

**Board of Directors**

<b>Subject:</b>	Report of the Quality Committee	<b>Date:</b> 1 <sup>st</sup> October 2020		
<b>Prepared By:</b>	Julie Hogg, Chief Nurse			
<b>Approved By:</b>	Barbara Brady, Chair 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 agreed by the Committee for reporting to the Board of Directors.			<b>Approval</b>	
			<b>Assurance</b>	<b>x</b>
			<b>Update</b>	
			<b>Consider</b>	
<b>Strategic Objectives</b>				
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To continuously learn and improve</b>	<b>To achieve better value</b>
<b>x</b>	<b>x</b>		<b>x</b>	<b>x</b>
<b>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
<b>Risks/Issues</b>				
<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>				
None				
<b>Executive Summary</b>				
<p>The Quality Committee met on the 16<sup>th</sup> September 2020 via Microsoft Teams. The meeting was quorate. The minutes of the meeting held on the 15<sup>th</sup> July 2020 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.</p> <p><b>The Board of Directors is asked to note:</b></p> <ul style="list-style-type: none"> <li>• The committee were assured by progress to date with the ophthalmology action plan</li> <li>• United Kingdom Accreditation Service (UKAS) have notified SFH of a temporary 3 month suspension of our haematology laboratory accreditation.</li> <li>• HM Coroner has informed SFH that she will issue a rule 28; 'prevent future deaths' relating to clinical decision making and the continued prescribing of anticoagulant (warfarin) in the face of potential gastrointestinal haemorrhage.</li> <li>• The committee were assured by the patient experience annual report and supported their plans for the coming year.</li> <li>• The committee were assured by the infection prevention and control annual report and highlighted there were zero Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia identified as Trust attributable.</li> <li>• The committee were assured by the End of Life annual report and supported their plans for the coming year.</li> <li>• The risk assessment for spacing of cots in Neonatal Units during COVID-19 was approved</li> <li>• The quality accounts were approved</li> </ul>				

## **1. Quality & Patient Safety Cabinet**

The meeting of the new Quality & Patient Safety Cabinet took place on 12<sup>th</sup> August 2020 and the following items were identified for escalation to the Quality Committee:

- The progress made with the Covid-19 harms report and the harm review process – noting 2 patients to date have been identified as suffering a deterioration due to delay and have had their treatment expedited
- Minor revisions have been made to the mortality surveillance group terms of reference to retitle the group as the 'Learning from deaths group' and allow the group to report directly into the QPSC. The need to expedite the refresh of the mortality review tool to ensure our approach is maturing in line with other organisations was also noted
- The need to develop a recovery plan for clinical audit suspension of activity during the first peak of the Covid-19 pandemic
- The plan for a harm review of all Newark UCC incidents to evaluate the impact of the on-going overnight closure

## **2. Ophthalmology update**

Quality Committee were appraised of progress with the ophthalmology action plan that was agreed last year. The challenges within this service are known and mitigating actions are in place to address the identified issues. The committee were assured of the actions being taken and will be kept up to date with the evolving situation.

## **3. Recovery update**

In line with guidance from NHS England and Improvement the Recovery Group are progressing plans to safely increase elective activity levels to meet the required standards over the coming months. A review of the amendments to the national infection prevention and control guidance is underway and will be presented to the Incident Control Team (ICT) on 18<sup>th</sup> September 2020. Decisions made following this may allow the Trust to increase capacity further and safely.

There committee noted the activity and that there were no items for escalation

## **4. External Regulation and Accreditation Report**

This paper provided the committee with an update on regulation and accreditation activities within August to September 2020.

- United Kingdom Accreditation Service (UKAS) have notified SFH of a temporary 3 month suspension of our haematology laboratory accreditation. The implications and immediate remedial actions were discussed and the committee was assured by the plans to notify relevant external bodies and address the concerns.
- HM Coroner has informed SFH that she will issue a rule 28; 'prevent future deaths' relating to clinical decision making and the continued prescribing of anticoagulant (warfarin) in the face of potential gastrointestinal haemorrhage. Formal receipt of the regulation 28 was yet to be received; the QC will approve the action plan prior to submission to the coroner.

## **5. Children and Young People Partnership Board Annual Report**

The first annual report of the Children & Young People's Partnership (CYPP) Board which formed in April 2019 at SFH and hosts colleagues from Partnering organisations across the Mid-Notts region was presented to the committee.

The purpose of this report was to update Quality Committee members on the key achievements from April 2019 to April 2020. The CYPP Board has previously reported quarterly updates to the Quality Committee in March 2019, June 2019 and November 2019.

This report provided an overview of the agreed objectives that were set as part of the Terms of Reference in April 2019 and provides some key highlights on the Board's achievements against these objectives.

The Board has already agreed a workshop to run on 13 October 2020 with the focus being setting the agenda for the next 12 months. These outputs will continue to be reported to the quality committee on a quarterly basis.

The Quality Committee also noted:

- That there has been a delay in progressing the development of the Youth Forum and the transition pathways due to Covid-19
- The progress that has been made to date using technology such as Attend Anywhere to enhance the services offered to children, young adults and their families.

## **6. Clinical Effectiveness Report / Clinical Audit Annual Forward Plan/ Progress**

The report presented a large amount of clinical audit and effectiveness activity over the last year. The total number of audits planned for 2019/20 was 265 comprising of 206 local audits and 59 national audits. The programme has been significantly disrupted by the Covid-19 pandemic; 95 audits have been completed within the timeframe with good results.

