

## Quality & Safety Assurance Committee Key Issues Report

<b>Report Date:</b> 27 <sup>th</sup> July 2022	<b>Report of:</b> Quality & Safety Assurance Committee
<b>Date of last meeting:</b> 27 <sup>th</sup> July 2022	Membership- The meeting was quorate as defined by its Terms of Reference
1	<p><b>Agenda</b></p> <p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Safeguarding Summary Report\</li> <li>• Safeguarding Annual Report</li> <li>• Urgent and Emergency Care Overview</li> <li>• Infection Prevention and Control Summary Report</li> <li>• Infection Prevention and Control Annual Report</li> <li>• Maternity Transformation Summary Report</li> <li>• Maternal and Neonatal Safety Champion Report</li> <li>• Maternity Dashboard triple A report</li> <li>• CNST Submission</li> <li>• Getting to Good Highlight Report</li> <li>• Quality Operational Committee Summary Report (cancelled)</li> <li>• Quality Indicators Integrated Performance Report</li> <li>• CQC Update</li> <li>• Nursing, Midwifery and AHP Workforce Key Summary Report</li> <li>• Staff Survey</li> <li>• Serious Incident Overview</li> <li>• Board Assurance Framework</li> </ul>
2a	<p><b>Alert</b></p> <p>The committee received a presentation from executives with respect to the pressures on the <b>urgent and emergency care pathways</b>. There have been 3 critical incidents declared in the month of July due to pressures. The executives described ambulances waiting to off load patients, patients being nursed in newly opened areas and significant pressures on staff. Whilst there has been a significant increase in activity, there are flow problems with up to 92 patients being medically fit for discharge with no community capability (domiciliary or care home capacity) and around 100 beds being occupied with COVID positive patients, The committee explored what mitigations are in place to keep people safe (for example the use of nurse navigators, the cohorting of patients, high intensity executive engagement, risk based deployment of staff and seeking t bring in additional staff capacity. There are increased incidents reported on Datix. About 50% of serious incidents reported link to A&amp;E. It is clear that there are system challenges that need to be addressed as well as ongoing work to manage people presenting with urgent or emergency needs from a Trust perspective. Support for staff is a fundamental element of our response as there are significant risks to attrition</p> <p>The <b>safeguarding</b> committee report and the comprehensive annual safeguarding report highlighted:</p> <ul style="list-style-type: none"> <li>The requirement to focus on staff safeguarding training despite pressures on the workforce</li> <li>That most of the children and young peoples safeguarding reports link to mental health issues</li> </ul>

		<p>Improvements are required to the <b>Integrated Performance Report</b>. Performance reporting needs to be consistent across the organisation (for example committees seeing the same data) and needs to be timely. Where it is appropriate to present “older but validated” data this must be clear within the report as must areas where the synthesis of data is more challenging. It is important that the report flows through the appropriate operational committee, QSAC and then to Board so that it is appropriately interrogated</p> <p>The <b>CQC Update report</b> continues to demonstrate the need for addition efforts to secure a sustained improvement in documenting fluid balance and nutritional status as well as improved dementia screening. In the latter case there are discussions to ensure that the appropriate “best practice” assessment tool is selected</p> <p><b>The Staff Survey</b> shows deterioration in staff satisfaction and the Trust performs badly compared to many other NHS organisations. The use of pulse surveys is encouraging to obtain staff feedback on a more frequent basis but there is much work to do to address the completion of the staff survey and taking steps to enable more positive feedback</p>
2b	<b>Assurance</b>	<p>The <b>Maternity Dashboard</b> has developed further with improved data quality due in no small measure to great joint working between clinicians and data analysis</p> <p>The <b>Infection Prevention and Control Annual report</b> reflected the important role this function has played in helping with the management of COVID-19 as well as improving standard IPC metrics. The last year saw the implementation of a new IT system to support the IPC function. Members of the team have completed or are commencing academic study to augment their existing knowledge and skills. There remain some areas where improvement are required pending a full inspection of the function planned for October 2022. The committee discussed plans to deliver improved performance in relation to staff uptake of flu vaccinations (61% last year)</p> <p>The Committee considered the <b>Board Assurance Framework</b> and had a detailed discussion with respect to established and recently added risks. It is clear that, whilst no change to the overall current risk assessments were made, there is progress against BAF 2, BAF 8 and BAF 13 that may enable a reduction in the assessed risk soon. Clarification is required to ensure that the oversight of workforce risks are correctly allocated. QSAC reviewed these.</p>
2c	<b>Advise</b>	<p>The committee considered the <b>CNST submission</b> pathway. The submission needs to be signed off by the Board, the Chief Executive and a suitable authority from the ICB. The majority of assurance can be obtained incrementally and QSAC plays a role in this process. It is likely that the Trust Board will be able to formally consider the submission in the public meeting in December but is likely to need to delegate some assurance elements to nearer the point of submission (5/1/23). QSAC reported meeting on 28/12/22 to fulfil this function</p> <p>The numbers of <b>overdue Datix incident reports</b> are creeping up. Whilst new reports are reviewed daily by the clinical governance team, the process by which reporters receive feedback following their escalation is not working within desired timescales</p>

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