

Quality & Safety Assurance Committee Key Issues Report

Report Date: 27 th May 2021	Report of: Quality & Safety Assurance Committee	
Date of last meeting: 26 th May 2021	Membership- As the meeting coincided with a visit from Ted Baker- Chief Inspector of Hospitals for CQC. A portion of the meeting was not quorate according to the Terms of Reference	
1	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • CQC/ Section 31 and 29a Update • Maternity Champion Report • Safeguarding Key Summary Report • Patient Engagement Annual Report • Quality Indicators Integrated Performance Report • Getting to Good highlights • Incident Management Report • Infection Prevention and Control Annual Report • Biannual Staffing Report • Legal 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 Transformation Assurance Committee • Maternity Quality Operational Committee • Infection Prevention and Control Assurance Committee • Nursing Midwifery and AHP Workforce Committee
2a	Alert	<p>It is increasingly evident that the organisation's ability to provide assurance and deliver optimised care is dependent upon the implementation of technology systems. The delay in starting the implementation of Badgernet and the A&E system together with the subsequent delay in completing the Badgernet implementation must be reviewed, and lessons learned. This must then inform future IT projects</p> <p>Staffing issues form a key area where the QSAC committee are seeking assurance. Key issues raised at the meeting are:</p> <ol style="list-style-type: none"> 1. The need to convert posts that have been funded through non recurrent "special measures" funding into substantive posts through the submission of compelling business cases 2. How SATH can support staff with better performance and management information. This included the provision of information to nurse managers so they know the vacancies that they had within their ward or division 3. There is a lack of standardisation with respect to job descriptions, ward-based staffing templates. These are basic requirements that should be rapidly implemented <p>The management of incidents logged on Datix remains of concern. Incident management is a key element of a safety culture, it is important that incidents are reviewed, investigated and closed with appropriate action and learning.</p>

		There are still issues where SATH struggles to evidence important aspects of clinical care (for example interventions after a sepsis alert). Failure to properly document assessments, actions and outcomes mitigates against excellent patient care and makes assurance to external bodies The complaints response times also gives concern as, after some improvement, response times have declined again
2b	Assurance	The committee was delighted with the improving quality of papers /reports that were submitted. This particularly included the quality of the Integrated Performance report, the IPC annual report, the patient experience annual report and the legal report
2c	Advise	The committee took the opportunity to thank the Infection Prevention and Control team for their considerable efforts and strong performance during the Pandemic response. The work of this team needs to retain a high profile and a high level of support. The Committee considered the Birthrate Plus report. Further clarifications were requested in order to reach an assured position on this paper Due to the availability of key people, the renal incident action plan review was reluctantly deferred to the June meeting
2d	Review of Risks	The sub committee awaits the new Assurance Framework for consideration at the June 2021 meeting. In the meantime, the committee considered and confirmed the following risks

For Quality & Safety Assurance Committee the strategic risks are:

Risk	Assurance
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

- | | |
|---|-------------------------------------|
| 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

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>

