Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public

Subject:	Report of the Quality Committee	**Date:** 22/11/18	
Prepared By:	Suzanne Banks, Chief Nurse		
Approved By:	Tim Reddish, Chair of Quality Committee		
Presented By:	Tim Reddish, Chair of Quality Committee		
Purpose			
The purpose of this paper is to summarise 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

The Quality Committee met on 21/11/18. The meeting was quorate. The minutes of the meeting held on 19/09/18 were accepted as a true record and the action tracker updated.

The Board of Directors is asked to accept the content of the Quality Committee Report and the items for note highlighted below:

- Assurance on progress on the ophthalmology action plan following the summit that took place in July 2018
- Progress reported through the PSQG's to the Quality Committee
- No amendments made to the Board Assurance Framework assigned to the Quality Committee for assurance
- The approval of evidence submitted to the Quality Committee for a number of 'Blue Form' for campaign 2 and 3 and for CQC 'Should Do' actions
- Update on the work in place to support our junior doctor workforce

- Infection prevention and control annual report approved and assurance received by the Quality Committee
- Approval of the statement publication on the Trust website for the Modern Day Slavery Act 2015

1. Ophthalmology action plan progress report

1.1 Quality Committee received the ophthalmology action plan following the summit that took place in July 2018
1.2 All actions are now complete or in progress with a clear delivery plan
1.3 Work is ongoing within the service to further review and improve their governance process
1.4 Quarterly progress report to be monitored through PSQG

2. Patient Safety Quality Group (monthly October / November 2018)

2.1 ***The Division of Surgery*** noted the progress of the national recall programme for Breast screening. To date 4 cancers have been detected in recall patients; all have been reported via the national and internal SI processes. PSQG will receive a summary once the programme is complete.
2.2 Of note are the excellent outcomes in surgical site infections for joint replacement in the Trust.
2.3 Significant risk: CCU medical staffing – full time long term locum is to be recruited and a recruitment strategy is under development
2.4 PSQG received a report from the ***Division of Women and Children*** in relation to the closure of the unit on four occasions. The unit was closed on four occasions during August and de-escalated in less than 6 hours on three of these occasions. Safe staffing was maintained and the agreed escalation policy was followed. All women were written to by the Head of Midwifery.
2.5 The Healthcare Safety Investigation Branch (HSIB) investigation of maternity incidents was launched in November 2018 and an external investigation will take place for any maternal case that reaches the 'Each Baby Counts' criteria. The Trust process of a rapid 72 hour review following an incident will remain unchanged.
2.6 The ANNB Screening programme undertook a quality assurance visit within the ***Division of Diagnostics and Outpatients*** with no areas of concern identified. There were noted some areas of outstanding practice.
2.7 The division confirmed that all services within pathology were now UKAS accredited
2.8 Learning Disability team shortlisted for the HSJ awards in partnership with the division for improvement work supporting some of our most vulnerable patients.
2.9 PSQG received the report on the gap analysis against the 2018 Standards for Children in Emergency Care from the ***Division of Urgent and Emergency Care***. Out of 144 actions; 99 were Green, 15 Amber and 7 Red with the remainder not applicable. The red actions relate to mental health assessment, system alerts to complex patients and access to play specialists. PSQG noted progress and will receive an update in January 2018. Quality Committee requested update against the mental health support for Children and Adults within ED as part of their next update report.
2.10 The ***Division of Medicine*** confirmed that the stroke service had been rated A in the SSNAP audit for the eighth consecutive quarter.
2.11 The first Schwartz round has taken place with a second scheduled for January 2019.

3. Board Assurance Framework – As assured through the Quality Committee

3.1 The Quality Committee reviewed the following principle risks:
- PR1: Catastrophic failure in standards of safety and care – no amendments required
- PR2: Demand that overwhelms capacity – no amendments required

- PR3: Critical shortage of workforce capacity and capability – no amendments required
- PR5: Fundamental loss of stakeholder confidence – no amendments required

3.2 The Quality Committee recommended a wider discussion at a future Board Development session to work through the risk appetite and tolerance for 2019/20 BAF

4. Advancing Quality Programme

4.1 The following actions for campaigns one to four were approved by the Quality Committee:
- Action 2.1 Falls
- Action 2.7.2; 2.7.2; 2.7.3 Safe Staffing
- Action 3.9 CAS Alerts

4.2 The following action for 'Should Do' action plan was approved by the Quality Committee:
- 5.09 Controlled Drug Storage at Newark UCC

4.3 The following action for campaign one to four that was not approved due to requiring additional evidence was:
- Action 3.7 NICE guidance

4.4 The following actions for 'Should Do' action plan was not approved by the Quality Committee due to insufficient evidence were:
- 5.02 Mental Health
- 5.12 Mental Health Assessment response time
- 5.19 Risk Register
- 5.28 Weekly Cleaning Schedules

5. Medical Clinical Education and Assurance

5.1 The Quality Committee received a report from the Director of Medical Education. To note is the largely positive response in the GMC National Trainees Survey from our junior doctors and action plan is in place to address any issues raised. The Quality committee noted the support to the junior doctors and requested a future junior doctor staff experience story to be presented to Trust Board.

6. Infection Prevention and Control Annual report

6.1 The Quality Committee received the annual report and were assured by the work that has taken place over the past 12 months. The report is within the reading room for Board members.

7. Modern Slavery Act 2015 – Annual statement 2018/19

7.1 The Quality Committee approved the annual statement for publication on the Trust website to ensure compliance with the act. The aim of the statement is to demonstrate that SFH follows good practice and all reasonable steps are taken to prevent slavery and human trafficking within our business or supply chain. This has been signed by the CEO and Chief Nurse / Executive lead for Safeguarding.