

Council of Governors

Subject:	Report of the Quality Committee	Date: 21 st February 2018		
Prepared By:	Tim Reddish, Non-Executive Director, Chair of Quality Committee			
Approved By:	Tim Reddish, Non-Executive Director, Chair of Quality Committee			
Presented By:	Tim Reddish, Non-Executive Director, 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 Council of Governors.		Decision		
		Approval		
		Assurance	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
x	x	x	x	
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 x	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				
Board of Directors.				
Executive Summary				
The Council of Governors is asked to accept the content of the Report and the items for note highlighted below:				
Quality Committee met on the 15 th November 2017 and 17 th January 2018 and would like the Governors to note the following:				
<ul style="list-style-type: none"> • The Quality Summit to be held with the Orthopaedic Team following the NEVER Event • The excellent progress made following the Maternity Quality Summit and the development of the Maternity Improvement Programme • The decommissioning of Programme 6 – Safe Transfers of Care from the AQP to amalgamate with the Patient Flow Programme • The disappointment with the compliance performance in some areas from the Medication Safety Audit • The positive visit by NHSI re our management of patients with a Learning Disability and the additional central funding identified. • The forthcoming visit from the National learning Disability Lead to undertake a table top exercise to elicit further learning and improvement opportunities 				

- The scrutiny of Quality Committee of the actions taken following the Never Event in Surgery
- The review of the BAF and agreement on the current risk ratings

Never Event Safety Summit (Orthopaedics)

- The Division of Surgery presented the outcome of the Safety Summit held in December 2017 with the Trauma and Orthopaedic team following the 'Wrong Side Prosthesis' Never Event identified in October 2017.
- In summary a female patient underwent a total knee replacement on 14/12/16. A right femur was implanted into the left knee. The Trust was notified by the National Joint Registry and a comprehensive investigation undertaken as agreed at the Trust Serious Incident Scoping Meeting on 16/10/17.
- The Division gave a full account of the incident, including the immediate actions taken and changes in practice that have happened in addition to a presentation by Dr John Tansley that highlighted the wider learning opportunities and ongoing improvements to theatre practice that was presented to the Divisional Learning event on 28/11/17.
- Quality Committee were assured that the Division and the individual team concerned had responded to the event appropriately and had taken robust remedial action to prevent a future occurrence.

Patient Safety Quality Board Report (Monthly Report)

Quality Committee received assurance that PSQB were operating effectively and that the Workplan continued to reflect and receive reports from the key safety and quality reporting groups.

Quality Committee noted the following:

- The successful inaugural Divisional wide safety Event in Surgery
- The work Divisions have been asked to undertake to look at the review of urgent test requests
- The reviewed situation with Twinrix Hepatitis B Vaccination
- The authorisation of the use of unlicensed Intervax BCG Vaccine as recommended by PHE
- The successful renewal of the Hydration and Nutrition Steering Group
- The unresolved issue of Medway PAS updating and request for an options appraisal to mitigate the risk
- The resolution of the loose filing backlog across the Trust
- The strong performance in Medicines Safety
- The response, via the Divisional Exception Reports of the CQC Insight Tool
- The AKI Alert from the Dr Foster Unit, Imperial College, London and the work already undertaken through the Trust Mortality Surveillance Group and the Deteriorating Patient Group
- The work underway to ensure Policies, Procedures and Guidance is reviewed and in date. All Divisions have agreed a trajectory of when they will be compliant
- The recent Radiology Incidents are being looked at as a whole to ensure themes and trends are identified and appropriate improvements implemented
- The issue highlighted by the Urgent and Emergency Care Division in relation to the collapsible curtain rails has been resolved. The rails had been collapsing when staff were simply closing them. A health and safety check conducted across the Trust to ensure this was not a wider issue.
- The Urgent and Emergency Care Division were proud to announce the opening of the Bluebell Room, a 2-bedded dementia friendly room in ED funded through charitable funds.
- Provisional feedback received following the external visit looking at how we manage Human Tissue was positive with no significant concerns noted.
- PSQB received assurance that the 'Must' and 'Should Do' actions from the 2016 CQC

Inspection are on track to be fully delivered by the end of January 2018.

