

Quality & Safety Assurance Committee Key Issues Report	
Report Date: 29 December 2022	Report of: Quality & Safety Assurance Committee
Date of last meeting: 28 December 2022	Membership- The meeting was quorate as defined by its Terms of Reference
1 Agenda	<p>The Committee considered an agenda which included the following:</p> <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 • CNST Report and Timeline for approval and submission • Infection Prevention and Control Summary Report • Nursing, Midwifery and AHP Workforce Key Summary Report • Getting to Good Highlight Report • Quality Operational Committee Summary Report • Quality Indicators Integrated Performance Report • Serious Incident Overview • ICS Quality and Performance Meeting • Learning from Deaths • QSAC ToR and Business Cycle
2a Alert	<ul style="list-style-type: none"> • Cleanliness: ongoing vacancies in the Cleanliness Team along with sickness absence are resulting in continual use of agency and contract workers. IPC Ward walks audits had identified areas of poor compliance especially in PRH ED. This has been improving; there are daily IPC quality ward walks on ED and ED have produced an action plan to make improvements. • Theatre capacity to train supernumerary staff is limited, with a risk of attrition. There is now a theatre staffing plan, and QSAC would like to know more about what is being done to deal with this training issue. • The responsible agency for dealing with absconding patients is due to transfer from the police to the ambulance service, though the way this will work is still unclear. The Director of Nursing/Adult Safeguarding Lead is seeking clarity from both the Police and Ambulance Service as to how this will be done - handover due in April 2023. • One new Never Event: chest drain - RALIG asked for actions to be taken, in advance of the investigation report being completed. • Diabetes Service: while there is a SaTH issue regarding the foot clinic having insufficient clinical workforce to meet demand, resulting in treatment being delayed for this cohort of patients, there is a wider system issue of resourcing the diabetes pathway. The Medical Director is taking this up within the system. • Cardiology department heavily reliant on locums. Cannot cover 24 hours 7 days a week and quality and safety standards are at risk

		due to shortfalls in workforce. Joint appointments have been made in the past and the Medical Director will look at options for doing this.		
2b	Assurance	<ul style="list-style-type: none"> The Trust has regained its green RAG rating on IPC following NHSE revisit on 12 December. There will be a further visit in March 2023 to check on sustainability. Delivery Suite positive acuity was 79% for the month of November. This was a significant improvement from the previous month and whilst it remains slightly below the 85% target figure it is the highest acuity achieved since April 2021. It is also notable that red flags were down to their lowest level (23). CNST: QSAC considered the further detailed paper. QSAC wished to record its appreciation of the effective work put in by the Maternity team. In particular QSAC noted the contents of the CNST paper and took assurance that the evidence requirements of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) have been met. QSAC agreed the paper at Appendix 7 required to achieve safety action 10. This paper details final confirmation of reporting 100% of eligible cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN) scheme from 1 April 2021 to 5 December 2022. Learning from deaths: NHSE visit reviewed SaTHs SJRs and were impressed by the quality and targeting. Although the percentage for SJR completion was 3% in Q1 and rose to 5.2% in September, NHSE advised against prioritising achieving a set percentage and rather to concentrate on themes and disseminating learning. 		
2c	Advise	<ul style="list-style-type: none"> Emergency Care Transformation Assurance Committee (ECTAC): QSAC agreed to seek an update report in Q1 2023/4 and what tangible benefits for patients had been achieved so far. There have been 4 child deaths between January and October 2022, three of whom were Looked After Children. CQC are aware of these. SaTH has undertaken a thematic review of all these deaths and after this has been through RALIG and QOC it will come to QSAC. Draft revised TOR and schedule of business: this will come back to the January meeting. 		
3	Actions to be considered by the Board	<ul style="list-style-type: none"> Deep dive on staffing in the Cleanliness Team, looking at how we can recruit and retain staff, coming to QSAC in February 2023. Report back to QSAC on theatre staffing plan and training issue. Report from ETAC in Q1 2023/4. The CNST paper will go to the Board on 12 January 2023. Medical Director will report back to QSAC on ICS actions on Diabetes Pathway and plans for improvement. Thematic review of four child deaths will come to QSAC early 2023. Draft TOR, schedule of business: Director of Nursing, Medical Director and Chair will meet with Interim Corporate Governance Consultant in January 2023 to go through the changes. 		
4	Report compiled by	<i>Rosi Edwards</i> <i>Associate NED QSAC</i>	Minutes available from	<i>Julie Wright</i>