

**Board of Directors**

<b>Subject:</b>	Report of the Quality Committee	<b>Date:</b> 20/07/17		
<b>Prepared By:</b>	Elaine Jeffers, Deputy Director of Governance & Quality Improvement			
<b>Approved By:</b>	Tim Reddish, Non-Executive Director, Chair of Quality Committee			
<b>Presented By:</b>	Tim Reddish, Non-Executive Director, Chair of Quality Committee			
<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>Decision</b>	
			<b>Approval</b>	
			<b>Assurance</b>	<b>X</b>
<b>Strategic Objectives</b>				
<b>To provide outstanding care to our patients</b>	<b>To support each other to do a great job</b>	<b>To inspire excellence</b>	<b>To get the most from our resources</b>	<b>To play a leading role in transforming health and care services</b>
<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	
Indicate which strategic objective(s) the report support				
<b>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
Indicate the overall level of assurance provided by the report -	External Reports/Audits <b>X</b>	Triangulated internal reports <b>X</b>	Reports which refer to only one data source, no triangulation	Negative reports
<b>Risks/Issues</b>				
Indicate the risks or issues created or mitigated through the report				
<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>				
<p>The Board of Directors is asked to accept the content of the Report and the items for note highlighted below:</p> <ul style="list-style-type: none"> <li>• The key message from the 2016 Quality Health Inpatient Survey</li> <li>• The progress being made against the Trust Advancing Quality programme</li> <li>• The positive engagement from the Surgical Division's Quality Summit</li> </ul> <p>The Quality Committee met on 20/07/17. The meeting was quorate, the Minutes approved and the Action Tracked updated. The following items were presented and discussed:</p>				

## **1. Quality Health Inpatient Survey (Annual Outcome Presentation)**

Quality Health presented the outcome of the 2016 Inpatient Survey. This is presented to the Quality Committee on an annual basis. Assurance was given that overall the Trust had maintained performance (all 11 sections scoring 'about the same' as most other Trusts) compared to the 2015 Inpatient Survey demonstrating sustainability of improvements made. Health Assure will provide intelligence of organisations that are performing above the average of most other Trusts in order for us to understand where to focus over the next period.

Within each section there were areas where the Trust had improved and areas where there was deterioration in the score, however the score difference was not statistically significant in the majority of cases.

The ownership for all external Patient-related Surveys has recently passed to the Patient experience Team. A process for ensuring appropriate dissemination, identification of required improvement actions and the monitoring of subsequent actions plans is being implemented across the organisation.

The Committee agreed that required actions would be incorporated into other Trust assurance mechanisms to ensure further improvements are made but that any actions required align with other accreditation and improvement programmes.

## **2. Patient Safety Quality Board Report (Monthly Report)**

The PSQB Report of the meeting held on 05/07/17 was 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 positive recruitment of the Trust Cancer Lead Manager and Lead Nurse completing the Trust Cancer Team. The report presented to PSQB was much more comprehensive than recent report, however further assurance was asked on the strategic elements of Cancer Services as there has been a disproportionate focus on cancer access targets.
- The Options Appraisal being developed by the Trust Medical Records Advisory Group to identify the required administrative resource required at ward/departmental level to ensure the maintenance of Patient Records. This issue has been highlighted on the Diagnostic and Outpatient Divisional Risk Register as a Patient Safety risk. The Options Appraisal will be presented to PSQB in September 2017 prior to proceeding to a Business Case if required.
- Quality Committee were assured that there was a robust process in place to ensure timely review of policies, procedures and guidance
- Quality Committee received an update on the progressive work underway to establish a Root Cause Analysis classification system to improve the learning opportunities through the Trust Serious Incident Framework.

## **3. Division of Surgery Risk Summit Summary and Action Plan (Requested by Quality Committee)**

Quality Committee had requested sight of the Risk Summit and Action Plan from the Division of Surgery following a Quality Risk Summit that had been held on 16/06/17. This had been instigated following a number of concerns within the Division and was presented to the Medical Director, Chief Nurse and Director of Governance & Quality Improvement.

Quality Committee were not only assured by the information provided but also by the summary given by the medical Director and Chief Nurse that stated for the minutes the positive engagement of the Division in the their preparations and presentation at the Summit. In turn the Division reported feeling very supported by the executive Team and had found the process very rewarding and had used it to strengthen their existing service line and divisional governance processes.

It was agreed to use this opportunity to undertake an internal assessment of the Division against the CQC Key Lines of Enquiry (KLOEs) and Characteristics of Outstanding.

#### **4. Advancing Quality Programme (Monthly Report)**

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

- Insufficient progress against the 72 hour senior review of Antimicrobial Prescribing – being address within a number of forums across the organisation including the weekly Senior Medical Manager meeting, CQUIN, Medicines Safety Group, Divisional Performance
- Adherence to the Terms of Reference of the Advancing Quality Programme Board requiring attendance of Executive Sponsors of each programme and appropriate workstream leads to ensure appropriate discussion and challenge
- Each programme is developing their concise ‘problem Statement’ to support the delivery of the programme and the accurate identification of success measures and key performance indicators.

