

Council of Governors

Subject:	Report of the Quality Committee	Date: 18 th February 2020		
Prepared By:	Elaine Jeffers, Deputy Director of Governance & Quality Improvement			
Approved By:	Barbara Brady, Chair of Quality Committee			
Presented By:	Tim Reddish, Member 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. The Governor Observers will provide verbal feedback of the meeting			Approval	
			Assurance	x
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
x	x		x	x
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
Risks/Issues				
Financial	No financial risks identified			
Patient Impact	Assurance received with regards to the Safety and Quality of Care through the Reports presented with the exception of Dementia screening			
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 5 th December 2019 and 6 th February 2020				
Executive Summary				
<p>The Quality Committee met on 20th November 2019 and 15th January 2020. The meeting was quorate. The minutes of the meeting were accepted as a true record and the action tracker updated. The Council of Governors is asked to accept the content of the Quality Committee Report and the items for note highlighted below:</p> <p>Governor observers were Sue Holmes and Philip Marsh, who will verbally feedback their views and comments to the Council of Governors</p> <p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • Note the content of the Report • Note the assurance received around the Dementia Screening Assessment and the audit proposal • Note the Ophthalmology Quality Summit Update – acknowledging that improvements have been made but mindful that there are still challenges. To be reviewed by Quality Committee again in September 2020. • Note the continued work around harm assessments in the Emergency Department given the demands on emergency care and significant waiting times. 				

- Note the proposal to carry out a review of the 15 Steps Programme for clinical and non-clinical areas.
- Note the approval of the Blue Forms 1920.2.06 and 1920.05.03.

Action 19/099.2 – Dementia Screening

Quality Committee were informed that the current Dementia Screening system will not provide a level of compliance against the baseline rate until the end of 2020/2021. This is due to access to the electronic assessment module being unavailable on Nerve Centre within EAU until April 2020.

It is proposed that an audit of 20% of records take place for the cohort of patients undertaking manual assessments. The audit will give assurance that an assessment has taken place and that the care given was appropriate.

The issue had been raised with regulators with no concerns raised. Quality Committee were assured that during the time period in questions no harm to patients had been identified.

It was agreed to provide a summary to the Audit and Assurance Committee with a view to inclusion in the 2020/21 Audit Plan. Reporting of audit outcomes will be through the Patient Safety Quality Group.

1. Ophthalmology Quality Summit update (Scheduled update)

Quality Committee acknowledged Ophthalmology was a service with high demand pressure without the capacity to keep up, this has resulted in long waits and led to harm for some patients. £400k has been invested, including recruitment; however the service has been affected by sickness and additional equipment costs.

Whilst a good idea in principle, the third party triage has not worked and in some cases impacted negatively. Ophthalmology has moved from a place of very high risk and, whilst that risk is being mitigated, there is still a poor patient experience in terms of waiting times with a lot of work still to do.

A robust risk stratification is in place and gives priority to those patients needing an urgent clinical review, although this leads to waits for those patients waiting for routine procedures such as cataract.

In noting the 20% increase in demand over the last 5 years and the unsuccessful triage, Quality Committee agreed that there was learning for the future in addressing capacity issues. However, whilst the increase in demand was 11% over the last year, strategies in place had seen a circa reduction of 12% since July. Ophthalmology will be the primary focus on the Outpatient Transformation agenda.

2. Learning from incidents using human factors analysis and implications for future practice (for interest)

The Committee were advised that in July 2019, two serious untoward incidents occurred resulting in a recommendation of further investigation through Scoping. Whilst both incidents were in different services (Endoscopy and Sterile Services), there were similarities whereby kit was used without following the appropriate cleaning processes. Both investigations were undertaken separately but using similar interventions resulting in two very different action plans.

The chief recommendations from the traditional Root Cause Analysis (RCA) investigation in both

cases was the need for training; however the individuals involved in the incidents were highly skilled workers who had been doing the role for many years.

The human factors investigation found that the incident was due to a lapse in attention picking up a more practical perspective around the distractions in the environment they were working in (for example noise, telephones). Overall the human factors tool takes away the blame putting the situation into context.

A Patient safety Strategy is currently being developed, which will incorporate how the Trust will bring the human factor approach into its investigative process.

3. Infection, Prevention and Control Annual Report

Quality Committee received the report indicating all performance targets for the previous year had been met, including trajectories for incidents of Clostridioides Difficile (C.diff), Escherichia Coli (E.Coli) and Methicillin Resistant Staphylococcus Aureus (MRSA).

The Trust exceeded the national CQUIN target for staff Flu vaccinations in 2018/19 meeting 81.6% and remains on target to do so again in 2019/20.

The work of the IPC team surrounding catheter associated infection had gained national recognition. The team was invited to present at parliament as part of the Unplanned Admissions Consensus Committee. This work was also recognised and published by the British Nursing Journal.

The committee were advised that water safety had been the biggest challenge for the IPC team since 2017/18. RD, with the greatest area of concern being the retained estate. From a patient safety perspective, appropriate mitigations have been implemented and long term solutions, such as having a 'waterless ward' in the Critical Care Unit are being investigated.

