

Quality and Safety Assurance Committee, Key Issues Report		
Report Date: 27.07.2023		Report of: Quality and Safety Assurance Committee
Date of meeting: 26.07.2023		Rosi Edwards, Hayley Flavell, David Brown, John Jones, Sharon Fletcher, Kath Preece, Kim Williams, Kelly Parady, Ruth Smith, Julie Wright.
1	Agenda	<p>The Committee considered the following:</p> <ul style="list-style-type: none"> • Industrial Action update • Update on reports referenced by the Scolding report (Maternity) • Paediatric Transformation Plan AAAA • Safeguarding Assurance Committee Issues Key Summary Report • Maternity Transformation Assurance Committee Key Issues Summary Report • Maternity & Neonatal Safety Champion Key Issues Summary Report • Maternity Dashboard and AAAA Report • CNST Update • Infection Prevention Control Assurance Committee Key Issues Summary Report • Draft IPC Annual Report • Getting to Good Committee Key Issues Summary Report AAAA • Nursing, Midwifery & AHP Workforce Key Issues Summary Report • Quality Operational Committee (QOC) • Quality Indicators Integrated Performance (IPR) Report • Serious Incidents Overview • PALS Complaints and Experience Annual Report 2022/23 • Board Assurance Framework Q1 Draft • Review of Committee effectiveness
2a	Alert <i>Matters of concerns, gaps in assurance or key risks to escalate to the Board</i>	<ul style="list-style-type: none"> • Junior Doctors' strike: the impact of the July Strike was similar to previous strikes, with no alerts arising directly from the action, but long ambulance waits. It is becoming harder to get agreement for cover for nights, there is an increasing impact on consultants. Some specialities, especially medicine, are particularly vulnerable regarding night cover. • Consultants' strike: reliable figures on the numbers of Consultants striking not yet available. No significant patient concerns arose. Specialities tried not to cancel treatment in anticipation, but this meant some late cancellations occurred. • CNST: Actions 6 and 8 remain at risk as advised in previous QSAC Chair's reports, and Maternity are looking at how they might be able to achieve them. In July yet more revisions of the standards came through and these are being assessed. • IPC: C diff numbers continue to increase across the organisation. The C diff action plan is being reviewed and the next steps are being agreed as immediate actions are needed, internally and system wide. • A robust review of 1448 urogynaecology patients from 2019 to current day is being undertaken to provide assurance on pessary management following the period of non-face to face clinic appointments during the covid-19 period. To date, 8 ladies have been found to have retained

		<p> pessaries in situ; 6 have been removed in clinic with low harm experienced, 1 has required removal under a general anaesthetic and a further lady has surgery scheduled next week. The review of the remaining 496 patients continues. This issue is not confined to SaTH but is a national concern.</p>		
2b	<p>Assurance <i>Positive assurances and highlights of note for the Board</i></p>	<ul style="list-style-type: none"> • Outstanding DBS checks: within the Trust, the numbers have reduced to just below 700 (7 of these being Nursing staff) and it is anticipated that all will be complete by the end of the financial year. The team will then focus on staff with out-of-date DBS checks. • Maternity Safety Champions' walkabout on 7 July at Shrewsbury MLU was very positive, with very strong management resulting in confident staff. The Maternity Dashboard also showed a reassuring increase in the number of home births. • HSIB National learning report reviewed, and our position benchmarked against the seven themes. No concerns identified, progress against this being monitored via maternity governance. • QSAC agreed the wording of new BAF Risk 1 and the reduction in risk rating from 20 to 15, agreed the reduced rating for risks 8, 9 (shared with FPAC, who had already agreed this) and 12 and for the BAF to be sent to Audit and Risk Assurance Committee. 		
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"> • ECTAC is awaiting confirmation of RSP funding to support the improvement programme, and if successful there will be backfilling of posts to enable the programme to progress in a timely way. • Funding for Nicotine Replacement Therapy for pregnant women is still not available. An ICB colleague attending QSAC will explore funding for NCT for pregnant women in relation to a similar need regarding stroke prevention in women. • CNST: QSAC received reports on PMRT quarterly report Q1, Transitional Care Audit Q1, ATAIN report Q1 and the Obstetric Workforce Paper, none of which raised any concerns. • The pre-procedure counselling and management of ladies during hysteroscopy is being reviewed following complaints. A working group has been set up to review information and counselling given pre-procedure, analgesia and overarching standards of practice. • Temporary closure of foetal medicine from July due to unavailability of consultant support: mothers are being diverted to other hospitals with the support of our commissioning. There is a task and finish group within that division to identify how service can be restored, noting that there is a national shortage in foetal medicine. Communication strategy being worked up with LMS, the MVP and our local communities. 		
2d	<p>Actions Significant follow up actions</p>	<ul style="list-style-type: none"> • See separate agenda item on Maternity Reporting to the Board 		
3	<p>Report compiled by</p>	<p><i>Rosi Edwards Chair of Quality and Safety Assurance Committee</i></p>	<p>Minutes available from</p>	<p><i>Julie Wright</i></p>