Board of Directors Meeting in Public - Cover Sheet

Subject:	Quality Committee Update to Board	**Date: 10/05/2021**	
Prepared By:	Patrick McCormack – Head of Regulation and Patient Safety		
Approved By:	Barbara Brady – Non Executive Director for Quality		
Presented By:	Barbara Brady – Non Executive Director for Quality		
Purpose			
To provide and update and assurance to the Board of Directors from the recent Quality Committee held in May.		**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	
Patient Impact	
Staff Impact	
Services	
Reputational	

Committees/groups where this item has been presented before

None

Executive Summary

The Quality Committee met on the 10th May 2021. The Committee was quorate and apologies were noted. The minutes from the previous meeting of the 8th March 2021 were agreed as an accurate record and approved.

There were 10 completed actions and the remaining actions discussed and where available updates provided. There 8 actions allocated during the course of the Committee and appropriate timescales applied. These have been added to the Committee action tracker to be monitored as part of the Committee meetings.

The meeting completed its set agenda and work plan and is summarised in the paper below, from this, the Committee would like the Board of Directors to acknowledge the following escalations.

- The harms issues highlighted as a result of COVID-19.
- The Vaccination Programme, litigation risks and the implications for the Trust.
- The recommendations and changes made to PR1 and PR2 in the BAF.

Each point highlighted above is summarised in the body of the paper below under the linked heading. The discussion and output of the other elements discussed are summarised below

Quality Committee Summary

Quality Assurance and Safety Cabinet Report

The Committee had read and acknowledged the report presented.

Committee was informed that the Quality Assurance and Patient Cabinet (QAPSC) will now be referred to as The Patient Safety Committee (PSC) going forward to alleviate previous confusion.

Discussion was held around the Covid-19 Harms section contained within the report. The Committee were informed that indirect harms as a result of COVID-19, work is underway to improve the implementation of measures to prevent incidents and identify themes surrounding harms. The lack of learning has been highlighted following the manual review of all incidents since the start of the pandemic. It was confirmed that PSC meet monthly and the progress of actions taken will be noted to provide assurance for future reference

The Medical Director referred to discussions held surrounding a needle stick injury under the Vaccination Quality Programme (VQP) and confirmed a claim has been made against the Trust. As Sherwood Forest Hospitals Foundation Trust (SFHFT) holds the Care Quality Commission (CQC) registration for the programme. This has highlighted the importance of ensuring the correct host organisation is listed in the event of a Serious Incident (SI). Discussions are underway with the Chief Executive Officer's (CEO'S) and the COVID-19 Oversight Board to ensure clarity.

The chair enquired if SFHFT had taken ownership of all risks associated with the programme across the different sites. It was confirmed that a level of uncertainty existed, though SFHFT does hold responsibility from a quality and safety perspective, in addition to the workforce involved, to include those not employed by the Trust. The lack of clarity has been escalated for discussion to the Trust Board of Directors (BOD), noting potential reputational impact of incidents without definitive accountability in place.

In relation to SI's, the chair enquired if the figures had been updated following the BOD meeting. It was confirmed that a reduction in incidents has been trended, this could be attributed to one of two factors, a reduction in actual incidents or a decrease in the uploading of events to The Strategic Executive Information System (STEIS). However noted that a more proactive approach has been taken allowing the down grading of incidents from Serious following thorough and transparent investigations.

The Medical Director informed the Committee of a significant increase in the key lines of enquiry relating to Infection Prevention and Control (IPC) which now stand at 121 from 102. Work is on-going to provide assurance and compliance with the risks highlighted.
The chair enquired whether these risks are focused solely on those raised as a result of COVID-19 or all aspects of IPC. Chief Nurse confirmed they appear to be currently COVID-19 focussed, however the implementation of an electronic system would allow assessments to be undertaken on a full cohort as opposed to a sample group, thereby improving capture of data from all aspects.

The Medical Director confirmed for information that The Deteriorating Patient Group (DPG) has bought to the attention of the cabinet, issues surrounding medical representation at meetings and the struggle to achieve Quoracy at various Committees, particularly as demand on the Team has increased significantly.

Overall The Committee were ASSURED by the report.