Further work is required to improve the estate from an IPC perspective however planning these works in patient areas is highly complex.

The Committee expressed thanks to Rosie Dixon, Consultant Nurse IPC for her work in recent years to improve the Trusts IPC standards and wished her well in her new role.

4. Maternity Quality Summit update

The Maternity Quality Summit was initially held in April 2019. The update reflected the nine-month post-summit position. The Committee were assured by the presentation and key points of note included:

- Recruitment/vacancies – active recruitment has been ongoing but continues to be challenged by high maternity leave numbers, sickness absence and the vacancy factor. The acute service is more affected by maternity leave than sickness or the vacancy factor and the community service is more affected by the vacancy factor than sickness or maternity leave. Currently only the core service shifts are being covered in the Community, which has a negative impact on the ability to provide a robust home birth service. Sickness absence performance has improved and an enhanced rate for bank staff has been agreed as a way of covering staffing gaps. This will be further supported by the implementation of the Birmingham Symptom-specific Obstetric Triage Tool (BSOTS). A robust workforce plan is in place.
- Relationship/Engagement with the band 7 team – appropriate escalation when the unit is busy remains a problem as does silo working and staff being cautious about change. This is being addressed through the maternity transformation work programme but senior staff

still find managing colleague expectations to be challenging.

- Examples of outstanding patient outcomes against local and national trajectories were shared with the Committee, as was the commencement of the first team case holding pilot.
- Quality Committee were assured that robust procedures and appropriate decision-making
- were in place to safely manage the closure of a unit due to capacity. All patients affected by a closure or divert are personally written to with an apology from the Head of Midwifery who follows up the outcome of a mother transferred to another unit.

5. Children and Young People's Partnership Board (CYPP) Update

Quality Committee received the quarterly report. Key issues to note were:

- The bid to Roald Dahl to fund a Band 7 Transition Nurse who would support all divisions in ensuring equity in practice and that young people transition smoothly into adult services. Transition is a key feature of the CYPP.
- The first Youth Engagement meeting took place on 18 November. Colleagues from safeguarding, the Trust legal team and the comms team, alongside key clinicians and a young adult will be guided by the well-established Youth Team from Nottingham University Hospitals (NUH) on how best to set up the forum to ensure optimum effectiveness.

6. Strategic Framework for developing surgical activity at Newark Hospital (Discussion)

Quality Committee received the report highlighting the developing plans to increase the surgical activity on the Newark Hospital Site. The committee were assured that the plans had accounted for a number of strategic and operational issues.

The key areas for consideration included providing a safe, robust staffing infrastructure and effective systems for recognising and responding to a deteriorating patient.

The committee gave their support for the plans to proceed.

7. Urology Quality Summit Update

Quality Committee received the nine-month update on progress against the Urology Action Plan following a Quality Summit that had been convened following a number of incidents relating to the effectiveness of the urology MDT and the tracking of patients on the cancer Pathway.

The committee were reasonably assured that good progress was being made but requested a further update to the May 2020 meeting due to the ongoing work to strengthen the speciality governance processes.

6. Advancing Quality Report (Regular)

The Advancing Quality Committee reported there had been a slight movement from green to blue actions following the November meeting however there were no new red actions and progress continued to be maintained.

Blue Form 1920 2.06 – Delivering Harm Free Care

Quality Committee approved the detailed evidence in support of Blue Form 1920 2.06 including the Harm Free Care Dashboard taken from the safety thermometer.

Blue Form 1920 05.03 – The provider should consider installing a strip alarm in rooms used for psychiatric assessments to enable staff to summon assistant wherever they are in the room as per

current guidance and not rely on the push button alarm currently installed.

Quality Committee approved the evidence submitted to demonstrate the action was embedded.

A discussion was held as to which action in the Advancing Quality Programme should be proposed to the Council of Governors as the 'Local Indicator' for inclusion in the Quality Account. It is proposed that the local indicator reflects the improvement work within the organisation. The suggested indicators were;

- reduction in overall length of stay;
- getting to the learning faster/response to serious incidents; and
- improving outcomes for falls - assessments in long bone fractures.

A consensus was not reached with a counter proposal to consider an indicator around End of Life. This will be further discussed at the Advancing Quality Oversight Group on 4 February 2020 prior to presentation at the Council of Governor's meeting at the end of February.

7. Care Quality Commission (CQC) Report (Regular)

Analysis of the CQC Insight Tool indicates the Trust remains within the top 25% of Trusts nationally and is most likely to be rated as 'Good'

At the time of the Quality Committee CQC were undertaking their on-site review. Key areas of focus so far appear to be staffing levels, mandatory training competences and staff engagement.

8. Patient Safety Quality Group Report(s) (Regular)

Quality Committee received the reports from the Patient safety Quality Group meetings. The key points of note for the Council of Governors are as follows:

A substantial area of discussion was the safety of patients waiting a significant period of time within the Emergency Department(ED) Whilst good processes are in place to track harm, some aspects could be strengthened. Quality Committee were assured that significant harm had not come to patients with an extended stay in the department, but agreed that the experience was poor, not just for the patient but for staff and.

