

Quality and Safety Assurance Committee, Key Issues Report		
<b>Report Date:</b> 27/11/2024		<b>Report of:</b> Quality & Safety Assurance Committee (QSAC)
<b>Date of meeting:</b> 26/11/2024		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>• Urgent &amp; Emergency Care Transformation Assurance Committee (UECTAC) Key Issues Summary Report AAAA and Dispatches appendix</li> <li>• Paediatric Transformation Assurance Committee and Terms of Reference</li> <li>• Neonatal Review Report update</li> <li>• Maternity &amp; Neonatal Transformation Assurance Committee Key Issues Report</li> <li>• Maternity &amp; Neonatal Safety Champions Key Issues Report</li> <li>• Maternity Dashboard and Key Issues Report</li> <li>• CNST Update</li> <li>• CNST Safety Action 2 CQIM MSDS Report</li> <li>• Infection Prevention Control (IPC) Assurance Committee Key Issues Report</li> <li>• C Diff deep dive</li> <li>• Nursing, Midwifery &amp; AHP Workforce Key Issues Report</li> <li>• Quality Operational Committee Key Issues Report</li> <li>• Quality Indicators Integrated Performance (IPR) Report and Exception Report</li> <li>• Incident Management Overview Report</li> <li>• Getting to Good Update Report               <ul style="list-style-type: none"> <li>• Culture</li> <li>• Digital update</li> </ul> </li> <li>• Clinical Audit Plan</li> <li>• HTP update on Falls</li> <li>• Patient and Carer Experience (PACE) Q2 report</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>• The clinical audit team were informed that due to data warehouse issues, the information required for the Trust to participate in the CQC national inpatient survey was not available. CQC were informed of this at the time of the response. The Director of Nursing and the Director of Strategy have been in communication and the Director of Strategy confirmed that the data should be available via the Information Team. The Director of Audit has contacted the Dep CEO as the executive lead to gather the data needed which needs to be gathered by the 3 December 2024 and submitted by 20 December.</li> <li>• The success of the plan to stop agency is dependent on the success of a number of actions including the effective operation of the vacancy panel and supporting processes to reduce delays, recruitment to the escalation areas.</li> </ul>

		<ul style="list-style-type: none"> <li>• There is a current business case in development with the ICB to commission a service to support the increased need for TB services.</li> </ul>
2b	<p><b>Assurance</b>  <i>Positive assurances and highlights of note for the Board</i></p>	<ul style="list-style-type: none"> <li>• The Trust is on track to be compliant with all 10 elements of the CNST. The action that was at risk (PROMPT training for anaesthetists) has been achieved.</li> <li>• The national audit of unreported falls was discussed. We heard how information gathered from complaints, incidents, embedded governance teams and surgical reviews and were assured that falls are reported by staff.</li> <li>• The role of the Learning Disability lead has been recruited into and will commence in January 2025 which will support the delivery of the Trust's overarching strategy.</li> <li>• In response to an immediate action made by the independent neonatal review, nitric oxide is no longer being used in the neonatal unit. A decision has been made by the regional network to remove nitric oxide from all level 2 units in the region.</li> <li>• Two tests of change in ED have produced improvements. In the seated medical area (AMA) results indicate a significant reduction in length of stay in the area from a baseline of 1.6 days to an average of 0.8 days. The adjustment of shift times for the Emergency Nurse Practitioner in the Minor Injuries to start earlier at 8 am led to 5 patients being seen with the overall performance improving from 89 to 92%.</li> </ul>
2c	<p><b>Advise</b>  <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"> <li>• The report provided by the external HR supplier on staff vaccination status and blood borne virus status is not providing information in a format that provides sufficient assurance. While there are no concerns that staff and patients are not protected, the report is not providing information in a format that makes it easy to monitor the overall position. An action was agreed to raise with the Chair of PODAC to see how this can be addressed with the supplier.</li> <li>• The Getting to Good report highlighted two projects are rated red: cancer performance and levelling up clinical standards. Associated harms related to cancer care are being monitored and a report will come to QSAC in January. The committee requested that a report into the impact of the lack of progress on levelling up clinical standards is brought to QSAC in January, along with an update on actions taken.</li> <li>• A report on the impact of the culture work that is ongoing was presented as part of the Getting to Good review. A review of the result of the culture survey for ED showed that there has not been as much progress in this department as in the rest of the Trust. A potential risk was highlighted of the impact on morale and development of staff of pausing of non-mandatory training.</li> <li>• In response to the ongoing work in ED in response to Dispatches, a plan is being developed to transition to a phased reduction in frequency of audit reporting to facilitate releasing capacity to deliver improvements. This is dependent on positive audit results, and UECTAC reserves the</li> </ul>

		<p>right to increase frequency if needed, for example in response to concerns, or deterioration in results.</p> <ul style="list-style-type: none"> <li>• There were two incidents of delay for a category one caesarean section (multiple birth) this month. There has been no improvement in the numbers of delays in category two caesarean sections. This is being monitored via the maternity and neonatal dashboard and there is an action plan in place which will be monitored.</li> <li>• The induction of labour rates for SaTH remain high. There is lack of consistency in the use of the induction of labour criteria in different trusts which creates challenges in comparing data.</li> <li>• Following an audit at SaTH, it has been identified that the figures for induction of labour also include augmentation. Badgernet does not have a separate flag for augmentation. To ensure correct recording of induction of labour (excluding augmentation) a number of actions have been taken: staff have been reminded that augmentation should not be reported as induction of labour and a request has been made to add a flag in Badgernet for staff to record augmentation.</li> <li>• A number of actions were requested in response to the IPR: a deep dive to understand the deterioration in performance relating to the care of the deteriorating child and PEWS recording which will report to PTAC in December.</li> <li>• In response to a deterioration in the question 'Was your relative comfortable' in palliative end of life care, PEOLC are to review and provide an update to QSAC.</li> <li>• An update including actions into the deterioration in dementia screening performance was requested.</li> </ul>		
2d	<p><b>Actions</b> <i>Significant follow up actions</i></p>	<ul style="list-style-type: none"> <li>• The terms of reference for the committee need to be reviewed. The interim Director of Midwifery is to confirm with NHS Resolution whether QSAC could be the delegated committee for CNST sign off and identify any changes needed to the Terms of Reference for this to happen.</li> <li>• It was identified that QSAC, unlike PODAC, PAC and FAC, requires two NEDs and two executives to be quorate. The meeting in October was not quorate as there was a NED and an associate NED who we were informed after the meeting did not count for quoracy as they are non-voting. The two executives also stepped off the call briefly to support staff in ED to remember a colleague. There is a need for clarification and consistency of quoracy across committees.</li> <li>• To review the agenda and frequency of reports that are coming to QSAC to facilitate deeper exploration of quality and safety issues.</li> </ul>		
3	<p><b>Report compiled by</b></p>	<p><i>Ms Sarah Dunnett Chair of Quality and Safety Assurance Committee</i></p>	<p><b>Minutes available from</b></p>	<p><i>Julie Wright Committee Support</i></p>