Board of Directors

Subject:	Report of the Quality Committee	**Date:** 11th August 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 Council of Governors.		**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

Board of Directors, 2nd April, 4th June and 6th August 2020

Executive Summary

The Committee has met on three occasions since the last Council of Governors meeting in February 2020.

The meetings was quorate, the Minutes approved and there were no declarations of interest pertaining to items on the agendas

The Council of Governors are asked to accept the content of the Report and note the items highlighted below:

- 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 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.

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

3. Infection, prevention Control Board Assurance Framework

3.1 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.

3.2 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.

3.3 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.

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

4. 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

5. 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.

6. 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.

7. 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.

8. 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

9. **Medicines Optimisation Strategy**

9.1 Quality Committee received the Medicines Optimisation Strategy 2020/25. The Strategy is taking a different approach from previous iterations as it is taking a more inclusive view of the wider health community within the Integrated Care System (ICS). The five key strategies objectives are; placing patients at the centre of care with medicines; collaborative working with partners within the wider health community; optimising the use of digital technology (including ePMA); placing patient safety at the heart of medicines usage; and ensuring a competent workforce to deliver the medicines optimisation agenda.

9.2 Quality Committee accepted the Strategy with the caveat that a few minor amendments are made and a year on year progress plan is agreed. Quality Committee agree to review the Strategy in 18 months.