Bridgewater Community Healthcare NHS Foundation Trust

BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST PUBLIC BOARD MEETING

Wednesday 28 June 2017, 2.30pm
Meeting Rooms 2&3, Bevan House, Wigan

A G E N D A

77/17	**2.30pm**	**INTRODUCTION** **(i) CHAIRMAN'S WELCOME** **(ii) APOLOGIES FOR ABSENCE – KAREN BLISS** **(iii) DECLARATION OF INTEREST IN ITEMS ON TODAY'S AGENDA**	
78/17	**2.30pm**	**QUALITY AND SAFETY COMMITTEE REPORT TO THE BOARD FROM MEETING HELD ON 12 JUNE 2017 – presented by Committee Chair**	78 17 Q&S Report to Board June 2017 v 2.

Bridgewater Community Healthcare NHS Foundation Trust

Bridgewater Board Date	27 June 2017
Board Part	
Agenda item	78/17

Title	Report to Board from the Quality and Safety Committee – Meeting held on 12 June 2017
Sponsoring Director	Esther Kirby, Chief Nurse
Authors	Bob Saunders, Chair of Quality and Safety Committee
Presented by	Bob Saunders, Chair of Quality and Safety Committee
Purpose	To advise the Board of the Committee's key considerations as a source of assurance for the Board
Previously considered at	Standing Board agenda item
Related Trust Objective/ Intentions	To deliver high quality, safe and effective care which meets both individual and community needs.
Patient Safety and Quality	All
Care Quality Commission Outcomes support by this paper	All outcomes, numbers 1 to 28 inclusive
How does the paper address strategic risks identified in the BAF?	Failure to implement sound systems of Quality
Legal implications/	CQC Registration

regulatory requirements	
Finance and resources Impact assessment	n/a
Equality Impact assessment	n/a
Next steps	None proposed
Recommendations	Board is asked to receive this report for assurance and to identify any additional business it would wish this Committee to conduct.

Action required by the Board

Approve ☐ Assure ☑ Note ☐

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Bridgewater Board

Title	Report to Board from the Quality and Safety Committee – Meeting held on 12 June 2017
Author	Bob Saunders, Chair of Quality and Safety Committee
Date	22 June 2017
Purpose	To assure the Board of matters discussed at Committee
Audience	Board

1.0 EXECUTIVE SUMMARY

1.1 The committee met on the 12 June 2017 and reviewed a range of reports. The continued progress of more detailed and analytical work being undertaken by the clinical governance sub-committee was evident, enabling the quality and safety committee to concentrate more on outcomes and assurance of that work.

1.2 No matters are escalated to board for action, but a summary of proceedings is provided below for information and highlight as necessary.

2.0 QUALITY DASHBOARD

2.1 This was the report for March and in the old format. It was hoped the new Quality Dashboard would be available in July and include both April and May figures.

2.2 Two main concerns were raised. The first related to 20 serious incidents reported on the strategic executive information system (STEIS), which was an exceptionally high number, and included 18 grade three and four pressure ulcers. In addition three of the duty of candour letters of notification failed to be sent within the required timeframe. Measures and changes were already in progress to improve this situation, which included improved systems as well as the pressure ulcer improvement programme. In addition it was explained that there was a drive for increased and more accurate reporting of incidents, and this may have contributed to the number of incidents recorded.

2.3 The second concern was a drop in the Friends and Family Test 'would recommend' results for the Halton urgent care centre and the Wigan walk in centre (92.5% and 94.8% respectively). Analysis showed that this appeared to be due to longer waiting times, although over 95% of patients were still being seen within 60 minutes. An additional reason at Halton was also due to the change in triage procedure which had been instituted to comply with a CQC recommendation.

2.4 Action by QSC – continue to monitor and ensure all necessary steps are completed where improvement programmes are in place.

3.0 CLINICAL GOVERNNACE SUB COMMITTEE REPORT (INCLUDING HIGHER LEVEL OPERATIONAL RISKS)

3.1 A number of themes and issues were examined in this highlight and exception report, a summary of which are provided as follows.

3.2 Concern was expressed regarding the school nursing service in all boroughs. This was due to redesign and a reduction in school nursing posts required by commissioners. In addition vacancies were high and recruitment was a particular problem for band 6 nurses. An elevation of the declared risk was noted and a need to share this with commissioners was considered appropriate.

