

Board of Directors

Subject:	Report of the Quality Committee	Date: 3 rd December 2020		
Prepared By:	Patrick McCormack, Head of Regulation and Patient Safety			
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	
			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
		X		
Risks/Issues				
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				
<p>The Quality Committee met on the 12th November 2020 via Microsoft Teams. The meeting was quorate and the usual clerical actions completed.</p> <p>The Board of Directors is asked to accept the content of the Quality Committee Report and to note updates on the items highlighted below;</p> <ul style="list-style-type: none"> • The committee were assured following a discussion and presentation detailing the evolving process of risk stratification and prioritisation for SFH surgical activity. The Committee were updated on how this has developed from Covid-19 Wave 1 national guidance, incorporating direction on re-prioritisation of waiting lists. The committee noted that this process was clinically led and reviewed the procedures in some detail with DS and SB. • United Kingdom Accreditation Service (UKAS) have notified SFH of a temporary 3 month suspension of our haematology laboratory accreditation. Committee was provided an update with the outlook being the suspension will be extended until February 2021 • Regulation 28; ‘prevent future deaths’ relating to clinical decision making and the continued prescribing of anticoagulant (warfarin) in the face of potential gastrointestinal haemorrhage has been issued by the Coroner. Committee heard discussions continue to agree an action plan facilitating a formal response by the deadline of 1st December. • Joint advisory group (JAG) accreditation has not been awarded to Endoscopy department at the Trust. Plans are underway to have this reinstated in 2021. • Deep Dive HSMR paper presented providing significant assurance concerning outline of actions and areas of analysis for the investigation into elevated HSMR for the Trust 				

- Update on the Human Factors and Learning from Incidents was received positively by the committee and is a potential area for the Trust to significant positive impact on incidents moving forward

1. Matters Arising and Action tracker

Matters arising and actions were discussed at the Committee. The following items were noted for escalation and for the board to be made aware of

- The landscape and requirements for elective activity is rapidly changing with the current situation and risk stratification documents were submitted. The paper following on from Phase One centres on concerns around elective activity to be continued or stood down as well requirements to follow guidance from the Royal College for relevant processes. During COVID-19 Phase One urgent, emergency and cancer care had continued. At present the majority of elective surgery has been recovered. As a result of entering Phase Two, further constraints have been identified; the impact on abilities to perform elective surgery and re-prioritisation of waiting lists against National guidance. The committee agreed the document provided clear and concise guidance to follow to allow minimisation of impact.
- Clinical Validation and Prioritisation documents dated 11 November 2020 were presented. These showed the current position on patient waiting lists and progress. It was confirmed the document had been clinically led with input from Sherwood Forest Hospitals Foundation Trust (SFHFT), focussing not on the reduction of patients waiting but on their appropriate prioritisation. It has been requested that SFHFT review patients on the waiting list and highlight whether they are appropriately prioritised and if waiting is necessary providing adjustments in treatment can be altered. In addition to this, resources have been put in place to improve contact with patients via telephone; patients will be informed of this via a letter from the Trust with the required contact details.

2. Quality & Patient Safety Cabinet

The meeting of the new Quality & Patient Safety Cabinet took place on 11th November 2020 and the following items were identified for escalation to the Quality Committee:

- The progress made with the Covid-19 harms report is developing into a highly useful and comprehensive document, providing a rich source of information. Due to the breadth of what this document encompasses, the Quality Assurance and Patient Safety Cabinet have begun to deep dive on a monthly basis on specific aspects such as staff impact; currently at the forefront following the recent tragic loss of a member of staff
- Prescriptions of medicines was highlighted in the report presented, it is likely to remain an area presenting the majority of challenges to SFHFT, producing the most incidents. The Trust has begun collaborating information into one document to gain answers providing ability for rectification
- Discussion around PPE issues exposed as part of the clinical Care Staff survey occurred. Though the survey identified areas of concern the discussions identified that due to the time when the surgery was conducted national clarification of the requirements of PPE were not available which led to the heightened anxiety. It was reiterated there is much clearer guidance on the use of appropriate PPE and there are no risks or concerns around its supply.

3. BAF Principle Risks

The Committee AGREED the risk score for PR1 and PR2 should remain the same in current circumstances. It was concluded the given risk levels are concurrent with present conditions and expected likelihoods anticipated over the coming two months.

