

Quality and Safety Assurance Committee

18 July 2018

Stroke Services

The pre-meeting clinical site visit was to therapy services and was undertaken by Brian Newman. We heard that the stroke unit based at Princess Royal Hospital is the 2nd largest stroke unit in the Region. Whilst achieving “average” to “good” outcomes, it is evident that the current therapy workforce is insufficient to provide a full seven-day service or to offer the intensity of therapy recommended by best practice. The committee have commented before on visits to the stroke wards and the committed clinicians who provide the care to patients. The key areas for consideration are:

- Does the stroke service become a standalone service that accepts direct admissions?
- How can the Trust secure reliable access to CT scanning, a vital step in the stroke pathway?
- Can the system find investment to expand the access to therapy services both within the hospital and, equally important, within the community? And
- How can the system begin to address specialist shortages including neurology and the provision of neuro-rehabilitation?

Never Event

The committee are tracking the action plans linked to recent never events. Despite significant work to understand and address the problems within the operating theatres that have contributed to recent never events, there remains much to do. The committee is not yet assured that appropriate changes in culture and process have been achieved and will continue to seek evidence of ongoing actions and improvement. The committee was clear that, where there are behavioural issues that mitigate against the implementation of safe practice, these must be addressed

Sepsis

The recognition and management of sepsis is both a national and local priority. Improving sepsis management has been the focus of transforming care workstreams. The committee were pleased to hear that it has now been agreed that the Critical Care Outreach Sisters will now have a mandate to support improvements in sepsis care.

End of Life Care

The Trust is currently rated as “requires improvement” by the CQC with respect to End of Life care. Dr Elin Roddy attended the meeting. She outlined some key requirements to support the improvement in care although noted that “Good end of life care is symptomatic of good care in general. Key aspirations for the End of Life Team are:

- To increase the numbers of facilitators (with especial focus on the PRH site);
- To extend the Swan scheme to PRH;
- To improve the use of End of Life plans within the Trust;
- To increase the training and supervision of staff; and
- Agreeing a formal service level agreement with the Hospice to secure support.

Current staffing challenges with significant numbers of agency and locum staff tend to mitigate against end of life care at its best.

There are some positives. The Trust has a low rate of death in hospital for end of life patients with a significant number of patients being able to die in their preferred place of death. Supporting this often requires social care input and the move by local authorities to using brokerage to secure packages of care creates some challenges to arranging rapid social support

Dr David Lee
Chairman, Quality and Safety Assurance Committee

Quality and Safety Assurance Committee

22 August 2018

The Quality and Safety committee's August meeting coincided with the CQC unannounced visit. A number of committee members were called out of the meeting to service the requirements of the CQC visiting team and to address immediate concerns. During the meeting, members were briefed regarding CQC concerns linked their visits to the Princess Royal Accident and Emergency Department and to the issue of additional patients on wards. The committee also considered a range of indicators incorporated into the Trust's Insight Data held by the CQC. There needs to be clear action plans to address insight data that suggests weaker performance and SATH needs to ensure that, where the data held is older that the current position is known.

Maternity Services (BAF1204)

The committee met with the Women's and Children's Care Group. Whilst there is still a significant focus on historic issues relating to Maternity, it is clear that the Care Group and its leadership have made a very strong and proactive response. This has included making changes at a cultural, clinical practice, structural and procedural levels. They clearly understand where there are any outstanding issues and have plans to address them. The committee were impressed by the scope of improvement and assurance activities. Committee members had visited the Midwife Led Unit at PRH and had attended the maternity safety huddle prior to the formal meeting. It is clear that the Maternity Service Review needs not only to consider the geographical elements of service provision but also to consider fast changing best practice within maternity care, for example, the development of transitional care for babies with on-going support needs who do not require neonatal unit support.

Accident and Emergency Services (BAF 1134)

The committee received updates with respect to the recent Accident and Emergency risk review and a paper detailing key safety considerations with respect to the current 2 site provision of Accident and Emergency services. It is clear that the 2-site model is fragile and relies heavily on the goodwill and resilience of staff. What is also evident, however, is that the alternative models of provision that may be offered on a temporary basis are not without safety risks. The committee supported the Medical director's view that sustaining the current model represents the lowest risk option although this needs to be monitored carefully and contingencies fully worked up in terms of logistics, communication and understanding clinical safety risk.

Infection Control

The committee also had a presentation from the infection control team following a recent cluster of infections at Princess Royal Hospital that triggered an NHS Improvement visit. There is an impressive and comprehensive action plan in place to address concerns raised by NHS Improvement. The Trust enjoys a good reputation for antibiotic stewardship and generally performs well against infection control standards.

Dr David Lee
Chairman, Quality and Safety Assurance Committee