

Board of Directors

Subject:	Quality Committee Report		Date: 1 st April 2021	
Prepared By:	Tina Hymas-Taylor- Head of Corporate Nursing			
Approved By:	Julie Hogg - Chief Nurse			
Presented By:	Barbara Brady, Non-Executive Director			
Purpose				
This paper summarises the assurances provided to the Quality Committee			Approval	
			Assurance	X
			Update	X
			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
Indicate the overall level of assurance provided by the report -		X		
Risks/Issues				
Financial				
Patient Impact	X			
Staff Impact				
Services	X			
Reputational	X			
Committees/groups where this item has been presented before				
None				
Executive Summary				
<p>The Quality Committee met on the 8th March 2021 via Microsoft Teams. The meeting was quorate and apologies noted.</p> <p>The Board of Directors are asked to note the issues for escalation:</p> <ul style="list-style-type: none"> Assurance provided by the maternity deep dive. The assurance received from the improvement plan around Anticoagulation linking in with the Preventing Future Deaths work. The expected formal withdrawal of the UKAS Accreditation for Haematology <p>The agenda items are summarised below</p> <p>Nursing, Midwifery and AHP Board (NMAHP)</p> <p>The revised NMAHP Board terms of reference were presented for approval; they were accepted with a caveat that the title of the forum was reviewed.</p>				

Safe staffing was discussed; the NMAHP Board receive the monthly safe staffing report demonstrating safe and sustainable staffing. It has been proposed that safe staffing also form part of the People, Culture and Improvement committee work plan and a response from this meeting chair is awaited. An update will be provided to the next QC meeting.

15 steps program been paused due to COVID19 and an alternative option has been developed and is awaiting approval from the next Council of Governors meeting.

The high usage of agency staff was discussed, it is anticipated that as we return to normal bed status a plan will be implemented to recruit into vacancies and this plan will be aligned to the developing recruitment microsite. It was identified that this data is currently skewed by the Nottinghamshire wide vaccine programme.

The chair enquired whether the combination of data presented as a result of the Vaccine Programme affected other dimensions within the Trust. It was highlighted that the management of governance and complaints was also affected. However, those departments do have a clear way of identifying vaccine related incidents. This was reiterated confirming that due diligence is required from a commissioning and regulatory perspective to prevent any Serious Incidents (SI) being linked to SFHFT if they are attributed to the Vaccine Programme.

The outstanding vacancy for the Named Doctor for Safeguarding was discussed and an update provided around the progress in recruitment. It was confirmed that in the absence of a Safeguarding Lead the post is covered by the MD. Expressions of interest have been requested twice within the Consultant Team and an official advert will be circulated internally and then across the wider system if required.

The Committee was ASSURED by the report.

Maternity deep dive

This was completed in December 2020 following a request by the Board of Directors. Assurance was provided that SFHFT has demonstrated significant improvements in Perinatal Mortality outcomes since 2016 and the current position reflects the 2025 National target. The second report presented to QC provided oversight of all Maternity incidents between mid-January and February 2021; this report demonstrated a reduction in the number of incidents.

A HSIB report was attached to the report to QC following the first Neo-Natal death to occur at SFHFT in the last two and a half years and whilst extremely sad and unfortunate it is a rare event and has provided a number of learning points for the Team, from which plans will be developed and implemented. It was observed that actions for the Maternity department had been listed at an Improvement Summit held previously and queries were raised as to whether there had been a cross reference of these actions with the HSIB report to ensure that improvements made in previous years hadn't reverted back. The Chief Nurse confirmed that this had not been done, though highlighted there were likely no new findings in this case that had not been flagged previously at Shrewsbury and Telford Hospitals Trust (SaTH) and assured the Committee that all aspects of this plan have been covered by Ockenden with a good level of monitoring of compliance and an embedded consistent approach to risk assessments and Cardiotocograph (CTG) interpretation.

In relation to the specific case identified the QC enquired as to how the Trust would follow through with the learning identified, especially as the case was the first to arise in two and half years and how progress highlighted from this case would be tracked going forward. It was confirmed that the Governance Team track the progress made with Serious Incident Action Plans and these are followed through with agreed actions and timelines. This is monitored via auditing of compliance

with care processes and risk assessments. These audits will be carried out on a regular basis once uploaded to the platform and can therefore be included in the Maternity updates provided to the QC. It was confirmed this would be beneficial from the Safety Champion point of view in providing assurance that whilst this case is a rarity, it is visible and that the learning from this has been embedded once closed.

The Committee was ASSURED by the report.

Deprivation of Liberty Safeguards (DOLS) update

This item related to an outstanding action from 360 Assurance's audit on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS). It was confirmed that the Trust had developed an audit tool with oversight from 360 Assurance and this had been deemed effective in addressing recommendations from the audit. It was further confirmed that would be reviewed again this year by Internal Audit (IA) particularly with the new Liberty Protection Safeguards (LPS) being implemented later this year.

