

Board of Directors

Subject:	Report of the Quality Committee	Date: 20/05/2020		
Prepared By:	Elaine Jeffers, Deputy Director of Governance & Quality Improvement			
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
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				
None				
Executive Summary				
<p>The Quality Committee met on 20/05/2020 via Microsoft Teams. The meeting was quorate. The minutes of the meeting held on 18/03/2020 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>The Board of Directors is asked to note:</p> <ul style="list-style-type: none"> • The content of the report • The requirement to provide an Action Plan to CQC in response to the three MUST DO actions identified in the 2020 CQC Inspection Report • The mitigations in place for those services currently designated as 'fragile' • The effective approach to the management of the Covid-19 pandemic and actions taken • The Board of Directors is asked to acknowledge the temporary restriction to the Home Birth Service from 1 June 2020. 				

1. Fragile Services

1.1 Quality Committee were appraised of a small number of services the Trust deem to be 'fragile' or in need of additional support. The challenges within these services have been known to the relevant divisions and mitigating actions are in place to address the identified issues. The services discussed were:

- Haematology – there is agreement that Sherwood Forest will strengthen working relationships with Haematology colleagues at Nottingham University Hospitals (NUH) in the future to ensure robust service delivery across both sites. Following the departure of one of the two substantive haematology consultants, locum cover has been secured to ensure the continued safety and quality of the clinical haematology service. A plan has been accepted by the UKAS Accreditation Board to appoint a suitable lead for the laboratory haematology lead, thus not negatively impacting on the current UKAS accreditation status of the service.
- Diabetes and Endocrinology – challenges have been identified within the consultant workforce. Ultimately delivery of this service will be designed at an Integrated Care partnership/system level, which will change the way in which the service will be configured in the future.
- Urology – the service has been directly impacted by Covid-19 resulting in two consultants who are required to shield for the minimum 12 week period. This has impacted on the ability to provide a robust on-call service with a reliance on colleagues from NUH. Appropriate mitigations are in place. NUH are interviewing urology candidates in May and it is hoped we may be able to attract a candidate to work at Sherwood Forest.
- Ophthalmology – this service has also been impacted by Covid-19 with consultant colleagues shielding. This has been mitigated to date, however will become more problematic as activity increases. Medical Staffing HR are aware of the situation as there are concerns that an already increasing backlog will become worse as issues relating to Covid-19 continue.

1.2 Further work will be progressed around the development of a Clinical Services Strategy.

2. Infection, prevention Control Board Assurance Framework

2.1 The Trust received a Board Assurance Framework in may in response to the Covid-19 pandemic. The document is to provide assurance that all necessary precautions are being taken to minimise the transmission of the virus across the organisation keeping patients, staff and the environment safe.

2.2 The document has been completed and presented to the Quality Committee; however it should be noted this is a dynamic exercise and will required regular updating.

2.3 The Framework, including the monitoring of identified actions will be through the Quality Assurance Cabinet on a monthly basis with a report provided to each Quality Committee.

2.4 A separate paper is presented to the Board of Directors.

3. Quality Assurance Cabinet Report

3.1 At the Patient Safety Quality Group (PSQG) on 19 February 2020 it was agreed to review the configuration of the workplan and thus the architecture of the meeting to ensure the information presented provides the required assurance that the Trust is delivering safe, high quality care and that concerns and issues are quickly identified, addressed and improvements implemented where necessary.

- 3.2 It has become clear that as other systems and processes have matured across the organisation a full review of the information provided, membership and structure of this meeting is due.
- 3.3 Since February 2020 the need to expedite the review has become a key priority as part of the response to the COVID-19 outbreak and the opportunity to evaluate current performance and governance frameworks and ensure robust capturing of the patient, staff and organisational effects of this unprecedented pandemic.
- 3.4 A proposal outlining the reconfiguration of PSQG into a streamlined more focussed group – to be known as the Quality Assurance Cabinet - was accepted at the Incident Control Team (ICT) meeting on 24/04/2020. The first meeting of the Cabinet took place on 29/04/2020.
- 3.5 Following the Board of Director's meeting in May Quality Committee requested further assurance regarding the current performance of the Trust against the Hospital Standardised Mortality Ratio (HSMR)
- 3.6 HSMR has been within the expected range since April 2016 until September 2019 when the relative risk spiked at 128.2. Since then it has reduced through quarter three 2019/20 with the HSMR for February 2020 at 109.7, which is categorised as significantly high. We are working with Dr Foster colleagues to understand what caused the spike and what actions we need to take to prevent a recurrence.
- 3.7 The rolling 12 month position indicates the Trust HSMR has been increasing for the last 6 data points. This has been a focus of the Mortality Surveillance Group who looked at a number of contributory factors with an initial summary report provided to the Quality Assurance Cabinet in April 2020.
- 3.8 In addition to the HSMR spike in September 2019 the main contributory factors were found to be patients presenting with:
- Gastro Intestinal Haemorrhage
 - Liver disease, alcohol-related
 - Fracture of neck of femur (hip)
 - Other lower respiratory disease
- 3.9 Work is underway within each of these areas, the outcome of which will be presented to the Trust Mortality Surveillance group on 24/07/2020. In conjunction with Dr Foster e a deep dive analysis around each of the four key HSMR diagnosis groups is underway with a specific focus on Gastrointestinal Haemorrhage and Liver disease, alcohol related given that these two groups are also statistically significant within the Summary Hospital Mortality Indicator (SHMI).

