The Shrewsbury and Telford Hospital NHS Trust

Paper 9

Quality and Safety Committee
December 2018

Winter Planning (BAF 1134)

The Q&S committee were not assured with respect to winter pressures. Concerns can be summarised as:

- The plan as presented looks to be very tight in terms of contingencies; we were told that the nursing fill would reduce to 85% of rota as the available establishment is spread across increased beds. This will lead to increased patient harm (falls, catheter associated infection, pressure ulcers); and
- There was little suggestion that the wider system plan is likely to contribute with, in particular, no assurances with respect to realistic step up or step-down capacity.
- The system needs assurance with respect to the coverage of out of hours GP services with an expectation that, should coverage be poor, there will be knock on effects on hospital services (BAF 951 &1134); and
- There appears to be some external NHS pressure to consider the use of additional beds (boarding) despite well-articulated staff and CQC concerns. The subcommittee is strongly opposed to this.
- The subcommittee remains concerned with respect to the attention on flow through the available bed base. More needs to be done to improve the flow through correctly staffed beds rather than moving to an increased number of beds that are staffed at a lower level. (BAF 51 &1185)

Clinical Governance Executive

The subcommittee were impressed with a substantially improved report from the Clinical Governance Executive. A particular concern of the CGE was the absence of an expert Nutritional support team. This is an area in which the Trust previously excelled but, in the absence of a current team, SATH is an outlier within an NHS in which 99% of Trusts have teams in place.

Whilst the subcommittee gave wholehearted support to the proposal, this highlighted a wider concern in that the funding gap between identified funds and the total funds required was very small (£15k) with the prospect of a team rapidly realising savings through the introduction of better care. The subcommittee's strongly held view was that matters like this should be resolved without needing escalation.

Accident and Emergency

The Unscheduled Care Group gave a detailed presentation of their work. In particular, the subcommittee sought an update with respect to the Accident and Emergency Services. These services are still in a transitional phase between a position where services were unsustainable across 2 sites at times to a point where the new medical appointments at consultant and middle grade are fully in post. There remains a significant reliance on agency staff.

As a Trust, SATH is still performing poorly against its 4-hour target. There has also been an increased number of complaints although it is important to note that there has been a decrease in the number of patient related incidents since September.

The situation warrants ongoing scrutiny from both the Q&S Committee and the Trust Board.

Nurse Staffing

Papers on safer staffing levels, staffing levels in paediatrics and winter pressures all highlighted issues with respect to the need to recruit to substantive nursing roles. Evidence has long shown that nurse staffing levels on wards and the presence of experienced nurses is associated with better patient outcomes. The Director of Nursing told the committee that this is now clear within SATH's own incident reporting with wards that have poorer staffing seeing more incidents such as catheter acquired infection, falls and pressure ulcers.

Sufficient substantive staff are also vital in ensuring that "best practice" pathways are followed, particularly when these are time critical. An example of this is the stroke pathway where rapid action is required at the point of arrival to ensure that appropriate treatment can be delivered within the specified time window.

Support Services /Information Technology

The subcommittee met with the Support Services Care Group. There has been some excellent work with respect to enabling access to investigations and improving reporting times. Members were delighted to hear that necessary capital to procure an additional CT scanner at PRH has been agreed. There has been substantial progress with respect to achieving 7 day working.

Members have asked the chair (who declared an interest in this discussion) to raise concerns with respect to the Trust's approach to Information Technology. Recognising that there is a process in train to procure an Electronic Patient Record system, it is important that there is a wider IT strategy that covers the multiple other systems deployed within the Trust. This is important as such a strategy may enable additional funding to be secured to support, for example, electronic prescribing and medicines administration (ePMA). It will also help identify the scope and case for key roles such as a Chief Clinical Information Officer.

Dr David Lee
Quality & Safety Committee Chair
December 2018

The Shrewsbury and Telford Hospital NHS Trust

Paper 9i

Quality and Safety Committee Meeting
Wednesday 23 January 2019

1. Attendance

At very short notice The Director of Nursing, Midwifery and Quality (DNMQ) and the Medical Director (MD) had been called to a meeting with NHSI in London. In order to be quorate, Helen Jenkinson (DDNMQ) was present representing the DNMQ and I was very grateful to Julia Clarke, Corporate Management Director, for attending for most of the meeting. Unfortunately, on account of pre-planned clinical commitments there was no senior doctor present, which was a pity.

