

Quality and Safety Assurance Committee, Key Issues Report		
Report Date: 25/09/2024		Report of: Quality & Safety Assurance Committee (QSAC)
Date of meeting: 24/09/2024		All NED and Executive Director members, and regular Trust Officer attendees, were present.
1	Agenda	<p>The Committee considered the following:</p> <ul style="list-style-type: none"> • Urgent & Emergency Care Transformation Assurance Committee (UECTAC) Key Issues Summary Report AAAA and Dispatches appendix • Paediatric Transformation Assurance Committee and Terms of Reference • Neonatal Review Report • Maternity & Neonatal Safety Champions Key Issues Report • Maternity Dashboard and Key Issues Report • CNST Update and appendices • CNST Safety Action 2 CQIM MSDS Report • Neonatal Nursing Workforce • Infection Prevention Control (IPC) Assurance Committee Key Issues Report • Nursing, Midwifery & AHP Workforce Key Issues Report • Quality Operational Committee Key Issues Report • Quality Indicators Integrated Performance (IPR) Report and Exception Report • Quality Priorities Dashboard Update • Patient Safety Strategy Update and • PSIRF Update • Incident Management Overview Report • Getting to Good Update Report • Therapy Services update • Medical Regulatory Group Q1 Report • Falls Q1 Report • Pressure Ulcers Internal Audit and Update report • Quality audit spot check findings / progress • Medication Safety Annual Report 2023/24
2a	Alert <i>Matters of concerns, gaps in assurance or key risks to escalate to the Board</i>	<ul style="list-style-type: none"> • Work continues in response to the challenges in terms of water safety within RSH Endoscopy. Twice weekly multidisciplinary meetings are taking place where actions and interventions are discussed with all appropriate stakeholders. Patients that have been cancelled due to the lack of capacity have now either had their procedure or have been rebooked for their procedure. Further work continues regarding addressing the short term options. • Data issues relating to Careflow have impacted the information available in the IPR, which reduces the level of assurance provided.

		<ul style="list-style-type: none"> • Clostridium difficile cases on ward 37 have seen an increase. There have been 5 cases reported since July. Outbreak management meetings are in place to monitor actions and progress. The Clostridium difficile work remains in its infancy and an update will be provided to the next IPC Assurance Committee following the six month review meeting in October. QSAC will monitor progress. • There are challenges in accessing training for the use of high consequence infectious disease (HCID) personal protective equipment (PPE) which staff are expected to have completed by March 2025. However, there is currently no availability for this training until at least April 2025 with only 5 training spaces a month nationally. This has been escalated to the regional NHSE IPC team who are reviewing options.
2b	<p>Assurance Positive assurances and highlights of note for the Board</p>	<ul style="list-style-type: none"> • Urgent and Emergency Care: QSAC saw the Dispatches action plan and dashboard which has been developed to monitor progress. Work is in progress to develop an observation framework and include feedback from patients and staff. QSAC will continue to monitor progress. QSAC were pleased to hear from the ICB that they had been impressed with the ongoing work of the Frailty Assessment Unit pilot, and the enthusiasm and passion of the staff involved. The improvements in triage of children and young people has been sustained, along with the follow up of those who leave the department without being seen. • The Infection Prevention and Control Annual Programme is 70% complete, with in place to complete this by the end of the year. • A UK Health Security Agency notification has been received regarding MPox. QSAC heard that SaTH has undertaken a number of actions in response: SaTH has adopted the Action Cards, undertaken a One-minute-brief, and are in talks with the system regarding testing and swabbing pathways and agreeing internal pathways if a patient requires hospitalisation. • SaTH Teams have been nominated for 4 awards in the Nursing Times Workforce Awards and have been shortlisted for areas of work including the Preceptorship Programme, Leadership Framework, SaTH Education and Health and Wellbeing Hardship Fund. QSAC agreed that the nomination for the Preceptorship Programme was particularly welcome as it is an important factor in the recruitment, retention of newly qualified staff.
2c	<p>Advise Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.</p>	<ul style="list-style-type: none"> • The quality priorities are being reviewed and the need for it to be aligned with other quality improvement work, as well as people management approaches. QSAC agreed with the plan and the focus on developing a strong culture of safety and safety systems within SaTH. QSAC also recognised the importance of ensuring that Just Culture and restorative justice were embedded in the organization. • While the review of therapy services has produced improvements including some increased availability of staff, therapy services remain fragile with demand exceeding capacity. Work continues to support the

		<p>service and therapy services are looking for opportunities to work with system partners to support the service.</p> <ul style="list-style-type: none"> • The Royal College of Physicians' external review, commissioned by SaTH, of Neonatal Mortality for the years 2021 and 2022: the final report has now been received and, along with an updated action plan, will be brought to QSAC in October and to the board in November. The final report will need redacting to remove case descriptions which could lead to identification. Families who have been impacted are to be contacted in advance of the report coming to board. • Clinical Negligence Scheme for Trusts Maternity Improvement Scheme (CNST MIS): SaTH remain on target to achieve all ten safety actions. An improvement action has been implemented in response to 10 week screening rates which are below target. QSAC also reviewed the Safety Dashboard which included the addition of infection rates following caesarean section as an increase had been identified. QSAC will be provided with updates. • CQC undertook an inspection of the safe use of assess compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R). When the report is received, it will be brought to QSAC. 		
2d	Actions <i>Significant follow up actions</i>	<ul style="list-style-type: none"> • The Getting to Good report, which was presented at this meeting, did not include the requested update on culture. This is to be added to the next report. • There was discussion about some of the charts in the data presented in the IPR which needs to be addressed in the next report. Arrows to represent changes in performance were not accurate. • The need for ensuring outcomes of actions are also provided in reports that are brought to QSAC was discussed. This would include sources such as complaints, incidents and compliments, as well as other indicators, to ensure that the impact of actions was captured in reports. 		
3	Report compiled by	<i>Ms Sarah Dunnett Chair of Quality and Safety Assurance Committee</i>	Minutes available from	<i>Julie Wright Committee Support</i>