The Quality Committee were assured by the work to date and supported the following activities for the coming year:

- The Audit and Improvement Team continue to work with Divisions and Audit Specialty Leads to ensure that the audit process is meaningful and relevant to their services. There is currently a review of Trust-wide audits in place, to this end.
- Covid-19 has disrupted planning for Divisions to sign off 2020/21 Audit Plans in many areas, and this is being progressed.
- The Clinical Audit strategy actions to be implemented over next 12 months include building closer working relations with the Governance Support Unit, the Trust Legal and Risk teams, Research and Innovation, in order to triangulate information and outputs in a more aligned way.
- To increase awareness of clinical audit as a QI tool amongst staff, and to encourage and train leads to undertake QI training to support positive and sustainable change.
- To introduce and implement a new Clinical Audit system which will incorporate the registration of projects, data collection and analysis, monitoring of both the progress and action plans. This will combine improvement projects and audits into one visible area for staff.

## **7. Patient Experience Annual Report (including Patient Experience Surveys, Inpatient and Outpatient Surveys)**

The report provided oversight of patient experience activity over 2019/20. Key highlights include:

- Complaints reduced by 3% in 2019/20
- The highest proportion of complaints for the 2019/20 was Surgery (31%), followed by Medicine (26%), Urgent Emergency Care (25%) and Women's and Children's (15%) which remained unchanged from 2018/19.
- Clinical diagnosis and clinical treatment continue to be reported as the subject of dissatisfaction.
- The number of compliments received has increased throughout the year.
- The patient experience team are developing a number of actions to learn from complaints.

The committee was assured by the report and plans for the coming year.

## **8. Infection Prevention and Control Annual Report**

The Annual Infection Prevention and Control Report was presented to provide assurance that Infection Prevention and Control remains an organisational priority.

During 2019-2020 the organisation had variable performance relating to Healthcare Associated Infection (HCAI) objectives. The incidents of Clostridium Difficile infection (CDI) were within target, there was an increase in both the numbers of Escherichia Coli (E.Coli) bacteraemia and those blood stream infections related to urinary catheter placement. The Trust reported zero cases of methicillin resistant staphylococcus aureus (MRSA) bacteraemia.

Key Achievement and Challenges were summarised as follows:

- The Trust had 56 Clostridium Difficile Infections identified post 48 hours following admission or was a community onset hospital acquired cases. This was within the national threshold set by NHS England.
- There were zero Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia identified as Trust attributable.
- There were 337 cases of influenza reported within the Trust during 2019-2020 compared to 439 the previous year
- The Flu vaccination programme continues to be a successful annual campaign and the numbers of Front line' staff vaccinated overall was 85.3% which exceeded the national CQUIN target.
- By the end of March 2020, all Infection Prevention policies were in date and in line with the most recent nationally accepted evidence and guidance available.
- The electronic Medical Audits tool has continued to be used effectively to understand and guide the service where weaknesses are identified and provide praise where improvements made.
- Water quality issues continue, and remain on the risk register. The action plan continues to be monitored at the Quarterly Water Safety Committee and significant progress has been made.
- A mattress decontamination service was set up in November 2017 which has significantly improved mattress cleanliness and cleans over 1000 per month.

The committee were assured by the report and thanked the team for their hard work over an extremely challenging year.

## **9. Phase 3 Plan Submission – For Approval on Behalf of the Board of Directors**

Progress with the plan was presented as agreed at the board of directors. It was noted that further work was required to quantify financial investment required. The committee supported onward submission of the plan to an extraordinary finance committee.

## **10. End of Life Annual Report**

The end of life team provided an update on their activities over the last year and their progress made in relation to:

- Proactively identifying patients admitted to hospital who are in the last year of life
- Focusing on discharge & reduced length of stay
- Working collaboratively with partners to keep palliative care patients well for longer and enable resilience of carers
- Supporting patients to die in their preferred place of care through advance care planning
- Educating & supporting colleagues to develop EOLC practices in acute sector

- Developing plans for a dedicated inpatient end of life facility
- Progress with the must do actions identified by the CQC

The committee were assured by the report and supported their plans for the coming year.

#### **11. Board Assurance Framework Principle Risks**

An update to the board assurance framework was presented to the committee. All of the proposed changes on the submitted paper were agreed and will be reviewed by the Board of Directors in full.

#### **12. Infection Prevention and Control (IPC) Guidance for Spacing of Cots in Neonatal Units During COVID-19 Outbreak**

In line with guidance from NHS Improvement and England a risk assessment for spacing of cots within the neonatal unit was provided for assurance and approval. The assessment noted that we are compliant with social distancing requirements without the need to reduce cot spaces. The committee approved the risk assessment.

#### **13. Quality Accounts 2019/20**

The Quality accounts for 2019/20 were shared with the committee for approval in line with revised timeframe following the interruptions caused by the pandemic. The accounts were approved virtually on the 21<sup>st</sup> September

#### **14. Escalations to the Board of Directors**

The Committee approved the following escalations to the Board of Directors:

- The committee were assured by progress to date with the ophthalmology action plan
- United Kingdom Accreditation Service (UKAS) have notified SFH of a temporary 3 month suspension of our haematology laboratory accreditation.
- HM Coroner has informed SFH that she will issue a rule 28; 'prevent future deaths' relating to clinical decision making and the continued prescribing of anticoagulant (warfarin) in the face of potential gastrointestinal haemorrhage.
- The committee were assured by the patient experience annual report and supported their plans for the coming year.
- The committee were assured by the infection prevention and control annual report and highlighted there were zero Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia identified as Trust attributable.
- The committee were assured by the End of Life annual report and supported their plans for the coming year.
- The risk assessment for spacing of cots in Neonatal Units during COVID-19 was approved
- The quality accounts were approved