

<h2 style="text-align: center;">Quality & Safety Assurance Committee Key Issues Report</h2>		
Report Date: December 2020		Report of: Quality & Safety Assurance Committee
Date of last meeting: 23 rd December 2020		Membership- The meeting was quorate as defined by its Terms of Reference
1	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Board Assurance Framework • CQC Section 31 Update • Quality Compliance and Regulatory Report • Maternity Dashboard • Covid-19 Vaccination update • Nursing Workforce Report <p>The Committee considered reports from the following</p> <ul style="list-style-type: none"> • Quality Operational Committee Report • Emergency Department Quality Operational Committee • Maternity Quality Operational Committee • Infection Prevention and Control • NIQAM and RALIG joint report
2a	Alert	<p>The Committee wish to alert members of the Board that:</p> <ul style="list-style-type: none"> • There is a trend across key improvement actions where appropriate forms are not completed to evidence actions. This means that, unless things improve, it will be difficult to provide assurance with respect to key CQC actions. Examples include paediatric triage and ward cleaning activities • Following a significant incident within ophthalmology, the importance of having an equipment replacement programme was illustrated. The malfunction of an old machine caused patient harm • There are reports that the implementation of Badgernet within the maternity department may be delayed. This is very regrettable given the need to establish accurate, retrievable information in relation to maternity services • There are ongoing requirements on the Trust related to the national response to COVID-19 and the local implications of the pandemic. Firstly, the Trust is leading a complex vaccination programme which has staffing and logistic challenges. Secondly, there is an ongoing impact on “normal” clinical care with increasing numbers of people waiting a long time for elective surgery (particularly more than 52 weeks) and significant numbers of people waiting for their first outpatient clinic appointment. There are around 15,000 outpatients waiting for first appointments and social distancing requirements has impacted numbers of patients that can be seen. There have

		been a number of emergency presentations from people who had been waiting for surgery
2b	Assurance	<p>The Committee wish to assure members of the Board that:</p> <ul style="list-style-type: none"> • There is now an approved suite of safeguarding policies in place within the Trust • There are significant improvements to the proportion of paediatric patients who are triaged within the recommended timescales (Paediatric triage has improved to an average of 83% at RSH and 74% at PRH for the 4-week period up to the 29th November 2020; the team have set a target of achieving 85% compliance and maintaining this moving forward.) • There have been substantial improvements with the recruitment of consultants and middle grade Drs to the A&E departments with evidence of significantly improved nursing leadership • The paper written by Dr Mei-See Hon which describes a review of induction of labour was of extremely high quality and was commended by the committee • The recognition of sepsis is improving although there is still scope to improve the implementation of appropriate interventions. Both A&Es are above target for ensuring appropriate observations and sepsis screening are completed
2c	Advise	<p>The Committee wish to advise members of the Board that:</p> <ul style="list-style-type: none"> • Ambulance handovers remain a key focus for unscheduled care with marked discrepancies between the 2 sites
2d	Review of Risks	

For Quality & Safety Assurance Committee the strategic risks are:

BAF Risk. The BAF framework presented shows an revised but evolving framework. The committee felt that the work presented showed a great improvement with respect to the description of risks and the detail available	Assurance Level
BAF 1 - There is a risk of prolonged and/or substantial failure to deliver standards of nursing care.	Moderate
BAF 2 - There is a risk of not meeting constitutional and National performance targets.	Moderate
BAF 4 - There is a risk of the ability to recruit and retain staff	Moderate
BAF 8 - There is a risk of not adequately meeting CQC Health & Social Care regulations	Moderate
BAF 9 - There is a risk that the impact of COVID-19 continues to affect the Trust's quality outcomes and targets	Low

a) In considering these risks, the Committee can confirm:

Check box to confirm

- | | |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 1 The BAF risks are up-to-date | <input type="checkbox"/> |
| 2 The direction of travel stated is current and correct | <input checked="" type="checkbox"/> |
| 3 The current risk rating is correct | <input checked="" type="checkbox"/> |
| 4 There is no additional/updated content (controls/assurances) or new risk(s) that needs to be added? | <input checked="" type="checkbox"/> |

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

Recommendation:

The committee suggest that:

- **BAF 2 should also include reference to CQC regulatory requirements**

- There should be a separate BAF risk that refers to the delivery and assurance of high quality maternity services which includes the delivery of the maternity transformation plan and the recommendations from the independent review of services
- The BAF should re-instate a system risk that relates to the potential pressures on the Trust should partner organisations fail to engage effectively to prevent admissions where possible and to enable discharges to support patient flow

3	Actions to be considered by the Board	<ul style="list-style-type: none"> • Report to be noted 		
4	Report compiled by	<i>Dr David Lee</i>	Minutes available from	<i>Melanie Eccles PA to Medical Director</i>