**Outstanding Care,
Compassionate People,
Healthier Communities**

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Quality Committee Annual Report 2023

Report Covers Period January 2023- December 2023 – 6 Scheduled Meetings

Introduction

The Quality Committee is established under Board delegation with approved Terms of Reference.

The Quality Committee was chaired by Barbara Brady, a non-Executive Director, who is a retired registered General Nurse and Director of Public Health. In October of 2023, Aly Rashid, Non-Executive Director replaced Barbara Brady as Chair and Manjeet Gill joined as a member. In addition to the Chair, the Committee membership is comprised of two Non-Executive Directors, the Executive Medical Director, Chief Nurse, and Chief Operating Officer. Others are in attendance at the Committee with additional attendees invited as required. Two Governors observe the committee and report to the Council of Governors. Membership attendance at core meetings is detailed below:

Non-Executive Director Barbara Brady (Chair) 4/6
Non-Executive Director Dr Aly Rashid 6/6 (Confirmed as Chair from October 2023 and chaired 2/6)
Non-Executive Director Manjeet Gill 2/6 (Joined as a member from October 2023)
Medical Director David Selwyn 6/6
Chief Nurse Philip Bolton 5/6
Chief Operating Officer Rachel Eddie 3/6

Dr Andrew Haynes attended 5/6 meetings as appointed Specialist Advisor to the Board

According to the Terms of Reference, the Director of Nursing, Deputy Medical Director, Director of Nursing Quality & Governance, Director of Midwifery and Clinical Director for Patient Safety will also be in attendance at the Committee.

The Committee has oversight of several subgroups and Committees who have a responsibility to provide assurance to the Quality Committee. The reporting structure is as below, where the 4 key direct reports have a responsibility to provide assurance from their associated subgroups to the Quality Committee.
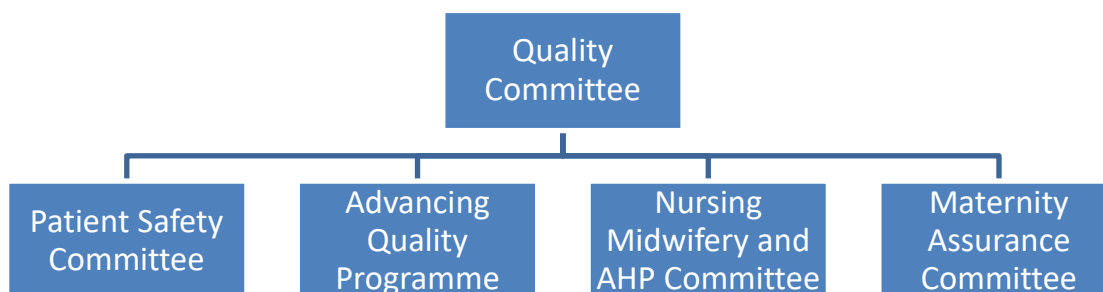
Principal Review Areas

The report is divided into sections which represent the key duties of the Quality Committee through the definition of quality in *"High Quality Care for All" (2008)*. This definition has since been embraced by staff throughout the NHS.

This definition sets out three dimensions to quality, *all three of which* must be present in order to provide a high-quality service:

Clinical effectiveness– quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes;

Safety– quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual's safety;

Patient experience– quality care looks to give the individual a positive experience when being in receipt of and recovering from care, including being treated according to what that individual wants or needs, and with compassion, dignity, and respect

The Committee has an approved work plan which is used to review the establishment and maintenance of an effective system of quality governance, risk management and internal control across organisations activities using the three-quality dimension above. The Committee have adjusted the Work Plan in 2023 to outline where key reports match more than one of the three quality dimensions.

The updates from the Patient Safety Committee and the Nursing Midwifery and Allied Health Professions Board meet the requirements of all three quality dimensions. In 2023 assurance was and will continue to be sought in the form of Quadrant Reporting for those committees.

Clinical Effectiveness and Patient Safety

The Committee was updated at regular intervals over the CQC registration status and how the Trust was meeting the action plans. These updates form part of the Advancing Quality Programme and Patient Safety Committee Reports. In March 2023, the Advancing Quality Programme held their last meeting, and the work plan was absorbed by the Patient Safety Committee.

The Committee received an annual update from Cancer Services, End of Life Care, while receiving more regular updates, biannually around the medicine's optimisation strategy and quarterly around Challenged services and the Hospital Standardised Mortality Ratio.

The Committee heard the annual clinical effectiveness report which included updates on Clinical Audit, the associated forward plan and current progress of this, the annual audit forward plan was also approved by the Committee.

Patient Safety

At each of the meetings held, reports were presented, and the Committee heard, discussed, and reviewed items on the Patient Safety Committee, Advancing Quality Programme, Nursing Midwifery and AHP Board and Maternity Assurance Committee agendas.

The Committee received annual reports staggered throughout the year to provide assurance on the patient safety requirements of the Committee, these included

- Safeguarding
- Infection Prevention and Control

**Outstanding Care,
Compassionate People,
Healthier Communities**

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Throughout 2023 the Committee continued to receive and discuss a bi monthly maternity incident update.

Patient Experience

The Committee received reports at each meeting in relation to the Nursing, Midwifery and AHP Board; this included the 15 steps programme.

