

Board of Directors Meeting in Public

Subject:	Report of the Quality Committee	Date: 16/01/19		
Prepared By:	Elaine Jeffers, Deputy Director of Governance & Quality Improvement			
Approved By:	Barbara Brady, Chair of Quality Committee			
Presented By:	Barbara Brady, 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 16/01/19. The meeting was quorate. The minutes of the meeting held on 21/11/18 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> <ul style="list-style-type: none"> • The Pilot of prescribing pharmacists allocated to ward has not improved the flow of patients and supported the discharge process as expected • The improvements observed in the readmission rates for the Trust • The concerns relating to the failure of the governance processes within the Cervical Screening Service • 10/12 'Blue Forms' approved from the CQC Should Do Action Plan • The Mental Health (Limited Assurance) 360 Assurance Audit Report • The positive change of assurance rating on PR1 'Growth in Demand' 				

1. Actions from the Quality Committee 21/11/18

- 1.1 The Committee had requested further information relating to medication shortages and the process for escalating shortages to the Executive Medical Director. Steve May, Chief Pharmacist advised the Committee that Joanna Taphouse, Data Quality Manager is leading on this action and a paper will be presented to the next Patient Safety Quality Group (PSQG) meeting, framing the level of risk surrounding individual medicines
- 1.2 The Committee received a report highlighting concerns around the process for discharge prescriptions and the impact this has on discharge and the pharmacy service. The committee were informed that a trial funded by NHS England, whereby prescribing pharmacists allocated to a medical and surgical ward had not had the impact on improving flow that had been expected. An Action Plan from this pilot, agreed by the Flow Group will be monitored through the Patient Safety Quality Group.
- 1.3 Simon Barton, Chief Operating Officer provided the Committee with an update regarding readmissions. He informed the Committee that Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) level of readmissions had risen since 2016, but not at the rate the Trust's peer group had increased. This metric is managed closely through Divisional Performance with clear actions in place to ensure understanding of readmission rates at specialty level.

2. Analysis of Patient Surveys (Annual)

- 2.1 The Committee received the report providing an update on the National Patient Surveys. The Trust participates in the following national surveys:
 - Inpatient Survey
 - Maternity Survey
 - Cancer Survey
 - Urgent & Emergency Care Survey
 - Children & Young People Survey
- 2.2 The timeframe for completion and receipt of the outcome varies for each survey across the year; however all surveys are analysed to identify collective themes and trends.
- 2.3 Quality Committee accepted that the surveys are retrospective and are looking at the experience of patients from a given time period, often several months previously. The comments do not always reflect the improvements and changes that have been made to services in the meantime, although provide an external benchmark and baseline.
- 2.4 The Committee accepted the plans to focus patient experience on the further development of the Friends and Family Test (FFT) as this provides real time intelligence enabling the Trust to understand the experiences of patients and their carers in a much more timely manner.
- 2.5 The Committee were assured the themes from the National Surveys and the internal FFT surveys were incorporated into the Trust-wide Improvement initiatives.

3. Care Quality Commission Report (Regular)

- 3.1 Quality committee received the regular CQC report highlighting:
 - An update from the November CQC Engagement Meeting, specifically potential changes to the current CQC Inspection Methodology
 - The progress made in the Core Service Self-assessments in preparation for the next CQC Inspection
 - The continued analysis of the CQC Insight Intelligence Tool

4. Dermatology Safety Summit (Update)

- 4.1 Quality Committee were assured the actions identified from the Safety Summit held with the Dermatology team were being addressed and good progress was being made.
- 4.2 Quality Committee requested that the team present a further update to the May Committee meeting.

