

Board of Directors – 30th March 2017

Subject:	Report of the Quality Committee	Date: 21/04/2017		
Prepared By:	Paul Moore – Director of Governance & Quality Improvement			
Approved By:	Mr Tim Reddish –Chair Quality Committee			
Presented By:	Mr Tim Reddish –Chair Quality Committee			
Purpose				
This paper summarises the proceedings of the Quality Committee meeting held on 19 th April 2017, and highlights those matters identified 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	X
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 X	Negative reports
Risks/Issues				
Financial				
Patient Impact				
Staff Impact				
Services				
Reputational				
Committees/groups where this item has been presented before				
N/A				
Executive Summary				
<p>The Quality Committee met on 19th April 2017. This paper summarises the proceedings and draws the Board’s attention to those matters and assurances identified by the Committee for reporting to the Board of Directors.</p> <p>Advancing Quality at Sherwood Forest</p> <p>The Committee sought and received an update on the progress of developing and implementing the Advancing Quality Programme (formerly known to the Board as the Quality Improvement Plan). The Committee were updated on the selection of change programmes for the year ahead and the plans to reintroduce programme governance to help drive delivery going forward. The Board have previously been consulted on the change programmes, following some refinement the programmes for 2017/18 are to be set out as follows:</p>				

- Building our safety culture to advance patient safety management;
- Implementation of Nerve Centre to further enhance care and minimise risk associated with sudden and unexpected clinical deterioration;
- To further reduce avoidable factors associated with mortality;
- Safer medicines management – with a particular emphasis on high-risk medicines;
- Implement clinical standards for 7-day clinical service (Hospital 24/7);
- Improve the safety, quality and experience of discharge for patients;
- Deliver safe, seamless care for those who are learning disabled or have mental health needs; and
- Empower and engage service users by improving the quality of and access to patient information.

The Committee acknowledged that the Advancing Quality Programme is a vital component of delivering the Trust's strategic goals and supported the range of change programmes selected for implementation and improvement in the year ahead. The need to conclude operational planning and move into a phase of implementation was emphasised, although the Executive explained that work to develop the safety culture, establish mortality review process, improve control around unexpected clinical deterioration and enhance safer medicines practices across the organisation has been underway for some time.

The Committee welcomed the update and looked forward to becoming more involved in reviewing progress and assurances. The Committee expressed the importance of opportunities to periodically refresh and discuss the priorities within the Programme. The Executive confirmed that the Advancing Quality Programme and operational plans are to be discussed at a meeting of the Executive Team on 26th April.

Patient Safety & Quality Board Report

The Committee received the Medical Director's report following the meeting of the Patient Safety & Quality Board held on 5th April 2017. Those matters drawn to the Committee's attention included:

- (i) There is considerable scrutiny and challenge of divisional clinical governance within the proceedings of the PSQB. The PSQB and Quality Committee are satisfied that divisional governance reporting mechanisms are capturing and reviewing correct and appropriate data;
- (ii) NHS Improvement recently issued a Patient Safety Alert in respect of Nasogastric or Orogastric tube placement. The Quality Committee were advised that this alert was directed at trust boards. The requirements of the alert have been met in so far as the Trust has evaluated control procedures and developed an action plan. In accordance with the requirements of the Alert, the outcome of the assessment and plan shall be reported to the Board in April;
- (iii) The PSQB highlighted that the Trust reported 7 incidents which crossed the threshold for reporting as a serious incident during March 2017. These matters have been shared with the Board. They concern unsatisfactory discharges, falls involving long bone fractures, non-standard technique for the administration of vaccine and a rare but recognised complication of intravenous drug administration (extravasation injury). These events have been reported to the Regulators. The Quality Committee explored awareness of trends. None were apparent at this time. The Director of Governance & Quality Improvement advised of the action he is taking to introduce a framework for coding root causes and causal factors, and to retrospectively review all 29 incidents in 2016/17, to help shine a light on the underlying weaknesses in control and inform future improvement plans. The Executive advised that the relative risk of a serious incident is low; however, the increase seen between January-March 2017 is statistically significant. It follows a statistically significant pattern in serious incident exposure during the same period in 2016/17, 2015/16 and 2014/15. The numbers of serious incidents between January-March 2017 is 50% lower than it was in 2014. There is, therefore,

demonstrable improvement and a clear reduction in the risk of a serious incident over this period of time.

- (iv) The PSQB highlighted the improvement in medicines optimisation, such that no critical medicines had been missed between April and September 2016. The Medical Director set out the action being taken to: (a) strengthen control for the prescribing, administration and ongoing monitoring of patient's treated with oral methotrexate; and (b) review the availability of medicines management technicians at weekends;
- (v) The PSQB plan to undertake deep dives into sepsis management on EAU and access to ICU consultant support for the Birthing Unit; and
- (vi) The PSQB received assurance on the progress of Ophthalmology services following an external review by the Royal College of Ophthalmologists. A report is expected in due course and shall be shared with the Quality Committee. Initial feedback from the Royal College noted the service was safe and managing what is a national problem with appointments and follow-up better than most other providers they have reviewed.

End of Life Care Annual Report

The Committee sought and received assurance regarding End of Life Care. It was noted that the Trust has seen progress in the delivery of care to patients and their families, and also in the acquisition of knowledge and skills amongst front line staff. Specialist and general palliative care is making very good progress, although the service faces a range of challenges going into the year ahead. The extent to which the Trust can unilaterally resolve the challenges associated with specialist palliative care was discussed and it was acknowledged that Commissioner support and funding would be needed to further develop specialist palliative care at the Trust.

Quality Account Update

The Committee are satisfied this remains on track. Assurances in respect of the quality account indicators shall be made available to the Committee in advance of an opportunity in May to review the full report and for the Committee make its recommendation to the Board on the Quality Account Report.

Paul Moore
Director of Governance & Quality Improvement
On behalf of the Chair of the Quality Committee