The Committee continued to examine patient experience through annual staggered reports, these included:

- Patient Experience, including patient experience surveys, inpatient and outpatient surveys

Additional Assurance

In addition to the assigned work plan the Committee received updates and assurance as requested throughout the year. This included but was not limited to;
January – Internal Audit reports relating to Hospital Standardised Mortality Ratio and Maternity Standards Review, Quality Dashboard and Water Safety reviews and Trust Strategic Priorities.
April (Moved from March 2023) – Internal Audit Report relating to Infection Prevention and Control and Nutrition and Hydration.
May – Virtual Wards and Looked after Children updates and the Single Oversight Framework highlighting the model for 2024 and the Trust Strategic Priorities.
July- Patient Safety Incident Response Plan, IPC Board Assurance Framework and the Quality Perinatal Mortality Review Summary and Trust Strategic Priorities.
October (Moved from September 2023)- The impact of Industrial Action and Lessons Learned, the Patient Safety Incident Review Policy and the Outpatient Transformation Self-Assessment.
November – The introduction of the Improvement Faculty Report, Cancer Waiting Time Standards, and the Trust Strategic Priorities.

Governance

Board Assurance Framework principle risks were considered and approved as part of each Committee. Where appropriate the Committee recommended and approved the alteration [BB(FHNFT1]of risk scoring based on the evidence and agreement of those in attendance. The two principle risks the Committee primarily discuss are:

- PR1 Significant deteriorations in standards of safety and care
- PR2 Demand that overwhelms capacity
- In November of 2023 the Quality Committee took oversight of PR5- Inability to Initiate and implement evidence-based improvement and innovation.

The Committee also receives internal audit reports if they relate to clinical quality. During the reporting period the Committee received audit reports on
- Hospital Standardised Mortality Ratio
- Maternity Standards Review
- Infection Prevention and Control
- Nutrition and Hydration

Management

The Committee has continually challenged the assurance process when appropriate and has requested and received assurance reports from Trust management and various other sources, both internally and externally throughout the year. This process has also included requesting managers to present and discuss when necessary to obtain relevant assurance including a deep dive review into cardiac arrest calls and falls prevention work.

Strategic Position

The current Quality Strategy is in place until 2025.

The Committee provides strategic oversight of quality aspects of the Trust Strategy and associated sub strategies. **To provide outstanding care in the best place at the right time** is a fundamental core of the Committee with the workplan reflecting the commitment to patient experience and patient safety with the regular reporting of Patient Safety Committee, Nursing Midwifery and Allied Health Professionals Board and Maternity Assurance Committee. The End of Life and Cancer Services Annual report contribute **To empower and support our people to be the best they can be** through the work on service improvements and the links they have to the communities which the Trust serve. Nursing Midwifery and AHP board alongside annual reports include safer staffing information and outline the Committee challenges, training and developments amongst workforce areas to meet **To ensure a sustainable use of resources and estate.** The Committee receives regular reporting on challenged services also where improvements in workforce are required. The Committee has oversight of Quality Impact Assessments and the Advancing Quality Programme which both alongside other reports received ensure that the Trust meets **To Continuously Learn and Improve** and **To work collaboratively with partners in the Community.**

Systemwide Position
The Committee is attended by Executive representation of the Integrated Care Board via the Chief Nurse. They contribute heavily to the discussion and strategic influence of the Committee.

The Nottinghamshire Integrated Care Board also hold systemwide Quality and People Committee meetings. Partner Non-Executive Directors have been invited as regular members. The Quality Committee chair has been included in the invitation to attend meetings when possible.

Review of the effectiveness and impact of the Quality Committee

The Committee has been active during the year in carrying out its duty in providing the Board with assurance that effective internal control arrangements are in place. The Committee summarises escalations to the board at the end of every meeting.

Committee effectiveness self-assessment review is conducted as part of the Committee process. These were completed throughout the year with no significant issues identified.

The Committee continue to review and update the associated work plan as the reporting sub-Committees governance matures. Changes and agreements are documented as part of the Committee documentation process.

**Outstanding Care,
Compassionate People,
Healthier Communities**

NHS

Sherwood Forest Hospitals
NHS Foundation Trust

Cost/benefit analysis

It is not possible to accurately quantify the benefits of the work of the Committee during the year as it is impossible to determine the financial impact internal control and governance mitigation the Committee has ensured leading to costs avoided. However, the current and future costs associated with the loss of reputation have been mitigated as a result of the work performed by the Committee. This includes annual updates on the risks associated with the private finance initiative contract and review and approval of quality impact assessments for the financial improvement programme.

Objectives

Last year the committee set its objective of "The Committee has reviewed and supported an audit of compliance against CQC key lines of enquiry (KLOE) and will continue to support work to seek oversight of the reporting, this includes" This work has almost concluded with assurance that the 57 key lines of enquiry have been well embedded or strengthened within the Committee hierarchy reporting structure. There is clear escalation or direct reporting of each within the Board reporting structure. There is an action plan in place to resolve the outstanding KLOE by the end of the next financial year. Those which are outstanding are part of a wider framework of activity within the organisation and therefore the governance oversight will be embedded as part of those streams.

NEW OBJECTIVES

The Committee will monitor the effectiveness of the Trust's campaign to create a positive practice environment to support the safest most effective care

The Committee will monitor the effectiveness of the Trust campaign to ensure excellent patient experience for users and the wider community

The Committee will monitor the effectiveness of the Trust's campaign to strengthen and sustain a learning culture of continuous improvement

The Committee will monitor the effectiveness of the Trust's campaign to deliver high-quality care through kindness and joy at work