3.3 An update on nurse revalidation was presented. This provided assurance that of the 1299 Bridgewater staff requiring this, only one had failed the process.

3.4 A briefing paper on the reduction in avoidable infections outlined a number programmes including that of antibiotic stewardship. A concern was however highlighted in regard to a lack of planning for staff flu vaccinations which the committee agreed to highlight.

3.5 A thematic analysis of pressure ulcers at both Halton and Wigan had been undertaken at the request of both Clinical Commissioning Groups. In both cases initiatives for open and honest reporting, and details of quality improvement initiatives were provided. However details of incidents showed an increase in reporting of pressure ulcers from 2015/16 to 2016/17 (especially grade 3 and 4), in addition there was also evidence of low training attendance of staff, both for record keeping and pressure ulcer protocol. As a result of this an investigation is to be undertaken, and a report will be provided back to the CGSC and Quality & Safety Committee in August.

3.6 An update was provided of progress with the Wigan integrated care organisation (ICO) which highlighted both improvements and areas of concern. The latter include some of clinical pathways requiring sign off; agreement of the 2017/18 contract; and shortage of capacity in the implementation team. All elements have been risk assessed and corrective action is in progress.

3.7 A paper on the management of risk at Garth and Wymott prisons was discussed and concern was expressed at the number of high level risks identified particularly in relation to medicines management and locum cover. A follow up paper will be provided in July to update and detail progress on actions being taken to manage the situation. It was also noted that the Commissioners were being supportive of the corrective action being taken.

3.8 A proposal was made by the CGSC that quarterly reports should be provided to that forum, with only matters of escalation being provided to the Quality and Safety Committee. After discussions this was thought by the latter to be a step too far at present, as the quarterly reports formed the basis of assurance to the committee. It was however a possibility that could be re-examined in the future.

3.9 Confirmation was provided that all 273 corporate and clinical policies were up to date.

3.10 An update of the CQC action plan confirmed it was proceeding and being managed. In addition preparatory work was continuing for the pending re-inspections, which had been delayed. The first round of unannounced mock inspections had been undertaken, with feedback provided.

3.11 Operational risk was examined both in terms of process and the individual escalated risks. In terms of the former an update was provided on the current review of risk, which was being undertaken by consultants. In addition the Medical Director feedback on the process for

the examination and reporting of operational risks to the Quality and Safety Committee. With regard to individual risks, those escalated centred on staffing issues including vacancies, training and capacity. More specific risks related to Garth and Wymott prisons and the paediatric general anaesthetic availability for dentistry in Bolton. All risks where the subject of mitigation and management and would continue to be monitored on a monthly basis.

3.12 Action by QSC – continued monitoring of all areas to ensure satisfactory progress against planned actions, with 'deep dives' where necessary.

4.0 UPDATE ON THE FORMATION OF THE COMPLAINTS GROUP

4.1 The Associate Director of Quality Governance presented the report which was generally supported by the committee but with a few adjustments.

- The process needed to ensure the group was provided with information on the investigation and actions taken in regard to complaints and not the raw data. This would focus attention on improvement and learning.
- In relation to membership it was agreed a NED was not required on the group, but that it should include two members of the public, who ideally should be people that had been involved with complaints in the past.

4.2 Action by QSC – progress was noted and outcomes would be monitored.

5.0 EQUALITY AND DIVERSISY HALF YEARLY REPORT

5.1 The report was reviewed by the committee and generally accepted as evidence of compliance and progress in this area, but with some matters identified as in need of continued improvement. It was also noted that there was some question in relation to the embeddedness of the work streams and suggested that this may be an area for an MIAA audit.

5.2 Action by QSC – Highlight the possible inclusion of this area for an internal audit, and pass this suggestion on to the workforce committee which will now include E&D within its terms of reference.

6.0 NICE EXCEPTION REPORT - QUARTER FOUR

6.1 This report provided a view of progress with action plans over both 2015-16 and 2016-17. The committee was assured that in all cases where compliance had not been declared with NICE guidance, action plans had either been completed or were in progress. Only two exceptions were reported, both in relation to community paediatrics (one in quarter three and one in quarter four 2016/17) where action plans were still being devised.

6.2 Action by QSC – continue to monitor on a quarterly basis.

7.0 RECOMMENDATION

7.1 The Board is asked to note the content of the report for assurance.