

Quality and Safety Committee Key Issues Report						
Report Date: 20 th May 2020 Date of last meeting: 20 th May 2020		Report of: Quality and Safety Committee Membership Numbers: The meeting was quorate as specified in the Terms of Reference				
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2a /	Alert	 The Committee wish to alert members of the Board that: In discussions about Serious Incidents, Complaints and Learning from Death it is clear that the Trust needs to be better at demonstrating learning and completing action plans The COVID-19 pandemic has raised the profile of Infection Prevention and Control which must be an area in which successful organisations excel. The committee strongly supports the proposed capacity increases to the IPC function. The committee also notes that the housekeeping function within the Trust is vital in supporting clean environments and must be a focus for recruitment The requirements of clinical services within a situation where COVID-19 remains prevalent may mean that the Trust has to operate with a significantly reduced bed base. It will be necessary to work within a wider system and leverage system capacity in order to preserve services to the populations that rely on us 				
2b /	Assurance	 The Committee wish to assure members of the Board that: There is now encouraging progress against the CQC action plan with around 20% of actions completed There are improvements with respect to Paediatric triage in A&E Taking basic observations on patients The number of children being removed from A&E without being seen Ward based completion of early warning scores (NEWS2) 				
2c	Advise	 The Committee wish to advise members of the Board that: There is a requirement to reword the BAF risk 1533 				

 Linked to this the Trust needs to agree a more patient focused wording for its BAF risks The NED members are keen to have early input into the design of the Maternity Dashboard There are opportunities to consolidate best practice when designing and implementing pathways for elective care within a world where COVID-19 remains prevalent The developing quality strategy should articulate key roles for Human Factors expertise and the KPO approach There is a need to assess and report the impact of any interrupted cancer treatments as well as to assess and report the impact of the increase in patients waiting for more than 104 days 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 will not be confident that the service is safe. Level of assurance provided: Moderate BAF 1314 - 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. Level of assurance provided: Moderate 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. Level of assurance provided: Moderate BAF 1746 - IF we do not have effective systems in place to consistently identify and escalate and manage patients with sepsis or other deteriorating medical conditions, THEN patients will not have the best outcomes possible Level of assurance provided: Low b) In considering these risks, the Committee can confirm: The BAF risks are up-to-date The direction of travel stated is current and correct The direction of travel stated is current and correct The direction of tra		[1		1				
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