The Shrewsbury and Telford Hospital NHS Trust

**Paper 14**

# Quality and Safety Committee

Key summary points from the Quality and Safety Committee Meeting held on 24th August 2017

1. Whilst recognising the pressures on the hospitals, the committee remains concerned with the use of "additional beds" on wards at times of high demand. Recent research has again highlighted the impact of lower staffing levels, linking "care undone" to readmission, morbidity and mortality. This operational approach must not become accepted as the norm within Shrewsbury and Telford Hospitals

2. The committee received a very positive report from the Women's and Children's Care Group and were pleased to hear that recruitment to midwifery posts has been very successful. Obstetricians reported that MBRace have accepted representations regarding the inaccuracy of the total numbers of births per year within SaTH. This significantly affects some of the comparisons made within the report. If corrected they would present a much more favourable comparative picture.

3. The August meeting represented the committee's first "deep dive" with a Care Group, in this case Scheduled Care. The formal meeting was preceded by a visit to ward 22 (Trauma and Orthopaedic), the ward manager's development plans for the ward were strongly based upon her "Lean for Leaders" training

4. The publication of the "Getting it Right First Time" report for General Surgery offers opportunities for patient safety improvements, the removal of waste and reduced costs. It sets out 20 recommendations from Mr John Abercrombie, a leading colorectal surgeon and author of the GIRFT national report into general surgery in England. Mr Abercrombie has made recommendations that would particularly benefit patients by helping to shorten the time they spend in hospital and to reduce complications that can lead to readmissions. Implementation of such recommendations would generate savings for hospitals by freeing up beds for other patients. Nationally, this could deliver efficiencies of over £160m each year. The recommendations were developed by reviewing data from all acute hospitals in England and visiting 50 general surgery departments. The recommendations have also been fully endorsed by the Royal College of Surgeons.

David Lee
Chairman
Quality and Safety Committee

The Shrewsbury and Telford Hospital NHS Trust

**Paper 14i**

# Quality and Safety Committee

Key summary points from the Quality and Safety Committee Meeting held on 20th September 2017

## End of Life Care

The committee received a report looking at progress with respect to the management of patients at the end of their lives. Positive progress has been made since an audit in 2014 but the committee felt that:

- Delivering exemplary end of life care is the business of all staff;
- They need to be supported in this through the availability of service information and best practice guidance;
- This should be enabled by a clinically led team that includes physicians with an interest in palliative care; and
- There should be strong integration with primary care, community services and hospice services within a system wide approach that works for patients and their families.

## Enabling Discharge

One of the key Board Assurance Framework risks monitored by Quality and Safety includes the risk of failing to manage simple discharges effectively.

The SaTH Board has previously supported the implementation of more effective, clinically safe, discharge processes to improve patient flow. The Quality and Safety Committee received a paper relating to improving weekend discharge. This incorporated a section on the implementation of criteria led discharge.

At present, there is a strong understanding of the scope of the issue and the obstacles that need to be overcome to achieve improved approaches to discharge. Solutions to overcome these obstacles are less evident. This was emphasised on our clinical site visit to ward 32 (short stay medical unit) where we heard that:

- Working with a supportive consultant criteria led discharge is possible;
- There are requirements to issue a discharge note to the GP and to request discharge medications from the pharmacy. This causes problems as:
    - The pharmacy will not process “next day” orders; and
    - The prescription request to the pharmacy must be sanctioned by a Dr as the prescriber. This process of sanctioning or effectively “pushing the button” on the system also creates the discharge note.

Some of the difficulties may reflect medical staffing shortages and doctors then prioritising other work.

Work is urgently required to develop and trial solutions in advance of winter pressures.

## Tier 5 Agency Use

The committee received a briefing on current nursing staff levels and a proposal to stop using expensive agencies (so called Tier 5 agencies) to provide temporary staff. As presented, whilst reducing agency spending is a fiscal requirement, further work is required to mitigate the risk of embargoing those more expensive agencies. The committee again highlighted the desirability of using bank staff who are familiar with the hospitals and SaTH ways of working as opposed to agency staff who are less likely to be. This

may require the movement to weekly pay for bank staff already identified as a means of attracting more staff to work on the bank.

### Learning from Death

In keeping with the national requirements, SaTH is implementing a programme of mortality reviews across its care groups. This programme needs to meet national expectations, provide high quality learning and make best use of clinical time. The proposed SaTH approach uses a slightly different assessment methodology than the nationally suggested one. This is currently acceptable but there is an expectation that, over the next few years, a national approach may be mandated. The Quality and Safety Committee will oversee the process and seek assurances with respect to its implementation and outcomes. The Medical Director's proposals for the scheme were approved.

David Lee
Chairman
Quality and Safety Committee