

## Quality & Safety Assurance Committee Key Issues Report

<b>Report Date:</b> September 2020	<b>Report of:</b> Quality & Safety Assurance Committee
<b>Date of last meeting:</b> 30 <sup>th</sup> September 2020	<p>Membership- The meeting was quorate as defined by its Terms of Reference</p> <p>In addition, the meeting was attended by the Chair of the Maternity Assurance Committee</p> <p>The Chair of the Emergency Department Assurance Committee attended for the relevant agenda item</p>
1	<p><b>Agenda</b></p> <p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Patient Experience Quarterly Report</li> <li>• PHSO report</li> <li>• CQC           <ul style="list-style-type: none"> <li>○ Improvement Plan</li> <li>○ Sections 31 and 29a update</li> <li>○ Action taken by CQC with respect to paediatric assessment performance</li> </ul> </li> <li>• Renal Serious Incident Action Plan Update</li> <li>• Learning from Incidents</li> <li>• Quality Governance Report</li> <li>• Legal Report</li> <li>• Corporate Risk Register</li> </ul> <p>The Committee considered reports from the following</p> <ul style="list-style-type: none"> <li>• Quality Operational Committee Report</li> <li>• Emergency Department Assurance Committee Exception Report</li> <li>• Maternity Assurance Committee Exception Report</li> </ul>
2a	<p><b>Alert</b></p> <p>The Committee wish to alert members of the Board that:</p> <ul style="list-style-type: none"> <li>• Despite positive improvements the failure to achieve consistent 15-minute triage times for children attending Accident and Emergency has led to CQC fining the Trust £4,000. This was escalated by the Committee from the August meeting but has now been confirmed and paid;</li> <li>• Staff uptake of influenza vaccinations is a key factor in the Trust's winter planning. There are political and clinical imperatives. An increased uptake is essential and must be seen as a clinical leadership challenge;</li> <li>• That patient falls continues to be a problem for the Trust. The Director of Nursing has identified this as a key focus area and has initiated a multi-level approach to support best practice assessment approaches and organisational learning. This includes new Nursing Incident Quality Assurance Meetings where incidents are critically review and learning shared. This must remain a key Q&amp;S focus;</li> <li>• The Committee had a presentation with respect to the financial claims made against the Trust for the year to April 2020. This</li> </ul>

		amounted to £179million. This does not represent the amount actually paid and is a “small” increase on the previous year. It does not make the Trust an NHS outlier but is a stark reminder of the costs that may be incurred when care is not correctly delivered, and patients receive a poor care experience.
2b	<b>Assurance</b>	<p>The Committee wish to assure members of the Board that:</p> <ul style="list-style-type: none"> <li>• There continues to be good progress against the CQC action plan although data collection to provide assurance is problematic in some instances due to the lack of authoritative data sources (such as an EPR system). Areas of required focus are on the “Must Take Actions” currently standing at 55% completed and ensuring that behaviours are embedded within the organisation through audit, challenge and surveillance;</li> <li>• Despite BAF 1533 linked to CQC actions being still considered as LOW assurance, there is evidence that this is an improving trajectory;</li> <li>• The recruitment of additional paediatric nurses with the ability and motivation to work flexibly between wards and A&amp;E is a very positive step forward.</li> </ul>
2c	<b>Advise</b>	<p>The Committee wish to advise members of the Board that:</p> <ul style="list-style-type: none"> <li>• Given the very really challenges faced by the Trust with winter pressures and ongoing COVID-19 pressures (reported from the Q&amp;S Extraordinary Meeting in August). The Committee has asked the Director of Nursing and Medical Director to present proposals for ensuring that patient safety and experience can be delivered satisfactorily during this period and to present this at the next Committee meeting. This reflects a determination to avoid unacceptable delays to care, trolley waits and additional beds that have been rightly criticised in previous periods where the Trust has faced high unscheduled demand;</li> <li>• The Chair of the Maternity Assurance Committee highlighted the imperative of ensuring that the delivery of the Maternity Improvement Plan and the related Maternity Transformation programme were appropriately resourced to deliver the programmes at pace. QSAC fully endorsed this position and was pleased to note that the team have recruited 2 key people in addition to the Maternity Transformation Programme Lead and have also secured some KPO type support. The Chair reported strong executive support for this work.</li> </ul>
2d	<b>Review of Risks</b>	
<p>a) The Committee reviewed the Board Assurance Framework for Assurance on the following risks:</p> <ul style="list-style-type: none"> <li>• BAF 1204 - IF our maternity services do not evidence learning and improvement THEN the public will not be confident that the service is safe. <i>Level of assurance provided: <b>Moderate</b></i></li> <li>• 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. <i>Level of assurance provided: <b>Low</b></i></li> <li>• 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</li> </ul>		

*Level of assurance provided: **Low**.*

- BAF 1134 - We have a risk that we do not work successfully in partnership, resulting in our current traditional service models for both unscheduled and scheduled care being insufficient to meet escalating demand.

*Level of assurance provided: **Moderate***

- BAF 1771 (Phase 1 – Response) We have a risk that we do not have adequate resources, systems, capacity and processes in place resulting in not being able to successfully manage the response to the outbreak of the COVID-19 virus effectively.

*Level of assurance provided: **Moderate***

(Phase 2 – Restoration) We have a risk that we do not have adequate resources, capacity and the processes in place, resulting in not being able to safely restore critical services to pre-Covid levels.

*Level of assurance provided: **Low***

b) In considering these 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 The current risk rating is correct

4 There is no additional/updated content (controls/assurances) or new risk(s) that needs to be added?

The committee notes that the Board Assurance Risks are being reviewed and reworked. Discussions were held about the need to reword BAF 1533 and with respect to the Board's "risk appetite" in responding to challenges.

**If there are changes to content or new risks identified the Committee recommends to the Board**

Click for BAF risk option

**Recommendation:**

3	<b>Actions to be considered by the Board</b>	• Report to be noted		
4	<b>Report compiled by</b>	<i>Dr David Lee</i>	<b>Minutes available from</b>	<i>Melanie Eccles EA to Medical Director</i>