Sherwood Forest Hospitals **NHS**

NHS Foundation Trust

Board of Directors

Report

Subject: Quality Committee Report
Date: 19/10/16
Author: Dr Peter Marks
Lead Director: Dr Peter Marks

Executive Summary

The Quality Committee met on 19/10/2016. This paper summarises the matters agreed by the Committee for reporting to the Board of Directors:

The minutes of the meeting held on 22nd September were accepted as a true record and relevant actions reviewed. The meeting was quorate.

The action log was reviewed and updated

1. **Quality Committee Workplan**
   - The Workplan for the Quality Committee and Patient Safety Quality Board have been reviewed through October to ensure that items for presentation are aligned with required reporting timeframes, facilitate maximum coverage of issues and provide the required assurance to both forums. It was noted that the Workplan is a dynamic document and can be amended where required to capture emerging items.

2. **Quality Improvement Programme (QIP)**
   - The October cycle of the Quality Improvement Plan in relation to those embedded actions proposed for approval by the Quality Committee was presented. Due to time constraints in month there had not been an opportunity for the Chair of the Quality Committee to preview the supporting evidence in detail so this was presented to the full committee. There were 5 proposed 'Blue' forms put forward and all 5 were accepted.
   - Elaine Jeffers confirmed that those actions that had been deemed superseded by the Long-term Partnership arrangements had been reviewed throughout October in light of the delay to the merger and a separate paper was being prepared for the Board of Director's meeting to outline the decisions.
   - It has previously been suggested that as the Quality Improvement Plan in its current format approaches conclusion it would be formally closed, however current opinion is that this will develop into an on-going Trust Improvement Programme as the Trust moves forward to embracing a culture of continuous improvement.
   - Elaine Jeffers provided assurance that robust monitoring processes are in place through business as usual systems to ensure the changes that have been made continue to be effective and that any slippage or deterioration would be identified quickly and responded to appropriately.

3. **Patient Safety and Quality Board (PSQB)**
   Dr Andy Haynes presented the PSQB Report from the meeting held on 7th October and noted the following:
   - NHS Improvement has published the Single Oversight Framework which outlines the reporting requirements of NHS Organisations. The document is an amalgamation of the separate regulatory body requirements with a view to standardising reporting requirements across all Trusts.

- Work is underway to understand the implications for SFHFT. The requirements will be an integral part of the overall review of what is reported to the Board of Directors from November 2016 and as such will support the further development of the Trust's Governance structures.
- Victoria Bagshaw presented a paper to PSQB highlighting the achievement and progress against the 3 National CQUINs. Andy Haynes escalated the risk to achievement of CQUIN 2b – Antimicrobial Prescribing as the 90% achievement target is challenging and to date is behind plan. This is being managed appropriately with medical colleagues and is expected to be on track by the end of Q3.
- Victoria Bagshaw reported a positive compliance rate for the 'Flu Jab' programme. The Trust is responding well with 33% of front-line staff having had their injection. The CQUIN target is challenging but at the moment progress towards this is good.
- PSQB received an update on the risk assessment of the reduced medicines reconciliation service provided at weekends. Assurance was given that although the current pharmacy workforce does not allow for full pharmacy cover to be provided over the weekend period the risk to patients of not having their medication reconciled until Monday was low, however PSQB suggested that the ongoing workforce planning for Pharmacy would ensure that providing appropriate 7 day services must be considered so that full reconciliation of medication can occur over the full week.
- PSQB sought and received assurance that the backlog was on track to be closed by the end of the week and reporting times were back within a 2 week time frame for all investigations. Weekly updates to the CQC continue as a requirement for all Trusts operating EMRAD but feedback had been received from CQC that good progress had been made by the Trust.
- PSQB received concerns around the possibility of the servers used to store laboratory results failing. The impact of this was high and probability increasing due to the age of the hardware. A similar event happened recently at Leeds and was associated with significant clinical and reputational risk. This is scored on the Risk Register at 12 but PSQB asked for this to be reviewed with a view it may be higher. An investment case is due to be presented to BI+IT Board in October. If successful a Quality Impact Assessment will be required to assess the risks of implementation. If rejected a risk assessment and mitigation will need to be updated.
- NCEPOD 1255 Alcoholic Liver Disease was raised. The service is now provided off site by the Community Healthcare Partnership and a 7 day alcohol liaison service is not in place. The Division were asked to ensure this was adequately assessed on their Risk Register and PSBQ agreed to escalate to Quality Committee for information.

4. Infection, Prevention and Control Annual Report

Quality Committee commended the Report and thanked the I, P&C Team for the work they had undertaken. However the following issues remained a concern:

- The cleanliness of Commodes – this continues to be addressed and a further monthly audit report will be provided to PSQB indicating the remedial actions taken for those areas where compliance is below standard.
- Catheter acquired Urinary Tract Infections continue to be challenging. Rosie Dixon confirmed that the new integrated Catheter Pack had been implemented at the end of September so improved results are anticipated with immediate effect.

5. Complaints Annual Report

Quality Committee accepted and approved the Report, thanking Kim Kirk and the team for the significant improvements that had been made with regards to responding positively and in a timely manner to complaints and concerns raised.

- Kim Kirk confirmed that Divisions receive notification of any complaint in real time enabling them to offer an apology where required and respond appropriately as soon

as possible.
- It was noted that there had been a step-change in clinician understanding of the importance of responding appropriately to concerns and complaints and the value in the learning opportunities this offered.
- Kim Kirk advised that in order to move the service forward consideration should be given to extending the team availability to cover weekend period and that the feasibility of this was currently under discussion.

6. Escalation to the Board of Directors
- Quality Committee would like the Board to note the good work undertaken in relation to Infection, Prevention & Control
- Quality Committee would like the Board to note the good work undertaken by the Patient Experience Team
- Quality Committee would like the Board to note the issue in relation to the availability of the Drug and Alcohol service – a further update will be provided following discussion with commissioners
- Quality Committee would like the Board to note the risk in relation to the laboratory server. A further update will be provided following the BI + IT Board.

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.