- PSQB received assurance that the Trust stopped using Vaginal Meshes 18 months ago and to date no concerns have been raised in relation to cases undertaken before that date.
- PSQB noted the excellent performance in the Intensive Critical Care Unit (ICCU) in the quarterly ICNARC report
- Dr Steve Rutter presented the report from the Royal College of Psychiatrists – National Audit of Dementia. The subsequent Action Plan is embedded in Programme 7 of the Advancing Quality Programme (AQP) with progress monitored through the Nursing Task Force Steering Group by the Chief Nurse. A Dementia Steering Group is now in place reporting through the Safeguarding Steering Group to PSQB. A further focus is being placed on the consistent application and increased awareness of the Delirium Policy.
- PSQB received assurance that the changes proposed in June 2017 in relation to the management of Mattress Decontamination have been implemented. This may have contributed to the achievement of zero pressure ulcers in November.
- PSQB received the Deteriorating Patient Group Dashboard. Sepsis performance remains strong, however low compliance with Sepsis Mandatory Training for medical staff has been escalated to Surgery, Medicine and Urgent and Emergency Care. The Cardiac Arrest Rate for October was below 1/1000 performing below the national average. Although the NerveCentre roll out is progressing PSQB have escalated to the NerveCentre Steering Group that Maternity is not included within the current programme and asked for this to be reassessed.
- The Quality Dashboard was presented. This is a sub-set of the Single Oversight Framework Dashboard presented to Board. Exception reports were received and accepted for all indicators flagged as red.
- A spike in the number of ‘sharps’ related incidents were noted in June-August 2017. The findings are being discussed with each Division with Infection Control link trainers providing additional support and training. A review of Safer Sharps theatre trays has been instigated and the MHRA notified of the insulin pen device issue.
- The Diagnostics and Outpatients Division presented a policy designed to provide a framework for the standard approach to roles and responsibilities of different staff groups recording the results of diagnostic tests. Each Division was asked to provide within their exception reports for the January PSQB meeting an indication of the processes in place to ensure that requested diagnostic test are followed up and actioned. It should be noted that this is an action following the extraordinary PSQB meeting on 16th January as the Divisional Exception Reports did not provide adequate assurance on this matter.
- PSQB were informed, via the Hospital Transfusion Committee (HTC) quarterly report about the 4 x instances of ‘wrong blood in tube’ (WBIT). A root cause analysis (RCA) for each case is being carried out with the outcomes reported to the HTC in January. There were 7 SHOT reportable incidents in July-September with only 1 involving anti-D demonstrating an improvement.
- PSQB were informed that the issue in relation to Hepatitis B Vaccination was now resolved. The outpatient prescription turnaround time is currently 12.5 minutes = half the national turnaround time of 25 minutes and places the Trust in the top 5 Trust across the country. The average TTO turnaround time is 69 minutes against a national time of 77 minutes. The Medication Safe Storage Audit was received. PSQB noted the disappointing compliance in some areas – all of whom were immediately issued with improvement notices and re-audited. The audit outcomes have been escalated to the Nursing and Midwifery Board and will continue to be monitored via the Nursing Metrics
- PSQB received the Radiation Protection Report. There had been 6 IRMER incidents, 5 of which had been addressed and closed. All the incidents had involved failure to follow correct patient identification processes. PSQB asked for a remedial action plan to be included within the next Divisional Exception Report
- Safeguarding Q2 Report highlighted the continued progress being made in compliance with the ‘Think Family’ Level 3 paediatric training. The Annual NSCB Markers of Good Practice Audit saw the trust rated green in 57 out of 59 outcomes. We are fully compliant with the safeguarding Adults Assurance Framework (SAAF)

Advancing Quality Programme (Monthly Report)

Quality Committee received the progress Report for the Advancing Quality Programme (AQP). The Report provided Quality Committee with the current status of each of the AQP Workstreams.

- CQC Action Plan – The ‘Must Do’ and ‘Should DO’ Actions from the 2016 CQC Inspection Report have been completed. Those actions that relate to the understanding and management of the Mental Health Act (MHA), Mental Capacity Act (MCA) and the application of a Deprivation of Liberty Order (DoLs) identified as ‘Must Do’ have been captured within Programme 7 of the AQP. The CQC Action Plan has been cross referenced to reflect this.
- The Quality Committee Report of September 2017 indicated that there were 3 ‘Amber’ Actions identified on the CQC Action Plan. Confirmation was received that 2 actions have since been completed with the outstanding item relating to an electronic solution to recording DoLs orders. This is subject to the full rollout of the NHS.Net secure email system.
- Quality Committee received assurance that the same rigour will be employed in relation to validating the evidence provided to demonstrate that an action has been embedded across the organisation as was applied for the Quality Improvement programme (QIP). i.e. the completion of the ‘Blue Form’ with formal presentation of evidence to the AQP Board.
- Quality Committee were informed that Programme 6 – ‘Safe Transfers of Care’ had stalled due to the synergies with the wider ‘Patient Flow’ Programme. Discussions had been held as to whether this programme should be formally incorporated into Patient Flow to minimise duplication and ensure resources were allocated appropriately.
- Further work is underway to provide evidence of progress via agreed metrics.
- The January AQP Board considered the proposal for the 2018/19 Quality Priorities Programme. The Programme Architecture was discussed at length and accepted as a way of ensuring that all areas of the Trust could align their improvement work into one of the key headings of the future programme. The headings being considered are:
 - Safer Care
 - Effective Care
 - Patient-centred Care
 - Timely Care
 - Leadership
- There will be an increased emphasis in 2018/19 across all Advancing Quality Programmes on the involvement and engagement of patients and service users.
- Quality Committee received assurance from the Head of Safeguarding and the Trust lead for Adult Safeguarding on the progress made and the work being undertaken in relation to the understanding and application of the Mental Health Act (MHA), Mental Capacity Act (MCA), Deprivation of Liberty (DoLs) and Dementia. Quality Committee heard about the positive visit by NHSI re our management of patients with a Learning Disability. Additional central funding to support this further has been identified. A forthcoming visit from the National Learning Disability Lead is scheduled to undertake a table top exercise to elicit further learning and improvement opportunities.
- Quality Committee agreed to receive a more detailed progress report on 1 AQP Workstream at each of their forthcoming meetings