2. Cancer Treatment

The committee was encouraged by SaTH's improved performance in the NHSE National Cancer Patient Experience Survey, the Trust's best results to date. In 62% of the questions SaTH scored higher than the national average, on 19% scored average. It was agreed that in a number of areas we should still strive to improve further. However, whilst up until now SaTH's treatment time-lines for cancer have met targets, the committee was concerned to learn that this performance is likely to deteriorate, particularly in urology, because of winter pressures as well as an increase in demand and a lack of medical manpower.

3. Review of internal audit report on actions and learning arising from recent Never Events

The Trust's internal auditor Deloitte has reviewed SaTH's investigations into the four most recent Never Events, to determine if actions to address causal factors are specific, measurable, achievable, relevant and timely (SMART), whether actions have been implemented, embedded and sustained and if learning has been shared and implemented across SaTH. It identified shortcomings in all aspects, with a number of very specific actions, in three cases requiring immediate action. Going forwards, the committee will require assurance that the recommendations have been acted upon appropriately.

4. Missed clinical test results.

A number of Serious Incidents (SIs) in recent years have occurred because of inaction after abnormal radiology and specimen results, resulting in sub-optimal care, harm or even death. This matter scores 20 on the operational risk register. Whilst this is undoubtedly a complex issue, it nevertheless requires urgent attention by the CGE working with the Safety team. The committee will require assurance that this issue is being addressed with the appropriate degree of priority and pace.

5. Sepsis

Given the seriousness of sepsis and the attention paid to this during the recent CQC audit, the committee was concerned to learn that there will be no resource for training in Sepsis procedures beyond February 2019. Furthermore about 25% of wards/departments still have no nominated sepsis champion. The committee will require assurance at its next meeting that provision for ongoing training is in place and that all wards / departments have sepsis champions. See also 6. BAF.

6. Scheduled Care Group report and visit to RSH Day Surgery / Endoscopy

The Care Group Head of Nursing and Operations Manager (the Medical Director was in theatres) presented what was going well, in particular strengthening theatres leadership, ophthalmology reconfiguration, EOL integration (a CQC action), Ward 4 Gold exemplar, GIRFT report for surgery and the installation of the 7-bedded vanguard unit to maintain day surgery during winter. Amanda Edwards and I visited Day Surgery / Endoscopy and were impressed by a well-organised, calm service manned by long service staff, who were

coping well also with some 'Winter' in-patient load. Challenged specialties are being managed – gastro and anaesthetics by recruitment, intensivists cover by cross-site working (ref CQC), some urology by UHNM collaboration, but RTT/diagnostic target performance is now seriously threatened by consultant capacity shortages, particularly gastro and urology and reduced capacity for Day Surgery cases because of Winter pressures. Lack of medical engagement (re: Criteria Led Discharge) and clunky IT systems still hinder improvement in patient flow.

7. Board Assurance Framework

There was lively debate around the proposed new wording and amalgamation and simplification of BAF risks delegated to Q&S committee, also taking on the new BAF risk concerning implementation of the CQC action plan. There remains the outstanding issue of whether, given the committee's obligation for oversight, the sepsis risk should be a BAF risk rather than an operational risk.

8. Actions arising from the CQC audit.

The Board has tasked the committee with assurance of the actions arising from the recent CQC audit. Two months in from the publication of the report the methodology for handling the 81 actions has been agreed and the various task groups are now constructing the action list – what is to be done, by whom, by when. We anticipate being able to see this before the Q&S meeting on 20th February.

9. Information Technology (IT) strategy and implementation plan

IT inadequacies and frailties were recurring themes: e.g. patient discharges being delayed, poor filing, storage and availability when needed, of masses of paper records, and hardware and software pending obsolescence with inadequate protection e.g. from cyber-attack. An Electronic Patient Record is an important foundation for much of this but it is only the tip of a much larger iceberg. Insofar as it will increasingly underpin our ability to be 'the safest and kindest' the committee would be assured by understanding what is the long-term IT strategy and its implementation programme. The committee felt that familiarity with best practice elsewhere, even purchasing their fully-developed IT systems, could be a means of expediting this crucial activity.

Brian Newman
NED and Chair of the meeting
24th January 2019.