Sherwood Forest Hospitals NHS Foundation Trust

**Board of Directors Meeting in Public**

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| **Subject:** | Report of the Quality Committee | **Date:** 20/03/19 | |
| **Prepared By:** | Elaine Jeffers, Deputy Director of Governance & Quality Improvement | | |
| **Approved By:** | Barbara Brady, Chair of Quality Committee | | |
| **Presented By:** | Barbara Brady, 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 and those matters agreed by the Committee for reporting to the Board of Directors. | | **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<br><br>**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 20/03/19. The meeting was quorate. The minutes of the meeting held on 16/01/19 were accepted as a true record and the action tracker updated.The Board of Directors is asked to accept the content of the Quality Committee Report and the items for note highlighted below:

- Progress to date on the 15 Step Challenge visits
- 9/9 'Blue Forms' approved from the Quality Strategy Campaigns 1-4 and CQC Should Do Action Plan
- The non-compliance of the Trust against the introduction of the recent legislation relating to Falsified Medicines Directive (FMD)
- The positive experience of women indicated in the CQC Maternity Patient Experience Survey
- Acceptable risk in relation to the reporting of plain films, specifically non-urgent requests from the Outpatient setting
- The success of the recent Street Health project
- The establishment of the Children & Young People's Partnership Board

## 1. Actions from the Quality Committee 20/03/19

### 1. 15 Steps Challenge Progress Report (initial report)

1.1 Quality Committee accepted the report highlighting the progress and outcomes of the 15 Steps Challenge visits to date. The 15 steps challenge visits provide a valuable opportunity for senior members of the trust to increase visibility, engagement and support to clinical areas across the trust.
1.2 Quality Committee agreed non-clinical areas should also be considered for inclusion as they provide a valuable contribution to the care delivered to patients.
1.3 The feedback has been overwhelmingly positive with lots of good practice observed.
1.4 During 2019 some teams have been piloting the use of the 'perfect ward' app to record the outcomes of their visits.
1.5 The process was reviewed in January 2019 with the launch of simplified paperwork to ensure outcomes and actions agreed as part of the visit are transparent and reportable.
1.6 The number of visits has agreed through quarter four with improved compliance with the return of the post-visit paperwork making the visit more productive and meaningful for all.

### 2. Advancing Quality Programme Report (Regular)

2.1 Quality Committee received the regular progress report for the Advancing Quality Programme and acknowledged progress to date
2.2 Quality Committee accepted the evidence presented in relation to nine actions presented from Campaigns 1-4 of the Quality Strategy and Campaign 5 – CQC Should Do Action Plan. Actions approved are as follows:
2.3 Campaign Two – Care is Safer; action 2.3 Focus on safety Culture in operating theatres and other areas where interventional procedures are undertaken
2.4 Campaign Three – Care is clinically effective; action 3.7 Implementation of NICE Guidelines
2.5 Campaign Five – CQC Should Do Action Plan;

- Action 5.04 - The provider should ensure emergency medicine consultants in the department are aware of who has the role as the guardian of safe working hours and exception reporting in order to support trainee doctors.
- Action 5.13 - The provider should ensure medical notes on wards are stored in lockable areas, cabinets or trolleys to reduce the risk of unauthorised access to patient information.
- Action 5.14 - The provider should ensure staff have training in relation to FGM.
- Action 5.23 - The provider should ensure gaps in the junior doctors' rota are appropriately covered to provide a sustainable junior doctors' service to women.
- Action 5.29 - The provider should consider reviewing the storage facilities to ensure there is sufficient storage available to meet the needs of the service.
- Action 5.31 - The provider should ensure access to patients requiring MRI scans is improved.
- Action 5.35 - The provider should consider how to make the waiting areas throughout the
- Department more patient-centred.

2.6 Quality Committee accepted the revised assurance schedule for the Advancing Quality Oversight group for 2019/20
2.7 Quality Committee accepted the exception report relating to a Red Action from Campaign Four – We Stand Out; Action 4.4 Learning from adverse events – 5% reduction (based on 2016/17) in number of reported instances of high-risk medication errors.

**3. Care Quality Commission Report** (Regular)

3.1 Quality committee received the regular CQC report highlighting:

- An update from the February 2019 CQC Engagement Meeting, specifically changes to CQC personnel
- The progress continuing to be made in the Core Service Self-assessments for CQC preparedness
- The continued analysis of the CQC Insight Intelligence Tool indicating the Trust remains in the top 25% of acute trusts confirming we are still most likely to be rated as *Good* overall and highlighting those indicators deemed to be *much better* (MB), *better* (B), *worse* (W) and *much worse* (MW).

**3. Medicines Optimisation Report** (bi-annual report)

3.1 Quality Committee received the Medicines Optimisation Report; however commented that future reports should be describing the strategic direction of travel for Medicines Optimisation rather than the operational detail that is presented regularly to Patient safety Quality Group (PSQG).

