The Shrewsbury and Telford Hospital NHS Trust

Quality and Safety Committee Key Issues Report					
Report Date: 23 rd April 2020	Report of: Quality and Safety Committee Membership Numbers:				
Date of last meeting: 21 st April 2020					
Note that this was a virtual meeting	The meeting was quorate in line with its Terms of Reference				
1 Agenda	 The Committee considered an agenda which included the following: Board Assurance Framework Risks The Quality and Safety Implications of the Trust's IT programme and the impact of the COVID-19 pandemic on this programme A Covid-19 response update The CQC report The Quality, Patient Safety and Governance Report The Maternity Dashboard A legal and Health and Safety Update The Committee considered reports from Clinical Governance Executive Infection Prevention Control Operational Risk Group Emergency Department Oversight Group The Maternity Oversight Group 				
2a Alert	 The Inadequate rating received from the CQC is disappointing. In particular the deterioration in rating in the Caring domain shocked Committee members. The CQC have placed 89 "Must Dos" and 76 "Should dos" which presents a big agenda for both work and assurance. That said, delivery of the remedial programme is imperative. There is evidence of some improvement with respect to paediatric triage where additional nursing resources have been secured. There is also positive movement with respect to the recognition of "deteriorating patients" on inpatient wards; Whilst the committee are pleased that a business case to expand the patient safety team has been approved, it was noted that there are a number of current or imminent vacancies within the wider safety /governance team which affect its ability to function. These include vacancies in posts that support patient safety, mortality review and medicines safety. This must be addressed as a priority There have been 2 recent never events, one occurring within the direct reporting cycle for this meeting and one since then. The committee is seeking assurances that root causes have been identified and appropriate changes made. 				
2b Assurance	The Committee wish to assure members of the Board that:				

		 With respect to COVID-19 the Trust has taken appropriate actions in line with national guidance. The response from the Trust's staff has been excellent, led by an impressively cohesive, committed and effective executive team. Key issues addressed have included the provision of PPE, the management and housekeeping of oxygen supplies within the Trust, the provision of medications as well as the bed capacity; There has been a highly impressive response from the wider system in response to the COVID-19 Pandemic which MUST be sustained as a future modus operandi for the system; The response to reports of excess mortality relating to the fractured neck of femur raised at the last meeting has been encouraging. The response has been made despite service changes with a move to single site working; Linked to the above, focusing orthopaedic trauma on the Robert Jones and Agnes Hunt site appears to be working well with lessons learned for potential service configurations. 				
2c	Advise	The Committee wish to advise members of the Board that:				
		 The BAF risk 1533 needs to be reviewed and reworded to reflect the most recent CQC requirements The system response to COVID-19 has caused the committee to feel much more assured with respect to the capability of the system to work in partnership and to impact favourably on patient flow and quality of care The Legal / Health and safety report was presented but further developments are required to ensure that care groups can evidence changes made as a result of legal claims. To that end, additional support is being offered to care groups 				
2d	Review of Risks					
	 a) The Committee reviewed the Board Assurance Framework for Assurance on the following risks: BAF 1204 - IF our maternity services do not evidence learning and improvement THEN the public wil not be confident that the service is safe. Level of assurance provided: Moderate 					
	 BAF 1134 - IF we do not work successfully in partnership, THEN our current traditional service models for both unscheduled and scheduled care will be insufficient to meet escalating demand. <i>Level of assurance provided: Moderate</i> 					
	• BAF 1533 We need to implement all of the integrated improvement plan which responds to CQC concerns so that we can evidence to provision of outstanding care to our patients					
	Level of assurance prov BAF 1746 If we do	<i>vided: Low</i> not have effective systems in place to consistently identify and escalate and				
	manage patients with sepsis or other deteriorating conditions. THEN patients will not have th best outcomes possible					
	Level of assurance provided: Low					
1		e risks, the Committee can confirm: Check box to confirm				
	1 The BAF risks are up-to-date □ 2 The direction of travel stated is current and correct □					
3	3 The current risk rating is correct					
4	4 There is no additional/updated content (controls/assurances) or new risk(s) that needs to be added? \boxtimes					
If +1	If there are changes to content or new risks identified the Committee recommends to the Board					

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BAF 1533 - IF we do not implement all of the 'integrated improvement plan' which responds to CQC concerns THEN we cannot evidence provision of improving care to our patients.

Recommendation: With the new CQC report including the "well led" inspection it would be opportune to revisit this risk, reword it and ensure that appropriate action plans and assurance are in place

3	Actions to be considered by the Board	 Report to be noted Support for addressing the capacity issues within the clinical safety /governance system including the recruitment to new and vacant posts To note, support and resource the requirement of a major quality improvement and assurance exercise as the people of Shropshire and Mid Wales deserve more than "Inadequate" care 			
4	Report compiled by	Name Chair of Committee Dr David Lee	Minutes available from	Name Committee Support Louise Allmark	