

Quality and Safety Committee

Key summary points from the Quality and Safety Committee Meeting held on 17th October 2017

- Prior to each formal meeting, the sub-committee visits a clinical area to meet clinicians and patients. For this meeting the members visited the Pharmacy at Princess Royal Hospital. There was strong evidence that the “Lean for Leaders” programme continues to positively contribute to day to day working within SaTH.
- There was, however, significant concern that “mission critical” issues such as the supply of drugs and oxygen to the Trust are under threat as suppliers become reticent to provide these should invoice payments be delayed beyond standard time periods. This issue was escalated immediately and the formal meeting of the Trust Board in November should receive reassurance that there has been a revised approach to handling payments.
- Workforce issues were a recurring theme across the agenda items considered.
 - There appears to be a compelling case for 7 day working within support services (pharmacy, therapy and imaging) to enable patient flow
 - The Trust continues to pay premium rates for agency staff, Locums and for third party image reporting due to recruitment and retention issues;
 - The Trust does not have sufficient A&E consultants to provide a senior decision making function within accident and emergency services. This impacts on outcomes, on departmental waiting times and the patient experience
- The Committee looked at the published Annual Trauma Network report. It was noted that SaTH are an outlier on some areas of service. These include Head Injury, Thoracic Trauma in older people and Falls. Further work is required to understand why the published figures suggest poorer outcomes for patients in these areas. The Committee is working with the Medical Director to develop assurance with respect to understanding the precise root causes and any necessary changes required to current approaches. One hypothesis may be that this links into poor staffing in Accident and Emergency and further investigation into this is required.

David Lee
Chairman
Quality and Safety Committee

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Key summary points from the Quality and Safety Committee Meeting held on 23rd November 2017

- The committee visited the Women's and Children's Unit at Princess Royal Hospital and had a "deep dive" quality and safety review with the care group. It was pleasing to see tangible progress with respect to key areas identified as requiring action by the committee. These included systems for Foetal Heart Rate monitoring on the delivery suite and recent staff training in undertaking root cause analysis in support of incident investigation. The Midwife Led Units closed on a temporary basis are scheduled to re-open in early 2018. At present, there is no assurance that there are viable midwife rotas to deliver the full service. This is despite considerable success in recruiting midwives to the service which appears to have stemmed the attrition from the establishment but not succeeded in addressing the whole time equivalent shortfall (14.29 whole time equivalents including sickness and maternity leave).
- There remain significant pressures on the urgent care pathways. Bed occupancy for unscheduled care exceeds 100% due to the use of additional beds, there are new guidelines from NHS England that instruct NHS Trusts to enable prompt handovers between ambulance crews and emergency department staff and progress on initiatives to improve discharge are not yet impacting. The committee believes that work is required to look at patient flow as a full process rather than to introduce initiatives that might improve one aspect of the pathway but not impact the overall patient journey.
- There is undoubted pressure on our excellent staff. At this stage, there is no evidence that this pressure is creating additional clinical risk for patients but the committee has noted some low-level concerns. These include poorer scores on infection control ward walks and increased levels of complaints. Recognising the financial, workforce and activity pressures that exist at present, safety needs careful monitoring and the ambition of the Trust to be the "kindest" organisation must not be marginalised.
- The committee received an update about the arrangements for paying invoices submitted by the providers of medicines and oxygen raised at the October meeting during a visit to pharmacy and meeting with the Clinical Support Care Group. The committee heard that the lengthening of payment periods following submission of an invoice is becoming widespread within the NHS but that this approach does not usually extend to payment for medicines or oxygen. The committee does not believe that the Trust should delay invoice payment in these areas.

David Lee
Chairman
Quality and Safety Committee