

Quality and Safety Assurance Committee, Key Issues Report		
<b>Report Date:</b> 29/02/2024		<b>Report of:</b> Quality & Safety Assurance Committee (QSAC)
<b>Date of meeting:</b> 28/02/2024		All NED and Executive Director members, and regular Trust Officer attendees, were present.
1	<b>Agenda</b>	<p>The Committee considered the following:</p> <ul style="list-style-type: none"> <li>• Industrial Action update</li> <li>• Emergency Care Transformation Assurance Committee Key Issues Report</li> <li>• Safeguarding Assurance Committee Key Issues Report</li> <li>• Maternity Transformation Assurance Committee Key Issues Report</li> <li>• Maternity and Neonatal Safety Champions Key Issues Report</li> <li>• Maternity Dashboard and Key Issues Report</li> <li>• Infection Prevention &amp; Control Assurance Committee Key Issues Report</li> <li>• CQC Update Report</li> <li>• Nursing, Midwifery &amp; AHP Workforce Key Issues Report</li> <li>• Quality Operational Committee Key Issues Report</li> <li>• Quality Indicators Integrated Performance Report</li> <li>• Patient Safety Strategy / PSIRF and Serious Incidents update</li> <li>• PALS, Complaints &amp; Patient Experience Q3 Report</li> <li>• QSAC Terms of Reference</li> </ul>
2a	<b>Alert</b> <i>Matters of concerns, gaps in assurance or key risks to escalate to the Board</i>	<ul style="list-style-type: none"> <li>• QOC (Quality Operational Committee) reported significant concerns about SaTHs ability to provide timely elective and acute care in Cardiology. The cardiology Medical and Nursing workforce shortages has led to 12 week wait for Rapid Access Service and 43 week wait for Urgent appointments. Action includes discussion with partners for support and looking at insourcing.</li> <li>• Stroke performance, as benchmarked in SSNAP (Sentinel Stroke National Audit Programme) audits, has declined, largely due to shortages of staff in therapies. QSAC will be receiving a report on therapies in May.</li> <li>• Delayed care in ED: continuing concern that regular 12 hour breaches will be having an impact on patients. Actions to mitigate risk include working with teams on prioritisation of care.</li> <li>• Delays in cancer care: four cases of harm due to measurable disease progression due to cancer waits and obtaining agreement for extra capacity/funding with the ICB have been flagged through QOC. Sourcing of additional support through a tertiary cancer centre would reduce waits but depends on securing extra funding.</li> <li>• ECTAC (Emergency Care Transformation Assurance Committee) will be extending its remit to cover Medicine Transformation Programme. This will significantly increase the workload of the current project management team, potentially putting progress with the programme at risk.</li> </ul>
2b	<b>Assurance</b> <i>Positive assurances and highlights of note for the Board</i>	<ul style="list-style-type: none"> <li>• ECTAC: those attending the February meeting from NHSE and ICB commented on robust challenge and comprehensive assurances.</li> <li>• Very positive quality visit from Keele University for undergraduate education on 6.12.2023.</li> </ul>

		<ul style="list-style-type: none"> <li>MIAA audit into Infection Prevention and Control measures has taken place and has given substantial overall assurances meaning there is a good system of internal control designed to meet the system's objectives and that the controls are generally being consistently applied.</li> <li>Medicine Transformation Programme (MTP) established within ECTAC. This will mirror methodology adopted by ECTP. The programme will include GIRFT (Getting it Right First Time) recommendations and upcoming CQC actions. Workstreams to include Culture and Communication, Frailty, Ward Processes and Improvements</li> </ul>		
2c	<p><b>Advise</b> Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.</p>	<ul style="list-style-type: none"> <li>Junior doctors' strike: QSAC heard that it had not been necessary to seek derogations in order to provide a safe service as there were enough people during February's action to fill the gaps. There remain serious concerns about the impact on the health of staff providing cover. There has been no reply to the letter referred to in the previous QSAC Chair's report but the Medical Director has had a meeting with the Regional Medical Director.</li> <li>Ockenden Report: IEA (Immediate and Essential Action) 1.4 regarding a single maternity service in a Local Maternity System (LMS): Maternity Transformation Assurance Committee (MTAC) rejected a proposal to de-scope this on the grounds that action on it was outside SaTHs control. QSAC confirmed its support for MTAC, agreeing that it should be possible to find maternity services to partner with, and that this should be actively supported by the region and system.</li> <li>QOC is to review its agenda with a view to reducing the detail and frequency of reports to enable it to give more consideration to the items brought to it.</li> <li>QSAC agreed revised Terms of Reference should go to Board, with one minor amendment, with a recommendation for board approval.</li> </ul>		
2d	<p><b>Actions</b> Significant follow up actions</p>	<ul style="list-style-type: none"> <li>Report to QSAC in April on how SaTH benchmarks against national data on maternity performance.</li> </ul>		
3	<p><b>Report compiled by</b></p>	<p><i>Ms Rosi Edwards Chair of Quality and Safety Assurance Committee</i></p>	<p><b>Minutes available from</b></p>	<p><i>Julie Wright Committee Support</i></p>