

Quality & Safety Assurance Committee Key Issues Report

Report Date: 3 rd September 2022	Report of: Quality & Safety Assurance Committee
Date of last meeting: 31 st August 2022	Membership- The meeting was quorate as defined by its Terms of Reference
1	Agenda The Committee considered an agenda which included the following: <ul style="list-style-type: none"> • Infection Prevention and Control Summary Report • Maternity Transformation Summary Report • Maternal and Neonatal Safety Champion Report • Maternity Dashboard triple A report • HSIB maternity investigation programme (full update Sept 2022) • CNST Submission • Getting to Good Highlight Report • Quality Operational Committee Summary Report • Quality Indicators Integrated Performance Report • CQC Update • Nursing, Midwifery and AHP Workforce Key Summary Report • Serious Incident Overview • Board Assurance Framework • Breast Screening and MRI scanning • End of Life Annual Report • Health, Safety, Security and Fire Committee Annual Report • IT Digital Update
2a	Alert <ul style="list-style-type: none"> • The progression towards compliance with the CNST incentive scheme targets is impressive although work is required to sustain carbon monoxide testing levels in the antenatal period and to maintain staff training at current levels • The Getting to Good Programme report highlighted the lack of progress with respect to the operational efficiency project. This is largely due to the operating theatre efficiency element. There are several elements including substantive staffing and loss of elective beds due to unscheduled care and COVID pressures • The Acting Medical Director reported that an investigation is underway with respect to the non-implementation of guidance about the use of MRI scanning for specific groups of women scheduled for breast screening • There continue to be staffing challenges with the loss of some ED staff and pressures on Oncology which are impacting on service performance • Establishing effective patient flow across the system is a major challenge. There are still significant numbers of patients who are in a hospital bed and yet are fit for discharge. There is a need for the ICB to adopt an action focus on this issue
2b	Assurance <ul style="list-style-type: none"> • The committee received a highly encouraging report regarding end-of-life service provision within the Trust. It is clear that there have been significant improvements with, for example, 7 day a week team availability, proactive ward visits, complimentary therapy provision, new pathways and reporting dashboards.

		<p>These improvements are getting excellent feedback from ward-based staff.</p> <ul style="list-style-type: none"> • The Health, Safety, Security and Fire Committee Annual Report indicated that this is an area where the Trust has excellent data and good analysis of that data to support impressive management in the domain. There is a clear and well-articulated future work programme. 		
2c	Advise	<ul style="list-style-type: none"> • There is work underway to improve the levels of documented VTE assessments. This has always been a strong performing element of the Trust's quality targets but has slipped over recent months below target levels. • The new Patient Safety Incident Response Framework has been formally released to the NHS and is being implemented • The level of overdue Datix previously reported by QSAC to the Trust Board has improved • The Health, Safety, Security and Fire Committee Annual Report indicated that this is an area where the Trust has excellent data and good analysis of that data to support impressive management in the domain. There is a clear and well-articulated future work programme. • The implementation of technology such as a new patient administration system, electronic patient records, electronic prescribing and medication administration has significant implications for the delivery of quality, safe care. Since QSAC's original request for a briefing with respect to the project, the Trust's IT strategy has been published. The committee heard that implementation plans are on track and additional bids have been made to secure funding to augment the programme 		
3	Actions to be considered by the Board	<ul style="list-style-type: none"> • Report to be noted 		
4	Report compiled by	<i>Dr David Lee Chair QSAC</i>	Minutes available from	<i>Julie Wright</i>