Sherwood Forest Hospitals
NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Identifying and Capturing Potential Harm resultant from Covid-19 pandemic	**Date:** 02/07/2020	
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Approved By:	David Selwyn, Medical Director		
Presented By:	David Selwyn, Medical Director		
Purpose			
This paper describes the developing processes to identify and capture harm across SFH, occurring as a result of unprecedented operational pressure during the 2020 Coronavirus World pandemic.		**Approval**	
		Assurance	
		Update	**X**
		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**	

Overall Level of Assurance				
	Significant	**Sufficient**	**Limited**	**None**
			x	

Risks/Issues	
Financial	Potential for retrospective financial claim and/or compensation
Patient Impact	Potential for unintended harm to patients
Staff Impact	Potential for unintended harm and/ or negative impact to SFH staff
Services	Potential negative impact on service provision
Reputational	Potential for reputational damage

Committees/groups where this item has been presented before

None

Executive Summary

The first UK Covid-19 cases were declared on 31st January 2020 and an NHSE declared a National level 4 incident in March 2020. SFH instituted a series of exceptional and unprecedented patient pathway and staffing actions anticipating potentially overwhelming numbers of Covid-19 patient admissions.

All non-urgent meetings were stood down and as part of the SFH preparations for the pandemic, all routine governance meetings were temporarily suspended.

Recognising that patient harm was highly likely as a result of the pandemic, early measures were put in place to ensure that Datix reported Covid-19 patient harm and later non-Covid patient harm were captured and reviewed weekly.

As our experience and knowledge of the virus has increased and the nature of pandemic impact across our patients, staff and services has changed, this paper describes the further measures that

we will take to identify and capture Covid-19 patient, non-Covid patient and SFH staff harm.

It is anticipated that this paper is the first of a series of regular updates via Trust Board. It is anticipated that the next report would describe the impact and learning from Covid-19, phase 1.

The Board of Directors is asked to:

- Note the content of the Report
- Comment on the measures described to detect, investigate and report the on-going and retrospective impact of the Covid-19 pandemic
- Be assured that SFH will continue to develop systems for capturing potential and actual harm to patients caused as a direct or indirect consequence of the Covid-19 Pandemic
- Clarify if Trust Board would like to receive future reports directly or via a Board sub-committee.

1. Capturing risks that Sherwood Forest Hospitals (SFH) are sighted on – clinical activity

1.1 Although the formal governance framework was temporarily placed on hold through March and April 2020 with regards to the regular meeting schedule, the key components remained in place and active. Governance systems and processes have continued to operate throughout the pandemic period as the importance of being able to identify potential harm to patients was recognised across the organisation.

1.2 As part of our development work to create a 'just culture', a clear message of identifying and capturing perceived or actual patient harm has been repeatedly cascaded across the clinical workforce and specialty governance teams.

1.3 A number of forums have been and continue to be available through which issues and concerns can be escalated to senior leaders and the appropriate actions taken. The key executive-led operational groups who are placed to receive such information are:

- The daily Incident Control Team (ICT) meeting, chaired by the Chief Operating Officer
- The Quality & Patient Safety Cabinet (QPSC), chaired by the Medical Director
- The Nursing, Midwifery & Allied Health Professional Board, chaired by the Chief Nurse

In turn these groups report directly to the Trust Quality Committee thus ensuring a direct line of sight to the Board of Directors.

1.4 The agenda of the newly configured Quality & Patient Safety Cabinet provides an opportunity to raise covid-related issues across a range of clinical and non-clinical activities. The Cabinet has met twice during the pandemic period receiving reassurance that mechanisms are in place to quickly identify and escalate any areas of concern.

1.5 To support this the Trust incident reporting processes of datix, serious incident investigation, structured judgement mortality review, scoping and sign off have remained in place with a specific focus to ensure any covid-related issue was rapidly identified and addressed. Other Trust wide identification processes were developed and initiated such as our Nervecentre Covid Dashboard.

1.6 A weekly covid-19 harm review is presented to the Governance Huddle providing oversight to the executives and an opportunity to escalate emerging themes and concerns. National intelligence on likely themes (such as pressure area damage resulting from patient proning) are fed into this group to give enhanced scrutiny. There is regular review of safeguarding escalations, concerns and potential impact resultant from Covid-19. The information to date

has been relatively low level harm related to pressure ulcers, PPE concerns and staff behaviors (Appendix 1 – in Reading Room).

1.7 There is a complete overview of clinical activity through the Covid, Non-covid (CNC) group reporting directly to the ICT. This group is key to the restoration of clinical work including the review of service changes made during the pandemic and the safe reinstatement of capacity (planned and unplanned).

1.8 A robust mortality review process has been maintained with support from clinicians, whose regular clinical activity has been temporarily suspended, to undertake structured judgment case reviews (SJCRs) on those patients where Covid-19 appears on the death certificate (whether due to a positive swab or clinical presentation) to provide assurance that the patient received the appropriate clinical care and treatment despite their covid status. A total of 42 SJRs have been carried our between 20/03/2020 – 02/06/2020 with zero cases identified as causing concern. This process has delivered improved case consistency and continuation of this development as a 'SJCR Faculty' is under consideration.

