

Board of Directors

Subject:	Report of the Quality Committee	Date: 15/11/17		
Prepared By:	Elaine Jeffers, Deputy Director of Governance & Quality Improvement			
Approved By:	Dr Sean King, Non-Executive Director, Chair of Quality Committee			
Presented By:	Dr Sean King, Non-Executive Director, 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.		Decision		
		Approval		
		Assurance X		
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
x	x	x	x	
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 x	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 15/11/17. The meeting was quorate. The minutes of the meeting held on 20/09/17 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>Quality Committee would like the Board to note the following:</p> <ul style="list-style-type: none"> • The approach taken to sharing and learning to improve the safety and quality of care of the Surgical Division. A second event is planned • The Quality Summit to be held with the Orthopaedic Team following the NEVER Event • The excellent progress made following the Maternity Quality Summit and the development of the Maternity Improvement Programme • The decommissioning of Programme 6 – Safe Transfers of Care from the AQP to amalgamate with the Patient Flow Programme 				

1. Patient Safety Quality Board Report (Monthly Report) (October & November 2017)

1.1 The PSQB Report of the meetings held on 04/10/17 and 08/11/17 were presented and the issues highlighted for escalation to Quality Committee considered. Quality Committee received assurance that PSQB were operating effectively and that the Workplan continued to reflect and receive reports from the key safety and quality reporting groups.

1.2 Quality Committee noted the following:

- The successful inaugural Divisional wide safety Event in Surgery
- The work Divisions have been asked to undertake to look at the review of urgent test requests
- The reviewed situation with Twinrix Hepatitis B Vaccination
- The authorisation of the use of unlicensed Intervax BCG Vaccine as recommended by PHE
- The successful renewal of the Hydration and Nutrition Steering Group
- The unresolved issue of Medway PAS updating and request for an options appraisal to mitigate the risk
- The HTA Inspection taking place in the Trust on 15/11/17
- The resolution of the loose filing backlog across the Trust
- The strong performance in Medicines Safety
- The response, via the Divisional Exception Reports of the CQC Insight Tool
- The AKI Alert from the Dr Foster Unit, Imperial College, London and the work already undertaken through the Trust Mortality Surveillance Group and the Deteriorating Patient Group
- The work underway to ensure Policies, Procedures and Guidance is reviewed and in date. All Divisions have agreed a trajectory of when they will be compliant
- The recent Radiology Incidents are being looked at as a whole to ensure themes and trends are identified and appropriate improvements implemented
- The lower tolerance to be adopted in relation to the increase in sharps/needlestick injuries and how this relates to safety. This is being correlated with the reduction in availability of Hepatitis B Vaccine

2. Advancing Quality Programme (Monthly Report) (October & November 2017)

2.1 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.

2.2 CQC Action Plan – The ‘Must Do’ and ‘Should DO’ Actions from the 2016 CQC Inspection Report have been completed. Those actions that relate to the understanding and management of the Mental Health Act (MHA), Mental Capacity Act (MCA) and the application of a Deprivation of Liberty Order (DoLs) identified as ‘Must Do’ have been captured within Programme 7 of the AQP. The CQC Action Plan has been cross referenced to reflect this.

2.3 The Quality Committee Report of September 2017 indicated that there were 3 ‘Amber’ Actions identified on the CQC Action Plan. Confirmation was received that 2 actions have since been completed with the outstanding item relating to an electronic solution to recording DoLs orders. This is subject to the full rollout of the NHS.Net secure email system.

2.4 Quality Committee received assurance that the same rigour will be employed in relation to validating the evidence provided to demonstrate that an action has been embedded across the organisation as was applied for the Quality Improvement programme (QIP). i.e. the completion of the ‘Blue Form’ with formal presentation of evidence to the AQP Board.

2.5 Quality Committee were informed that Programme 6 – ‘Safe Transfers of Care’ had stalled due to the synergies with the wider ‘Patient Flow’ Programme. Discussions had been held as to whether this programme should be formally incorporated into Patient Flow to minimise

duplication and ensure resources were allocated appropriately.

