

BOARD OF DIRECTORS - PART 1 MEETING

Meeting Date: 25 January 2023

Agenda item: 7.2

Subject:	Key Issues and Assurance Report - Quality Committee Meeting held on: 17 January 2023
Presented by:	Cliff Shearman, Chair of the Quality Committee

Background:	The reports received by the Committee at its meeting referred to above and the levels of assurance are summarised below.
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	Substantial assurance received by the Committee
	Partial assurance received by the Committee, but assurance received that appropriate plans in place to address
	Limited assurance received by the Committee - significant gaps in assurance and/or not sufficiently assured as to the adequacy of action plans

Items rated Green		
Item	Rationale for rating	Actions/outcome
Care Group reporting – Specialties Care Group	<p>The Committee was presented with assurance in relation to learning from a radiology incident and outpatients on all sites having regularly completed peer reviews.</p> <p>It was reported that pathology had received a number of visits from the UK Accreditation service to assess them against the Pathology Standard ISO15189:2012. Laboratories that had been visited had maintained their accreditation, which was noted as a very positive achievement.</p>	The Committee noted the learning, the peer reviews and the outcome of the assessments.
Care Group reporting – Surgical Care Group	<p>It was reported to the Committee that there had been an improvement in critical care capacity – delayed admission had previously been raised as a concern. There were no further reports or escalation of this. Step downs continued to be delayed.</p>	

Maternity Safety Champions report	<p>An update was provided in relation to the existing call bell system which was safely working through observational feedback and LERN systems. Daily testing also occurred.</p> <p>Separately, a new call bell system had been installed, with user acceptance testing to commence.</p>	Plans for user acceptance testing in relation to the new system were in place and would commence imminently in a safe and planned manner.
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Items rated Amber		
Item	Rationale for rating	Actions/outcome
Care Group reporting – Specialties Care Group	<p>The Care Group raised the following alerts to the Committee:</p> <ul style="list-style-type: none"> • Child Health Staffing, with new risks reported to the Committee in December 2022. • Additional risks that would be presented to the Committee for approval in February 2023 relating to: <ul style="list-style-type: none"> ○ Chemotherapy production in pharmacy (1758), with increased waiting times for chemotherapy. ○ Lack of staffing resources in cellular pathology (1395). 22% increase in workload with capacity constraints leading to delays in diagnosis. • Themes of risks: equipment issues and staffing. <p>The Committee was advised of progress with infection prevention control, resus trolley audit, complaints and two reported incidents for scoping.</p>	<p>The Committee noted the risks that would be presented to the Committee meeting taking place in February 2023.</p> <p>It was reported that improvement was expected to the chemotherapy production in pharmacy by March 2023 with two additional aseptic pharmacists in post.</p> <p>Of the two reported incidents for scoping, the scoping had been scheduled for one. For the other, the incident was being investigated to consider the escalation for review and treatment.</p>
Care Group reporting – Surgical Care Group	<p>The Care Group provided an update to the Committee in relation to:</p> <ul style="list-style-type: none"> • The ring-fenced critical bed at Bournemouth hospital for elective surgery. • In relation to mortality and morbidity, shared learning across directorates would be identified. • Hospital acquired harm – total number of falls had decreased significantly over previous 6 	<p>Patient pathway opportunities were being explored.</p> <p>Harm review process had been included in fractured neck of femur ('NOF') admission and assessment documentation –</p>

	month period; number of falls with harm had increased.	work to audit and identify actions as a result of this was required. Time to theatre #NOF (within 36 hours) had significantly improved from 2% to 58% over the six month period as a result of theatre capacity and radiology staffing. The Care Group reported that governance processes were improving around the #NOF pathway. The Committee noted the positive movement.
Care Group reporting – Medical Care Group	The Care Group informed the Committee that: <ul style="list-style-type: none"> • Saving lives data: this had seen some improvement and the matron teams continued to work with wards to draw up action plans. • Mortality and morbidity were an area of care group focus, with risk and governance teams engaged to further review. 	
Maternity Safety Champions Report	The Committee was updated on the APGAR score of less than seven in five minutes. No harm had been identified and other associated safety measures such as term admissions to the neonatal unit and episodes of hypoxic ischaemic encephalopathy compared well.	This would be re-presented to the next meeting of the Committee.