Serious Incident Report (Monthly Report)

- Quality Committee received Reports relating to Serious Incidents reported to STEIS to enable them to appreciate the extent of any serious incidents (including Duty of Candour) and Coronial Inquests.
- The Trust declared 1 incident that met the reporting criteria for a NEVER Event - a wrong implant/prosthesis. The wrong sided knee prosthesis was inserted. The Trust was alerted to this via the National Joint Registry. A Quality Summit was held for the Orthopaedic Team to ensure learning opportunities are optimised.
- There were no Regulation 28: *Report to prevent future deaths* – issued to the Trust

Medicines Optimisation Report (Bi-annual)

- The Trust continues to perform well against the majority of the metrics.
- Within the Medicines safety Thermometer the Trust is consistently above the national norms in performance for all measures and have been operating at this level for the past 2 years
- A new campaign has been launched to improve medication safety incidents by 30% with the aim of moving the Trust into the top quartile for reporting nationally
- The Medical Safety Group has a full work programme and is enjoying consistent good engagement and progress with improvement initiatives

CQUIN 1b – Healthy food for NHS Staff, visitors and patients - Progress Report (Quarterly)

- The Trust has made good progress in embedding the required changes through close working relationships with partners Medirest and CNH/WHSmith.
- Healthy eating has been promoted through posters displayed in the Spice of Life Restaurant and revised menus have been compiled highlighting health menu choices.
- The 3 week patient menu cycle has been amended to clearly identify available healthier choices
- Staff and visitors at Newark Hospital can access food 24 hours a day
- Costa, WHSmith and the Volunteer Daffodil Café and working with the Trust to ensure they meet the requirements of the CQUIN

Women & Children’s Progress Report (Specific request following up on the Divisional Quality Summit)

- Quality Committee were assured by the progress report provided by the Head of Midwifery following the Quality Summit presentation in the summer.
- The Maternity Service has developed an Improvement Programme that is monitored on a fortnightly basis through the Chief Nurse Nursing Task Force Group

Quality Account Quarterly Report

- Quality Committee accepted the quarterly update on progress against the key priorities within the Quality Account. The report also articulated the progress being made against the 9 further quality priorities.
- A working group has been commissioned by the Chief Nurse to ensure the production of the 2017/18 Quality Account timetable within the required timeframe. This will include providing a timetable to the Quality Committee to facilitate adequate consultation and sign off.

Nottinghamshire and Derbyshire Quality Surveillance Group (QSG) Letter

- The Quarterly QSG Letter stating that Sherwood Forest NHS Foundation Trust remains on **routine** surveillance was accepted

Care Quality Commission (CQC) Insight Intelligence Tool

- The CQC Insight Intelligence Tool was provided for information. This document will be provided to Quality Committee as a standing agenda item going forward. An explanation of the tool was given highlighting how it is currently used within the Trust.
- The Insight Tool is one of the intelligence gathering mechanisms for CQC and for the first time Trust have an ability to access the document and gain insight as to performance against specific metrics. The tool is updated periodically but offers an opportunity for the Trust to be aware of indicators that may cause concern for external regulators.

- The Insight Tool is circulated to all Divisions with an expectation that they provide required actions or current performance against those indicators deemed to be 'worse' or 'much worse' via their monthly exception reports to PSQB.

Board Assurance Framework (BAF) Principle Risk Report

- Quality Committee have oversight of the following risks within the BAF:
 - AF1 – Safe and Effective Patient Care (current risk rating: 12 – high)
 - AF2 –Managing Emergency Demand (current risk rating: 16 – significant)
 - AF3 – Managing Elective Demand (current risk rating: 12 – high)
 - AF7 – Staffing levels (current risk rating: 16 – significant)
- The risk ratings were acknowledged and confirmed as correct. The demand and staffing challenges are profound, which is maintaining a high level of risk at the present time.
- A revised BAF is currently being developed through the Risk Committee that includes additional elements linking Principle Risks with performance Indicators and rated sources of internal assurance. The refreshed BAF is scheduled to be presented to the Board of Director in April 2018.