

Quality & Safety Assurance Committee Key Issues Report

Report Date: 30 th September 2021	Report of: Quality & Safety Assurance Committee
Date of last meeting: 29 th September 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"> • CQC/ Section 31 and 29a Update • Maternity Champion Report • Safeguarding Key Summary Report • Infection Control Key Summary Report • Maternity Dashboard • Emergency Department Key Summary Report • Quality Indicators Integrated Performance Report • Nursing, Midwifery and AHP Workforce Key Summary Report • Serious Incident Overview • Legal Report • Patient Experience and Complaints Review • Safeguarding Annual Report • CNST • Getting to Good highlights
2a	<p>Alert</p> <ul style="list-style-type: none"> • A significant number of pregnancies are not being 'centiled' (a fetus measurement process) on booking. This is a function that should be carried out automatically by the newly introduced Badgernet system which is not currently working correctly. Whilst this is being addressed this should be mitigated by a manual process which is not happening in many cases (reported as 90%). Midwifery management are addressing this and staff will be asked to record any instances in Datix to support monitoring of this. • It was reported there were instances of drug charts being removed by the pharmacy team from the Post Natal ward which on a number of occasions can be for period of up to 4 hours for TTO purposes. This can affect patient treatment. It was noted that all instances of this must be recorded on Datix, noted as a 'red flag' (delay of treatment) and an urgent review is recommended to ensure this practice ceases at the earliest opportunity • Deep cleans could not take place due to lack of decant facilities. Estates were involved in discussions of options. • Ambulance handover delays, medically fit for discharge and staffing issues were a significant challenge of the Emergency Department. There needed to be a systemwide approach to tackle the exit block.

		<ul style="list-style-type: none"> • Compliance against the 15 minute Paediatric triage standard has decreased slightly at RSH in August 2021 to an average of 63% (from 65%) at RSH and decreased to 40% (from 43%) at PRH. • Staffing, capacity and funding issues within the Renal Department remained a risk. A business case had been submitted outlining a number of scenarios and risk going into the winter period.
2b	Assurance	<ul style="list-style-type: none"> • Progress being made within Safeguarding and the achievement of training targets. Maternity now formed part of the corporate safeguarding team. • There had been significant improvements regarding maternity in relation to CNST planning and ownership within the divisions. The Committee received clarity around governance for the Ockenden actions, MTP and CNST. • The Committee were assured with the progress made to reduce the backlog of Datix reporting and the reviews undertaken. • A phenomenal amount of work had been undertaken to close actions of the Renal Serious Incident, governance and the next steps.
2c	Advise	<ul style="list-style-type: none"> • There had been 4 COVID outbreaks and lessons learned included low LFT uptake, staff working whilst symptomatic, PPE use and compromised social distancing. COVID outbreak meetings have been conducted as per policy. • The flu campaign this year will be a joint campaign across the ICS. ShropCom are taking the lead. Flu and COVID boosters will be delivered together in a 6-8 week programme. • The current international nurse recruitment continued but was off track due to the restrictions in travel earlier in the year, however those currently in the Trust were performing well. A bid has been submitted for 6 international midwives in collaboration with Stoke who will lead on the project.
2d	Review of Risks	
<p>For Quality & Safety Assurance Committee the strategic risks that the committee was asked to consider are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> BAF 1 Poor standards of safety and quality of patient care across the Trust results in incidents of avoidable harm and /or poor clinical outcomes <input type="checkbox"/> BAF 2 The Trust is unable to consistently embed a safety culture with evidence of continuous quality improvement and patient experience <input type="checkbox"/> BAF 3 The Trust is unable to attract, develop and / or retain its workforce to deliver outstanding services <input type="checkbox"/> BAF 4 A shortage of workforce capacity and capability leads to deterioration of staff experience, morale and well-being 		

BAF 8 The Trust cannot fully and consistently meet statutory and / or regulatory healthcare standards

The committee currently considers that these are appropriately rated

3	Actions to be considered by the Board	• Report to be noted		
4	Report compiled by	<i>Ms Hayley Flavell, Director of Nursing, on behalf of the Chair</i>	Minutes available from	<i>Jo Wells Executive Support Team Supervisor</i>