Sherwood Forest Hospitals **NHS**

NHS Foundation Trust

Board of Directors

Report

Subject: Quality Committee Report
Date: 22/09/16
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Executive Summary

The Quality Committee met on 22/09/2016. This paper summarises the matters agreed by the Committee for reporting to the Board of Directors:

The minutes of the meeting held on 21st July were accepted as a true record and relevant actions reviewed. The meeting was quorate.

The action log was reviewed and updated

It should be noted that Dr Andy Haynes and Elaine Jeffers are undertaking a piece of work to review the Work Programmes of Quality Committee and Patient Safety Quality Board to align the agenda and avoid duplication.

1. **Quality Committee Terms of Reference**
- The Quality Committee Terms of Reference (TOR) were presented to the committee following review. The TOR will be aligned with the Trust Committee structure that had changed over the preceding months in line with the improved Governance Framework. Paul White the Trust Risk Manager will work with Elaine Jeffers to ensure consistency of approach and clarity of responsibilities for each committee.

2. **Quality Improvement Programme (QIP)**
- The Committee received an update on the QIP following the August cycle The QIP continues to make good progress. The Committee received a briefing on all actions being proposed as 'embedded' It was noted that the outstanding red action relating to the publication of the Newark Strategy was now resolved and as such no red actions remain.
- The Committee received confirmation that the Section 29a enforcement action was lifted by the Care Quality Commission on 14th September and as such the remaining actions that were rated as Blue/Green were amended to Blue as a consequence of this validation.
- The Committee approved 12 of the Blue Actions submitted for approval following scrutiny of the evidence presented.

3. **Board Assurance Framework (BAF) Principle Risks**
- The Committee were informed that during August the Trust Risk Committee agreed to a revision of the existing BAF document and Principal Risk Descriptions, to better define current strategic threats to the Trust Principal Objectives and to enable routine review of Principal Risks and the BAF to be more firmly embedded within Board Sub-committee work.
- The Committee received a paper for consideration and were asked to approve the revised definitions of Principal Risk BAF 01 and Principal Risk BAF 02, including primary controls, sources of assurance, vulnerabilities and improvement plans. It should be noted that the third Principal Risk BAF 03 for the Quality Committee had now been amalgamated with BAF Risk 02.

- The Committee acknowledged the work that had been undertaken and progress to date with regards to the development of the BAF but felt there was still some confusion over where overall responsibility with regards to the BAF lay. The work to align the Board Sub-committees will explicitly set out the specific responsibilities for ownership of the BAF Principle Risks to avoid duplication and a report will be presented to the October Quality Committee.

4. **Patient Safety and Quality Board (PSQB)**

Dr Andy Haynes presented the PSQB Report from the meeting held on 2nd September and noted the following:

I.   Infection, Prevention and Control – the Trust continues to perform well against the I, P & C performance indicators with PLACE Audits above the national average, contractual cleanliness audits achieving above 97% compliance and the Deep Clean programme remains on track.
- The Infection, Prevention & Control Annual Report for 2015/16 was noted and approved the Action Plan for 2016/17.
- Controls to prevent Health Care Acquired Infection are appropriate with targets on hospital apportioned C diff within trajectory. The Trust met the annual C diff target for 2015/16 and reduced cases by one third. Eighteen of 30 clinical areas have been C diff-free for over 200 days.
- We continue to report zero MRSA Bacteraemia; MRSA Screening rate compliance is high. The 1 MRSA Bacteraemia in 2015/16 was a contaminated blood culture result.
- There were no outbreaks of Norovirus
- The Flu Vaccination rate for front-line staff was significantly above the national average
- Surgical site infection rates are below the national average.
- PSQB was not assured that the controls for Commode audits were adequate. A deep dive has been requested for the October PSQB.

II. CAS Alert update - PSQB were assured that the Trust systems for handling safety alerts were robust.
- 19 alerts have been issued in the reporting period and compliance is good. A further risk assessment has been requested for alert MDA2016/11 has been requested to determine whether the 2 warming baby cots identified within this alert should be replaced.
- The Trust response to the alert in relation to Nationals Safety Standards for Invasive Procedures (NatSSIPs) will be submitted within time on 14/09/16. This includes the Trust Action Plan and a progress report to PSQB on alternate months from November 2016.

III. Deteriorating Patient Group (DPG)
- PSQB received a report from DPG following their meeting on 17/08/16. Assurance was received around Sepsis and Mortality performance.
- An audit of DATIX incidents in relation to the deteriorating patient across both SFH and NUH has been conducted. It is worth noting that due to the implementation of the Accountability Handover at SFH patients were at less risk of vital clinical information being missed due to this improved transfer process, however it was also noted that staff at SFH were less likely to escalate issues and concerns to medical staff that NUH. Further work is on-going to better understand the latter and this will be reported to DPG in October.
- DPG reported that full attendance at the meeting remained a challenge but this is being addressed with the Divisional Clinical Governance Leads.

IV. Medicines Reconciliation
- PSQB received but did not accept a report on medicines reconciliation rates from the Paediatric and Maternity areas. A further report has been requested for the October

meeting to outline the mitigations in place for the risk of a lack of pharmacy support in Maternity.

