

## **Quality and Safety Assurance Committee**

23 May 2018

This meeting reflected recommendations with respect to strengthening governance arrangements, arising from NHS Improvement's review. The relative timing of the Q&S meeting and the Clinical Governance Executive meeting have been adjusted to strengthen arrangements. The Medical Director, Edwin Borman presented a summary of the Clinical Governance Executive Meeting. It was also evident that some of the items considered at "Check and Challenge" meetings also need consideration by the Clinical Governance Executive to ensure that the Quality and Safety Meeting can be appropriately assured.

### [Accident and Emergency Services \(BAF 1134\)](#)

The current staffing levels across the 2 Accident and Emergency Departments were discussed. There are positives in the recruitment of a new substantive consultant and interviews planned for further candidates early in June. There has also been success in developing a cohort of advanced practitioners. The viability of the current service model is highly dependent upon the presence of locum consultants. There are also concerns about vacancies in the middle grade medical staff.

The Quality and Safety Meeting recommended that the monitoring of the service with a dashboard that pulled together key elements of service performance. This would include complaints, incidents, waiting times, admission rates and other key elements. This would help the Quality and Safety Committee and indeed clinicians and managers to identify any adverse trends.

### [Maternity Incentive Scheme \(BAF1204\)](#)

The Q&S Committee received assurance from the Women's and Children's Care Group that 10 key requirements of the national Maternity Incentive Scheme can be achieved and evidenced. The Q&S Committee recommend that the Board should approve the submission.

### [Maternity Services \(BAF1204\)](#)

There was discussion with respect to the current suspension of services at SATH's Midwife Led Units. The fundamental requirement is to ensure that the service is safe and this was emphasised by the sub-committee.

Prior to the meeting Non-Executives, The Director of Nursing and The Medical Director visited the Neonatal Unit and the Obstetric Delivery Unit. On this visit we noted the calm atmosphere and outstanding cleanliness of the wards. We were delighted to be shown the computerised foetal heart rate monitoring equipment and have the "fresh eyes" approach explained to use where the coordinator checks the foetal heart rate tracing on a regular basis.

## Never Event

The Sub- Committee were briefed about a recent “Never Event” where “wrong site” surgery was undertaken. In accordance with Significant Incident Policy a “rapid review” has taken place and a comprehensive investigation will be launched, ideally with external, independent contributions. The affected patient is currently recovering, and clinicians have candidly explained the circumstances to the patient and family members.

## Scheduled Care ([Links to BAF 1185](#))

We received a presentation from the Scheduled Care Group. They reported excellent performance against referral to treatment targets and targets linked to cancer care. SATH are amongst the very top performers in England for receiving referrals electronically with a very tiny percentage of referrals arriving in paper format. The care group reported that the services that they provide are still pressurised by the use of day surgery beds for medical patients during escalations. The sub-committee were impressed by the quality of the presentation and with the commitment of senior nursing and management to continuous improvement.

Dr David Lee  
Chairman, Quality and Safety Assurance Committee  
24 May 2018