The Shrewsbury and Telford Hospital NHS Trust

Quality and Safety Assurance Committee, Key Issues Report		
Report Date: 29/05/2024		**Report of:** Quality & Safety Assurance Committee (QSAC)
Date of meeting: 28/05/2024		All NED and Executive Director members, and regular Trust Officer attendees, were present.
1	**Agenda**	The Committee considered the following: • Industrial Action update • Paediatric Transformation Assurance Committee • Neonatal Mortality Review Updated Action Plan • Draft QSAC Annual Report • Safeguarding 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 • Infection Prevention & Control Assurance Committee Key Issues Report • Nursing, Midwifery & AHP Workforce Key Issues Report • Quality Operational Committee Key Issues Report • Quality Indicators Integrated Performance Report • CQC Improvement Plan Update • Incident Management Overview Report • Getting to Good Report • Bi-Annual Staffing Report • PALS, Complaints & Patient Experience Q4 & • PaCE Panel 4A • Falls Quarterly Report • Annual Quality Account
2a	**Alert** *Matters of concerns, gaps in assurance or key risks to escalate to the Board*	• Infection Prevention and Control: whooping cough: cases are rising nationally and QSAC heard of the deaths of two babies born at SaTH. Reviews are being undertaken and will go to PTAC to identify any learning. Screening of contacts should ideally be done in the community (screening and access to vaccinations are a local authority responsibility) and this will be raised with system colleagues, including at the Integrated Care Board Quality and Performance Committee on 30 May 2024. • QSAC heard through the Quality Operational Committee that maxillo-facial flap surgery had been paused with patients' pathway being developed with Wolverhampton. This was due to the complexity of the team requirements for such lengthy operations.
2b	**Assurance** *Positive assurances and*	• Paediatric Transformation Assurance Committee (PTAC): QSAC was assured that the Tier 2 split rota had been in operation for 7 months and was working; that the response rate for Friends and Family Test (FFT)

	highlights of note for the Board	in the last few months was greater than 40% with satisfaction scores of over 95%; and there was now regular multidisciplinary simulation-based training including mandatory sepsis training at induction for all doctors in paediatrics. • Bi-Annual Staffing Report: a standard methodology, the Safer Nursing Care Tool (SNCT) is mandated to review the adequacy of staffing levels and SaTH's application of this has been externally validated and found to be fully compliant. SaTH fill rates overall have remained consistently over 90% and Care Hours Per Patient Day (CHPPD) benchmarked against peers are in quartile 3. Good progress has been made in relation to reduction in vacancies and agency usage. In order to alter the establishment, 2 datasets are required. Further reviews will be done in July and October. QSAC noted that the report took into account the impact on cost of current practices, recent changes and potential changes in workforce. • QSAC received the second draft of the Annual Quality Report, liked the clarity of the format, asked for additional information to be included on falls (graphs, commentary on graphs and further detail on the measures that had been introduced) and approved it for transmission to the board. • PALS (Patient Advice and Liaison Service) Quarterly Report: QSAC commended this report for capturing the detail of patient experience and the way patients appreciated the care staff showed even in difficult circumstances and asked for it to be shared more widely with staff as well as patient experience groups, and if possible to be made public as a matter of routine.
2c	**Advise** *Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.*	• SaTH are still awaiting the full report into neonatal services from the Royal College of Physicians (RCP). QSAC received and discussed a report on progress with the action plan based on a detailed letter received from RCP in December 2023. This plan will be amended once the full report has been received and will use the reverse RAG rating as used in transformation plans in SaTH to monitor progress. Issues concerning wider system and regional support for neonatal care were to be raised once the full report had been received, but QSAC asked for them to be progressed now unless receipt of the full report is imminent. • Clinical Negligence Scheme for Trusts Maternity Incentive Scheme (CNST MIS) - QSAC received a paper giving an update on progress. Safety Action 2, concerning transmission of data to the Maternity Services Data Set is still the only one potentially at risk. QSAC also considered papers giving quarter 4 reports on Transitional Care Q4 Audit, Avoiding Term Admissions into Neonatal Units (ATAIN), and Perinatal Mortality Review Tool (PMRT). QSAC noted that the letter from RCP (see above) had observed that actions arising from PMRTs tended to focus on individuals rather than systems and heard that action on this will be part of the work to embed Patient Safety Incident Review Framework (PSIRF) practices in maternity and neonatal care. • QSAC heard that harm reviews for those waiting over 12 hours in the Emergency Department (ED) had revealed little harm though the experience will have been poor, and research shows that harm and excess mortality is caused by long waits in ED.

2d	**Actions** ***Significant*** *follow up actions*	• Consideration to be given to a Neonatal Transformation Plan, reporting through MTAC to QSAC. • Aligning and streamlining of agendas and cycle of business for Safety Champions, Maternity Transformation Assurance Committee, QSAC and Board to be done so that the right papers go to the right places at the right time and avoid unnecessary duplication. **Items for Audit and Risk Assurance Committee** Chair to send a copy of the Bi-annual Staffing Report for information regarding metrics, performance and external validation of application of methodology. Also, to Finance and Performance Committee, to show how financial issues are taken into account in the process.		
3	**Report compiled by**	*Ms Rosi Edwards* *Chair of Quality and Safety Assurance Committee*	**Minutes available from**	*Julie Wright* *Committee Support*