4. Safe and Timely Discharge

- 4.1 In March 2020, due to the COVID 19 anticipated impact, national guidance was issued to support the swift discharge of patients well enough or medically fit (MFFD) to not reside in an acute hospital bed.
- 4.2 The guidance set out 4 pillars to support an internal discharge process and give clinicians a guide to inform decision making and also an expectation that from a decision of a patient being MFFD, would be discharged within 3 hours within a Discharge to Assess system

wide process (D2A).

- 4.3 This required an expedited system response, which was delayed by some partners mainly due to a withdrawal of local authority response due to all social workers working from home.
- 4.4 SFH sought urgent assistance from other health partners to discharge those patients who were already MFFD (approx. 94) and then continuing to discharge as patients became MFFD. Across March, with the support of Continuing Health Care, EDASS and SFH IDAT, SFH safely discharged a cohort of patients to empty circa 350 adult patient acute beds.
- 4.5 The COVID 19 impact meant that inflow of patients through ED also significantly reduced so the safe discharge of patients continued without added pressure from incoming new admissions.
- 4.6 Although SFH had introduced a D2A process and implemented this across floor 5, the process had to be rapidly scaled up to continue a safe and inclusive discharge process. This involved multiple partner engagement and new methods of working across community health, local authority, acute and private providers.
- 4.7 Staff have had to significantly change the way in which they work. This new way of working is being evaluated and a further report will be presented to Quality Committee once improvement and learning opportunities have been identified.

5. Maternity Update (Home Birth Service, temporary suspension)

- 5.1 On 9 April 2020 NHS England and the RCM/RCOG published guidance around the provision of intrapartum services during the coronavirus pandemic. The RCM/RCOG guidance contained a clear framework for actions based on staff availability; the suspension of the home birth service at SFH was in alignment with Phase 3 of this guidance as during week commencing 6 April 2020 community midwifery staffing shortage was 35%.
- 5.2 With the guidance framework and monitoring processes described, and the actions which have been undertaken since 6 April 2020, the W&C triumvirate are proposing that a restricted home birth service is introduced from 1 June 2020. This is in accordance with Phase 2 of the RCM/RCOG guidance and reflects an anticipated staffing shortage of 20-30%.
- 5.3 The service will be restricted where nights on call are not fully covered, and managed on a case by case basis.
- 5.4 Once the clinical induction is complete for the additional community midwifery team, a full home birth service is expected to commence from w/c 29 June 2020.

6. External Regulation and Accreditation Report

6.1 The CQC Provider Inspection Report was published on Thursday 14 May 2020. This followed a visit to four core services on the King's Mill and Newark Hospital sites, a Well-led inspection and an inspection of the Use of Resources. The overall ratings are as follows:

- Trust – Good overall with outstanding for the caring domain
- King's Mill Hospital – Outstanding

- Newark Hospital – Good
- Use of Resources – Requires Improvement

6.2 This is a remarkable achievement for our staff, patients and the local population given the position of the organisation following the 2015 CQC Inspection.

6.3 There were a number of areas of outstanding and good practice identified within the report – across all areas looked at.

6.4 The Trust also received a number of areas of improvement comprising three **MUST DO** Actions and 17 **SHOULD DO** Actions.

6.5 The Trust is required to submit an action plan in response to the three MUST DO actions by 12 June 2020.

6.6 Both the SHOULD DO and MUST DO actions will be incorporated into campaign Five of the Advancing Quality programme.

7. Incident Control Team (ICT) Report

7.1 In the light of increasing Covid-19 demand onto it and the risks to patients, the NHS stepped up to a Level 4 incident nationally in March. This required all Trusts to set up their incident control systems. The lead group in the SFH structure is the 'Incident Control Team (ICT)'. It meets daily and is chaired by the Chief Operating Officer in the role of Accountable Emergency Officer (AEO) and includes both the Medical Director and Chief Nurse, along with all the Clinical Chairs and senior managers.

7.2 Quality Committee were assured by the report and commended the Chief Operating officer on the approach and actions taken to ensure patients and staff remained safe in such unprecedented circumstances.