

## Council of Governors

<b>Subject:</b>	Report of the Quality Committee	<b>Date:</b> 12 <sup>th</sup> February 2019		
<b>Prepared By:</b>	Elaine Jeffers, Deputy Director of Governance & Quality Improvement			
<b>Approved By:</b>	Tim Reddish and Barbara Brady Chairs of Quality Committee			
<b>Presented By:</b>	Barbara Brady, 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 discussed by the Committee for reporting to the Council of Governors	<b>Approval</b>			
	<b>Assurance</b>	<b>x</b>		
	<b>Update</b>	<b>x</b>		
	<b>Consider</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>
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	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>				
Board of Directors 29 <sup>th</sup> November 2018 and 31 <sup>st</sup> January 2019				
<b>Executive Summary</b>				
<p>The Quality Committee met on 21<sup>st</sup> November 2018 and 16<sup>th</sup> January 2019. The meetings were quorate. The minutes were approved and the action tracker updated. Roz Norman Staff Governor Kings Mill and Mansfield Community Hospitals attended as an observer at both meetings; apologies were received from Val Bacon, Public Governor for Derbyshire and Jayne Leverton, Public Governor for Ashfield for both meetings.</p> <p>The next meeting of the Quality committee will take place on Wednesday 20<sup>th</sup> March 2019</p> <p>The items for note highlighted below:</p> <ul style="list-style-type: none"> <li>• The Pilot of prescribing pharmacists allocated to ward has not improved the flow of patients and supported the discharge process as expected</li> <li>• The improvements observed in the readmission rates for the Trust</li> <li>• The concerns relating to the failure of the governance processes within the Cervical</li> </ul>				

#### Screening Service

- 10/12 'Blue Forms' approved from the CQC Should Do Action Plan
- The Mental Health (Limited Assurance) 360 Assurance Audit Report
- Assurance on progress on the ophthalmology action plan following the summit that took place in July 2018
- Progress reported through the PSQG's to the Quality Committee
- Update on the work in place to support our junior doctor workforce
- Infection prevention and control annual report approved and assurance received by the Quality Committee
- Approval of the statement publication on the Trust website for the Modern Day Slavery Act 2015

#### Analysis of Patient Surveys

The Committee received the report providing an update on the National Patient Surveys. The Trust participates in the following national surveys:

- Inpatient Survey
- Maternity Survey
- Cancer Survey
- Urgent & Emergency Care Survey
- Children & Young People Survey

The timeframe for completion and receipt of the outcome varies for each survey across the year; however all surveys are analysed to identify collective themes and trends.

Quality Committee accepted that the surveys are retrospective and are looking at the experience of patients from a given time period, often several months previously. The comments do not always reflect the improvements and changes that have been made to services in the meantime, although provide an external benchmark and baseline.

The Committee accepted the plans to focus patient experience on the further development of the Friends and Family Test (FFT) as this provides real time intelligence enabling the Trust to understand the experiences of patients and their carers in a much timelier manner.

The Committee were assured the themes from the National Surveys and the internal FFT surveys were incorporated into the Trust-wide Improvement initiatives.

#### Care Quality Commission Report

An update from the November CQC Engagement Meeting, specifically potential changes to the current CQC Inspection Methodology

The progress made in the Core Service Self-assessments in preparation for the next CQC Inspection

The continued analysis of the CQC Insight Intelligence Tool

#### Dermatology Safety Summit

Quality Committee were assured the actions identified from the Safety Summit held with the Dermatology team were being addressed and good progress was being made.

Quality Committee requested that the team present a further update to the May Committee

meeting.

#### Advancing Quality Programme Report

Quality Committee received the regular progress report for the Advancing Quality Programme and acknowledged progress to date

Quality Committee accepted the evidence presented in relation to Campaign 5 – The ‘CQC Should Do’ Action Plan – 10 of 12 actions presented for approval were accepted by the committee with two requiring further evidence submission

The Committee were assured the remaining actions from the CQC Should Do Plan are on track to deliver by 31/03/19

#### Reconfiguration of the Theatres and Critical Care Unit

An update regarding theatre options had been requested by the Committee as concerns had been raised surrounding infection, prevention and control within theatres and the capital required to mitigate this risk.

The Committee were informed a business case is being developed to support a STP funding bid to redevelop theatres and CCU in the 2021 capital plan. The business case will be completed in September 2019.

Funds have been allocated in the current capital plan for small works to assist in maintaining these areas and management of the estates risks in the areas continue

The Committee discussed the water safety risks in the Critical Care Unit and theatres. The Committee were advised a piece of work is being undertaken to determine whether the water supply to theatre and CCU is in imminent danger of failing and what the expected lifespan of the system is. This assessment will be complete in Q4.

