Sherwood Forest Hospitals NHS Foundation Trust

Council of Governors

Subject:	Report of the Quality Committee	**Date:** 15th August 2018	
Prepared By:	Elaine Jeffers, Deputy Director of Governance & Quality Improvement		
Approved By:	Tim Reddish, Chair of Quality Committee		
Presented By:	Tim Reddish, 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.		**Approval**	
		Assurance	**x**
		Update	**x**
		Consider	

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**
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	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 Quality Committee met on the 16th May 2018 and 18th July 2018. The meetings were quorate. The minutes of the meetings were accepted as a true record and the Action Tracker updated.

The Council is asked to accept the content of the Quality Committee Report and the items for note highlighted below:

- The contingency plans in place for Sterile Services (CSSD) both for the immediate and longer-term
- The rapid resolution of the issue raised with regards to the 'not our patient' letters within the Emergency Department
- The significant improvement in case attainment of relevant patients to complete the TARN Data submission
- The actions taken to date to resolve the water safety issues and identification of legionella Species
- The significant achievement in the review of guidelines within the Women and Children's Division

- The recommendation to improve the Medicines Optimisation Reporting metrics to bring them in line with Model Hospital and regional benchmarking measures
- The assurance gained and monitoring in place to ensure Health Harmonie provide an accurate and timely triaging service for Ophthalmology patients referred to the Trust
- The significant progress made against the Maternity Improvement Plan
- The significant progress made in relation to the Safeguarding agenda
- The significant progress made in relation to the End of Life Agenda, specifically the plans to implement the ReSPECT Tool across the organisation
- The amendments to be made to the BAF Principle Risks

1. **Patient Safety Quality Group (PSQG – monthly meeting)**

- Emergency Department letter – through the Urgent & Emergency Care Divisional Exception Report an issue relating to returned 'not our patient' letters had been raised. Up until 2015 NHS England had provided a redirection service for letters sent to GP Practices for patients either no registered or no longer registered with that practice. The service was terminated in 2015. The Trust has carried out a risk assessment and developed an algorithm in 2016 to manage the consequence of this. It came to light recently that the algorithm had not been applied in the Emergency Department and a number of letters waiting for action had been discovered. Swift action was taken, all letters have been risk assessed and plans followed up where necessary with no patient coming to harm. The algorithm has been reiterated and is now in place. Quality Committee were assured by the actions taken.

- The Major Trauma Group quarterly Report highlighted a mortality outlier alert from the Trauma and Audit Research network (TARN) data between 2015 and 2017. A review had been undertaken where it was discovered that through this reporting period case ascertainment was low at 56-66%. A review of all cases flagged by the alert did not reveal significant management issues with the alert most likely to have been caused by the failure to submit all the data. Quality Committee were assured that appropriate actions have been taken, which is supported by the considerable improvement in data submitted in 2017/18. Case attainment is now performing at >90%. The Major Trauma Group is focussing on the only outstanding issue – Rehabilitation Prescriptions where improvements in documentation of rehabilitation plans are required. Quality Committee noted that the revised Chest Trauma Pathway went live in June. There are four relevant NICE Guidelines three of which are 100% compliant with 76% compliance on the fourth and an acknowledgement that 100% compliance is not possible.

- Quality Committee noted the actions that had been taken to provide assurance around water safety across the Trust. Quality Committee noted that the work was being undertaken in conjunction with the NHS Public Health water safety expert, the Trust Estates and Facilities Team, representatives of the PFI provider and sub-contractors. The Medical Director is providing leadership to the Trust water Safety Group until the issues have been fully resolved, however Quality Committee were assured that it was Legionella Species that had been identified, which was not harmful to patients or staff. Quality Committee noted that in addition to the legionella this incident had raised some concerns around robust contract management of outside or sub-contracted companies and this is currently being addressed.

- Quality Committee noted the excellent progress made in the review and update of clinical guidelines within the Women and Children's Division and thanked the Division and the Governance Support Unit.

- Quality Committee noted the extensive review of the recent 12 hour breaches in the Emergency Department. The root cause analysis identified the challenges relating to timely and effective mental health assessments. In addition this has exposed the difficulties

experienced by East Midlands Ambulance Service (EMAS) in being able to transfer patients to an identified mental health facility out of area. Both Notts Healthcare and EMAS are working closely with the Trust to improve the pathways.

- The implementation of the NEWS2 National Early Warning Score is progressing well. The additional benefit to patients will be the inclusion of criteria to identify those patients with changes in confusion (delirium).

