Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors

Subject:	Report of the Quality Committee	**Date:** 05/12/19
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	
	Consider	

Strategic Objectives				
To provide outstanding care	**To promote and support health and wellbeing**	**To maximise the potential of our workforce**	**To continuously learn and improve**	**To achieve better value**
x	x		x	x
Overall Level of Assurance				
	Significant	**Sufficient**	**Limited**	**None**

Risks/Issues	
Financial	No financial risks identified
Patient Impact	Assurance received with regards to the Safety and Quality of Care through the Reports presented with the exception of Dementia screening
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 20/11/19. The meeting was quorate. The minutes of the meeting held on 18/09/19 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:

- The content of the report
- The contribution of Dr Andy Haynes, Executive Medical Director and Suzanne Banks, Chief Nurse.
- The current performance in relation to Dementia Screening. This will also be raised with the Audit and Assurance Committee.
- The national recognition of the work of the IPC Team in relation to catheter associated infection
- The dip in performance of VTE Screening. This is being investigated by the Deputy Medical Director.
- Quality Committee support for the roll out of elective orthopaedics at Newark Hospital

Action 19/087 Quality Committee Action Tracker – Pharmacy Strategy.

Quality Committee requested the final Pharmacy Strategy be presented before the end of the 2019/20 year for approval.

Action 17/363.2 Public Board of Directors – Dementia Screening

The Committee was ***not assured*** that the Trust has a systematic approach to the assessment of patients with delirium and dementia.

Following a move from a manual paper assessment to an electronic assessment, levels of compliance with delirium and dementia screening have dropped significantly. Previously, these forms were completed by nursing staff whereas the electronic assessment paperwork is the responsibility of doctors to complete.

Recent audits suggest that the screening process is undertaken and the issue is around record keeping. An increase in referrals to liaison psychiatry supports this. Concern was raised that without ownership at Board level, the issue would not be resolved. The incoming Chief Nurse and Medical Director must agree the position going forward. The solution will be presented to the January Quality Committee meeting.

Action 17/363.5 Public Board of Directors – Improving Performance/Waits (Cancer)

Quality Committee were assured that despite deteriorating performance for the 62 day wait cancer target, there has not been any adverse qualitative impact to patients. Although there have been patients exceeding the 62 day wait target, patients are being monitored closely and thus far there have been no instances of harm. A recent increase in administrative staff for the caner team will enable the strengthening of required RCAs and harm Reviews for this cohort of patients.

1. **Infection, Prevention and Control Annual Report**

Quality Committee received the report indicating all performance targets for the previous year had been met, including trajectories for incidents of Clostridioides Difficile (C.diff), Escherichia Coli (E.Coli) and Methicillin Resistant Staphylococcus Aureus (MRSA).

The Trust exceeded the national CQUIN target for staff Flu vaccinations in 2018/19 meeting 81.6% and remains on target to do so again in 2019/20.

The work of the IPC team surrounding catheter associated infection had gained national recognition. The team was invited to present at parliament as part of the Unplanned Admissions Consensus Committee. This work was also recognised and published by the British Nursing Journal.

The committee were advised that water safety had been the biggest challenge for the IPC team since 2017/18. RD, with the greatest area of concern being the retained estate. From a patient safety perspective, appropriate mitigations have been implemented and long term solutions, such as having a ‘waterless ward’ in the Critical Care Unit are being investigated.

Further work is required to improve the estate from an IPC perspective however planning these works in patient areas is highly complex.

The Committee expressed thanks to Rosie Dixon, Consultant Nurse IPC for her work in recent years to improve the Trusts IPC standards and wished her well in her new role.

2. **Maternity Quality Summit update**

The Maternity Quality Summit was initially held in April 2019. The update reflected the nine-month post-summit position. The Committee were assured by the presentation and key points of note included:

- Recruitment/vacancies – active recruitment has been ongoing but continues to be challenged by high maternity leave numbers, sickness absence and the vacancy factor. The acute service is more affected by maternity leave than sickness or the vacancy factor and the community service is more affected by the vacancy factor than sickness or maternity leave. Currently only the core service shifts are being covered in the Community, which has a negative impact on the ability to provide a robust home birth service. Sickness absence performance has improved and an enhanced rate for bank staff has been agreed as a way of covering staffing gaps. This will be further supported by the implementation of the Birmingham Symptom-specific Obstetric Triage Tool (BSOTS). A robust workforce plan is in place.
- Relationship/Engagement with the band 7 team – appropriate escalation when the unit is busy remains a problem as does silo working and staff being cautious about change. This is being addressed through the maternity transformation work programme but senior staff still find managing colleague expectations to be challenging.
- Examples of outstanding patient outcomes against local and national trajectories were shared with the Committee, as was the commencement of the first team case holding pilot.
- Quality Committee were assured that robust procedures and appropriate decision-making were in place to safely manage the closure of a unit due to capacity. All patients affected by a closure or divert are personally written to with an apology from the Head of Midwifery who follows up the outcome of a mother transferred to another unit.

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

Quality Committee received the quarterly report. Key issues to note were:

- The bid to Roald Dahl to fund a Band 7 Transition Nurse who would support all divisions in ensuring equity in practice and that young people transition smoothly into adult services. Transition is a key feature of the CYPP.
- The first Youth Engagement meeting took place on 18 November. Colleagues from safeguarding, the Trust legal team and the comms team, alongside key clinicians and a young adult will be guided by the well-established Youth Team from Nottingham University Hospitals (NUH) on how best to set up the forum to ensure optimum effectiveness.