#### Patient Safety Quality Group Report (PSQG)

Quality Committee were assured by the reports of the Patient Safety Quality Group

The Committee were provided with an update of the positive work being undertaken in Maternity, specifically the increase in magnesium sulphate administration.

The Committee were advised despite efforts, levels of mother’s breastfeeding at discharge remains below the national average.

Significant concern was highlighted from PSQG surrounding the Cervical Screening QA visit scheduled for February 2019. It had come to the attention of PSQG that the Women & Children’s Division had lost grip of the governance process surrounding cervical screening. Since December urgent work has been undertaken to improve the position and updates are being received at PSQG.

Quality Committee acknowledged the performance of SFHFT within the Critical Care Network ICNARC performance data (Q1 & Q2 2018/19). For 2017/18 the Trust performed better than regional and national average on acute hospital mortality, mortality on good risk cases, blood infection rates, non-clinical transfers, readmissions and out of hours transfers. Strong performance compared to peers has been maintained despite running at an average of 93% occupancy.

Quality Committee received an update on the National Breast Screening Incident. To date 1073

ladies have been offered a review, 246 have come forward with 5 cancers reported on the National Breast Cancer Database. All have been treated. The national report into the incident was received w/c 7 January and an analysis of the recommendations is underway. PSQG thanked the service for the additional clinics provided to support these ladies, often undertaken at the weekend. The national picture and local issues within Lincolnshire have caused increased demand and pressure on the symptomatic breast pathways.

PSQG had noted the successful implementation of the NEWS2 Project in December, ahead of the national deadline of April 2019. The CQUIN Criteria for this implementation has been met.

Quality Committee were informed the Major Trauma Network has developed a Mass Casualty Incident Plan in which the Trust is a Tier 2 location, receiving six casualties from onsite triage and additional patients transferred to create capacity at Tier 1 sites. A gap analysis has been conducted but it is not clear where the ownership of this sits in the governance structures. Major Incidents sits within the Operational Group. Action Cards need to be developed. PSQG were unable to establish whether the Mass Casualty Protocol runs in parallel to, or instead of the Major Incident Plan. PSQG notes that Mr Srinivasan is stepping down from his position as Trust Major Trauma Lead and thanked him for his tenure, which has seen the Trust make great progress.

#### Board Assurance Framework Principle Risks

Quality Committee reviewed the following principle risks:

- PR1: Catastrophic failure in standards of safety and care – no amendments required
- PR2: Demand that overwhelms capacity – the Committee agreed the assurance rating for the threat 'Growth in demand for care' be amended to positive based on the controls now in place
- PR3: Critical shortage of workforce capacity and capability – no amendments required
- PR5: Fundamental loss of stakeholder confidence – no amendments required

The Quality Committee recommended a wider discussion at a future Board Development session to work through the risk appetite and tolerance for 2019/20 BAF

#### Internal Audit Report (Limited Assurance) Mental Health Act

360 Assurance had reviewed the Trust's compliance with the Mental Health Act through Q1 of 2018. Within this period the Trust identified four occasions of an individual being detained, with a further patient identified by 360 Assurance following a visit to Nottinghamshire Healthcare (Notts Health).

The Assurance Report identified some areas of non-compliance with the legislation and a requirement to improve the quality of documentation.

A Service Level Agreement highlighting the responsibility of Notts Health to scrutinise paperwork for accuracy upon receipt has been formalised.

Quality Committee were assured that the appropriate actions had been taken with the relevant policy and guidance updated accordingly.

#### Ophthalmology action plan progress report

Quality Committee received the ophthalmology action plan following the summit that took place in July 2018

All actions are now complete or in progress with a clear delivery plan  
Work is ongoing within the service to further review and improve their governance process

Quarterly progress report to be monitored through PSQG

Medical Clinical Education and Assurance

The Quality Committee received a report from the Director of Medical Education. To note is the largely positive response in the GMC National Trainees Survey from our junior doctors and action plan is in place to address any issues raised. The Quality committee noted the support to the junior doctors and requested a future junior doctor staff experience story to be presented to Trust Board.

Infection Prevention and Control Annual report

The Quality Committee received the annual report and were assured by the work that has taken place over the past 12 months. The report is within the reading room for Board members.

Modern Slavery Act 2015 – Annual statement 2018/19

The Quality Committee approved the annual statement for publication on the Trust website to ensure compliance with the act. The aim of the statement is to demonstrate that SFH follows good practice and all reasonable steps are taken to prevent slavery and human trafficking within our business or supply chain. This has been signed by the CEO and Chief Nurse / Executive lead for Safeguarding.