- Quality Committee noted the significant improvements in the Medicines Optimisation agenda. PSQG have requested a review of the Medicines Optimisation metrics to ensure we are measuring more meaningful data, linking to Model Hospital and other regional measures. A proposal for the new format for Medicines Optimisation reporting will be presented to the September Quality Committee.

- Concern had been raised at the June PSQG meeting relating to compliance with the Blood Transfusion CAS Alert. Assurance was received at the July meeting that the Trust met all required elements. However this raised a wider question around the continued compliance with CAS Alerts in general. The Divisions have been asked to review compliance with all relevant CAS Alerts and provide an update via their exception reporting to the August PSQG.

- A Quality Summit, chaired by the Medical Director, for Ophthalmology was held on Friday 6 July 2018. The Summit was called following the identification of three patients who had suffered potential deterioration in their eyesight due to a delay to their treatment. A full investigation has been conducted into all three cases. The Summit acknowledged that Ophthalmology Services nationally are under significant pressure with a continuing increase in demand due to the complex conditions of an ageing population. In an attempt to support the service the CCG had employed Health Harmonie to provide a community triaging service to ensure patients were placed on the correct pathway in a timely manner. There have been concerns raised with the company and the CCG as the Trust had lost confidence in the ability of Health Harmonie to place patients appropriately. Two of the three patients investigated were placed on the wrong pathway resulting in the delay to their treatment whilst the delay in treatment for the third patient was as a result of the cancellation of activity during the adverse weather earlier in the year. The Trust has met with the CCG and are now satisfied that robust monitoring processes are in place with Health Harmonie to prevent a recurrence. Quality Committee were assured that the Ophthalmology Service is safe as evidenced by the recent Royal College and GIRFT reviews undertaken.

- Alison Whitham, Head of Midwifery updated Quality Committee on the significant improvements and progress made on the Maternity Improvement Plan. The Committee acknowledged that the governance grip in the service was unrecognisable from 2015 and thanked the team for all the work. The service has been asked to review their current performance dashboard to include some of the advanced metrics they are working towards.

- A regular update on progress in both the Ophthalmology and Maternity Improvement plans will be provided to Quality Committee to ensure they remain on track.

2. 360 Assurance (Internal Audit)

- Quality Committee noted and accepted the 360 Assurance 2018/19 Internal Audit Plan and 2019/19-2020/21 Strategic Plan

- Quality Committee noted the ‘Medicines Incidents Follow Up’ report – confirmation that following ‘significant assurance’ given this review has been closed.

- Quality Committee noted the Decontamination of Mattresses report – 'significant assurance' given.

3. CSSD Risk update

- Quality Committee were assured by the update provided in relation to the immediate and long-term risk relating to the CSSD Department. The committee satisfied itself that the contingency plan in place to ensure the continued provision of a sterile service was robust and did not present a significant patient safety or business continuity risk.

- Quality Committee were also satisfied that the long-term plan to provide sterile services across partner organisations was the appropriate direction of travel.

4. Cancer Services Annual Report

- The Cancer Team has appointed Dr Steve Foley as the Trust Cancer Lead.
- The Report highlighted the continued challenges around performance due in the main to increased referrals, confirmed cancers and the longer pathways required between the Trust and Nottingham University Hospitals NHS Trust (NUH) for an increasing number of complex patients.
- An Infoflex Database developer has recently joined the team with a remit to ensure all cancer data is available in one place.
- The trust now has an established Acute Oncology Service following the appointment of a dedicated Clinical Nurse Specialist (CNS). The CNS works closely with colleagues at NUH signposting patients into the most appropriate pathway.
- A Cancer of Unknown Primary (CUP) service is in place with a joint Multidisciplinary team meeting (MDT) with NUH.
- An increased number of patients are now receiving their cancer treatment at Newark Hospital due to much improved working relationships with Oncology colleagues from NUH.
- A number of initiatives are in place – i.e. an electronic system for carrying our potential harm reviews, a monthly Cancer Task Force Group and a 'Look good, feel better' masterclass for ladies following their cancer diagnosis.
- Further work is being undertaken to develop an effective 'Vague Symptoms' pathway looking at best practice from elsewhere – e.g. The Manchester Screening Pilot aimed at picking up early signs of cancer and building good links with the 'Out of Hospital' initiatives.