- Concern remains around the 'data sign-off' processes in pharmacy. Although the trust-wide reconciliation report indicates performance above the national average disparity between the reported rate and specific low numbers in some specialties was disputed. A further report explaining their data assurance mechanisms has been requested for the November meeting.
- Pharmacy is also required to provide a report to the October meeting in relation to the pharmacy input to medicines reconciliation at the weekend.

V.   Duty of Candour (DoC)

- PSQB noted that the audit of case notes to confirm the documentation of the verbal apology to the patient in line with the requirements of the DoC showed poor compliance. The performance of this element of the statutory requirement will be included within Divisional Performance Management. Compliance with the issuing of a letter to the patient within the required timeframe is good.
- A 360 Assurance audit of DoC will be conducted in October 2016.

VI.   Family and Friends Test (FFT)

- PSQB received limited assurance in relation to FFT. Clarity was sought on how the collected data will be analysed in a real time manner
- A further report has been requested for the November meeting

VII.   End of Life Care (EoL)

- PSQB received assurance around performance for the End of Life Care.
- Audits for Q1 showed that 87% of patients died in their preferred place of care. 84% of patients indicated that this was not hospital but this was not possible for 20% of them.
- Allow Natural Death performance was reported as at or above target for consultant signature, patient and family involvement and MDT discussion.
- The QC discussed the concerns in relation to the provision of Specialist Palliative Care (SPC). Dr Andy Haynes has escalated a lack of transparency of the service Level Agreement for SPC from the Clinical Commissioning Group despite several requests to discuss.

VIII.   NICE GTG Guidelines – Maternity

- PSQB received assurance that Maternity Services had undertaken an appropriate risk assessment on non-compliance with NICE CG190. The assessment demonstrated that the service was following the Royal College of Obstetricians recommendation to follow the FIGO classification. This will be reviewed following the exceptional review due to be published in 2017.

5. Annual Complaints Report
- This was deferred to the October Quality Committee

6. Complaints, Litigation, Incidents, PALs and Safeguarding (CLIPS)
- The purpose of the CLIPS Report is to illustrate the data collection for complaints, litigation, PALs enquiries and safeguarding incidents in order to identify themes and trends and ensure the Trust is learning and changing and improving practice where required.
- The Q1 report indicates that the issues most likely to arise across the Trust are – patient falls (14.5%), pressure ulcers (14.5%) and medication errors (10.75%)
- The majority of incidents are classified as Grade 1 – No Harm. Falls categorised as Grade 3 – Moderate Harm and Grade 4 – Severe harm was low when compared to the overall number of falls.
- There was 0 pressure ulcers graded as Grade 3 Moderate Harm or above
- There had been 6 serious Incidents reported in Q1 compared with 9 in the previous quarter. Further assurance was requested with regards to the notification of

appropriate Serious Incidents to relative executive and Non-Executive colleagues.
- There were 0 Never Events
- With respect to Complaints and Concerns the highest number relate to poor communication, most notably in the areas of appointments and clinical treatment, however when filtered to those formal complaints the main themes emerge as patient treatment, diagnosis and care.
- Pressure Ulcers are the leading safeguarding incidents as reported through DATIX with 18 reported in Q1, the majority of which are no harm.

7. Service Review
- Dr Andy Haynes presented a paper to outline those services that require further consideration, support or reconfiguration. These fall into 3 categories:
- ❖ Group 1 – services that require immediate support
- ❖ Group 2 – services that may benefit from some form of reconfiguration
- ❖ Group 3 – services that will continue to operate as normal
- The paper will be presented to the Merger Working Group and is integral to the on-going discussions. The Quality Committee endorsed the need to maintain collaborative working relationships between services despite a delay to the proposed start date of the new organisation.
- The Quality Committee were assured that the issues and risks relating to the services outlined in the paper are being addressed and that appropriate mitigation and controls are in place to ensure the safety and sustainability of service delivery.

8. Escalation to the Board of Directors
- The Terms of Reference of each of the Board Sub-committees to be aligned
- The Risk Assessment in relation to the GTG NICE Guidelines
- Further assurance required re Medicines Optimisation – report to PSQB due November 2016
- The lack of transparency and discussion in relation to the provision of Specialist Palliative Care

Relevant Strategic Priorities (please mark in bold)	
To consistently deliver a high quality patient experience safely and effectively	**To develop extended clinical networks that benefit the patients we serve**
To eliminate the variability of access to and outcomes from our acute services	**To provide efficient and cost-effective services and deliver better value healthcare**
To reduce demand on hospital services and deliver care closer to home	
How has organisational learning been disseminated	Through management teams.
Links to the BAF and Corporate Risk Register	AF1.0
Details of additional risks associated with this paper *(may include CQC Essential Standards, NHSLA, NHS Constitution)*	The following CQC Domains apply: Safety Effective Caring Responsive Well-led
Links to NHS Constitution	Delivery of care within nationally mandated and clinically appropriate timescales

Financial Implications/Impact	None identified
Legal Implications/Impact	None identified
Partnership working & Public Engagement Implications/Impact	None identified
Committees/groups where this item has been presented before	Quality Committee
Monitoring and Review	Divisional Management Teams Quality Committee
Is a QIA required/been completed? If yes provide brief details	Not applicable.