

Quality and Safety Assurance Committee, Key Issues Report		
<b>Report Date:</b> 25.02.2025		<b>Report of:</b> Quality & Safety Assurance Committee (QSAC)
<b>Date of meeting:</b> 26.02.2025		All NED and Executive Director members, and regular Trust Officer attendees, were present.
1	<b>Agenda</b>	<p>The Committee considered the following:</p> <ul style="list-style-type: none"> <li>• UEC System Integrated Improvement Plan (SIIP) Key Issues Summary Report</li> <li>• Maternity &amp; Neonatal Transformation Assurance Committee - items for escalation</li> <li>• Maternity &amp; Neonatal Safety Champions - items for escalation</li> <li>• Maternity Dashboard - items for escalation</li> <li>• Quality Operational Committee – items for escalation</li> <li>• Quality Operational Committee ToR approval</li> <li>• Quality Indicators Integrated Performance (IPR) Report</li> <li>• Corporate Risk Register update</li> <li>• Learning from Deaths Q3 Report</li> <li>• Medical Examiner / Bereavement Service reports Q3 Report</li> <li>• Incident Management Quarterly Overview Report – Nov 2024 – Jan 2025</li> </ul>
2a	<p><b>Alert</b> <i>Matters of concerns, gaps in assurance or key risks to escalate to the Board</i></p>	<ul style="list-style-type: none"> <li>• In response to the NHS Digital dataset that reports on various aspects of ED performance for 2023-24 including mortality in the ED which identified that SaTH was higher compared to CHKS Peer Group, based on crude data and not including acuity, a detailed review of mortality in the ED during 2023/24 has commenced. This will be reported back through QSAC.</li> <li>• SaTH has exceeded the target number of Clostridium difficile infections for the year which required a 40% reduction. An action plan is in place along with support from regional NHSE.</li> <li>• There have been three Category 4 pressure sores since September. Themes are being reviewed, and improvement plans in place. The tissue viability nurse is targeting areas where there has been an increase in pressure ulcer occurrence.</li> <li>• The increased number of delays in ambulance offloads since November has led to delays in completing harm reviews. The forty longest waits continue to be reviewed. Since November there have been 376 6-hour delays, with 104 in January. Low harm was identified in 48 cases. From 20 January, the Trust is reviewing harms for 8-hour delays in line with NHSE guidance.</li> </ul>

2b	<p><b>Assurance</b>  <i>Positive assurances and highlights of note for the Board</i></p>	<ul style="list-style-type: none"> <li>• The Learning from Deaths improvement project was incorporated into the Trust 'Getting to Good' Programme in 2021. The project has now been formally closed with sign off provided by the</li> <li>• Executive Medical Director and work incorporated into business as usual.</li> <li>• In maternity, one to one care in labour was maintained at 100%, although there remains high unavailability. A positive acuity scores means that the midwifery staffing is adequate for the level of acuity of the women being cared for on the delivery suite: the maternity positive acuity in January was 99%, which is above the national target of 85%. The Trust remains on track to be compliant with all 10 action areas of the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme.</li> <li>• A review of the corporate risk register was presented. There has been progress with most risks reviewed and updated, but further work is needed to embed risk management throughout the organisation.</li> </ul>
2c	<p><b>Advise</b>  <i>Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.</i></p>	<ul style="list-style-type: none"> <li>• The learning from deaths report highlighted that there was an increase in deaths in ED in Q3 compared to the same period 2023/24. For the first time since summer 2023, the Trust dropped below the locally set target of 15% of deaths receiving a structured judgement review (SJR) with 9% of deaths reviewed. Performance was impacted by availability of staff which was 43% of programmed activity due to leave and sickness.</li> <li>• QSAC received the Key Issues Summary Report from 11 February on SaTH Transition Metrics - UEC Improvement plan to give assurance on progress of the plan. The committee heard that there were a number of sources of feedback on patient experience, we requested a deep dive on patient experience in ED to come back to the committee in April which draws all sources of information together.</li> <li>• There has been a change in how performance in stroke patients is measured. There was a request for a closer look at the data in response to the below target performance in a number of measurements. This will be reported via the Quality Oversight Committee.</li> <li>• The committee were disappointed to hear that the ICB are unable to provide continued funding for the Energize falls reduction programme. Other programmes and initiatives remain in place to reduce falls.</li> <li>• The first Medical Examiner and Bereavement Service Report since the service was made statutory showed a large rise in demand now that the service includes community deaths. The increased demand, coupled with the different referral routes from the community, has led to a dip in performance of providing certificates within three days. The target has changed since the move to a statutory service; however, the service is still attempting to meet this target to support families and the wider community. While the service is staffed to funding, this was calculated for when the service was non-statutory. The service is looking to make internal efficiencies to improve performance.</li> </ul>

		<ul style="list-style-type: none"> <li>There are much higher rates of sickness in community midwifery teams than inpatient services. We heard that work has commenced in response to the community midwifery review. Due to the delay in the Trust receiving the report, the approach has needed to be re-consulted upon. There are a number of initiatives in train to support higher risk groups in the community.</li> </ul>		
2d	<b>Actions</b> <i>Significant follow up actions</i>	<ul style="list-style-type: none"> <li>QSAC to consider what areas need in-depth review at the next meeting.</li> </ul>		
3	<b>Report compiled by</b>	<i>Ms Sarah Dunnett  Chair of Quality and Safety Assurance Committee</i>	<b>Minutes available from</b>	<i>Julie Wright  Committee Support</i>