

Quality and Safety Assurance Committee
19 February 2019

CLINICAL SITE VISIT

Members visited the discharge lounge at PRH. The current facility, combined with offering Medical Day Case activity is small (around 8 chairs at a time) but does have the merit of not being suitable for escalation beds. Managers and staff were focused on delivering a good patient experience. Three delays in the discharge process were described:

1. Doctors doing the discharge letter;
2. Pharmacy providing the discharge medications
3. Transport (either relatives collecting the patient or Patient Transport services)

When a patient's discharge is slow, the unit is unable to take additional patients from wards and the ward beds are blocked. Of the three delays, the committee heard that it is the Doctors preparing the discharge letter that is consistently to the most significant problem. Q&S and the Trust Board have visited the problems of discharge and patient flow on a number of occasions. It is now imperative that action is taken to prioritise activities that facilitate discharge and support patient flow. This requires engagement with the Medical Workforce to ensure that appropriate activities to support discharge are completed in a timely fashion.

SEPSIS

The Q&S committee has applauded a number of initiatives to try and improve the recognition and prompt treatment of sepsis. These have included work under the Virginia Mason programme, the use of critical care nurses and the appointment of sepsis champions. We are, however, cognisant that the Trust was criticised by CQC with respect to the management. Our conclusion is that, despite a number of promising initiatives, measures to improve the management of sepsis are failing to gain traction across the Trust. The Trust's own senior clinicians strongly advocate the appointment of dedicated Sepsis Nurses to provide leadership and support. The appointment of Sepsis nurses is common practice within NHS Trusts. The decision making process with respect to taking action on this seems tortuous and is not helping to ensure that very unwell patients are appropriately treated. It will also be difficult to assure external bodies such as CQC that appropriate measures are in place within our remedial action plans. This requires urgent executive action.

INFORMATION GOVERNANCE AND INFORMATION TECHNOLOGY

In the absence of an electronic patient record, the Trust's paper based records are the "system of record". The Q&S committee heard that there are significant challenges maintaining these records with respect to filing results and letters in a timely fashion. Whilst clinicians can access information through IT systems, this means that the fundamental record of care is inaccurate in many instances. There are a number of important processes, such as the management of abnormal results which need urgent attention to ensure that patients receive appropriate care and to support clinicians in their work.

The committee were also concerned that the current IT support capacity for systems that are used in the Trust is insufficient to address urgent upgrade work that is essential to ensure that systems remain functional and secure. IT is important that the Trust has a clear workforce plan to address the requirements of IT support from now, through the implementation of an EPR and beyond. This cannot wait until the EPR is procured if our systems are to remain functional.

ACCIDENT AND EMERGENCY /UNSCHEDULED CARE

The Unscheduled care group attended the committee and gave a detailed presentation with respect to their performance during a challenging winter. It is clear that there remain significant workforce challenges although, the additional consultant presence on both sites has improved leadership. The care group says that

things feel better. There are wards within unscheduled care that are very reliant on agency staff and there is a significant nurse vacancy rate in PRH Accident and Emergency Department. Positively, the care group comment that the expanded SATH to Home initiative has been helpful in supporting patient flow. There was a detailed discussion with respect to the limitations on Ward 35 but positive reports with respect to its functioning.

INFECTION CONTROL

The committee were dismayed to discover that NHS Improvement had criticised the infection control function within the Trust following a visit. This followed a previous Q&S Board escalation that complemented the action plan developed in response to NHS Improvement Concerns. SATH Executives must ensure that action plans are appropriately monitored to provide assurance that key measures are delivered in line with commitments. The committee heard that the Infection Control Policy was in line with NHS best practice but that the operational approaches deviated from the policy with respect to the timing of key meetings and the terminology used. It is essential that Trust governance processes ensure appropriate oversight with individuals and standing committees being held accountable for delivery.

WARD EXEMPLAR

The Deputy Director of Nursing gave a presentation with respect to the Exemplar Programme that has been implemented by SATH. This has now received national attention and recognition. In addition to celebrating the achievements of wards achieving exemplar status, work has been underway to bring other wards up to a level where they can be considered by the programme. This requires agreed, time limited action plans to move through a preparatory programme of work over a period of months. The Q&S committee strongly commend this work and SATH should ensure that there is the leadership and leadership capacity in place to support its evolution.

Dr David Lee
Chairman, Quality and Safety Assurance Committee

Shrewsbury and Telford Hospitals NHS Trust

Quality and Safety Committee Meeting

20th March 2019

1. A Never Event

There was a never event in PRH Ward 17 on 6th March. A nasogastric tube for the administration of medications was inappropriately placed into the patient's bronchus. Initial investigation indicates that the correct procedure was followed in checking aspirate pH, and the error was discovered only by x-ray, which had been requested for other reasons. A full investigation is currently underway.

Assurance: Too early to judge

2. Report from Clinical Governance Executive (CGE) meeting 19th March

2.1 Attendance

The medical director reported that attendance at this meeting had been poor. Indeed, he himself had been unable to chair the meeting as, at short notice, he had to attend an undiarised meeting with NHSI representatives. The committee felt that there was clearly still work to be done by EA's to protect 2nd and 3rd tier meetings from diary clashes. The MD said he would again be contacting the senior clinicians who should attend to reemphasise the importance of the meeting.

Assurance: Moderate

2.2 Discharge Summaries

It is clear that discharge summaries are still not being completed on time in order to support safe, timely and considerate discharges from SaTH. The COO and MD agreed to revisit the work that had been done in Value Stream 1 – Respiratory Discharge – to ensure timely production of the discharge paperwork, although it was acknowledged that the important interface between this and the pharmacy instructions is still very clumsy on account of the suboptimal IT system.

