

Board of Directors

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| Subject: | Report of the Quality Committee | Date: 20/09/17 | | |
| Prepared By: | Elaine Jeffers, Deputy Director of Governance & Quality Improvement | | | |
| Approved By: | Tim Reddish, Non-Executive Director, Chair of Quality Committee | | | |
| Presented By: | Tim Reddish, Non-Executive Director, 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. | | | Decision | |
| | | | Approval | |
| | | | Assurance | X |
| 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 |
| x | x | x | x | |
| 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 x | 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 Board of Directors is asked to accept the content of the Report and the items for note highlighted below: | | | | |
| Quality Committee would like the Board to note the following: | | | | |
| <ul style="list-style-type: none"> • The excellent performance of the Breast Team, performing in the top 5% nationally for positive patient outcomes • The significant progress made in the reduction of STEIS Reportable Incidents – the Trust has reduced Serious Incidents by more than half since 2015/2016 • The success of the Trust Strategy to ensure we get to the learning from incidents rapidly • The acknowledgement from the CCG on the significant improvement in the quality of Investigation Reports • The scrutiny that has taken place and actions taken to address the current dip in C Diff performance • The request for an update from the Women and Children’s Division on progress made following the Maternity Quality Summit | | | | |

- To increase the residual risk to 16 in light of the impending winter pressures. Quality Committee wish the Board to note that the control measures remain adequate but the risk to managing emergency demand needs to reflect the increased risk to managing seasonal pressures.

The Quality Committee met on 20/09/17. The meeting was quorate, the Minutes approved and the Action Tracker updated. There were no declarations of interest. The following items were presented and discussed:

1. Patient Safety Quality Board Report (Monthly Report) (August & September 2017)

The PSQB Report of the meetings held on 01/08/17 and 06/09/17 were presented and the issues highlighted for escalation to Quality Committee considered. Quality Committee received assurance that PSQB were operating effectively and that the Workplan continued to reflect and receive reports from the key safety and quality reporting groups.

Quality Committee noted the following:

- The high quality Stroke Service delivered by the Trust. The Stroke Service had been awarded an A rating in 3 of the last quarters and was expected to retain this rating in the next quarter.
- There was a robust mechanism in place where cross divisional issues could be raised and discussed. This is supported by fortnightly Operational meetings where the Divisional Management teams come together.
- The continued excellent 100% compliance rate with Duty of Candour
- The strength of Research and Development and the excellent performance for a medium District General Hospital
- The reduction in STEIS reportable Serious Incidents from 68 in 2015/16 to 28 in 2016/17 and 12 to date this year. PSQB were able to provide assurance that the Trust is increasing reporting rates whilst at the same time reducing harm and learning from incidents in a much more timely manner
- The Breast Service is considered to be within the top 5% nationally with respect to patient outcomes
- The excess number of incidents relating to the administration of anti D prophylaxis as reported through the national SHOT Report. Assurance was received that the resulting Action Plan is closely monitored through the Women & Children's Divisional Performance meeting with an additional Exception Report required by PSQB
- The request to the Trust Deteriorating Patient Group (DPG) to identify the metrics used to ensure that any failure in the recognition and rescue of the deteriorating patient would be identified and acted upon
- A robust approach had been taken to the recent incidents of MRSA colonisation, the increase in C. Diff rates and the first genuine MRSA Bacteraemia in over 4 years. Quality Committee requested a specific report from the October PSQB meeting to provide assurance around progress, particularly infection control measures in place at Mansfield Community Hospital (MCH)
- A Quality Summit following the Deep Dive into Sepsis management in the Emergency Assessment Unit (EAU) had been held. The Summit did provide the required assurance however learning and improvement opportunities have been identified and will be monitored through DPG
- The action being taken to realign the Nutrition Steering Group to improve its effectiveness
- The concerns being raised by patients in their ability to contact patient administration teams with queries in relation to their care
- The ongoing shortage of Enoxaparin and Hepatitis B Vaccines. It was acknowledged that this is a global issue but commissioners and Public Health England are aware of and managing. PSQB were assured that robust controls are in place to mitigate the risk.

- A requirement to provide a trajectory of when services are able to bring the Level 3 Children's Safeguarding training within expected compliance. The dip is due to the introduction of the 'Think Family' Guidance and a change to training requirements
- A progress Report from the Women and Children's Quality Summit to be provided to the Quality Committee in November

2. Advancing Quality Programme (Monthly Report)

Quality Committee received the regular monthly Highlight Report for the Advancing Quality Programme Board (September 2017). They were assured on the progress being made across all 8 work streams. The following issues were raised:

Programme 4 – Safe Medicine Prescribing – There is a requirement to meet the national CQUIN of 90% for a senior review of antimicrobials carried out within 72 hours. The Antimicrobial CQUIN is not currently being met thus a recommendation from the Advancing Quality Board to amend the action rating from Amber to Red has been made. The issue is being addressed through the Medicines Safety Group and by the Medical Director through the weekly Medical Managers Forum.