5. Advancing Quality Programme Report (Regular)

- 5.1 Quality Committee received the regular progress report for the Advancing Quality Programme and acknowledged progress to date
- 5.2 Quality Committee accepted the evidence presented in relation to Campaign 5 – The 'CQC Should Do' Action Plan – 10 of 12 actions presented for approval were accepted by the committee with two requiring further evidence submission
- 5.3 The Committee were assured the remaining actions from the CQC Should Do Plan are on track to deliver by 31/03/19

6. Reconfiguration of the Theatres and Critical Care Unit (CCU) (Update)

- 6.1 An update regarding theatre options had been requested by the Committee as concerns had been raised surrounding infection, prevention and control within theatres and the capital required to mitigate this risk.
- 6.2 The Committee were informed a business case is being developed to support a STP funding bid to redevelop theatres and CCU in the 2021 capital plan. The business case will be completed in September 2019.
- 6.3 Funds have been allocated in the current capital plan for small works to assist in maintaining these areas and management of the estates risks in the areas continue
- 6.4 The Committee discussed the water safety risks in the Critical Care Unit and theatres. The Committee were advised a piece of work is being undertaken to determine whether the water supply to theatre and CCU is in imminent danger of failing and what the expected lifespan of the system is. This assessment will be complete in Q4.

7. Patient Safety Quality Group Report (PSQG) (monthly – December 2018/January 2019)

- 7.1 Quality Committee were assured by the reports of the Patient Safety Quality Group
- 7.2 The Committee were provided with an update of the positive work being undertaken in Maternity, specifically the increase in magnesium sulphate administration.
- 7.3 The Committee were advised despite efforts, levels of mother's breastfeeding at discharge remains below the national average.
- 7.4 Significant concern was highlighted from PSQG surrounding the Cervical Screening QA visit scheduled for February 2019. It had come to the attention of PSQG that the Women & Children's Division had lost grip of the governance process surrounding cervical screening. Since December urgent work has been undertaken to improve the position and updates are being received at PSQG.
- 7.5 Quality Committee acknowledged the performance of SFHFT within the Critical Care Network ICNARC performance data (Q1 & Q2 2018/19). For 2017/18 the Trust performed better than regional and national average on acute hospital mortality, mortality on good risk cases, blood infection rates, non-clinical transfers, readmissions and out of hours transfers. Strong performance compared to peers has been maintained despite running at an average of 93% occupancy.
- 7.6 Quality Committee received an update on the National Breast Screening Incident. To date 1073 ladies have been offered a review, 246 have come forward with 5 cancers reported on the National Breast Cancer Database. All have been treated. The national report into the

incident was received w/c 7 January and an analysis of the recommendations is underway. PSQG thanked the service for the additional clinics provided to support these ladies, often undertaken at the weekend. The national picture and local issues within Lincolnshire have caused increased demand and pressure on the symptomatic breast pathways.

7.7 PSQG had noted the successful implementation of the NEWS2 Project in December, ahead of the national deadline of April 2019. The CQUIN Criteria for this implementation has been met.

7.8 Quality Committee were informed the Major Trauma Network has developed a Mass Casualty Incident Plan in which the Trust is a Tier 2 location, receiving six casualties from onsite triage and additional patients transferred to create capacity at Tier 1 sites. A gap analysis has been conducted but it is not clear where the ownership of this sits in the governance structures. Major Incidents sits within the Operational Group. Action Cards need to be developed. PSQG were unable to establish whether the Mass Casualty Protocol runs in parallel to, or instead of the Major Incident Plan. PSQG notes that Mr Srinivasan is stepping down from his position as Trust Major Trauma Lead and thanked him for his tenure, which has seen the Trust make great progress.

8. Board Assurance Framework Principle Risks (Regular)

8.1 Quality Committee reviewed the following principle risks:

- PR1: Catastrophic failure in standards of safety and care – no amendments required
- PR2: Demand that overwhelms capacity – the Committee agreed the assurance rating for the threat 'Growth in demand for care' be amended to positive based on the controls now in place
- PR3: Critical shortage of workforce capacity and capability – no amendments required
- PR5: Fundamental loss of stakeholder confidence – no amendments required

9. Internal Audit Report (Limited Assurance) Mental Health Act (Discussion)

9.1 360 Assurance had reviewed the Trust's compliance with the Mental Health Act through Q1 of 2018. Within this period the Trust identified four occasions of an individual being detained, with a further patient identified by 360 Assurance following a visit to Nottinghamshire Healthcare (Notts Health).

9.2 The Assurance Report identified some areas of non-compliance with the legislation and a requirement to improve the quality of documentation.

9.3 A Service Level Agreement highlighting the responsibility of Notts Health to scrutinise paperwork for accuracy upon receipt has been formalised.

9.4 Quality Committee were assured that the appropriate actions had been taken with the relevant policy and guidance updated accordingly.