The Committee was ASSURED by the report.

Falsified medicines directive (FMD) update

The report highlighted that upon leaving the European Union (EU) on 31st December 2020 the FMD and related regulations ceased to have effect in Great Britain and the connection to the United Kingdom National Medicines Verification System (UK NMVS) was removed. From this point onwards, scanning of products from England was no longer possible nor required under legislation. However, the infrastructure remains in place with staff members' quality checking the tamper proof packages coming through the system and ensuring there are no seals broken. The Trust Risk Register has been updated to reflect these changes.

It was confirmed that the Trust had purchased the relevant equipment in order to ensure continued compliance with Quality Improvement and tracking of medicines and it was felt that the relevant processes should continue despite no longer being legislatively required. Updates have also been made to the system and Robot to ensure necessary scanning of packages until confirmation of a scheme is received. An update is currently awaited from the Medicines and Medical Devices Bill and this has been highlighted on the risk register, though following the legal ramifications being removed, this will be reduced from its current rating of 12.

The Committee was ASSURED by the report.

External Regulation /Accreditation Report

With regards to information provided around Trust engagement with the Care Quality Commission (CQC), attention was directed to the addition of the table in the report which included the number of enquiries to the Trust and the QC were advised that this is an evolving element as at present only three months of data is available. Work is underway to categorise these enquiries and the QC were asked to provide feedback as to the usefulness of this information going forward, the membership felt this element of the report would be useful in enabling trends or missing information to be identified moving forward. Following the regular engagement meeting, it was confirmed nothing of concern had been noted and overall the meeting went very well.

In relation to the intensive management required for a patient with Learning Disabilities (LD), the Trust have taken a proactive approach and arranged a meeting with the CQC to ensure the most appropriate actions are being taken.

In regards to the United Kingdom Accreditation Service (UKAS) Accreditation for the Haematology Laboratory it was confirmed that a meeting had taken place with the Assessment Manager and that

measures have now been taken to progress with the withdrawal of the accreditation. The QC was further advised that official confirmation had been received and the Committee was assured that the decision for withdrawal is solely attributed to the fact that the Trust have been unable to appoint a Clinical Director. It is in no way a reflection of the workforce or quality of processes within the lab. In terms of the risks arising from the withdrawal of the UKAS accreditation, the lab will continue to operate to the equivalent of UKAS standards so should meet sufficient requirements of contractual works, however until formal withdrawal takes place this cannot be confirmed.

The Committee was ASSURED by the report.

Hospital Standardised Mortality Ratio (HSMR) Update

The key issue highlighted within the report was that whilst the HSMR remains elevated, work has focussed on developing a structured approach to help support a greater understanding. There has not been a single cause identified throughout the investigative work. Foundations set to support the short term investigative work include the establishment of the Structured Judgement Review (SJR) panel with Medical Examiner (ME) scrutiny, this has allowed insight into other areas, highlighting that rather than a single cause to the rise in HSMR there appears to be a potential myriad of elements.

The Committee was ASSURED by the report.

Thromboembolic Prevention and Complications

A presentation providing an overview of anticoagulation incidents across the Trust was shared with the QC. Updates in relation the Regulation 28 action plan and current challenges with SFHFT management were also highlighted. The QC chair queried the varying number of actions listed in relation to Regulation 28 and enquired who had oversight of the governance of them as a whole. It was advised that a Lead is required who would take command of these actions, in the interim a Task and Finish Group had been established to focus on preventing future deaths and ensuring progression of the actions given. It was further confirmed this matter incorporated all divisions of care and highlighted the need to return to business as usual working, noting that Thromboembolic disease is prevalent in COVID-19 patients and has contributed to the rising number of cases. Additionally, it was highlighted that the pandemic had halted progress of electronic systems including the EPMA system. It was confirmed that funding had been identified for a Lead to take on the key actions of delivering education and raising the portfolio as well as finding balance in reporting of positive and negative cases.

The Committee was ASSURED by the report.

Patient Safety Incidents

A presentation regarding the safety culture at SFHFT, incident reporting and management in general was provided to the Committee using data captured throughout February 2021. Additionally plans were presented in relation to a large piece of work which is underway within the DATIX format to ensure the triangulation of themes is better identified for learning purposes. The views of the views of the CCG and CQC were sought in relation to the changes proposed given their continued focus on RCA's. It was confirmed the CQC had been very positive in terms of the management of incidents, investigations and reports. This has also been echoed from the CCG who have a standing invitation to scoping meetings to ensure transparency and openness when conducting investigations.

The Committee was ASSURED by the report.

Haematology Service Difficulties and the Impact on Patients

It was confirmed that the paper provided the most up to date summary of the Clinical and Laboratory Haematology Service fragilities and issues of concern for SFHFT.

The Committee was ASSURED by the report.

BAF Principle Risks

The committee does not recommend any changes to the current risk rating for PR1 and PR2