

Board of Directors

Subject:	Report of the Quality Committee	Date: 27.07.2020		
Prepared By:	Julie Hogg, Chief Nurse			
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 the 15th July 2020 via Microsoft Teams. The meeting was quorate. The minutes of the meeting held on the 20th May 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 plan for dedicated additional resource to collate harm bought about by the pandemic and suspension of service • The annual safeguarding report which provides comprehensive detail on the activities completed in 2019/20 • The CQC outcome and confirmation of our action plan submission for ‘must’ and ‘should’ do actions • The changes to the tolerable and target risk rating for PR2 (demand that overwhelms capacity) on the BAF • The RCPCH Peer Review of Paediatric Diabetic Service has resulted in a ‘must do’ letter being issued to the trust. This related to administrative support for the team and has now been put in place 				

1. Quality & Patient Safety Cabinet

The meeting of the new Quality & Patient Safety Cabinet took place on 8th July 2020 and the following items were identified for escalation to the Quality Committee:

- A proposal for establishment of a dedicated faculty to undertake structured judgment reviews to aid consistency, but noted that to date; no lapses in care provision had been detected in the 42 Covid-19 patient deaths.
- The requirement for dedicated additional resource to collate harm bought about by the pandemic and suspension of services. This will be subject to further discussions
- RCPCH Peer Review of Paediatric Diabetic Service has resulted in a 'must do' letter being issued to the trust. This related to administrative support for the team and this has now been put in place.
- It has been identified that there is a variance in the divisional audit of the informed consent process, QPSC will collate evidence of this variance and commission an independent review via 360 Assurance
- The draft learning from deaths report was noted, this report will be confirmed as finalised and circulated. 360 noted 2 medium and 4 low risk actions with an overall comment stating 'As a result of this audit engagement we have concluded that, except for the specific weaknesses identified by our audit in the areas examined, the risk management activities and controls are suitably designed, and were operating with sufficient effectiveness, to provide reasonable assurance that the control environment was effectively managed during the period under review'.

2. Fragile Services update

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 committee were assured of the actions being taken and will be kept upto date with this evolving situation.

3. Nursing, Midwifery and AHP (NMAHP) Board

The NMAHP board is the overarching professional leadership group for nursing, midwife and allied health professionals. The board resumed business as usual in May following the first peak of the pandemic. The quality committee received assurance of the boards' activities over the last 2 months which was in line with the annual plan.

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

4. Identifying and Capturing Potential Harm to Non-Covid-19 patients

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, the committee were advised of further

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

The committee supported the approach taken to date and subsequent plans.

5. External Regulation and Accreditation Report

This paper provided the committee with an update on regulation and accreditation activities within June and July 2020.

CQC Inspection Report (2020) - 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 in January 2020, a Well-led inspection and an inspection of the Use of Resources in February 2020. The overall Trust rating was Good with outstanding for the caring domain. In addition King's Mill Hospital received an outstanding rating and Newark Hospital; good. The 'Use of Resources' assessment was requires Improvement.

The Trust received a number of areas of improvement comprising three MUST DO Actions and 17 SHOULD DO Actions. These have been lifted in Campaign 5 of the AQP programme and submitted as an action plan to the CQC.

Progress against the actions will be monitored through the Advancing Quality Oversight Group with an update provided to the regular CQC engagement meetings.

The GIRFT timetable had been temporarily suspended due to the Covid-19 Pandemic but we have now recommenced the programme with a 'virtual' visit for our lung cancer service arranged for Friday 10th July

Actions from the GIRFT Reports will be incorporated into the Advancing Quality programme or other appropriate transformation and quality improvement initiatives with progress monitored through the Quality Assurance Cabinet via the relevant report.

Following submission of a speciality self-assessment process, the Royal College of Paediatrics and Child Health undertook a review of SFH paediatric diabetes services on 4th June 2020. On Monday 8th June 2020 we received notification of a serious concern relating to provision of secretarial/ administrative support. This has been addressed and the RCPCH informed.

6. Safeguarding Annual Report

The annual report was presented and summarised the safeguarding activity within the trust during the period 2019/20. The activity was analysed against set objectives which are in line with Nottinghamshire Safeguarding Adult Board (NSAB) and Nottinghamshire Safeguarding Children Board (NSCB) reporting requirements. The report

- Provided assurance to the committee that the Trust is fulfilling its safeguarding obligations
- Appraises the Trust staff & managers regarding the activity and function of the safeguarding team and the support it provides to operational and clinical service delivery
- Ensures that patients, service users and carers know that safeguarding of children and adults is a Trust priority

The annual report has been submitted to the board of directors in full.

7. 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 also changes to the tolerable and target risk ratings for PR2 (demand that overwhelms capacity), which are now as follows:

- Risk rating – Tolerable
 - Consequence – increased from 3: Moderate to 4: High
 - Risk rating – increased from 12: High to 16: Significant
- Risk rating – Target
 - Likelihood – reduced from 3: Possible to 2: Unlikely
 - Consequence – increased from 3: Moderate to 4: High
 - Risk rating – reduced from 9 to 8: remained at Medium