The Shrewsbury and Telford Hospital

Quality and Safety Assurance Committee, Key Issues Report						
Report Date: 01/05/2024		Report of: Quality & Safety Assurance Committee (QSAC)				
Date of meeting: 30/04/2024		All NED and Executive Director members, and regular Trust Officer attendees, were present.				
1	Agenda	 The Committee considered the following: Industrial Action update Emergency Care Transformation Assurance Committee Key Issues Report Paediatric Transformation Assurance Committee Board Assurance Framework Q4 Safeguarding Assurance Committee Key Issues Report Maternity Transformation Assurance Committee Key Issues Report Maternity Transformation Assurance Committee Key Issues Report Maternity Neonatal Safety Champions Key Issues Report Maternity Dashboard and Key Issues Report CNST Update Transitional Care Audit Quarterly Report ATAIN Quarterly Report PMRT Board Report DoM Safe Staffing Report Infection Prevention & Control Assurance Committee Key Issues Report Quality Operational Committee Key Issues Report Quality Indicators Integrated Performance Report Incident Management Overview Report and MIAA Duty of Candour Final Report CQC Report Clinical Audit Plan Quality Priorities Legal Report 				
2a	Alert Matters of concerns, gaps in assurance or key risks to escalate to the Board	 Emergency Care Transformation Assurance Committee (ECTAC): Urgent and Emergency Care (UEC) has been moved into Tier 1, and colleagues are needing to prioritise those improvements. SaTH has requested resource from NHSE to support the team in this work. Challenges for Trust staff to access the ICB Tier 2 Oliver McGowan training: the ICB, who are funded to provide the training, have advised that there are no spaces for Tier 2 Training for the next 9 months, this is a high risk for the Trust. The Safeguarding Committee have requested an update with an options appraisal in May 2024 as Learning Disability has been identified as a Quality Priority for the Trust. This will be added to the Trust Risk Register. 				
		 Staffing issues: there is currently no Lead Nurse in Temporary Staffing as the vacancy freeze has impacted recruitment following the lead nurse leaving. This leaves the department without any clinical lead in place to support staff with professional issues. This is a risk for the department 				

		as this post supports clinical staff, oversees complaints. Due to unknown timeframe for recruitment, risk will be added to the risk register.
		 Maternity staffing: high levels of unavailability due to sickness and parental leave mean that in order to maintain positive acuity levels specialist midwives have had to be taken from their normal duties. As a result, delivery suite acuity in March went up to 81%, close to the 85% target and a vast improvement from 58% in February, 71% in January and 68% for December. A Quality Impact Assessment (QIA) has been done to ensure everything regarding the effect of these staff not fulfilling their designated duties has been captured.
		 Ockenden Report: The service continues to deliver at pace though it is no longer ahead of predicted rates with 178 green actions secured against an initial prediction of 190. This situation has been known for some time, in view of the number of remaining actions requiring substantive funding, and those that remain de-scoped. This will be explained more fully in the next Integrated Maternity Report to the Board of Directors. Work will continue to mitigate where possible until final solutions can be found.
2b	Assurance Positive assurances and highlights of note for the Board	• ECTAC: a renewed process is now underway to improve follow-up for children who leave ED without being seen. A revised process has been signed off at Clinical Governance, and 95% compliance reported.
		 Clinical Negligence Scheme for Trusts Maternity Improvement Scheme (CNST MIS): QSAC heard that there are no known risks to achieving the scheme standards this year, Year 6. QSAC noted in particular that all of the 6 elements of Safety Action 6, Saving Babies' Lives Care Bundle, had been achieved by the deadline of 31 March 2024 and the position assured following validation by the ICB.
		 SaTH received a letter from NHSE confirming it is the best performing Trust nationally for cancer backlog reduction over the last year.
2c	Advise Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.	 Board Assurance Framework (BAF): QSAC agreed to reduce the score for BAF Risk 9 (service recovery post Covid) to 16 and would consider a further reduction to 12 in the next quarter. Executive approval was given for the updates to risks 1, 2 and 8 and QSAC agreed the draft BAF should be submitted to the board.
		 Paediatric triage delays have increased slightly at PRH. Plans to re- locate Urgent Treatment Centre (UTC) service to Mallins House on 7th May will enable the Children and Young People's (CYP) element of ED to be managed in the previous UTC area. This should support timely patient assessment.
		• There will be a learning review regarding the number and complexities of young people attending Emergency Department due to the high numbers seen in the last quarter, this work will also be fed into the ICB as there is system and regional learning to be taken.
		 Funding for the backfill of Professional Nurse Advocates is being worked on. National recommendations maintain PNA to nurse ratio should target 1:20. Costs will consider backfill requirements for 100+ PNA for 7.5 hours per month. With current financial challenges the funding for the

2d	Actions Significant follow up	 developed as we need to Infection Prevention and April with the IPC lead including the Director of the very high C.Diff leve The Maternity Transform the Maternity Transform the Maternity Transform continue its work. Meeti with the exception of Committee. MTAC would robust external stakehol QSAC will receive a rep 	vice will be challenged this year however a business case will be eloped as we need to plan for future of the service. ction Prevention and Control (IPC) - C. Difficile: a session held on 26 I with the IPC lead for the Region and a multi-disciplinary team uding the Director of Nursing identified 5 workstreams to bring down very high C.Diff levels, and progress with these will be monitored. Maternity Transformation Programme will move into Phase 2 and Maternity Transformation Assurance Committee (MTAC) will tinue its work. Meetings' structure and oversight would not change the exception of the end of the Ockenden Report Assurance mittee. MTAC would continue to ensure robust assurance, including ust external stakeholder membership. AC will receive a report on actions so far in response to the Royal		
	actions	 College of Physicians' external review, commissioned by SaTH, of Neonatal Mortality for the years 2021 and 2022. This was completed in November 2023 and a letter with immediate feedback was received and reported on in the December 2023 QSAC Chair's report. The final report has not yet been received, but recommendations in their letter were used to create an action plan, in advance of the final report. It remains the intention to bring the RCS report to the board once it has been received. The agenda of Maternity Safety Champions' meeting is to be streamlined so that it doesn't cover the same papers as QSAC (eg CNST papers) unless there is a specific reason to do so, so that champions can concentrate on culture, staff experience and service users' experience. 			
3	Report compiled by	<i>Ms Rosi Edwards Chair of Quality and Safety Assurance Committee</i>	Minutes available from	Julie Wright Committee Support	