4. Strategic Framework for developing surgical activity at Newark Hospital (Discussion)

Quality Committee received the report highlighting the developing plans to increase the surgical activity on the Newark Hospital Site. The committee were assured that the plans had accounted for a number of strategic and operational issues.

The key areas for consideration included providing a safe, robust staffing infrastructure and effective systems for recognising and responding to a deteriorating patient.

The committee gave their support for the plans to proceed.

5. Urology Quality Summit Update

Quality Committee received the nine-month update on progress against the Urology Action Plan following a Quality Summit that had been convened following a number of incidents relating to the effectiveness of the urology MDT and the tracking of patients on the cancer Pathway.

The committee were reasonably assured that good progress was being made but requested a further update to the May 2020 meeting due to the ongoing work to strengthen the specialty governance processes.

6. Advancing Quality Report (Regular)

Quality Committee received the regular progress report. The report provided an overview of progress through the Advancing Quality Oversight Group meetings of 8 October and 12 November and were assured there is a robust monitoring process in place.

Quality Committee approved the new actions being added to Campaigns one and two in relation to the education of staff in the principles of co-design in care planning and falls.

Quality Committee approved two 'blue' actions – both from the Campaign Five - CQC Should Do Action Plan.

7. Care Quality Commission (CQC) Report (Regular)

Quality Committee received the regular update report relating to CQC activity within the Trust. Key issues to note include:

The outcomes of the October and November CQC Engagement Meetings. Both meetings had proved successful with good engagement from Trust staff at the CQC Staff Drop in Sessions. The October meeting took place at Newark Hospital with visits to the core services of Surgery, Outpatients and End of Life. The November meeting was held at King's Mill Hospital with a visit to Ward 12 included.

The annual provider Information request was submitted on 15 October 2019. This starts the next inspection cycle. Board should note that although there is recognition of the importance of submitting acute, quality data for CQC the resource implications should not be underestimated. The 2019 submission resulted in approximately 100 hours of the Deputy Director of Governance & Quality Improvement in addition to approximately 50 hours of an additional 37 staff members. Approximately 10 hours were spent in responding to post-submission queries.

Analysis of the CQC Insight Tool indicates the Trust remains within the top 25% of Trusts nationally and is most likely to be rated as 'Good'.

8. Patient Safety Quality Group Report(s) (9 October, 13 November)

Quality Committee received the reports from the October and November Patient safety Quality Group meetings. The key points of note for the Board are as follows:

The approval of piloting a 'waterless Critical Care Unit'. This model is being proposed following a visit by a team to Holland where a successful system has been implemented. The development of such a model will also facilitate increased water safety in the unit whilst the plans for a new unit are finalised and agreed.

PSQG had asked for assurance in relation to the escalation process in radiology of the increasing Radiology Backlog. PSQG had not been assured by the report from the department at the October meeting and had requested further detail and clarification to be presented in November. The November report provided sufficient assurance and evidence that the department had grip on the issue and had made the necessary adjustments to the escalation Policy to ensure the high risk patients were appropriately prioritised and their results reported and effectively communicated. The situation is nationally recognised but it is hoped will be alleviated somewhat in the near future following successful recruitment to Radiology vacancies.

The positive appointment of Dr Janusz Jankowski as the Clinical Governance lead for the Medicine Division. PSQG were pleased to report this will have a significant positive impact on the

Governance processes for the Division as it has been a long standing gap.

PSQG approved the amendment of the Trust Acute Kidney Injury Bundle to be more specific on when an ultrasound scan should be carried out. PSQG were particularly pleased that this demonstrates ongoing evaluation and further improvement of our clinical care.

The excellent performance of the Maternity Service in their recent accreditation and the plan to apply for ‘baby-friendly’ Gold Accreditation for the first time for the Trust.

The issue relating to current non-compliance with VTE Screening. PSQG were informed that an error had been picked up regarding the VTE screening process. A cohort of patients who are ‘out of scope’ for screening have been included within the audit resulting in a performance of 100%. Once removed performance no longer meets the required 95%. The Deputy Medical Director is investigating how best to address the anomaly.

Following a number of ‘wrong blood in tube’ incidents where the root cause was a failure to positively identify the correct patient. Quality Committee accepted the proposal to cost out the provision of a ‘bedside kit’ for each ward to ensure all consumables required by clinical staff for the accurate taking of blood samples were together on a portable trolley that would be taken to the bedside of a patient at the time of the blood collection. The longer-term solution is to purchase an electronic ‘barcoding’ system to support accurate patient identification. A business case is being developed and although the initial set-up costs will be expensive but there is evidence to demonstrate that the system will become self-funding as errors reduce.

9. Board Assurance Framework (BAF Report (Regular)

Quality Committee accepted the following amendments:

- PR1: Catastrophic Failure in standards of safety and care – no amendment to assurance rating
- PR2: Demand that overwhelms capacity – no amendments to assurance rating
- PR5: Fundamental loss of stakeholder confidence – no amendments to assurance rating

10. Dr Andy Haynes, Medical Director, Suzanne Banks, Chief Nurse

The Quality Committee wishes to formally thank and recognise the significant contribution of Dr Andy Haynes and Suzanne Banks over the past six and four years respectfully to the quality and safety agenda.

Their leadership has played an integral role in ensuring the Committee received comprehensive and timely assurance around all aspects of care delivered.

In addition their support to both members of the Committee and those attending to present the various reports has facilitated an effective and productive discussion, always ready to provide support, advice and guidance where required. They will be sorely missed.