Quality Committee received assurance that progress had been made on the 3 Amber Actions on the CQC Action Plan as reported to Quality Committee at the July meeting. Since July the two actions relating to Paediatric Staffing and Staffing in the Resus area of ED had been resolved and agreed as completed with the one remaining amber action waiting for the full roll out of the NHS. Net system

CQC Action Plan – at the CQC Engagement meeting held on 24 July the CQC Relationship Manager confirmed that they were assured by the progress being made on the 'Must Do' and 'Should Do' Actions and as a consequence will not formally be monitoring the Action Plan. The evidence to support achievement will be confirmed during subsequent inspections.

3. Serious Incident Report (Monthly Report)

Quality Committee received the Report relating to Serious Incidents reported to STEIS. There had been 2 reportable incidents in July and 1 Incident in August. The Report also included details on Duty of Candour compliance, which continues to report 100% compliance month on month. No Incidents have met the reporting criteria for a NEVER EVENT since February 2017.

The timeliness of reporting and investigating serious incidents will now be included and monitored through Divisional Performance. In addition the CCG representative acknowledged and commended the significant improvement in the timeliness and quality of Investigation Reports.

The 'Learning Matters' to highlight learning from incidents this month include:

- Action to be taken following fall to knees
- Actions to be taken following the Grade 4 Pressure Ulcer from a Cervical Collar

4. BAF Principle Risk Report (Quarterly Report)

Quality Committee were invited to review the residual risk rating for the 3 BAF Principle Risks assigned to the Quality Committee and communicate any agreed changes to the Board Risk Committee to enable the BAF to be updated. The 3 Principle Risks are:

- AF1 – Safe and effective patient care – current risk rating: 12 High
- AF2 – Managing Emergency Demand – current risk rating: 12 High
- AF3 – Managing elective demand – current risk rating: 12 High

The following risk ratings were agreed:

- AF1 – Control measures in place are appropriate – No Change
- AF2 – To increase the residual risk to 16 in light of the impending winter pressures.

Quality Committee wish the Board to note that the control measures remain adequate but the risk to managing emergency demand needs to reflect the increased risk to managing seasonal pressures.

- AF3 - Control measures in place are appropriate – No Change

5. Clinical Effectiveness Report (Quarterly Report)

Quality Committee received the Quarterly Clinical Effectiveness Report that provided an overview of the reports to PSQB in July and August.

The Report highlighted the continued challenge with regards to the current position with the review and revision of Trust Policies, Procedures and Guidelines. There are currently in excess of 700 documents in situ across the organisation. The review process was further hampered by the proposed merger with Nottingham University Hospitals NHS Trust (NUH) when it was stopped until agreement had been reached on the way forward with the alignment of policies.

Quality Committee were assured that progress was now being made to clear the backlog and rapidly improve the position, recognising that this remains a challenge. The Committee were assured that PSQB received regular progress reports and that the Divisions were taking full responsibility for identifying and reviewing policies and guidelines pertinent to their areas.

In addition the report highlighted the continued work to progress with the Clinical Audit Programme and ensure that outcomes from audits were having a positive impact on the care delivered to patients.

6. CEO Letter – Nottinghamshire & Derbyshire Quality Surveillance Group (QSG) (for information)

Quality Committee received a letter from the CEO of QSG confirming the areas that had been considered at the meeting on 26 July 2017. As per the national QSG Guidelines a surveillance rating system is in place that monitors ongoing, new and closed concerns. QSG confirmed that Sherwood Forest NHS Foundation Trust (SFHFT) will remain on routine surveillance.

7. 360 Assurance Final Report (for information)

The final 360 Assurance Report on 'Patient Safety/CQC Safe Domain' was circulated to the Committee for consideration. Due to a technical hitch with Boardpad not all members had received a copy so could not comment. This will be discussed further at the November Quality Committee.

The Audit Assurance Report had been shared with members of PSQB at the September meeting with an action to discuss in detail at the October meeting. Feedback will support the discussion at Quality Committee.

8. Escalation to the Board of Directors

There were no matters of risk or concern for escalation to the Board of Directors, however Quality Committee would like the Board to note the following:

- The excellent performance of the Breast team, performing in the top 5% for positive patient outcomes
- The significant progress made in the reduction of STEIS Reportable Incidents – the Trust has reduced Serious Incidents by more than half since 2015/2016
- The success of the Trust Strategy to ensure we get to the learning from incidents rapidly
- The acknowledgement from the CCG on the significant improvement in the quality of Investigation Reports
- The scrutiny that has taken place and actions taken to address the current dip in C Diff performance

- The request for an update from the Women and Children's Division on progress made following the Maternity Quality Summit
- To increase the residual risk to 16 in light of the impending winter pressures. Quality Committee wish the Board to note that the control measures remain adequate but the risk to managing emergency demand needs to reflect the increased risk to managing seasonal pressures.