

Quality & Safety Assurance Committee Key Issues Report

Report Date: 26 October 2022	Report of: Quality & Safety Assurance Committee
Date of last meeting: 26 October 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"> • Safeguarding Assurance Committee Summary Report • Maternity Transformation Summary Report • Maternal and Neonatal Safety Champion Report • Maternity Dashboard triple A report • Emergency Care Transformation Assurance Committee • Infection Prevention and Control Summary Report • Quality Operational Committee Summary Report • Quality Indicators Integrated Performance Report • Nursing, Midwifery and AHP Workforce Key Summary Report • Board Assurance Framework • Learning from Deaths Q4 report • Medical Examiner and Bereavement Service Q4 report • Quarterly Falls report • Legal Report • Quarterly People Assurance Report • Getting to Good Highlight Report • CQC Update • Serious Incident Overview
2a	Alert <ul style="list-style-type: none"> • The Trust have received notification that the 136 Suite at Redwoods is going to be closed temporarily for building works for approximately 20 weeks, this would impact on SaTH if no other facility provided. It is acknowledged that the building works are required for future service provision. This facility affords a place of safety for people with mental health challenges • At the time of the meeting there was a national amber alert in place with respect to the availability of blood products. The Trust has established an oversight committee which is meeting twice weekly to ensure recommended practice is implemented, This has, so far, only resulted in the cancellation of around 5 surgical cases which were of lower priority and could reasonably be deferred. • Paediatric triage performance (target 90% of children triaged within 15 minutes of arrival at A&E) is unacceptably low. This is showing no signs of improving and must be an urgent focus for improvement given its implications for clinical safety as well as current CQC requirements on SATH • There were 15 Serious Incidents in September which is unexpectedly high. No obvious pattern has been identified on further investigation • Mixed sex breaches have increased as the unscheduled care pressures have increased

2b	Assurance	<ul style="list-style-type: none"> • The meeting was characterised by the availability of really high standard papers which were well presented. The maternity dashboard was clear and informative • There has been a significant improvement in the completion of Prevent Level 3 training with over 85% completion • As of October 26th, 3,192 staff had received influenza vaccinations. This is an encouraging start to the annual programme 		
2c	Advise	<ul style="list-style-type: none"> • There are 22 final Ockendon Actions which require system engagement. The Committee heard that this has been a challenge with system capacity and change within organisations within the system • The Memorandum of Understanding linked to SATH's role in the Local Maternity and Neonatal System. Work is still required to clarify working arrangements and this is delaying the Trust's ability to participate in some pilot schemes linked to maternity improvement • The Wrekin Midwifery Led Unit has been available with much greater consistency as a 24 hour facility • Whilst recruitment and retention of staff remains a challenge, the People presentation gave strong indications of better HT capacity, competence and governance • The Committee supported the view of the Director of Midwifery that efforts to encourage women to stop smoking in early pregnancy would be enhanced if their partner could also be engaged and, where necessary, given nicotine replacement therapy • The Emergency Care Transformation Assurance Committee has met for the first time. There is an initial concern that the business case for additional staff is only agreed for 1 year. There has been a programme of training to participants and the governance will follow that developed in Maternity underpinned by the Monday.com system • The Committee continue to scrutinise performance against the VTE assessment target (95%). An audit is in place to provide assurance that appropriate measures are initiated to reduce the risks of thromboembolic events for patients. 		
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</i> <i>Chair QSAC</i>	Minutes available from	<i>Julie Wright</i>