1.9 In addition to the focus on clinical activity there has been significant attention given to staff, both in terms of ensuring the safety of staff in relation to their clinical duties, availability and training with personal protective equipment but also to their mental health and well-being. The latter has been exceptionally well received and it is hoped this will continue and be built into business as usual processes for the future.

2. Capturing risks that Sherwood Forest Hospitals (SFH) are sighted on - Workforce

2.1 It has been recognised that a large number of staff have been required to undertake duties outside their normal working practices and skill set throughout this time. Ensuring staff have received the required training and support is under constant scrutiny, not only to protect patients but also to protect the individual staff member.

2.2 There are a number of staff currently unable to work on site either due to self-isolation, shielding, suspension of their clinical activity or the need to work remotely. This has had a variety of implications both for the individual and service delivery. Measures have been put in place to maximise communication and contact with these individuals and this continues to evolve, particularly as we have entered the restore and recovery phase.

2.3 A particular focus of support has been implemented for our BAME (black, Asian, minority ethnic) community, specifically in response to the known increase in risk from Covid-19 for this group of colleagues. Hearing first hand accounts of experiences has been both harrowing and enlightening and will hopefully provide a foundation on which to provide enhanced support from this point forward.

3. Capturing risks that Sherwood Forest Hospitals (SFH) are sighted on – Patient Experience

3.1 Our patients have been at the centre of what is a very frightening and uncertain time for them and their families. Every effort has been made to ensure they are supported through their care pathways at all times. A number of initiatives have been put in place to ensure their experiences are the best possible under extremely challenging circumstances and they include:

3.2 Patient Helpline – A general line and a cancer support helpline were instigated at the very start of the Covid-19 pandemic aimed at providing a point of contact for patients whose elective appointments had been cancelled or who needed specific advice about their cancer care. The helplines also provided help for those patients who had received a 'vulnerable patient' letter to help them navigate their way through to ensure they received the help and support needed.

3.3 Family Liaison Service – this has been specifically focused on patients within the Critical Care Unit (CCU) to ensure relatives and carers could have regular and consistent contact with a member of staff to give a compassionate and kind progress update on heir loved one. This has been extremely well received with positive feedback from users. This service also took pressure away from CCU clinical staff to allow them to focus on direct patient care.

3.4 Communication and information sharing with our patients awaiting our paused services- a number of electronic, non-electronic and media communications have been utilised to update our patients.

3.5 All Covid-19 discharged patients are contacted and surveyed about the care they have received at SFH, not only fully understand their experience, but to learn from this and help prepare for the future Covid activity.

4. Capturing risks that Sherwood Forest Hospitals (SFH) are not sighted on

4.1 Capturing potential and actual harm that is not so easy to identify remains a challenge. This is harm that may be an unintended consequence of a number of factors, often relating to a change in the individual perceived healthcare benefit/ risk consideration. Factors currently identified include patients who have chosen not to come to hospital despite feeling unwell or patients whose treatment has been suspended or delayed due to the pandemic. Much of this harm will take months, if not years to be fully realised and some of it may never be known.

4.2 To attempt to capture this harm, it is proposed that a dedicated resource is identified to work with our clinical teams, patient facing staff and patients to identify further areas of concern, hotspots or potential harm events. It is anticipated that this resource will be required for at least 2 years.

4.3 We have developed a nurse led physical risk assessment to for use with high risk patients on our current waiting lists to identify those who require urgent clinical input. We will role this out during July and continue to develop our processes to review, interrogate and escalate concerns identified in our remaining waiting lists, diagnostic backlogs or delayed activity or postponed outpatient and surgical cases.

4.4 We are also working with partners across the wider system to acquire a global picture and wider understanding of the impact on our patients that have not presented to SFH for a variety of reasons during this pandemic. It is anticipated that further system wide data will become available to describing perceived harm by patients, GP colleagues, commissioners, regulators, care home and other providers. We are now sighted of local Covid outbreaks or clusters across healthcare providers and care homes. In addition we have asked that we are involved in the capture of community based incidents relating to our staff mental wellbeing.

4.5 In conjunction with our research department, we are in the early stages of helping to lead a system wide Nottingham Covid Cohort patient review considering all NUH, KMH in-patients, ED discharges, and nursing home patients along with healthcare worker impact. This will also utilise community NEMS and PC21 data and initial targeted questions include the long term health implications, morbidity, rehabilitation impact and provision and patient vulnerability.

4.6 We are capturing Covid related themes raised via our F2SU Guardian and our trainee doctor forums.

4.7 We are involved with the East Midlands Academic Health Science Network in the development of a regional safety surveillance cell, developing early warning systems to identify concerns, more rapidly than traditional long lag time measures such as HSMR, SHMI, SUS or HES datasets. This dataset will provide Trust wide comparison of in-hospital Covid-19 mortality and analysis of population excess deaths and a potential early warning signal.

4.8 A workstream is in place to understand the positive and negative impact and outcomes of the past three months. As our hospitals plan to return to some form of ‘new normal’ activity over the next few months, there is potentially significant rich organisational learning that will be utilized to shape further strategic direction and future Covid-19 planning, in particular as we plan for the winter.

4.9 Any potential or actual patient or staff harm will continue to be captured and reported through the appropriate governance forums to ensure oversight and grip at every level of the organisation. Required actions will be monitored and regular updates provided to executive and Trust Board colleagues.