

Quality & Safety Assurance Committee Key Issues Report

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| Report Date: 29 th April 2021 | Report of: Quality & Safety Assurance Committee |
| Date of last meeting: 28 th April 2021 | Membership- The meeting was quorate as defined by its Terms of Reference |
| 1 | <p>Agenda</p> <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 • Complaints Update • Quality Indicators Integrated Performance Report • 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 <p>The committee also undertook a review of key Workforce issues including</p> <ul style="list-style-type: none"> • Deployment of Electronic Rosters or e-Job Plans • Recruitment and Retention to mitigate challenged departments (hotspots) and • Use of Temporary Workforce <p>Finally, the committee had a presentation with respect to the “Learning from Death” process including the role of the Medical Examiner and Mortality Review</p> |
| 2a | <p>Alert</p> <p>There is a significant dependency upon the deployment of IT systems to support key assurance with respect to Quality and Safety and to meet external reporting requirements. In particular, the committee heard that Badgernet and the A&E system are urgently required</p> <p>New approaches to reporting 12-hour Accident and Emergency breaches are imminent. There is concern that the changed start points for measuring patient waits and the requirement to undertake a harm assessment for all breaches will add a considerable burden to already busy senior staff. The committee did, however, note a year-on-year improvement in 4 hour waiting teams year on year despite a significant increase in activity</p> <p>There has been a considerable increase in the amount of paediatric emergency activity. This, together with some spikes of activity, has placed some pressures on the paediatric triage function performance. This is an area which is understandably under the scrutiny of CQC</p> |

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| 2b | Assurance | There is strong assurance that the governance that is required for the maternity improvement plan and the response to actions plans linked to external reports is now in place with clarity with respect to roles. There is, however, a caution that some SATH set deadlines for assurance may prove challenging due to the considerable requirements for assurance work |
| 2c | Advise | <p>A higher than anticipated mortality rate was reported in January 2021. This is seen in other NHS Trusts and may not be a Trust specific phenomenon. A similar increase was seen in January 2020. Investigations are, however, being undertaken.</p> <p>There has been a significant improvement in the numbers of hospital acquired infections over the last year</p> <p>There are some pressures with respect to the need to recruit new middle grade doctors to work in A&E. Whilst challenging, this is a success story as a significant proportion of current middle grades gaining places on the National Training Programme</p> <p>The numbers of safeguarding reports for children and young people has increased after discussion about thresholds for reporting with CQC. This has placed some pressure on system partners.</p> |
| 2d | Review of Risks | |

For Quality & Safety Assurance Committee the strategic risks are:

| Risk | Assurance |
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| 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. | Low |
| 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 |

The committee look forward to further discussions at Board level to refine the relevant BAF and the specific

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

Check box to confirm

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| 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:

- 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

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| 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 EA to Medical Director</i> |