

Quality & Safety Assurance Committee Key Issues Report

Report Date: 24 th February 2022	Report of: Quality & Safety Assurance Committee
Date of last meeting: 23 rd February 2022	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 Prevention and Control Summary Report and Report from NHS I Assurance Visit • Nursing, Midwifery and AHP Workforce Key Summary Report • Maternity Dashboard • Quality Indicators Integrated Performance Report • CQC/ Section 31 and 29a Update • Serious Incident Overview • Getting to Good Highlight Report • Pressure Ulcers Paper • Quarterly Falls Report • Learning from Deaths Quarterly Report • Maternity Governance Transitional Care • Report to NHS Resolution after Freedom of Information Request to NHS Trusts
2a	Alert <ul style="list-style-type: none"> • Formal training on safeguarding and Deprivation of Liberty is increasing slowly. An e-learning package is now available and ongoing mitigations and alternative assurances (ask 5 audits) provide some but limited assurance that staff are familiar with requirements and procedures • 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. Performance against the triage requirement has improved slightly, probably secondary to a reduction in paediatric attendances from previous months unprecedented levels • There are considerable challenges to maintain appropriate staffing levels. Some nursing specialties such as paediatrics and surgical have greater than 40% of staff unavailable to work due to sickness, isolation or absence. There are over 100 Health Care Assistant vacancies. This situation results in the Trust having to use expensive agency staff to maintain staffing levels • Of particular concern and linked to the above, is the ongoing concern with respect to the completion of basic nursing documentation. Of particular concern is the failure to maintain fluid balance charts for patients who require them although our internal audit function has also reported concern around nutritional assessment

		<ul style="list-style-type: none"> • There remains a significant system risk with respect to the provision of and access to tier 4 Children and Young Peoples beds. Whilst there is now a significantly improved working relationship with CAMHS services the absence of facilities to meet the needs of a small number of people with highly complex needs is of significant concern. One of CQCs remaining conditions applied to SATH precludes admission to acute hospital beds for this group in the absence of physical health issues • The IPC committee escalated the concern that, in the absence of an electronic prescribing solution within the Trust, it is challenging to ensure appropriate antibiotic stewardship • The level of staff uptake of influenza vaccination was reported at 58%. This is disappointing. Executives described ongoing measures to encourage staff to be vaccinated and to provide access to the vaccination service. The current rate is considerably below recent years. • The information provided by Badgernet to support performance monitoring remains problematic with disparities in data and different results when different operators ask the for the same data • The rates of screening for VTE risk have been an area of particular scrutiny for QSAC. Reporting was continued despite the pandemic arrangements even though the reporting requirement was suspended centrally. It is disappointing that the current reported levels of screening have declined and the metric is now showing special cause variation on the performance report
2b	Assurance	<ul style="list-style-type: none"> • Last month QSAC reported that NHSI/E had completed a Infection Prevention and Control visit and the Trust had maintained a green status. The formal letter detailing the visit and confirming the outcome was considered • The CQC has reviewed the conditions placed on the Trust and substantially removed the numbers of active conditions some further conditions have been consolidated. This is in response to inspections and evidence submitted by the Trust to the CQC. The Trust will continue to report against previous areas of concern via QSAC to assure performance is maintained. There are 5 remaining conditions in place • NHS Resolution had asked Trusts to confirm the accuracy of submission NHS Resolution contacted the Trust on 22 December 2021 requesting a re-evaluation and refreshed declaration of compliance (or non- compliance) with the training elements of year three of the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme (CNST MIS), with a response deadline of 12 January 2022. The background to this was that the Baby Lifeline charity (BLL) had prepared a report (<i>'Mind the Gap'</i>, November 2021) that stated that, based on their findings from a Freedom of Information (FOI) request earlier in the year, only 3% of Trusts are fully compliant with these standards. SATH has reviewed and confirmed its responses as being correct and evidenced. This assurance shows the excellent work that has been done to build a robust and assured system of governance within Maternity
2c	Advise	<ul style="list-style-type: none"> • Falls remain a considerable focus for the executive and QSAC. The Trust is not an outlier in comparison with other NHS organisations but is seeing an increase in falling. Adequate staffing and ward leadership are key elements of fall reduction • There has been a fall in the overall numbers of pressure ulcers in the year to date but an increase in the number of category 3 (more

		<p>severe ulcers). Once again, the completion of nursing documentation was raised as a concern by the Tissue Viability Nurse. The Trust is running at slightly above the stretch target set for the year, with year to date 132 pressures ulcers grade 2 or above (86% of the stretch target for the year)</p> <ul style="list-style-type: none"> • The numbers of women smoking at their antenatal booking appointment has, again, fallen below 10% (national target 6%) 		
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>Dr David Lee</i> <i>Chair QSAC</i>	Minutes available from	