

Quality & Safety Assurance Committee Key Issues Report

Report Date: 4 th February 2021	Report of: Quality & Safety Assurance Committee
Date of last meeting: 3 rd February 2021 (postponed from 27 th January)	Membership- The meeting was quorate as defined by its Terms of Reference The meeting was postponed by 1 week to ensure that executives could provide system leadership in response to a level 4 incident linked to system capacity
1	Agenda The Committee considered an agenda which included the following: <ul style="list-style-type: none"> • Board Assurance Framework • CQC/ Section 29a Update • Quality IPR • Safeguarding Key Summary Report • Maternity Dashboard and maternity services • Nursing Workforce Report • PHSO report The Committee considered reports from the following <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 • Maternity Quality Operational Committee
2a	Alert The Committee wish to alert members of the Board that: <ul style="list-style-type: none"> • At the last meeting the committee reported that, there is a trend across key improvement actions where appropriate forms are not completed to evidence actions. At this meeting the committee heard that COVID risk assessments for physical facilities could not always be located. It was also reported that nutrition assessment and fluid balance charts on wards were not always completed • Ensuring that clinicians are trained to level 3 Safeguarding remains a challenge, particularly in the current pandemic situation. This must be a focus of activity as pressures reduce
2b	Assurance The Committee wish to assure members of the Board that: <ul style="list-style-type: none"> • Despite the demands of the pandemic response, the Trust has seen significant improvements in: <ul style="list-style-type: none"> ○ Paediatric Triage in A&E ○ Documentation of Deprivation of Liberty and Mental Capacity Act assessments ○ Sepsis screening in A&E (although work is still required to ensure that assessments are then acted upon appropriately) ○ Stroke care as evidenced by the national SSNAP audits • There is evidence that the development of RALIG and NIQAM are significantly improving the rigour with respect to the identification of serious incidents, the review of those incidents, the learning from investigations (and the dissemination of that learning) and the assurance process linked to actions from investigations.
2c	Advise The Committee wish to advise members of the Board that: <ul style="list-style-type: none"> • It is essential that the evolving Maternity Transformation Plan is kept under review through the assurance processes

	<ul style="list-style-type: none"> • Around 60 additional maternity cases that were not in the scope of the Ockenden review have been assessed by an independent consultant and midwife • The maternity services reported improvements in consultant coverage of the labour ward with a move to securing 24/7 onsite cover imminent. • There is encouraging feedback from early work to promote continuity of care within pregnancy • The response to complaints received has deteriorated as the clinical workforce are focused on the response to COVID-19 and have little time to respond to requests for information. It is reported that complainants have been very understanding with respect to delays but addressing the backlog will require focus and clinical engagement • Work on Infection Prevention and Control relating to assurance visits is now “on track” and the inpatient testing regime is now being delivered as per guidance • The importance of “mutual aid” provided by other system partners and the army cannot be underestimated in sustaining SATH’s response to COVID-19 pressures. SATH’s staff have responded magnificently but help from other organisations (for example RJAH) and the use of combat medics from the army has been essential in supporting the effort
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2d	Review of Risks
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For Quality & Safety Assurance Committee the strategic risks are:

BAF Risk. The BAF framework presented shows a 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
- The BAF should also reflect a previous workforce risk around engagement

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>