Assurance was also received in relation to the ‘Must Do’ and ‘Should Do’ Action Plan developed in response to the 2016 CQC Inspection Report. The Plan is on track and it is anticipated that a number of the completed actions will be confirmed at the CQC Engagement meeting scheduled for 24/07/17.

#### **5. Serious Incident Report (Monthly Report)**

Quality Committee received the Report relating to Serious Incidents declared within June 2017. The Report also included details on Duty of Candour compliance and Coronial Inquest activity. The Trust declared a total of 6 Serious Incidents in accordance with NHS England’s Serious Incident Framework (2015) 2 of which were reported on STEIS. No incident met the reporting criteria for a NEVER EVENT.

Compliance with the notifying the patient or their family of qualifying patient safety incidents remains at 100%.

Quality Committee were updated on the work that has been undertaken to determine underlying trends and themes from the root cause and contributory factors from those incidents that occurred in 2016/17. This work has now concluded and PSQB accepted the recommendations at their July meeting.

#### **6. Safeguarding Report (Annual Report)**

The Safeguarding Team presented their Annual Report summarising the safeguarding activity within Sherwood Forest NHS Foundation Trust during the period 2016/17. The Report demonstrated the safeguarding demands, developments and achievements during the last year and identified how the team plan to continue to lead the safeguarding agenda in 2017/18.

The information within the Report had been analysed against set objectives that are in line with the Nottinghamshire safeguarding Adult Board (NSAB) and the Nottinghamshire safeguarding

Childrens Board (NSCB) reporting requirements and National/Legal requirements.

Quality Committee were assured by the work that had been undertaken during the period, including:

- The amalgamation of the Adult and Childrens safeguarding teams into one body underpinned by the 'THINK FAMILY SAFEGUARDING' ethos.
- The development of a system for flagging vulnerable patients, patients with Learning disabilities and patients at risk of domestic abuse when attending the emergency Department (ED) ensuring that these patients have an individualised plan of care or access an appropriate care pathway.

### **7. Medicines Optimisation (Quarterly Report)**

The Medicines Optimisation Report provided Quality Committee with positive assurance of the governance processes in place for the safe and effective use of medicines within the Trust, detailing plans and forthcoming developments for existing and future work to maintain and improve safe practices around medicines usage.

The report highlighted the continued good performance against a number of external and internal metrics. The Medication Safety Thermometer also continues to demonstrate that the Trust is performing significantly better than the national median for all measures.

Medication Incident reporting has increased in line with the aim to improve reporting rates and thus opportunities for learning, despite a continued increase in both inpatient and outpatient dispensing demand.

The report summarised the ongoing work to deliver the Trust medicines Optimisation Strategy, including the relaunch of the Medication Safety group, the commencement of the Epiffany Project (August 2017) to improve prescribing in Junior Doctors and the launch of the Community Health and Care Portal providing medical staff with access to better information around patient's prescribed medication within Primary Care.

Medicines security from nursing metrics is showing high adherence to requirements for safe storage of medicines, however concern was raised in relation to compliance with fridge monitoring checking. Immediate action was taken by the Chief Nurse to ensure this metric is monitored within the Ward Accreditation process and will be the 'key issue for discussion' at the weekly Senior Nurse Business meeting on 24/07/17.

### **8. Cancer Report (Annual Report)**

Quality Committee received the Annual Cancer Report summarising activity through 2016/17 and initial plans for the forthcoming year.

The Cancer Team were constricted through the year with the loss of key personnel from the team, however following a successful recruitment campaign all posts have been appointed to and staff have now joined the organisation.

The Trust has performed well across the cancer Access standards consistently achieving above the standard for the 2WW from April 2016-March 2017 despite an increase of 6.3% in referrals. Progress continues to ensure the 31 and 62 day standards achieve the same performance although this has been more challenging.

Good relationships have been built with the Tertiary Centre and other stakeholders where joint pathways of care are in place.

Quality Committee acknowledged the challenges faced by the team over the period that has prompted a review of the Cancer Services structure and where it would best sit within the organisation.

Quality Committee requested (through the Cancer Quarterly Report to PSQB) that more emphasis was put on the quality developments within the service rather than just a focus on achievement of the access standards.

#### **9. 360 Assurance Report (Requested by Quality Committee)**

Quality Committee received 2 360 Assurance Reports for which they require oversight of the outcomes and progress against recommendations. They were assured that the Trust had systems and processes in place to ensure required action was being taken and necessary improvement made. The 360 reports presented were:

- Regulatory Framework – Performance Standards – Emergency Readmissions Indicator
- Medicines Incidents

The Chair of Quality Committee asked that the following be specifically recorded in the minutes of the meeting. – Assurance was received throughout the meeting that issues identified in the presentations and Reports provided had not identified any risk or concern for Quality Committee that was not already known about or that sufficient and appropriate remedial action was not being taken.

#### **10. Escalation to the Board of Directors**

There were no matter of risk or concern for escalation to the Board of Directors