

Board of Directors Meeting in Public

Subject:	Report of the Quality Committee	Date: 21/03/18		
Prepared By:	Elaine Jeffers, Deputy Director of Governance & Quality Improvement			
Approved By:	Tim Reddish, Chair of Quality Committee			
Presented By:	Tim Reddish, Chair of Quality Committee			
Purpose				
The purpose of this paper summarises the assurances provided to the Quality Committee around the safety and quality of care provided to our patients and those matters agreed by the Committee for reporting to the Board of Directors.	Approval			
	Assurance	x		
	Update	x		
	Consider			
Strategic Objectives				
To provide outstanding care to our patients	To support each other to do a great job	To inspire excellence	To get the most from our resources	To play a leading role in transforming health and care services
Indicate which strategic objective(s) the report support				
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
Indicate the overall level of assurance provided by the report -	External Reports/Audits	Triangulated internal reports x	Reports which refer to only one data source, no triangulation	Negative reports
Risks/Issues				
Indicate the risks or issues created or mitigated through the report				
Financial	No financial risks identified			
Patient Impact	Assurance received with regards to the Safety and Quality of Care through the Reports presented			
Staff Impact	No staff issues identified			
Services	No service Delivery risks identified			
Reputational	No Trust reputational risks identified			
Committees/groups where this item has been presented before				
None				
Executive Summary				
<p>The Quality Committee met on 21/03/18. The meeting was quorate. The minutes of the meeting held on 17/01/18 were accepted as a true record and the Action Tracker updated.</p> <p>The Board of Directors is asked to accept the content of the Quality Committee Report and the items for note highlighted below:</p> <p>The Board of Director is asked to note the following:</p> <p>For approval:</p> <ul style="list-style-type: none"> • Nursing & Midwifery Strategy (Reading Room) • Quality Strategy (Reading Room) • Patient Involvement & Engagement Strategy (Reading Room) • Dementia Care Strategy (Reading Room) • Infection, Prevention & Control Annual Plan (Reading Room) 				

For Assurance:

- The progress, maturity and level of assurance provided by the Patient Safety Quality Group
- The progress made within the Advancing Quality Programme and plans for alignment with the 2018/21 Quality Strategy
- The significant progress made within the Emergency Department in relation to the successful recruitment of Middle Grade and Consultant staff
- The use of the CQC Insight Tool as a proactive approach to identifying areas of exemplar performance and areas where further action and focus is required

1. Terms of Reference (Annual Review)

1.1 The Terms of Reference were discussed and agreed to reflect the business of the Quality Committee

2. Controlled Drug Assurance (requested by PSQG)

2.1 Quality Committee received a report on the security and storage of controlled drugs. Further information was requested to be included within the regular quarterly Medicines Optimisation Report (due May 2018) to better understand the position with regards to 'unaccounted losses of Controlled Drugs'. 22 cases had been found in the reporting period, however additional analysis is required to determine whether this is a declining or improving position.

2.2 Quality Committee acknowledged that the Pharmacy Service performs in the top quartile across the East Midlands against their set of performance indicators.

3. Analysis of Unify Dementia Screening Return (requested by Quality Committee)

3.1 Dr Steve Rutter presented the report on the Unify Dementia Screening Return in response to a marked decrease in performance since December 2017. This is multifactorial but in the main relates to the challenges within the resources allocated to the task. Additional measures have been put in place from February 2018 that has seen an improved position increasing the screening compliance from 29.9% to 60% in month. It is not possible though to confirm when the trajectory to reach the required 90% position will be met. The Dementia Team supported by the Executive are currently working through the options to find a long-term sustainable solution.

3.2 It was noted that NHS Improvement have requested a report indicating the actions being taken to rectify the position.

4. Falls Deep Dive (requested by Quality Committee)

4.1 Quality Committee received a report highlighting the key findings of a 'deep dive' into the number of falls occurring across the Trust and whether this was an issue of concern. The data submitted to PSQG had suggested there had been an increase in the number of falls resulting in severe harm. Quality Committee were assured that this increase was reflective of a national change in the classification of severe harm relating to falls resulting in an increase in the number being coded as severe rather than an increase in the number of severe harm.

4.2 Quality Committee acknowledged the excellent work of the Lead Nurse for Falls and the improvements in supporting patients at risk, educating staff and the improvements in care.

5. Patient Safety Quality Group Report (regular report)

5.1 Quality Committee received the PSQG Report from the February and March Meetings. The Committee commended the Reports acknowledging the assurance they received that all issues are identified, addressed and reported – they specifically commended the report of the March meeting.

5.2 Quality Committee would like the Board of Directors to be aware of the progress and level of maturity within PSQG since conception and the significant assurance it provides to the Committee.

6. Advancing Quality Programme (AQP) Report (regular report)

6.1 Quality Committee received the progress Report for the Advancing Quality Programme (AQP). The Report provided Quality Committee with the current status of each of the AQP Workstreams.