4. Nursing, Midwifery and AHP Board Update

The paper provided to the committee was an update in line with the committee work plan outlining the Nursing, midwifery and AHP Strategy; discussion points to note are

- There are currently no escalations to acknowledge
- As an organisation safer staffing has been maintained albeit proven difficult with changing guidance to shielding in addition to levels of staff sickness. Bank and agency staff have been utilised within this time to ensure patient and staff safety. In terms of promoting health and well-being, 196 patients have completed a survey with the overall response being good.
- The change in format of presentation was welcomed and agreed that it was useful to the committee

5. External Regulation and Accreditation Report

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

- Update was provided around the UKAS suspension in Haematology. It is unlikely accreditation will be granted in December due to delays in the recruitment process. Discussion with the Assessment Manager at UKAS has identified some conditions where suspension will be extended until November to avoid complete withdrawal of accreditation.
- Regulation 28 has been received from the Coroner. Formal response is required by the 1st December and meetings with relevant teams to formulate a plan and response.
- Endoscopy Joint Advisory Group (JAG) accreditation has not been awarded. This is mainly related to the absence of building works during the pandemic, which were required to meet the standards being assessed. These works have been started in November and due to finish in December. JAG have been contacted to arrange a reassessment post completion
- Clarification was sought that once recruitment has been completed for Haematology and building works for Endoscopy have been completed, how confident reestablishment of accreditation would be. Head of Regulation and Patient Safety felt confident that these actions would allow for reestablishment of accreditation would be accomplished.

6. Hospital standardised mortality ratios (HSMR) update

A significant report was presented to the committee regarding the action proposed to be taken to address increasing HSMR. The items in the paper and discussion points were

- There is still some uncertainty surrounding HSMR and whether data provided should be a concern
- Historically it is perceived that coding supplied had been accurate when diagnosing patients, recent deep dive into GI bleed as a result of increasing HSMR identified that out of the 35 patients identified (coded) as GI bleed only 3 actually had suffered a GI bleed. Therefore suggesting the coding may need investigating improvements
- Meetings have been undertaken with Dr Foster to gain understanding of the contextual element and portray what SFHFT are trying to achieve. The key is in considering that HSMR is a guide and viewing the entire pathway rather than isolating the value
- The committee queried whether this was being highlighted within the updates to CQC for transparency and providing assurance that SFHFT are proactive in addressing such matters. It was confirmed the initial report was shared with the CQC to include proposals. As of yet the HSMR is not triggering their concern, showing SFHFT have been appropriately proactive in identifying and capturing issues.
- A further spike in the HSMR is expected entering into the second wave of COVID-19, confirming previous difficulties with coding for COVID-19 due to lack of understanding when putting into context. Represented by the significant activity across Ashfield and the various updates provided. Going forward work is underway to highlight HSMR with COVID-19 as opposed to the figure presented without.

- Committee was assured by the paper and the actions it was outlining and agreed regular updates to be captured as part of the on-going work plan.

7. Learning from Incidents Using Human Factors

A comprehensive report was presented to the committee from the Clinical Director for Patient Safety and the Associate Director of Quality Improvement. The main discussion points and things to note from this are;

- An alternative method for viewing incidents trialed within the Trust, the outcome of these investigation methodologies illustrated the differing answers received when altering how initial questions are put forward.
- Three areas were highlighted within the report; human factors themselves and what this encompasses, concept of safety 2; encompassing learning from all parts of incidents not only negative aspects and finally attempts to refine investigative procedures with more modern safety rationale.
- The Committee were enthusiastic for the report stating it could be revolutionary for the Trust and anticipates what impact this approach will have on incidents going forward.
- JT deemed the introduction of a new Patient Safety Incident Response Framework a potential 'game changer' pointing towards a more positive Human Factors and System Based methodology in response to incidents. Thus highlighting a breakthrough for the Trust when moving away from 'blame culture'.
- Overall the Committee was highly enthused by the report and discussions held and are looking forward to the progress of this plan.

8. 360 Assurance Annual Review Update

Paper was presented as for information only to the committee. It was noted that due to a reduction of hours available some items had been deferred. It was confirmed however that there are no items for concern sat present and there is scope for items to be brought forward if required.

9. Medicines Optimisation Strategy Report

The report was available to the committee. There was no one to present the report at the committee therefore committee could not draw assurance from the report. This has been moved to the January committee.

10. Children and Young Peoples Partnership Update

Rescheduling of the board workshop due in October as result of lack of core membership availability now dated for the 14th December 2020 to determine agenda items for the upcoming 12 months. A highlight of the report confirms the Ronald Dahl application had been completed in the bid for a transitional nurse. The outcome of which is expected in December 2020. This will provide great support and opportunities to get behind transitional care and clinical pathways, SFHFT have already been approached despite a pandemic to collaborate with other organisations in transitional care particularly in Diabetes with National Health Service Improvement (NHSI) colleagues.

11. Work plan update

4 alterations to the current plan were identified

Medical Staffing: Dr David Selwyn – January 2021

Risk Associated with Private Finance Initiative (PFI) contract: Dr David Selwyn – January 2021

Cancer Services Annual Report: January 2021

HSMR Update: Dr David Selwyn - March 2021

12. Escalations to the Board of Directors

The committee agreed the following to be escalated to the board of directors

- Endoscopy JAG accreditation not awarded
- HSMR positive responsiveness in terms of schedule of timeliness
- Human Factors Patient Safety Development
- Clinical Validation and Risk Stratification

It was noted as an action for Dr Selwyn to update private board of directors on the preventing future deaths regulation 28.