

Quality and Safety Assurance Committee, Key Issues Report		
Report Date: 30.01.2025		Report of: Quality & Safety Assurance Committee (QSAC)
Date of meeting: 28.01.2025		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"> • Getting to Good Update Report • Cancer Services • Levelling up clinical standards • Hysteroscopy improvement work – effective pain management/avoidance update • Urgent & Emergency Care Transformation Assurance Committee (UECTAC) Key Issues Summary Report AAAA • Maternity & Neonatal Transformation Assurance Committee - items for escalation • Maternity & Neonatal Safety Champions - items for escalation • Maternity Dashboard - items for escalation • CNST MIS Year 6 Progress Report & Appendices • Antenatal and Newborn Screening QA Action plan and appendices • Infection Prevention Control (IPC) Assurance Committee Key Issues Report • Quality Operational Committee – items for escalation • Quality Indicators Integrated Performance (IPR) Report • BAF - Board Assurance Framework Q3 • Demetia Strategy Quarterly Report • Legal Update Report • Quality Priorities Progress Report (bi-annual) • Falls Q2 Report • PALS, Complaints & Patient Experience Report Q2 • Quality Spot Check Audit findings • Next patient – risk assessments and supporting policies • ICC workstream - Over 12 Hours in ED
2a	Alert <i>Matters of concerns, gaps in assurance or key risks to escalate to the Board</i>	<ul style="list-style-type: none"> • There has been a significant increase in the number of over 6-hour ambulance offload delays, with 195 in December. Low harm was identified in 28 cases. There are a number of actions being taken across the Trust and the system to improve performance. The pressures in ED continue with the impact on patients and staff being seen. The need for increased capacity of social care provision is vital to support patient flow. A number of actions to improve patient flow are in train including expansion of SDEC hours, introduction of the SHOP model (Sick patients, Home patients, Other patients and Plan) for the prioritisation of ward rounds. • Oncology waiting times remain a concern for all Divisions, but in particular Breast, Colorectal, Urology & Gynae. In gynaecology they are seeing a rise in the number of patients being admitted to ward for ascites

		<p>drainage due to long waits for the first outpatient appointment and then treatment waiting times.</p>
2b	<p>Assurance <i>Positive assurances and highlights of note for the Board</i></p>	<ul style="list-style-type: none"> • QSAC were pleased to hear of the progress that has been made in improving women's experience of having a hysteroscopy. In response to an incident, a whole process review has taken place so that patients receive information about the procedure before they arrive. On arrival, there is further information provided. Post procedure, staff provide patients with a paper-based survey so that the patient experience of the process is gathered, including monitoring of pain experienced by patients. This approach was resulting in a high completion rate, and a patient satisfaction rate of over 80% and provided assurance that improvements have been made in response to when things went wrong. • The Trust has been shortlisted in 3 areas of the Patient Experience Network National Awards (PENNA): Living Well Sessions, Get up, Get Dressed and Get Moving and Specialist Stroke Rehabilitation Groups. • There were improvements noted in training rates for dementia: Tier 1 - 96% and Tier 2 - 93%. • A monthly ward audit of compliance with the use of the Abbey pain scale (which is a tool to assist in the assessment of pain in patients who are unable to clearly articulate their needs) recorded a high level of compliance at 94%. Work continues to improve the use of dementia screening tools. • Although there was high unavailability of staffing in maternity, one to one care in labour was maintained at 100%. 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 December was 90%, 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. • In response to Dispatches, the Trust is now undertaking quality audits taking place three times a week along with one peer audit. ICB insight visits continue. QSAC also received information about the Next Patient work and the ICB review of patients who had waited over 12 hours. • The Board Assurance Framework was reviewed. There was no change in the level of risks overseen by QSAC.
2c	<p>Advise <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"> • The dementia care team is not a seven day service. The Trust is seeing an increasing number of people living with dementia attending ED. Work is taking place across the system to create pathways to support people living with dementia to receive care in the most appropriate place. • QSAC received updates on two programmes from Getting to Good that were not on track: cancer services and Levelling up clinical standards. • We heard about how the impact on patients of delays in accessing cancer services was being measured via harm reviews for all cancer patients who have waited for more than 104 days from referral. Where

		<p>harm was identified, this was reviewed via usual governance processes. The committee heard that the time clinicians are spending on reviews are not included in their job plans. While last month saw a drop in the number of delays over 104 days and therefore reviews undertaken, the number has increased since last year. Work is ongoing to improve cancer performance, but some specialties remain very challenged.</p> <ul style="list-style-type: none">• For levelling up clinical standards, work is ongoing with a number of standards in place, which had been prioritised according to learning from incidents and common areas of concern. There was synergy with this work and other quality improvement work. In order to maximise the impact of the work, we discussed the need for a road map which could draw together workstreams across the Trust, including audit. The Medical Director and the Interim Chief Nurse are going to take this forward.• In response to the RCN report on corridor care in January 2025, the Interim Chief Nurse has organised a visit to PRH ED by the RCN regional lead. QSAC received an update on the culture work that is in progress in ED. Further work is needed to ensure that observation of care is captured in quality audits.• There was an ICB insight visit to the Neonatal unit which provided positive feedback including how the team felt confident and supported by leadership, success in recent appointments to critical posts. The ICB also identified that there was a need to improve the pace of improvement following the external neonatal review.• QSAC received the action plan in response to the screening service quality assurance visit which the NHS England Screening Quality Assurance Service (SQAS) undertook place on 10 September 2024. NHS England have agreed the action plan.• Progress against action plans for both external reviews will be reported and monitored via the Maternity and Neonatal Transformation Assurance Committee.• Two meetings which report into the Quality Oversight Committee were not quorate which reflects the current pressures on colleagues: the medicine safety committee and the cancer quality and performance committee were not quorate for December due to lack of medical representation.• The committee heard of the continued work to reduce the number of falls which includes improving compliance with recording lying and standing blood pressures to identify postural drop and reinforcing bedside handovers. One of the initiatives, provided by Energize, who are a local charity who work collaboratively with local and national partners to promote movement and activity and provide an evidenced based programme were commissioned as part of the Falls Prevention Pathway. The ICB were funding this programme until 8 January 2025: a request has been made to the ICB to see if this funding can continue
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2d	Actions <i>Significant follow up actions</i>	<ul style="list-style-type: none"> • None 		
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>