3.2 Quality Committee raised the issue of the current status of non-compliance with the newly introduced (February 2019) Falsified Medicines Directive (FMD) legislation. The EU Directive requires implementation of additional electronic barcode checks for the validity of medicines purchased by healthcare organisations. There remains concern re the ability of organisations to be compliant, particularly dependant on the exit from the EU. Compliance will require significant investment and a business case has been prepared in anticipation.

**4. Patient Safety Quality Group Report (PSQG)** (monthly – February/March 2019)

4.1 Quality Committee were assured by the reports of the Patient Safety Quality Group. The following are of note:

4.2 The Pre-Operative team have been shortlisted for an HSJ Award for their work to reduce cancellations

4.3 The 2018 CQC Women's Experience of Maternity Care report has been published where Sherwood Forest Hospitals NHS Foundation Trust (SFH) was rated the best trust in the East Midlands. Work is progressing with the NHS CNST for maternity and a full report is due to be presented to the April PSQG.

4.4 A paper on the reduction of Catheter Associated Urinary Tract Infection rates using non-touch technique written by the nurse Infection Control Team was published In the British Journal of Nursing

4.5 A Quality Summit for the Urgent and Emergency Care Division – triggered by concerns raised in relation to the recognition and response to the acutely unwell patient was called for 15/03/19. An initial paper had been reported to the February Deteriorating Patient Group relating specifically to the management of patients with Sepsis was accepted; however it indicated that the issue related to a wider cohort of patients.

4.6 The frontline Flu Vaccination rate was reported as 81% representing a top 10 performance in Midlands and the east with staff from the Trust presenting to the NHSEmployers Conference with tips and advice as to how to run a successful flu campaign

4.7 Quality Committee acknowledged the work undertaken by the tissue Viability Team relating to the utilisation of appropriate pressure relieving mattresses

4.8 The recent PLACE assessments indicate that scores remain comparable between 2017 and 2018 with all scores above the national average with the exception of Privacy and Dignity (MCH), Dementia (NWK) and Disability (NWK).

4.9 The rapid response to the MHRA EnWarm alert. Initial press reports indicated unacceptably

high aluminium levels in electrolytes heated via this device. The Surgical Division had removed the devices from usage and informed MEMD.

4.10 A data error has been identified in the calculation of maternal haemorrhage. This metric is now within the required parameters

4.11 The Diagnostic and Outpatient Division raised a recent SI case, which highlighted an extant risk the trust is carrying. Plain film images are commonly acquired by a technician and not a qualified radiographer. For inpatients, it is expected that any urgent requests are viewed by the requestor and this is audited in the trust mandatory audits across divisions with reporting to Divisional Performance meetings. For Outpatient requests where an unexpected finding is present, this will not be flagged by radiology until reporting, which can be up to 2 weeks. The backlog of reporting on plain films is smaller at SFH than many other trusts and reducing the turnaround times would add significant cost. Most clinicians await paper copies of results for non-urgent tests requested in Out Patients. IF an Out Patient request is flagged as urgent, the requestor should review the results. Quality Committee agreed the risk should be tolerated.

**5. The Nursing, Midwifery and AHP Board meeting** (monthly - February/March 2019)

5.1 Quality Committee were assured by the Highlight Report of the Nursing, Midwifery and AHP Board. The following are of note:

5.2 The Missing Person Policy was approved and has been uploaded to the Intranet

5.3 The first cohort of international nurses have arrived from the Philippines

5.4 The draft AHP Strategy is out for consultation

5.5 The effectiveness of the Harms free meeting and the success of the most recent Street Health event was acknowledged

**6. Children and Young People's Partnership Board Report** (Quarterly)

6.1 Following a visit from Angela Horsley, Head of Children, Young People and Transition for NHSI the Trust Children and Young People's Partnership Board has been established, chaired by the Chief Nurse

6.2 Quality Committee accepted the objectives of the Board as agreed at the inaugural meeting held on 11 March 2019.

**7. Board Assurance Framework Principle Risks** (Regular)

7.1 Quality Committee reviewed the following principle risks:

- PR1: Catastrophic failure in standards of safety and care – no amendments required
- PR2: Demand that overwhelms capacity – no amendments required
- PR3: Critical shortage of workforce capacity and capability – no amendments required – this will now be taken over by the People, Development and Culture sub-committee of the Board of Directors
- PR5: Fundamental loss of stakeholder confidence – no amendments required

**8. Draft Quality Account update**

8.1 The first draft of the 2018/19 Quality account was presented to Quality Committee

8.2 Following discussion at Quality Committee and Audit Committee on 21/03/19 the draft will be shared with PWC as our External Auditor.

8.3 Quality Committee acknowledged the work already undertaken and were confident that the required timelines for final submission will be met

**8.4** Quality Committee acknowledged that the preparation of the Quality account was much more streamlined this year than in previous years.