

## **Quality and Safety Committee**

The Q&S meeting held on 21 February 2018 was attended by SATH's new chair Ben Reid.

### Human Factors Training

Human Factors is the scientific discipline concerned with the understanding of interactions among humans and other elements of a system. Human Factors experts apply theory, principles, data and methods to design to optimize **human** well-being and overall system performance. It is particularly useful in determining why things go wrong, for example, in the operating theatre environment and what can be done to reduce errors. The committee heard from Joe Mcloud and Brenda Maxton who have developed considerable expertise in this field and have been providing training within the Scheduled Care group. It is evident that this work has the potential to be applied more widely within SATH and the committee recommend that:

- Experts are given dedicated time within job plans /schedules to lead this work;
- The work is closely aligned with the Trust's Transforming Care work.

### Unscheduled Care

The meeting was attended by the Unscheduled Care leadership team. They made an excellent presentation with respect to their successes and the challenges they face. The committee recognised the considerable efforts made by staff working within unscheduled care facing considerable pressures on services due to increased activity,

- The fundamental risk faced by the care group relates to the workforce. There are considerable numbers of vacancies across the medical and nursing staff. Whilst these are operationally addressed by locum and agency staff, this represents an expensive stop gap. This will be revisited when the Q&S Committee meets jointly with the Workforce Committee;
- A very specific risk was highlighted with respect to the CT scanner at PRH. This is vital element of providing excellent stroke care at the PRH site and yet has had recent "down time" due to a breakdown
- The committee understands that there are on-going meetings with the Trust's consultant body who are supportive of developing new pathways of care to address the challenges faced by the Accident and Emergency Departments, This work was strongly supported and applauded by the committee members.

### Board Assurance Risks

On behalf of the Board the Q&S Committee monitors the following risks from the Board Assurance Framework

Risk 951: If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTC) lists and streamline our internal processes we will not improve our 'simple' discharges	No change
--	-----------

Risk 1204: If the Maternity Service does not evidence a robust approach to learning and quality improvement there will be a lack of public confidence and reputational damage	No change- The committee continue to work closely with the Women and Children care group to gain assurance. Services remain under external scrutiny
Risk 1134: If there is a lack of system support for winter planning then this would have major impacts on the Trust's ability to deliver safe, effective and efficient care to Patients	The committee strongly recommends and wishes to see evidence of planning for Winter 2018/19
Risk 1185: if we do not have the Patients in the right place, by removing medical outliers, Patient experience will be affected	No change- The committee has previously expressed concern that the practice of using additional beds is at risk of being accepted as business as usual rather than an exceptional occurrence

## Patient Feedback

At times of challenge and change it is important that the Trust seeks and acts on feedback from those using its services. Reliance on Friends and Family results is not sufficient as the response rate is low. The committee urge SATH to look at best practice from other NHS Trusts and outside health services to develop approaches that better engage with our patients. This might, for example, include using an App.

## Maternity

The committee reviewed the Maternity Dashboard and were concerned that there had been an increase in stillbirths for the month of December. Further analysis of the trend shows that the rolling year to date figure is within the anticipated range and there is no current evidence of an adverse trend.

There is, however, concern that the current proportion of women booked with maternity services before the 10<sup>th</sup> week of their pregnancy is significantly below the target range of 50%-100% and below the lower limit of the "amber" level (40%) for January 2018. It has been below this lower limit in 4 of the last 12 months with a rolling year to date average of 41.7%. Between 85% and 90% of bookings are achieved before the 12-week mark. This is a system problem and causes concern with respect to antenatal screening that might identify chromosomal abnormalities. This is under external scrutiny from Public Health England and the Regional Screening Board.

## Harm Free Care

As requested by the Trust Board. The Q&S Committee looked at the "Harm Free Care" metrics within the Quality Performance Report. It was noted that there was an improvement in the percentage of patients who were free from harm that had developed in our care in January 2018 compared to December 2017.

Dr David Lee  
Quality & Safety Committee Chairman

**Quality and Safety Committee**  
Wednesday 21<sup>st</sup> March 2018

**Meeting with the Support Services Care Group**

Members visited the x-ray department at Princess Royal Hospital. This enabled a discussion with staff around the **CT scanner**. Recent down time after a breakdown seriously disrupted services including the Trust's ability to properly deliver its Stroke Pathway. The current single CT scanner is an old installation and will need to be replaced. This should be a high priority for capital allocation.

In a similar vein, members also heard that the current system for creating digital images from **plain x-rays** uses a process where x-ray cassettes from x-rays are digitalised. One of the machines that enables this is currently damaging cassettes and the quality of digitalisation is poor from this machine. An upgrade programme will become essential moving to a more modern digital system that does not require cassettes. This is also likely to increase throughput within the department.

The final issue, highlighted by the Care Group within the meeting, is the current **laboratory IT system (Telepath)**. This will also need replacing as its reliability is in question and its on-going functionality is highly dependent upon the expertise of individuals working within the labs. There have been high profile incidents within the NHS where a failure of similar systems has significantly disrupted patient care.

**Maternity**

The Meeting reviewed a proposed new **performance dashboard** that will come into effect from 1<sup>st</sup> April. This represents a major advance in assurance and addresses a number of issues that Q&S had previously raised with the existing way of presenting performance.

The Sub-Committee remain concerned with the ability to **safely staff the maternity units**. The Head of Midwifery was able to assure members that there are well defined thresholds for invoking temporary closures of units to ensure safe staffing is maintained. There is, unfortunately, slow progress in commencing the consultation on new models of maternity provision.

**Board Assurance Risks**

On behalf of the Board the Q&S Committee monitors the following risks from the Board Assurance Framework

Risk 951: If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTC) lists and streamline our internal processes we will not improve our 'simple' discharges	No change
Risk 1204: If the Maternity Service does not evidence a robust approach to learning and quality improvement there will be a lack of public confidence and reputational damage	No change- The committee continue to work closely with the Women and Children care group to gain assurance. Services remain under external scrutiny
Risk 1134: If there is a lack of system support for winter planning then this would have major impacts on the Trust's ability to deliver safe, effective and efficient care to Patients	There was considerable discussion with respect to Accident and Emergency Staffing, in particular further losses of substantive consultant role. The committee strongly recommends and wishes to see evidence of planning for Winter 2018/19

Risk 1185: if we do not have the Patients in the right place, by removing medical outliers, Patient experience will be affected	No change- The committee has previously expressed concern that the practice of using additional beds is at risk of being accepted as business as usual rather than an exceptional occurrence
---	--

### Patient Complaints

The subcommittee was disappointed to note that only 49% of complaint responses were associated with an action plan. This should be a mandatory element of all complaint responses and action plans should be actively managed to completion. This provides assurance not only within the Trust but also to those who have made a complaint.

Dr David Lee  
Quality & Safety Committee Chairman  
21 March 2018