

Quality & Safety Assurance Committee Key Issues Report

Report Date: 26 May 2022	Report of: Quality & Safety Assurance Committee
Date of last meeting: 25 May 2022	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"> • Safeguarding Summary Report • Infection Prevention and Control Summary Report • Maternity Transformation Summary Report • Maternity Safety Champion Summary Report • Nursing, Midwifery and AHP Workforce Key Summary Report • Maternity Dashboard • CNST Submission • Getting to Good Highlight Report • Quality Operational Committee Summary Report • Quality Indicators Integrated Performance Report • CQC Update • Serious Incident Overview • Legal Report • Critical Care • Urology (report commissioned for May meeting) • Board Assurance • Urology Update • Critical Care Update • Workforce- Leavers, Trends and Exit Interview • Learning from Death report • Update on Monkey Pox and potential exclusion periods
2a	<p>Alert</p> <ul style="list-style-type: none"> • The requirement to triage paediatric cases arriving at our A&E departments remains well below the target of 85% being triaged within 15 minutes. There are some issues relating to accurately recording triage times, it is clear that the space allocated to triage at PRH is not conducive to reaching the target. The most significant reason seems to be the application of staffing to this task. At busy times, nurses are moved to support other A&E activities to the detriment of this target • There is an imperative to roll out the use of new intravenous infusion pumps across the Trust. This has been delayed due to the absence of dedicated project management
2b	<p>Assurance</p> <ul style="list-style-type: none"> • There was an extremely comprehensive account of the support that is available for patients, families and staff linked to the Ockenden report • The delivery suite acuity tool is being used to ensure that any identified staffing shortages are mitigated. The key for maternity services, QSAC and the Trust Board is that frequent requirements to take action to mitigate indicate an underlying issue in staff availability • QSAC considered the Getting to Good report in detail. This has previously been overseen by the Committee in Common of the Quality Alliance between University Hospital Birmingham and

		<p>SATH. QSAC noted that bed availability remains an issue in enabling Theatre Productivity to reach the desired levels</p> <ul style="list-style-type: none"> • QSAC strongly recommend that the Learning from Deaths report can be considered by the committee on behalf of the Trust Board and the Board can then receive any escalations resulting from its review.
2c	Advise	<ul style="list-style-type: none"> • A number of issues that have been tracked by QSAC are approaching resolution. Specifically: <ul style="list-style-type: none"> ○ Improved facilities for transoesophageal echocardiogram required following an SI investigation ○ A revised legal report which presents and tracks learning opportunities arising from cases was presented • At the last QSAC, concerns were raised about the retirement of a psychiatrist who provided a liaison service to SATH. The Committee understands that the Mental Health Trust has advertised for a replacement and that the Trust has continued to provide a liaison service. No incidents have been reported • The hospitals have re-introduced inpatient visiting from the beginning of May. This is an extremely positive step forward for patients, staff and the wider Trust • A number of IT system issues were discussed including: <ul style="list-style-type: none"> ○ The timescales for the roll out of Badgernet to the Neonatal services ○ The clinical safety and antibiotic stewardship concerns related to the absence of electronic prescribing and administration ○ The ability to develop virtual care models • A number of workforce related issues were discussed. These included: <ul style="list-style-type: none"> ○ The positive development of the Nursing Associate role ○ The favourable impact of overseas recruitment ○ Concerns about attrition in the HCAs although a change in recruitment approaches was signaled ○ The use of premium cost agency staff ○ Support for initiatives to invest in the recruitment, development and retention of substantive staff with a business case being considered by the Finance and Performance Assurance Committee ○ Measures to better track and learn from “exit interviews” and to learn from Children and Young People’s Division approach of “rescue interviews ○ Opportunities to better understand people’s requirement for flexibility in work and to achieve a satisfactory work /life balance • The NHS has relaunched its CNST incentive scheme and the revised timings mean that SATH is well place to achieve the scheme’s requirements
2d	Review of Risks	
<p>For Quality & Safety Assurance Committee the strategic risks that the committee was asked to consider are</p> <p>BAF1 Poor standards of safety and quality of patient care across the Trust results in incidents of avoidable harm and / or poor clinical outcomes.</p> <p>BAF 2 The Trust is unable to consistently embed a safety culture with evidence of continuous quality improvement and patient experience.</p>		

BAF 4 A shortage of workforce capacity and capability leads to deterioration of staff experience, morale, and well-being.

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

BAF 9 The Trust is unable to restore and recover services post-covid to meet the needs of the community / service users

BAF 10 The Trust is unable to meet the required national urgent and emergency standards.

The committee held a detailed discussion regarding each of the risks. It is clear that executive and senior management recruitments have significantly improved SATH's ability to accurately define and score strategic and operational risk. The committee noted that some of the initial risk assessments included as a baseline within the BAF were probably overly optimistic. On balance the committee felt that the BAF 10 risk could be moved from its current level of 25 to a revised score of 20

3	Actions to be considered by the Board	• Report to be noted		
4	Report compiled by	<i>Dr David Lee Chair QSAC</i>	Minutes available from	<i>Julie Wright Exec Support Team</i>