

<h2 style="text-align: center;">Quality & Safety Assurance Committee Key Issues Report</h2>		
Report Date: 31 March 2021	Report of: Quality & Safety Assurance Committee (QSAC)	
Date of last meeting: 31 March 2021	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 and 29a Update • Maternity Champion Report • Safeguarding Key Summary Report • Infection Control Key Summary Report • Maternity Dashboard and maternity services • Fetal Monitoring Guideline • Complaints Update • Quality Indicators Integrated Performance Report • Legal Update • Monthly staffing report Nursing • Getting to Good highlights <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 • NIQAM and RALIG joint report • Maternity Quality Operational Committee
2a	Alert	<ul style="list-style-type: none"> • QSAC would like to highlight that it is unlikely that SaTH will fulfil all CNST requirements this year, due to lack of sustained staffing in anaesthetics and other factors • There are 35 nurse vacancies in critical care and theatres, and a number of agency shifts used to fill them, placing the recovery programme at risk • There has been a mortality spike associated with the recent wave of COVID, this is currently being investigated to ensure this has not been due to other causes • Complaint responses issued within the allocated time is sitting at 48% • The latest CQC conditions around young people with mental health disorders is leading to long delays in ED prior to discharge or transfer (since we are no longer allowed to admit for purely mental health reasons) • There has been an increase with falls associated with the pandemic and implementation of visitors restrictions • The numbers of correctly completed COVID secure risk assessments of patients improved, but there remains work to be done; particularly before next winter
	Assurance	<ul style="list-style-type: none"> • There is evidence of sustained improvements in ED from EDQOC • SDEC (same day emergency care) at RSH has been a success in terms of patient numbers re-routed from ED, quality and admissions avoided. • COVID outbreak numbers have reduced, and there has been no proven COVID nosocomial transmission since beginning of March 2021 • SaTH are preparing to submit a proposed lifting of 11 conditions mainly relating to ED to the CQC • Complaints department are having regular meetings with the divisions in order to track progress on complaints resolution

		<ul style="list-style-type: none"> Nursing host daily 1600 staffing meetings to ensure the correct allocation of nursing resource across all areas. Aseptic Non Touch Technique is being conducted across blood taking staff to reduce the number of false positive blood cultures
2c	Advise	<ul style="list-style-type: none"> QSAC reviewed and agreed the implementation of FIGO guidelines for the interpretation of CTGs at SaTH; this is in line with Sherwood Forest Trust and many other providers nationally. While there have been improvements, notably in ED, more work needs to be done in ED and elsewhere, to ensure early recognition and treatment of sepsis QSAC received a very detailed report on inpatient falls from the DoN QSAC received a detailed report on incidents and investigations and actions from NIQAM and RALIG
2d	Review of Risks	<ul style="list-style-type: none"> QSAC agrees that the BAF risks are the right ones, but are concerned that there is no robust process to review, refine and amend those QSAC in line with the previous workforce committee suggest that there should be a BAF risk around culture and engagement QSAC suggest a joint BAF risk with system partners, around managing unscheduled care demand.

For Quality & Safety Assurance Committee the strategic risks are:

BAF 1 - There is a risk of prolonged and/or substantial failure to deliver standards of nursing care. – **moderate assurance**

BAF 2 - There is a risk of not meeting constitutional and National performance targets. – **low assurance**

BAF 4 - There is a risk of the ability to recruit and retain staff – **low assurance**

BAF 8 - There is a risk of not adequately meeting CQC Health & Social Care regulations – **moderate assurance**

BAF 9 - There is a risk that the impact of COVID-19 continues to affect the Trust's quality outcomes and targets – **low assurance**

BAF 11 - There is a risk of prolonged and/or substantial failure to deliver standards of maternity care. – **low assurance**

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

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 and culture.

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 Non-Executive Director Dr Arne Rose Medical Director</i>	Minutes available from	<i>Yvonne Hilton Executive Assistant Louise Allmark Executive Assistant to Director of Nursing</i>