6.2 Work is underway to determine to align the programmes within the AQP to the proposed Quality Strategy 2018/21. The Committee were assured that the AQP will remain the vehicle for monitoring and progressing the workstreams that underpin the Quality Strategy and these will continue to be overseen by the AQP Board.

7. Serious Incident Summary Report (regular report)

7.1 Quality Committee received the Serious Incident Summary Report. The committee were assured that robust systems and processes remain in place to identify and address potential serious incidents and ensure rapid action is taken and learning widely shared.

7.2 The Committee acknowledged the work that had been undertaken around the identification and classification of 'Root Cause' – this work will better support the improvements and learning going forward.

7.3 The Trust has declared 28 Serious Incidents during the period April 2017 and February 2018 with 2 deemed to be a NEVER Event – these have been reported separately to the Board of Directors. The Committee were assured that appropriate actions had been taken and lessons learned.

7.4 Of the 4 Serious Incidents reported in February 2018 an application to downgrade 2 incidents following a comprehensive investigation is to be made.

8. Committee Health Check (Annual requirement)

8.1 Quality Committee undertook the Annual Committee Healthcheck as per statutory requirement. Two areas had been considered 'partially met' in the 2016/17 annual Healthcheck, both relating to the identification of a Non-Executive Director with appropriate medical/clinical experience. This issue had been resolved through 2017 for a short time. An interim solution has been agreed with a suitably qualified individual due to take up post from April 2018 to provide clinical advice and support to the Non-Executive members of Quality Committee with a plan to proceed to recruitment of a substantive member from June 2018.

8.2 The Annual Committee Healthcheck was agreed.

9. Care Quality Commission (CQC) Insight Tool (regular report)

9.1 Quality Committee received the report analysing the current CQC Insight Tool. The document highlights the position of the Trust against a number of indicators and is used by CQC to determine

where the Trust is performing much better or better nationally and where indicators show the Trust to be worse or much worse. The Trust has recently had access to the tool and as such is working through how best to integrate the intelligence with other sources. There is a caveat that some of the data is quite out of date but it is a useful indication of trends and themes.

9.2 The Tool is circulated to Divisional teams for analysis and inclusion within their monthly Exception Reports to PSQG.

9.3 Quality Committee acknowledged that the report indicated we perform better than the national average in a number of indicators.

10. Board Assurance Framework (BAF) Principle Risk Report (regular report)

10.1 Quality Committee have oversight of the following risks within the BAF:

AF1 – Safe and Effective Patient Care (current risk rating: 12 – high)

AF2 – Managing Emergency Demand (current risk rating: 16 – significant)

AF3 – Managing Elective Demand (current risk rating: 12 – high)

AF7 – Staffing levels (current risk rating: 16 – significant) – this risk has been reassigned to Quality Committee from the OD & Workforce Committee

10.2 The risk ratings were acknowledged and confirmed as correct. The demand and staffing challenges are profound, which is maintaining a high level of risk at the present time.

11. Skill Mix within the Emergency Department (requested by Quality Committee)

11.1 Quality Committee received the report. The significant progress with regards to the successful recruitment of middle grade and Consultant staff within the department was commended. The Committee were assured that the department was in a strong position to recruit high quality individuals that could only strengthen the department. This had been a challenge for a long period of time but was now reflective of the excellent reputation of the Trust and the Department. Further plans are in place to develop creative working opportunities with Nottingham University Hospitals, specifically around the Major Trauma Centre.

12. NHS Improvement Visit to Infection, Prevention & Control Team (requested by PSQG)

12.1 Quality Committee received the report highlighting the outcome and recommendation of the recent NHSI visit to the I,P&C team. Assurance was received around the implementation of the recommendations. These are monitored through PSQG.

13. Infection, Prevention & Control Annual Plan (Annual requirement)

13.1 Quality Committee received the I,P & C Annual Plan and recommend approval to the Board of Directors. Progress against the Plan is driven through the Trust I, P&C Committee and monitored through PSQG.

14. Overview of Water Safety on Sherwood Forest Trust Estate (requested by PSQG)

14.1 Quality Committee received an update from the Medical Director in relation to the recent concern around Legionella. Assurance was received that appropriate action had been taken and there were no significant concerns for the organisation. This will be monitored through the Trust Water Safety Group and overseen by the Medical Director.

15. Human Tissue Authority Report (requested by PSQG)

15.1 Quality Committee received the report highlighting the outcome and recommendations from the recent external visit to the Trust in relation to compliance with Human Tissue standards. The Committee acknowledged the positive report and were assured that the recommendations were being addressed appropriately.

16. Strategies (Annual requirement)

16.1 Quality Committee received and approved the following Strategies and recommend them to the Board of Directors. The Strategies can be located within the Reading Room for further detail:

- Nursing and Midwifery Strategy
- Quality Strategy
- Patient Engagement and Involvement Strategy
- Dementia Care Strategy