

Board of Directors			
Date	10 March 2022	Agenda item:	Bo.3.22.8

## Report from the Chair of the Quality and Patient Safety Academy

Presented by	Mohammed Hussain, Non-Executive Director, Academy Chair		
Author	Jacqui Maurice, Head of Corporate Governance		
Lead Directors	Karen Dawber, Chief Nurse / Dr Ray Smith, Chief Medical Officer		
Purpose of the paper	To provide a summary of the discussions and outcomes from the Quality and Patient Safety Academy meeting held <b>26 January 2022</b>		
Key control	This report is relevant to Strategic Objectives 1: To provide outstanding care for our patients, and 4: To be a continually learning organisation		
Action required	To note		
Previously discussed at/ informed by	Quality and Patient Safety Academy meeting held <b>26 January 2022</b>		
Previously approved at:	Committee/Group	Date	
	N/A		
Key Matters Discussed			
<p>The Quality and Patient Safety Academy met on <b>26 January 2022</b>. As a result of the operational priorities requiring a focus on the Omicron variant during January, the Academy met with a reduced membership (NEDs and Executives) and a streamlined agenda.</p> <p>Summaries of the key items discussed at the meeting are presented below. The confirmed minutes from the meeting held in January will be available at Board in March 2022. The next meeting of the Quality and Patient Safety Academy is scheduled for 23 February 2022.</p> <p><b>Meeting held 26 January 2022: key items discussed.</b></p> <p><b>1. Covid-19 and the impact of Omicron – current and emerging risks</b></p> <p>The Academy discussed the number of Covid-19 positive patients in hospital which was similar to the numbers experienced in the peak of the last wave. The positive news here is that less patients required non-invasive ventilation (NIV), intensive care, or intubation. There has also been less pressure on our intensive care services from those with Omicron. A steady decline in numbers is now expected, which should hopefully result in reductions in staff absence and short-term sickness. Key performance activity has also continued during this period however winter pressures have also continued to have an effect. There is low staff and patient morale. We have seen an increase of low level harms and an increase in the level of concerns and complaints. The Chief Nurse has cautioned that this situation will be with us for at least the next three to six months and, that a return to expected standards could take up to 18 months. Of particular note is the staffing drive that is usually held for nursing and midwifery in September of each year. Right now the expectation is that there will not be sufficient staff available to fill all gaps. Risk 3204 regarding “reduced staffing levels due to vacancies, sickness and additional capacity having a negative impact on patient experience of care and outcomes due to Covid” has been updated and a new risk to replace this one has been added to the register.</p> <p><b>2. Infection Prevention and Control (IPC) Board Assurance Framework (BAF)</b></p> <p>A huge spike in cases in early January 2022 was associated with a large increase in patients being admitted with the new Omicron variant. This has led to a number of hospital onset cases as well due to Omicrons high transmissibility rate and, non-compliance (by both staff and patients)</p>			

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with a number of the protocols in place. To support increased awareness the Infection Prevention and Control (IPC) team has now produced a 'Patient Covid 19 awareness pack' following the receipt of successful external feedback. For staff, the trust is considering mandating formal training around the use of PPE as well as exploring available artificial intelligence products to support self-assessments. However, for now, the Trust is evaluating ventilation in all areas, including all ward areas. Any lack of adequate ventilation is mitigated with the use of FFP3 masks in areas where it is likely that staff may be exposed to a patient with Covid. For visitors, the Trust has introduced lateral flow testing.

The key points noted from the fairly comprehensive discussion that followed were:

- Continued screening, triaging and testing has continued throughout the winter period.
- Occupational Health and Human Resources continue to align with updated national guidance around periods of self- isolation required.
- Covid outbreaks at our Trust do remain low compared to our peers across the region.

### 3. Quality Oversight and Assurance Profile

- 70 complaints were closed over the last two month period with 'appropriateness of treatment' the top theme again.
- There has been an increase in the number of contacts to our Patient Advice and Liaison Service (PALS).
- The number of recorded compliments has reduced.
- There are 14 ongoing SI reports with six having been declared by our Trust between 15 November 2021 and 16 January 2022, one of which met the criteria for a Never Event. One SI report has been concluded. In summary the incidents covered:
  - SI 2021/23948 Healthcare Associated Infection (HCAI)/Infection Control Incident. A Klebsiella infection was detected in the Neonatal Unit. The cases were investigated. An outbreak was declared and immediate actions resulted in service disruption as the unit closed to regional admissions.
  - SI 2021/24499 Concerned suboptimal care of a deteriorating patient, where following a recent diagnosis the patient deteriorated rapidly and died. The patient was subject to a Deprivation of Liberty Safeguards (DoLS). The Police Safeguarding team are investigating. Learning has been identified around prompt consultation with other specialities in order to identify differential diagnosis with a number of specialities involved in the patient's care.
  - SI 2021/25485 (Never Event) Surgical/invasive procedure incident where a chest drain was inserted into the incorrect side. Learning identified all requirements of the pre-procedure checklist should be completed in all areas of the Trust, with ongoing consent throughout the procedure and, ensuring the use of imaging available.
  - SI 2021/23585 A patient developed a Category 4 pressure ulcer to the sacrum. Learning is being taken through the Pressure Ulcer panel and will be shared widely.
  - SI 2022/626 Medication incident. Following prescribed digoxin a patient was diagnosed with a query drug induced bradycardia. The patient subsequently suffered a cardiac arrest, was transferred to the Intensive Care Unit but subsequently died. Learning has been shared which has been disseminated widely.

Two maternity related incidents were reported, SI 2021/24532 (a neonatal death) and SI 2022/625 (a baby born with no heartrate, resuscitation attempted but unsuccessful). In accordance with the requirements of the Healthcare Safety Investigations Branch (HSIB). An independent investigation will be carried out by HSIB.

The Academy did note that many staff in the Quality Improvement team are currently redeployed.

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As such local QI work is suspended. However, progress continues with the Maternity and Theatre Services Programmes. A Transfusion QI programme has also commenced to help prevent labelling errors.

The Academy did flag within the reporting seven cancelled clinics affecting 340 women which related to first appointments for breast screening. The Academy was pleased to note that all appointments were rearranged with no significant delay.

#### 4. High Level Risks relevant to the Academy

The main focus of the discussion concerned staffing and the impacts on both staff and patients; along with the enduring recruitment challenge across the whole sector. As expressed previously, it may take up to 18 months for the situation to improve with regard to nursing and midwifery. Previously recognised formulae, triangulation processes and professional judgements have been used to determine staffing levels however ward make-up and acuity data is now completely different. The strategic plan for the recruitment and retention of registered nurses and midwives will be presented to this Academy (and the People's Academy) for review in February.

The Chief Nurse is also expected to speak with her executive colleagues on how to ensure that academies are sighted on those risks that have relevance to them but where they may not necessarily be the lead Academy.

#### Items of Positive Assurance, Learning and/or Improvement

As Chair of the Academy, I would like to highlight from this month's meeting:

1. The news regarding the severity of Omicron, its reduction and the lower severity of illness presenting.
2. The risk with regard to staffing and recruitment and the impact this is having, and will have, on patient care.

The Academy is assured that the risks recorded on the Risk Register are appropriate in the context of the information presented, and are being managed appropriately.

#### Matters escalated to the Board of Directors for consideration

The Board and the People Academy are asked to note that a 'Workforce Board Assurance Framework' report will be produced to complement the risks and will be shared with the People Academy and with the Board of Directors.

#### New/emerging risks

There were no new risks.

#### Recommendation

The Board is requested to note the discussions and outcomes from the Quality and Patient Safety Academy held **26 January 2022**.