

Quality & Safety Assurance Committee Key Issues Report

Report Date: 30 December 2021	Report of: Quality & Safety Assurance Committee
Date of last meeting: 29 December 2021	Membership- The meeting was quorate as defined by its Terms of Reference
1	Agenda The Committee considered an agenda which included the following: <ul style="list-style-type: none"> • Safeguarding Summary Report • Maternity Transformation Summary Report • Maternity Safety Champion Summary Report • Infection Control Key Summary Report • Quality Operational Summary Report • Non-Elective Pathways Report • Nursing, Midwifery and AHP Workforce Key Summary Report • Maternity Dashboard • Quality Indicators Integrated Performance Report • CQC/ Section 31 and 29a Update • Serious Incident Overview
2a	Alert <ul style="list-style-type: none"> • Paediatric triage within 15 minutes performance remained poor due to lack of space to triage children and lack of alternative pathways. There is no current evidence of harm but achieving this metric is very challenging • Medically fit for discharge issues were reported due to out of hospital capacity along with workforce capacity. This is further impacted by COVID-19 outbreaks within the local community hospitals and care homes. • 50% of the Serious Incidents reported were in relation to falls resulting in harm. The committee noted that this was a national trend and that the Trust was not an outlier. Additional capacity was open, therefore the metric “falls per bed days” had not changed. • Workforce remains under pressure and is exacerbated by increased sickness absence linked to COVID-19. Short term resolution of the staffing issues is heavily linked to overseas recruitment, but medium-term options include attracting further UK trained nurse and developing new skill mixes. Innovative roles are being introduced such as Nursing Advocates, Maternity Support Workers and RNs on Paediatric wards to provide skill mix. Monitoring of the key quality and safety elements (such as falls, IPC and pressure ulcers) remained essential to evaluate new staffing models.
2b	Assurance <ul style="list-style-type: none"> • The quality of the Maternity Dashboard, performance reports and the Serious Incident Report had all improved. • It was evident that the quality of root cause analysis within the SI report had improved considerably. This has followed the introduction of the SEIPS tool • The recognition and management of sepsis in ED settings has improved considerably

2c	Advise	<ul style="list-style-type: none"> • Caesarian Section Robson Group feedback was expected during January 2022. • Work was underway to prepare for a soft launch of the Safety Response Framework in April 2022. • The “named Doctor” for adult safeguarding is retiring and a replacement will be required
2d	Review of Risks	

For Quality & Safety Assurance Committee the strategic risks that the committee was asked to consider are:

- 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
- BAF 2 The Trust is unable to consistently embed a safety culture with evidence of continuous quality improvement and patient experience
- BAF 3 The Trust is unable to attract, develop and / or retain its workforce to deliver outstanding services
- 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	<ul style="list-style-type: none"> • 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>Ali Kerr-Gold, Governance Support Officer</i>

<h2 style="text-align: center;">Quality & Safety Assurance Committee Key Issues Report</h2>		
Report Date: 27 January 2022	Report of: Quality & Safety Assurance Committee	
Date of last meeting: 26 January 2022	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"> • Safeguarding Summary Report • Maternity Transformation Summary Report • Maternity Safety Champion Summary Report • Infection Control Key Summary Report • Quality Operational Summary Report • Non-Elective Pathways Report • Nursing, Midwifery and AHP Workforce Key Summary Report • Maternity Dashboard • Quality Indicators Integrated Performance Report • CQC/ Section 31 and 29a Update • Serious Incident Overview • Health Inequalities Waiting List Report • Legal Report • COVID-19 Report • Caesarean Section Report • End of Life Report • CNST • Getting to Good Highlight Report
2a	Alert	<ul style="list-style-type: none"> • Delivering the CQC /best practice required paediatric triage “within 15 minutes” performance at PRH remained constrained by inadequate space and the availability of staff. There has been an improvement in performance at RSH since the creation of a paediatric space. The provision of a clinically appropriate space should be a high priority for the Trust • The Psychiatric Liaison Team at PRH will not be a 24/7 service, the service is provided for twilight hours only. This arrangement risks that people will not be seen within ideal timescales and the arrangement has been escalated to commissioners • The training budget for the next financial year is under review. At present, there is no funding available to provide De-Escalation refresher training for Trust staff • There are considerable challenges to maintain appropriate staffing levels. Some wards have greater than 30% of staff unavailable to work due to sickness, isolation or absence. The Director of Nursing gave an account of daily and weekly processes to review the application of staff to maintain clinically safe ratios. Ratios at night are extremely challenging with one nurse per 12 patients being applied at times • There are considerable pressures on staff managing the current workload with ongoing constraints about bed management (Covid), the inability to discharge patients who are medically fit for discharge in a timely fashion and proposed changes in ambulance handover changes. There are twice as many patients

		<p>who are medically fit for discharge compared to 1 year ago and length of stay has increased 2 fold. This group of people are occupying 25% of beds.</p> <ul style="list-style-type: none"> The committee were concerned about the system response to this situation. Do we have appropriate traction within the system and constituent organisations? As an exception, the committee heard from executives that ShropComm are working in a close, constructive partnership
2b	Assurance	<ul style="list-style-type: none"> Updates on the Thomson Jones report were reviewed regarding complaints received post the closure of referrals to the Ockenden review. NHSI/E completed a Infection Prevention and Control visit last week and the Trust had maintained a green status. The improvement in the quality and impact of the IPC function is considerable The improved investigation and reports relating to serious incidents is supporting an increasingly assured position that root causes are being diligently and correctly identified and agreed actions are implemented. In some instances, this is correctly challenging for the Trust. For example, the requirement of appropriately available facilities for Trans Oesophageal Echocardiography. Several COVID-19 outbreaks had occurred largely reflecting the increased transmissibility of the Omicron strain but there was good oversight and action taken. There was opportunity to interrogate the CNST submission to date and the Trust stance in relation to the Pause letter received in December was to continue with the deadline in the most recent guidelines. Palliative Care and End of Life integration was working well.
2c	Advise	<ul style="list-style-type: none"> Maternity Safety Champions reported that they had discussed whether a walkabout was appropriate in January and concluded that it was not, given COVID-19 related risks and operational pressures.
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 <input type="checkbox"/> BAF 8 The Trust cannot fully and consistently meet statutory and / or regulatory healthcare standards <p>The committee currently considers that these are appropriately rated</p>		
3	Actions to be considered by the Board	<ul style="list-style-type: none"> 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>
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