Assurance: Low

2.3 Patients being admitted under the incorrect consultant.

There are ongoing concerns regarding patients, mainly in unscheduled care /acute medicine, being admitted under the incorrect consultant. There is an associated risk of diagnostic results not being received/acted upon by the correct consultant. This concern has been escalated to the Unscheduled Care Group for a response/solution, but no assurance has yet been received.

Assurance: Insufficient

2.4 *GI Bleeds*

There are serious concerns regarding PRH's ability to manage serious GI bleeds, made more acute as a GI consultant is currently on sick leave. The Trust is non-compliant with NCEPOD recommendations relating to the pathway for serious GI bleeds requiring surgical intervention. There is an urgent need for additional consultants to ensure adequate supervision on the Wards and to be sure that gastro-consultants are freed up from other non-gastro duties. Medium term the Gastroenterology service needs to be centralised at RSH to maximise safety, effectiveness and efficiency.

Assurance: Low

3. *Learning Disabilities Provision in the Trust*

This service is jointly commissioned by the two CCGs from The Midland Partnership Foundation Trust, and comprises 2 WTS Acute Liaison nurses (ALNs) to provide advice and support in both Acute and Community settings; Powys patients are, however, not covered. Not all learning disability patients admitted to SaTH are being reviewed by the ALNs on account of a vacancy and staff absence. The DNMQ is recommending the appointment of a Mental Health / Learning Disabilities Clinical specialist to manage this work and the Committee would be more assured by such an appointment.

Assurance: Low

4. *Brexit*

There remains considerable uncertainty surrounding any impact from Brexit. Specifically, the committee heard from the Chief Pharmacist that SaTH is complying strictly with NHS instructions in not stockpiling drugs or medical consumables or appliances; NHS is giving us assurance that it will be holding sufficient buffer stocks for the whole of England centrally. However, it was pointed out to the committee that 75% of all drugs used by NHS in England are imported through a single port – Dover.

Assurance: Moderate

5. *Nursing staffing review*

The committee was concerned to learn that, particularly in ED and unscheduled care, substantive RN staffing levels remain well below where they should be, as does training. Whilst the overall RN fill rate appears satisfactory, there are wards where RN staffing continues to be fragile and fill rate low. There is a recognition that heavy reliance on agency staff, whilst apparently ticking the headcount box, does not offer the benefits of substantive nurses, e.g. continuity of care and familiarity with our policies and protocols. The committee would be more assured by roll out of models already developed and recommended for better staffing of acute wards, more education and training and implementation of strategies for retaining staff.

Assurance: Low

6. *Infection Prevention and Control (IPC)*

Following a recent NHSI IPC audit, SaTH remains at "Enhanced Monitoring" status. NHSI specifically noted our lack of IPC tactical capability, that the existing team needs further development, and a

lack of IPC leadership (which will get worse with the imminent move or retirement of key clinicians). Within the PRH-ED there was a lack of cleanliness of medical equipment and poor blood culture disciplines. The report from SaTHs own IPC Committee has highlighted concerns around review of antibiotic prescriptions within 72 hours (such that we will fail an agreed CQUIN target) and below target MRSA screening in EDs. Remedial action is in hand by the Care Groups. Hand hygiene overall has improved.

Assurance: Insufficient

7. Report of Learning from Never Events in surgery.

Following the Committee's review of the Never Events report from Deloitte's (internal auditor) in January, we received a thought-provoking presentation by consultant surgeon Mr. Jon Lacy-Colson on his findings relating to never events in theatres. He broke issues in theatres into 4 themes:

1. Hierarchy within theatres
2. 5 safer steps (WHO checklist – comparable to aviation disciplines)
3. Documentation
4. Obtaining patients' consent

He highlighted significant shortcomings in each of these areas together with remedial action plans. The committee was concerned that after so many initiatives in theatres, including a complete day's training for all staff and a number of "clip board" style external consultancies, that there had been only limited improvement. It was agreed that Mr. Lacy-Colson and Nigel Lee (COO) should liaise to merge the proposed actions with the current Value Stream work in theatres so further confusion is avoided.

Assurance: Moderate

8. Visit to Therapies Unit (South site)

Tony Carroll and I visited this unit, which provides day-care and some community therapies as well as coordinating inpatient work. The building is owned by NHS estates and is in poor shape e.g. roof leaks, some carpets completely worn through, although the therapists appear unclear who is responsible for rectifying any problems. Tony and I were completely bamboozled by what spells of therapy were and were not commissioned, how the SaTH staff interface with therapists in the Community Trust and how therapies management could keep track of their performance on expenditure AND income each month. Whilst there was some confusion, it appears that there should be a headcount of 78 physiotherapists and there are only 50 FTEs (and, apparently, that was all that was in the budget). This shortfall notwithstanding the department has been reorganised to give 7-day availability for patients, where this is needed, which impressed us. However, the department is clearly under stress through headcount shortages and this we were told reflected adversely in the recent staff survey.

Assurance: Moderate

9. Major risks in the Q&S territory

The Committee agrees that there should be a regular, if not for everything frequent, review of all risks in the Quality and Safety territory on the SaTH risk register, in order that the Committee may be assured that actions are in hand to reduce risk severity where possible. Peter Jeffries (ADQG&R) will liaise with the appropriate members of staff and bring a *modus operandi* to our next meeting.

Assurance: Not applicable

*Brian Newman
NED and Chairman for the meeting
22nd March 2019.*