittee to provide assurance on compliance unless guidance requires it to be received in public	is presented to Board or Q&P meeting.
<u>GLOSSARY</u>				
CoS	Chief of Services – Surgery			
CCG	Clinical Commissioning Group			
CQC	Care Quality Commission			
DND	Divisional Nursing Director			
ED	Emergency Department			
GI	Gastrointestinal			
ICO	Information Commissioner's Office			
IPR	Integrated Performance Report			
SUI	Serious Untoward Incident			