5. Safeguarding Annual Report

- Quality Committee acknowledged the work undertaken by the safeguarding team, recognising the immense improvements that had been made. This was evidenced in the recent inspection by the care Quality Commission (CQC).
- Specific work has been undertaken to improve understanding and knowledge of Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM). Two cased of FGM have been reported by the Trust and the CQC held up the work relating to CSE as exemplar practice.
- The Modern Slavery agenda is an issue for consideration due to the demographics of the Trust population with the Modern Slavery Act 2015 identifying this as a national and local priority for Safeguarding Boards.
- Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) is a member of the Domestic Homicide Review Panel and as such work closely with partner organisations to identify potential victims early and support ongoing reviews.
- Quality Committee noted the significant progress made in improving the understanding and application of the Mental Capacity Act (MCA) and Deprivation of Liberty Orders (DoLs). This had been a consistent theme in previous CQC Inspection Reports.

- Following the introduction of the Think Family Strategy training staff across the organisation had been challenging due to the introduction of a more intense training programme. Progress has been made and the team remain on trajectory to deliver the training within the agreed timeframe.
- Quality Committee recognised the achievement of the Trust as having one of the highest compliance figures for PREVENT training nationally.

6. **Medicines Optimisation Quarterly Report**

- Quality Committee acknowledged the progress made. This has particularly been supported by the work of the Medicines Safety Group.
- Although there has been a slight decrease in the medicines reconciliation compliance figure this is expected to improve following recent pharmacy workforce changes.

7. Complaints Annual Report

- The Trust received a total of 248 complaints in 2017/18. This represents a 34% decrease on the previous year. A contributory factor to this is believed to be the increased ability of wards and departments to resolve concerns locally. The Datix system has been improved to enable staff to easily capture this local resolution in order that themes can be correlated with other complaints and concerns to drive further improvement.
- 1975 concerns were recorded with the patient Experience team during the reporting period indicating that the establishment of a single point of contact for patients and their relatives has been effective.
- A total of ten cases were referred to the Parliamentary and Health Service Ombudsman (PHSO) with five cases being upheld, two cases partially upheld and three currently undergoing further investigation.
- 100% of complaints were verbally and formally (written) acknowledged within three working days
- 94.3% of complaints were received and responded to within 25 working days against the Trust internal target of 90%.
- There was no material change to the complaint themes identified across the year with clinical treatment, clinical diagnosis, communication with doctor, attitude of doctor and admissions/transfers/discharge procedures being the top five respectfully.

8. National Inpatient Survey Interim Report

- The National Inpatient Survey 2017 was published on 13 June 2018. Quality Committee acknowledged the initial recommendations.
- A full analysis of the findings is due to be presented to Quality Committee at the September meeting.

9. End of Life Annual Report

- Quality Committee acknowledged the excellent work being undertaken by the End of Life team across the Trust and the work the team were actively involved in across the Better Together Alliance.
- There had been 1560 deaths in the hospital in 2017/18 representing a higher than average number due to a number of factors especially seasonal influenza and the cold weather. Despite this, the team have worked hard to maintain standards and promote choice as to preferred place of care (PPC). Support for patients with Specialist palliative Care needs continues to be provided by Nottinghamshire Healthcare Trust and John Eastwood Hospice. New governance arrangements have been put in place with a supporting Memorandum of Understanding (MOU) to ensure the continuity of this service. The Last

Days of Life (LDoL) medical documentation has been rolled out across the Trust. This has given further clarity medical staff to focus on patient priorities, more transparency and accountability on medical decision-making.

- Through 2017/18 the strategic plans with mid-Nottinghamshire, the wider county and regional community have been strengthened to implement the national voluntary ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) Tool. The toll further supports patients and their families to be involved in a range of treatment and care decisions. The Tool requires senior clinicians to support the summary with more detailed documentation of the assessments and discussions with patients.
- The work being undertaken in the Quality End of Life Care for All (QELCA) Project was drawn to the attention of the Committee.

10. Advancing Quality Programme Regular Report

- Quality Committee acknowledged the progress being made across the four campaigns of the Quality Priorities Improvement Programme.
- The Advancing Quality Oversight Group have agreed that a number of actions are being progressed through other routes but the responsibility of the AQP is to collate the evidence to provide assurance to the Quality Committee that the outputs are evidenced and embedded.
- Quality Committee were assured that each workstream within the campaigns had identified leads and clear plans for delivery.

