

**Board of Directors**

<b>Subject:</b>	Report of the Quality Committee	<b>Date:</b> 01/08/2019		
<b>Prepared By:</b>	Barbara Brady, Chair of Quality Committee			
<b>Approved By:</b>	Barbara Brady, Chair of Quality Committee			
<b>Presented By:</b>	Tim Reddish, Non-			
<b>Purpose</b>				
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.	<b>Approval</b>			
	<b>Assurance</b>	<b>x</b>		
	<b>Update</b>	<b>x</b>		
	<b>Consider</b>			
<b>Strategic Objectives</b>				
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To continuously learn and improve</b>	<b>To achieve better value</b>
<b>x</b>			<b>x</b>	<b>x</b>
<b>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
		<b>x</b>		
<b>Risks/Issues</b>				
<b>Financial</b>	No financial risks identified			
<b>Patient Impact</b>	Assurance received with regards to the Safety and Quality of Care through the Reports presented			
<b>Staff Impact</b>	No staff issues identified			
<b>Services</b>	No service Delivery risks identified			
<b>Reputational</b>	No Trust reputational risks identified			
<b>Committees/groups where this item has been presented before</b>				
None				
<b>Executive Summary</b>				
The Quality Committee met on 17/07/19 and was quorate. The minutes of the meeting held on 15/05/19 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:				
<ul style="list-style-type: none"> <li>• Annual report for End of Life care evidencing good progress</li> <li>• Annual Safeguarding report demonstrating the scope and quality of work being undertaken across the Trust</li> <li>• NHS Resolution Maternity incentive Scheme Year 2 This was discussed and the Committee agreed that there was evidence to support standards 1, 2, 7 and 10 being met, with a view to additional evidence being gathered for standards 3, 4, 5, and 6 by the Board of Directors meeting on 1st August.</li> </ul>				
1. Action from the Committee meeting 15/5/19				
The Committee had requested assurance regarding the approach being taken regarding revalidation of AHP staff employed by the Trust. A paper was presented to the Committee which described the current process for AHPs. Following discussion it was agreed that there is an				

opportunity to align the approaches being taken relating to the revalidation of AHPs and Nurses. There was a short presentation, comparing the SFHT Pharmacy System for Managing Flow of Discharges with the approach being undertaken by Cambridge University Hospital (considered an effective model). As a result of this comparison the committee were assured that in the absence of the Trust having implemented the Electronic Prescribing module (subject to funding) the approach undertaken at SFHT is broadly similar.

## 2. 15 Steps Update

The Committee received a summary of the visits undertaken as part of this program over the last 4 months, this included the main findings from the visits and how improvements were being made. Following discussion, Committee members concurred that the approach being undertaken by SFHT is in fact a hybrid of the original 15 Step as established by the NHS Institute for Innovation and Improvement as it is important not just to focus on patient experience but also to provide visible support to the wider team members from SFHT who contribute to patient care, but who may not be direct care givers e.g. Pathology, case notes stores.

## 3. Advancing Quality programme (AQP) (Regular) Report

The Committee reviewed the evidence for three area within the plan: 1920.5.06, 1920.5.07 and 1920.5.19 following consideration of evidence presented at the meeting, the Committee agreed that these actions are now complete

## 4. Care Quality Commission/External Regulation (Regular) Report

The Committee received the regular CQC and External Regulation report. Little had changed since the report presented in May 2019. SFHT has yet to be notified of the next CQC inspection, however for the purposes of planning, it is currently assumed that this will be sometime in Q3 of 2019/20.

## 5. Patient Safety Quality Group (monthly June/ July 2019)

- I. Rise in readmission rates at SFHT is subject to further internal investigation and this links to the 'Drivers of Demand' work currently underway with partners.
- II. E Coli – national change to the target, which the Trust is already meeting
- III. Review of patients who had received fixation plates which had been subject of a National Patient Safety alert is now complete
- IV. Following recommendation arising from a recent Breast Screening QA visit a formal response and action plan has been developed. Whilst the internal sign-off process to submit this improvement plan to the national lead was followed, the quality of the information was inadequate. As a result new information will be going from the CEO.
- V. Updates were received from Urology and Maternity following their recent Quality Summits.
- VI. Neonatal National Audit (NNAP): Two areas of concern, are now showing significant improvements
- VII. Significant assurance received on progress against the Cervical Cytology QA Screening visit action plan
- VIII. Listeria update, supply chain protocol is being adhered to, this area is subject to ongoing audits by Infection Control
- IX. Regional Direct Anticoagulant Audit (DOAC) discussed; SFH was the top performing E Mids Trust and was at or above regional average in all assessments
- X. Drug shortages involving Diamorphine 5mg vials, Heavy Marcaine and Midazolam are ongoing but not critical at SFH with supply exceeding the predicted window of risk
- XI. Monitored sepsis performance remains strong: Admission Areas 97% screening and 94% Sepsis Bundle compliance, Inpatient areas 94% screening and 95% Sepsis Bundle compliance.

6. Falsified Medicines Directive

This legislation was adopted in the UK in Feb 2019. Whilst there was originally some flexibility to enable effective implementation, this phase has now passed and there is an expectation that the Trust complies with this legislation by October 2019. The committee were assured that plans are progressing to secure implementation by the deadline. This development has both a capital and revenue component to enable full compliance. The capital component has been agreed as part of the capital program and the revenue implications are being accommodated with the Divisional budget.

7. End of Life Annual Report

The Committee received the annual report and were assured by the work that has taken place over 2018/19. There were a number of staff highlighted in the minutes as individuals who had been particularly supportive in implementing these improvements

8. Safeguarding Annual Report

The Committee received the annual report for 2018/19.

9. Children and Young People's Partnership (CYPP) Board Update

The first quarterly report from this group was received and the committee supported the areas of focus being taken forward

10. Nursing, Midwifery and AHP Board Update

The quarterly report from this Board was presented. A few areas were highlighted as positive progress including international recruitment of nurses and the Street Health work.

11. Medical Education and Assurance Report

The report highlighted progress both with postgraduate and undergraduate medical education. The Committee was supportive of exploring the idea of annual awards for Doctors to mirror the arrangements for nursing and support staff.

12. Board Assurance Framework (BAF) (Regular) Report

PR1: Catastrophic failure in standards of safety & care. The committee agreed the tolerable risk is 12, with no other changes.

PR2: Demand that overwhelms capacity. The committee agreed the tolerable risk is 16, with no other changes.

PR5: Fundamental Loss of Stakeholder Confidence. The committee agreed the tolerable risk is 10, with no other changes.

13. NHS Resolution Maternity incentive Scheme Year 2 Progress Report

A paper demonstrating how SFHT planned to evidence achievement of the 10 standards which are required for this incentive scheme was presented and discussed. The Committee agreed that there was evidence to support standards 1, 2, 7 and 10, with a view to additional evidence being gathered for standards 3, 4, 5, and 6 by the Board of Directors meeting on 1st August.

14. Quality Committee – Terms of Reference Review

Minor changes to the membership and roles and duties were proposed and supported

15. Quality Committee Workplan (Regular) Review

The work program was agreed subject to discussion with the newly established People, OD and Culture Committee to ensure no duplication or gaps particularly in relation to clinical revalidation, and the medical education report