The backlog in Radiology was highlighted. Whilst the sustained trajectory has improved there remains a level of risk on both plain film and those with more complexity, in particular chest. This is due to a number of factors on demand and capacity, including GP referrals, missed fractures in ED and delayed communication. In-patients should have opportunity for images to be viewed by a clinician before a Radiologist providing some failsafe on missed fractures.

Quality Committee were advised that a project will be launched in March to improve urgent notification mechanisms with automated messages sent directly to clinicians. Notifications will be sent to individual clinicians and also to a generic monitored email; however it is reliant on them being read and actioned.

The approval of piloting a 'waterless Critical Care Unit'. This model is being proposed following a visit by a team to Holland where a successful system has been implemented. The development of such a model will also facilitate increased water safety in the unit whilst the plans for a new unit are finalised and agreed.

The positive appointment of Dr Janusz Jankowski as the Clinical Governance lead for the Medicine Division. PSQG were pleased to report this will have a significant positive impact on the Governance processes for the Division as it has been a long standing gap.

PSQG approved the amendment of the Trust Acute Kidney Injury Bundle to be more specific on when an ultrasound scan should be carried out. PSQG were particularly pleased that this demonstrates ongoing evaluation and further improvement of our clinical care.

The excellent performance of the Maternity Service in their recent accreditation and the plan to apply for 'baby-friendly' Gold Accreditation for the first time for the Trust.

The issue relating to current non-compliance with VTE Screening. PSQG were informed that an error had been picked up regarding the VTE screening process. A cohort of patients who are 'out of scope' for screening have been included within the audit resulting in a performance of 100%. Once removed performance no longer meets the required 95%. The Medical Director is investigating how best to address the anomaly.

Following a number of 'wrong blood in tube' incidents where the root cause was a failure to positively identify the correct patient. Quality Committee accepted the proposal to cost out the provision of a 'bedside kit' for each ward to ensure all consumables required by clinical staff for the accurate taking of blood samples were together on a portable trolley that would be taken to the bedside of a patient at the time of the blood collection. The longer-term solution is to purchase an electronic 'barcoding' system to support accurate patient identification. A business case is being developed and although the initial set-up costs will be expensive there is evidence to demonstrate that the system will become self-funding as errors reduce.

A presentation was received at the January PSQG on the NELA Audit. Concerns were raised a year ago around data submissions with extra resource invested to ensure that this is of a better quality. The Trust performed well against the metrics and is now within the top 5 Trusts nationally.

9. 15 Steps programme Update (Regular)

Quality Committee received a summary report on the visits undertaken as part of the 15 Steps Challenge. Key points to note were that there has been an increase in the number of teams undertaking the 15 Steps.

There has been a positive use of language in feedback forms and despite high pressure demand and capacity across the Trust, areas were found to be calm and welcoming.

The programme has been included within the Band 6 Clinical Leadership Programme raising awareness with junior staff and including a peer review of clinical areas.

Feedback has been collated following the Council of Governors' Engagement Session on how to take forward Governor members' contribution from a patient experience perspective. Governor feedback will now form part of the reporting from next month.

Currently the 15 Steps Programme includes both clinical and non-clinical areas making the scope of visits difficult to coordinate. It was proposed that the focus be taken back to just clinical with a different remit for non-clinical areas although caution was needed on how this was revisited in order not to de-value those areas. Quality Committee agreed it was important to assess that the true vision of 15 Steps was being fulfilled and that it was making a tangible difference to the patient experience.

10. Board Assurance Framework (BAF Report (Regular)

PR1: Catastrophic failure in standards of safety & care

The Committee approved the proposed changes to the risk narrative and agreed that the ratings would remain unchanged.

PR2: Demand that overwhelm capacity

The Committee considered the proposed change to the narrative against the action 'reviewed clinical models for services shared with NUH completion date March 2020'. Quality Committee noted that a paper would be presented to Board in April 2020, it was therefore agreed that the action be amended to read 'paper to be presented to April Board with timescales to be confirmed post-meeting.'

Given the pressures on demand, the Committee discussed the significant exposure on PR2 and the difference in rating of 12 in PR1 and 16 in PR2. Quality Committee acknowledged that the Trust was aware of the risk and had put in place the control mechanisms it could but there were still areas of challenge linked to external factors and the wider system.

The Trust had to accept that demand will keep increasing and the decision was around whether to build to meet that demand or mitigate. Members were advised that a risk rating of 16 was the highest score possible and agreed that this was an area for further debate at the Board Workshop.

Quality Committee approved the proposed changes to the risk narrative and AGREED that the ratings would remain unchanged.

PR5: Fundamental Loss of Stakeholder Confidence

Quality Committee discussed PR5 and agreed the rating remain unchanged.

Quality Committee agreed that they were assured by the BAF. Whilst not proposing changes to the ratings, the discussion around PR1 and PR2 should be noted.