11. Medical Education Quarterly Report

- Quality Committee were assured that robust plans were in place to effectively induct the 178 new medical trainees due to join the Trust in August 2018. All the trainees are required to complete the e-induction package prior to the start to equip them with the necessary skills and knowledge to operate safely within the Trust.
- The new trainees will extend their five day shadowing week by two days to allow time for a simulated learning experience. This will allow the trainees to practice taking a history, reviewing blood results, writing a prescription card and presenting a management plan in a similar way to being on call.
- To address the national requirement to improve junior doctor's morale and their working environment the Trust has developed an action plan monitored by the Post Graduate Medical Education Committee. The plan covers areas such as – rotas, work-life balance, working environment, engagement with the Board, tackling pressure and rewarding excellence.
- The exception Reporting process has been rolled out across the Trust allowing trainees to report working over their hours or missing training opportunities. An email system is in place to also allow Clinical fellows to report their concerns.
- The recent visit from the Nottingham Medical School was very positive overall reflecting the high standards of teaching delivered.
- Quality Committee acknowledged the contribution of Dr Dan Smith (Respiratory ST5) who won a prize at the British Thoracic Society for his work on Non-Invasive Ventilation (NIV).

12. Board Assurance Framework (BAF) regular report

- The Quality Committee is the lead committee for the following Principle Risks:
    - PR 1: Catastrophic failure in standards of safety and care
    - PR2: Demand that overwhelms capacity
    - PR3: Critical shortage of workforce capacity and capability
    - PR5: Fundamental loss of stakeholder confidence

- Quality Committee received the BAF and discussed the potential risks, controls and sources of assurance in place for each Principle Risk. The BAF is currently being reviewed and an updated version will be presented at the September Quality Committee meeting.
- Quality Committee agreed the following:

PR1: Catastrophic failure in standards of safety & care

The Committee discussed the risk PR1, rated 12.

Since the previous meeting the assurance rating for the threat 'Focus on patient safety and quality of care' remains POSITIVE.

Since the previous meeting the assurance rating for the threat 'Outbreak of infectious disease' remains POSITIVE.

The Committee AGREED to provide an assurance rating of INCOLNCLUSIVE for the threat 'New technologies as a clinical or diagnostic aid' and requested that it be noted that progress around the threat is being made.

PR2: Demand that overwhelms capacity

The Committee discussed risk PR2, rated 16.

The Committee discussed possible contributing factors for growth in demand and the implications of this.

Since the previous meeting the assurance rating for the threat 'Growth in demand for care' remains INCONCLUSIVE.

Since the previous meeting the assurance rating for the threat 'Failure of general practice' remains INCONCLUSIVE.

Since the previous meeting the assurance rating for the threat 'Failure of a neighbouring acute provider' remains INCONCLUSIVE.

PR3: Critical shortage of workforce capacity & capability

The Committee discussed PR3, rated 16.

Since the previous meeting the Committee agreed to change the assurance rating for the threat 'Critical workforce gaps' to SIGNIFICANT.

Since the previous meeting the Committee agreed to change the assurance rating for the threat 'Workforce productivity' to SIGNIFICANT.

PR5: Fundamental Loss of Stakeholder Confidence

The Committee discussed PR5, rated 10.

Since the previous meeting the Committee agreed to change the assurance rating for the threat 'Progress on agreed quality improvement actions' to SIGNIFICANT.

Since the previous meeting the Committee agreed to change the assurance rating for the threat 'Public & stakeholder expectations / publicity in local, national or social media' to SIGNIFICANT.

Since the previous meeting the Committee agreed to change the assurance rating for the threat 'Regulations and standards'
to SIGNIFICANT.

13. Freedom to Speak Up/Raising Concerns Dashboard Q4 (Quarterly)

- Following the review of committee structures it was agreed that the Freedom to Speak Up/Raising Concerns agenda should be more visible. A quarterly Dashboard indicating themes and contacts has been developed and will be presented to the Quality Committee as part of the annual work programme.

- Quality Committee accepted the Q4 Report and associated Dashboard. It was noted that for the quarter 40% (4/11) issues raised related to behavioural/relationship, bullying/harassment and patient safety/quality. Of the total concerns raised all but one have been resolved presenting an active approach to concerns if raised with the aim to resolve matters in a timely manner. For the majority of concerns raised feedback was given via letter identifying points of learning, outcomes and required actions. Quality Committee acknowledged that it was not always possible to provide direct feedback, particularly if the concern is raised anonymously.

14. Quality Account (Annual)

- Quality Committee had received draft 11 of the Trust Annual Quality Account (2017/18) for comment. It was noted that the format was greatly improved from previous years and that the content flowed well and articulated the journey the hospital has taken over the reporting period. No further comments were made. The Quality Account is due for final sign off at the Audit Committee on 24 May prior to ratification by the Board of Directors on 31 May.

- The Quality Account has been reviewed by the Trust External Auditors to ensure it meets the requirements of NHS Improvement

15. Nursing Revalidation Report

- Quality Committee accepted the report. There were no issues for escalation

16. Medical Revalidation Report (Annual)

- Quality Committee accepted the report. There were no issues for escalation