Nursing Midwifery and AHP Committee (Including 15 Steps)

The Committee had read and acknowledged the report presented.

Chief Nurse highlighted to the Committee the attached annual Patient Experience and Engagement Report and confirmed the Trust has seen a reduction in Patient complaints. This has been resultant of a decrease in the number of patients receiving care as result of COVID-19, though the top five themes have remained consistent, to include Clinical Treatment and Patient Communications. The Patient Advise and Liaison Service (PALS) have also noted a reduction in complaints, though observed an increase throughout the year relating to car parking. The chair queried the progress of the introduction of Citizens Improvement Champions and their level of involvement in transforming services. The Chief nurse confirmed three teams provide support with this to include the Patient Experience Team (PET), The Culture and Improvement Team and Communications Team.

Assurance was provided to the Committee with regard to safe staffing and an update was provided on the Ward Accreditation Programme, the audit pilot for the first two wards will commence on 28th May 2021.

The Safeguarding Quarterly report highlighted there has been an unexpected reduction in Multi-Agency Risk Assessment Conference (MARAC) referrals and a review is underway to gain clarity on why this has occurred.

Safeguarding Rapid Reviews update identified there is currently one case open relating to an allegation of serious sexual assault of a looked after child, in addition to an on-going practise review relating to a high profile media case.

The Harm Free Care Committee has been re-established and a quarterly update will be provided to the Nursing, Midwifery and AHP Committee (NMAHPC) going forward.

With regard to the Falls Deep Dive a number of actions have been implemented, the increased rates witnessed are consistent across other organisations. It has also been determined that this is due to the requirement to prioritise patients based on IPC restrictions and oxygen requirements rather than enhanced observations. However the rate has now fallen back below the National Average as the pressures of COVID-19 have eased alongside the strengthening of the Falls Team.

The Committee were ASSURED by the report.

External Regulation and Accreditation Report

The Committee had read and acknowledged the report presented.

It was confirmed with the Committee that the Trust now has receipt of the official letter of withdrawal of the United Kingdom Accreditation Service (UKAS) accreditation for the Haematology Service. A plan is being established at Divisional level for the recruitment of a Consultant Clinical Scientist to rectify this.

The Head of Regulation and Patient Safety gave a CQC update, it was highlighted the number of enquiries received during the month of April 2021 has reduced significantly. The breakdown of enquiries listed in the report identified unsafe discharges as a predominant concern in January 2021, these have been investigated and findings highlight no specific failings.

The CQC has complimented the Trust on the standard of the investigation reports for STEIS and the lack of requests for further information are encouraging. Confirmation of CQC enquiry escalation pathways was provided; for compliments, any received will be issued directly to the

awarding department, whilst complaints are formally logged with the PET. Where Specific patient cases have concerns these are reviewed by the Clinical Team and signed off with the Medical Director or Chief Nurse.

A meeting with the Trust's CQC inspector has taken place and an update provided from the Coroner around the concerns raised with vaccine associated deaths in December 2020. It was also confirmed assurance had been taken and no concerns were identified with the CQC's Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) report.

The Committee were ASSURED by the report.

Safe and Timely Discharges

The Committee had read and acknowledged the report presented.

Head of Operations provided an update following the National Discharge Policy issued in August 2020 regarding the implementation of Discharge 2 Assess (D2A) throughout the first wave of the pandemic. The delivery of the process has continued with primary focus on the four pathways highlighted in the report. The average length of stay on these pathways throughout the initial stages of the pandemic was 1-5 days and delays were resultant of awaiting swab results or isolation. The cease in additional funding at the end of March 2021 has also caused further delay with available resources for discharge.

The current figure for Patients waiting over 24 hours for discharge stands over 30 where the agreed threshold is 22 and the average rate for referrals to the D2A pathway is 48 per week. In relation to the Patient's experience, the Trust followed every journey throughout the first wave and cross correlated feedback with PALS and PET alongside any readmissions to hospital. The issues highlighted from this were late night discharges, in addition to being sent home in night wear as opposed to clothing. A review of the clothing bank was undertaken and further voluntary support has been provided to improve the range of clothing available in addition to on-going work to improve the timing of discharges and communication with patients and relatives. A level of assurance can be taken that from the 22 complaints received regarding discharges only 6 were linked to the D2A pathway.