Items rated Red		
Item	Rationale for rating	Actions/outcome
Care Group reporting – Surgical Care Group	The Care Group raised the following alerts to the Committee: <ul style="list-style-type: none"> • Overall decrease in total number of pressure ulceration, but increase in deep tissue injuries. VTE compliance data was not available at the time of submission of the report. 	Increase in deep tissue injuries were to form a focused review.
Care Group reporting – Medical Care Group	The Care Group raised the following alerts to the Committee: <ul style="list-style-type: none"> • Falls particularly minor and no harm were increasing in comparison to December 2021. 	

Items not rated		
Item	Comments	Actions/outcome
Introduction	<p>The Chief Nursing Officer provided an overview in relation to the concerns from the industrial action and work underway to mitigate the impact, including patient safety and impact to staff. Derogations continued to be worked through with the Royal College of Nursing.</p> <p>An update was also provided in relation to the CQC maternity, medical and surgical reports and the publication of the inpatient survey for maternity.</p>	<p>A number of actions were in progress in relation to maternity services ahead of the reports being published. Discussions were also taking place with the national and regional team about support for maternity services.</p> <p>Additional information was now available to maternity patients through Badgernet that was not available when the survey was undertaken. Reference was also made to the feedback published through the Maternity Voices Partnership.</p>
6-month update on Quality Priorities	The Committee received an update on the quality priorities. A full end of year report would be presented to the Committee in May 2023.	It was reported that good progress had been made against the priorities.
Care Group reporting – Medical Care Group	The Care Group raised an alert to the Committee in relation increasing numbers of corridor care and proposed that this be brought back to a future Committee meeting.	It was emphasised that this would not be normalised at the Trust, with reference made to the reason for this temporarily being in place.
Maternity Incentive Scheme	<p>The Committee received a presentation in relation to the process for evidence and assurance and update on current status.</p> <p>As part of this and the Maternity Safety Champions Report, the midwifery staffing mitigants and controls were noted and obstetric RCOG staffing processes commented upon.</p>	<p>Discussions were ongoing in relation to internal assurance and external reporting. Internal auditors were being asked to review the assurance with directorate and care group, before presentation to the Board.</p> <p>The Committee noted:</p> <ul style="list-style-type: none"> the process for evidence and assurance; the examples of a deep dive into one of the areas of evidence; that the evidence had been reviewed by the clinical director, would be presented to the care group board; it had been reviewed by the Chief Finance Officer and Chief Nursing Officer.
Integrated Performance Report – Quality	The Committee received and noted the quality aspects of the IPR (which had been submitted on the morning	

	of the Committee meeting. To note: the period covered by the data did not map to that provided by the Care Groups).	
LERN Report	Themes from the LERN report were presented including an update on coding and 7 day activity.	The Committee noted the LERN Report, with support expressed for continued learning and transparency.
National Standards for Food and Drink	The new National Standards of Hospital food that had been developed were referenced to the Committee, with a progress report against each provided.	Engagement and discussion with a wider patient group would be developed. Reporting for assurance would be provided to the Committee on a quarterly basis going forward.
Risk Register: risks rated 12-25 (new and current)	<p>It was discussed that the new risks provisionally rated 12 and above for consideration (futureproofing of CPD and workforce transformation; and BEAT VLE mandatory training) would be reviewed.</p> <p>In relation to risk numbers 1202 and 1642, it was reported that the Medical Staffing Women's Risk was currently able to be mitigated with the actions that had been put in place.</p>	Risks presented to be reviewed.