2.6 Further work is underway to provide evidence of progress via agreed metrics.

3. Serious Incident Report (Monthly Report)

3.1 Quality Committee received the Report relating to Serious Incidents reported to STEIS to enable them to appreciate the extent of any serious incidents (including Duty of Candour) and Coronal Inquests.

3.2 The Trust had declared a total of 15 serious incidents since 01/04/17 that met the reporting criteria of NHS England's Serious Incident Framework (2015)

3.3 The Trust declared 1 incident that met the reporting criteria for a NEVER Event - a wrong implant/prosthesis. The wrong sided knee prosthesis was inserted. The Trust was alerted to this via the National Joint Registry. A Quality Summit is being held for the Orthopaedic Team to ensure learning opportunities are optimised.

3.4 The Trust continues to perform exceptionally well with regards to Duty of Candour. There are 5 qualifying incidents for the month of October. 4 have been addressed within time with the outstanding 1 on hold as contact with the patient is being managed by the Police and the Trust is awaiting guidance from them.

3.5 There were no Regulation 28: *Report to prevent future deaths* – issued to the Trust

3.6 The 'Learning Matters' to highlight learning from incidents for October include:

- Action taken following the NEVER Event in the Surgical Division
- All lowers/assist to the floor/rolls onto a crash mat from lowered bed/fall to knees must be reported on DATIX and to the doctor as all have the potential to cause harm. A fall to the knees or even a lower to the floor has the potential to cause harm as the force of the impact could travel through the long bones causing a fracture.

4. Medicines Optimisation Report (Bi-annual)

4.1 The Trust continues to perform well against the majority of the metrics.

4.2 Within the Medicines safety Thermometer the Trust is consistently above the national norms in performance for all measures and have been operating at this level for the past 2 years

4.3 A new campaign has been launched to improve medication safety incidents by 30% with the aim of moving the Trust into the top quartile for reporting nationally

4.4 The Medical Safety Group has a full work programme and is enjoying consistent good engagement and progress with improvement initiatives

5. CQUIN 1b – Healthy food for NHS Staff, visitors and patients - Progress Report (Quarterly)

5.1 The Trust has made good progress in embedding the required changes through close working relationships with partners Medirest and CNH/WHSmith.

5.2 Healthy eating has been promoted through posters displayed in the Spice of Life Restaurant and revised menus have been compiled highlighting health menu choices.

5.3 The 3 week patient menu cycle has been amended to clearly identify available healthier choices

5.4 Staff and visitors at Newark Hospital can access food 24 hours a day

5.5 Costa, WHSmith and the Volunteer Daffodil Café and working with the Trust to ensure they meet the requirements of the CQUIN

6. 360 Internal Audit Assurance Reports (Ad-hoc Reports)

6.1 The following Reports were presented to Quality Committee:

6.2 Medical Devices

6.3 Quality Account Indicators Follow Up Report

6.4 Quality Committee questioned whether they were the most appropriate forum for monitoring

this particular 360 Assurance Report as the specific indicators relate to 3 of the Trust Access Standards – '18 week RTT pathway', 'ED 4 Hour wait' and '62 day Cancer wait'. Quality Committee does not receive the related supporting information for these standards and thus does not feel it is currently in a position to monitor the identified actions.

7. Women & Children's Progress Report (Specific request following up on the Divisional Quality Summit)

7.1 Quality Committee were assured by the progress report provided by the Head of Midwifery following the Quality Summit presentation in the summer.

7.2 The Maternity Service has developed an Improvement Programme that is monitored on a fortnightly basis through the Chief Nurse Nursing Task Force Group.

8. Escalation to the Board of Directors

8.1 There were no matters of risk or concern for escalation to the Board of Directors, however Quality Committee would like the Board to note the following:

- The approach taken to sharing and learning to improve the safety and quality of care of the Surgical Division. A second event is planned
- The Quality Summit to be held with the Orthopaedic Team following the NEVER Event
- The excellent progress made following the Maternity Quality Summit and the development of the Maternity Improvement Programme
- The decommissioning of Programme 6 – Safe Transfers of Care from the AQP to amalgamate with the Patient Flow Programme