The Committee were ASSURED by the report.

360 Assurance Work Plan Review for 2021/22

The Committee had read and acknowledged the report presented.

The chair confirmed the paper provided for information is the 360 Assurance Internal Audit Plan 2021/22 to include a number of Clinical Quality Reviews to be undertaken.

With regard to Quarter One reviews, the chair enquired if the progress was going according to plan. Chief Nurse confirmed the review for Maternity Services was underway.

Regarding HSMR due to start in Quarter 4, the chair enquired if this was being bought forward. Medical Director confirmed this was being reviewed with 360 Assurance as another data audit preceding the HSMR review is being conducted. It is unclear how this will form part of the overall update and certain pathways are being revisited to avoid duplication of information.

The Committee NOTED the information provided within the report.

Quality Committee Maturity Matrix

The Committee had read and acknowledged the Maturity Matrix presented.

The chair directed the Committee's attention to actions noted at the recent Quality Committee Workshop on 27th April 2021, the Committee members were requested to review the actions to take forward, in addition to confirming the action leads and timescales for completion.

The Chief Nurse referred to the Quality Impact Assessments (QIA) for Transformation Services and the Financial Improvement Plan (FIP) and requested to be included with the action leads as support was currently being provided from the Chief Nurse to assist with both processes.

The Committee APPROVED the Maturity Matrix pending alterations and agreed timelines for actions.

Internal Audit and Safeguarding Report

The Committee had read and acknowledged the report presented.

The Chief Nurse confirmed as part of the Internal Audit Programme, Significant Assurance has been provided in relation to the Trust's Safeguarding processes. The review identified two medium and two low risks and SFHFT have worked with auditors to develop actions to address these. Two actions have been highlighted with regards to training compliance; in particular the Trust's Mandatory Training which has fallen below 90%. However this was attributed to the lack of available face to face training due to the pandemic and is now being rectified. The monitoring section of the report also doesn't fully describe the audit programme in place for implementing policies and alterations are being made to incorporate this. In terms of issues highlighted with meeting attendance for Safeguarding, this is predominantly as a result of the still outstanding vacancy for a Named Doctor for Adult Safeguarding.

In addition to this there is also a low level of attendance by the Name Doctor for Child Safeguarding, it is recognised that the environment is currently challenging and this is also being addressed.

There being no comments or questions the Committee were ASSURED by the report.

Maternity Incidents Report

The Committee had read and acknowledged the report presented.

Chief Nurse highlighted 67 Maternity incidents had occurred in March 2021. However all reported incidents have been reviewed and graded as either 'no' or 'low' harm. One incident initially highlighted as moderate harm has since been downgraded following review. No SI's or Healthcare Safety Investigation Branch (HSIB) incidents have been identified in March 2021.

The Committee were ASSURED by the report.

BAF Principle Risks

The Committee had read and acknowledged the amended BAF presented.

The Risk Manager highlighted all assurances were confirmed ahead of BOD and there were no further changes, though noted a number of risk controls had been updated. Medical Director reiterated many of the historical processes had been removed and processes such as the IPC BAF, have been updated to include the vast amount of data now collected. As a result this has

made the BAF more applicable to the various Committees. Also highlighting for action the change in name of the QAPSC to PSC.

Director of Corporate Affairs highlighted that the BAF scoring required reviewing and confirmed the BAF should reflect the current view of the situation and the likelihood of what will happen over the coming two months, due to the pandemic the BAF has not been altered for a year. Chief Nurse agreed, stating that on view with the Consequence remaining at 4- Significant and the Likelihood remaining at 5- Very Likely, it portrays the Trust as having significant issues and that is not the present case.

Following discussion, the chair proposed that the Likelihood be reduced to 4- Somewhat Likely and then reviewed again in July 2021 when further information on harms due to the backlog and waiting lists will be available. The Committee agreed stating it would bring the level down to Tolerable and the score at 16 rather than 20.

The Committee APPROVED the alteration of the Likelihood for PR1 and PR2 to 4- Somewhat Likely pending review in July 2021.