Shrewsbury and Telford Hospitals NHS Trust Quality and Safety Meeting May 2019

Board Assurance and Operational Risk

The Committee wish to emphasise that the most significant risk to Quality and Safety within SATH is the workforce risk and the need to improve the recruitment and retention of sufficient, substantive staff to provide services.

It is also important to recognise that, for services facing considerable pressure, there are examples of staff working heroically to ensure that the services are delivered. These staff need recognition of their efforts but also cannot be expected to sustain such efforts indefinitely without the risk of burnout.

Over the course of the meeting and a clinical site visit, committee members heard about:

- Significant pressure on day surgery services with the ongoing use of day surgery beds for medical escalation
- Pressures on the urology services and breast services that result in an inability to achieve targets specified along the cancer pathways
- An emerging issue with pain management services that may be best addressed at a system level rather than by SATH alone

The Q&S Committee reviewed the Board Assurance risks and suggest that there should be some amendments to reflect the current situation

Risk	Current	Suggested
951	If we do not work with our partners to reduce the number of patients on the DTOC lists and streamline our internal processes, we will not improve simple discharges	Integrated working with our partners is essential in reducing demand and enabling discharge for unscheduled care patients. Partnership working is also essential in redesigning scheduled care pathways including cancer referrals. If we do not work successfully in partnership our current traditional service models for both unscheduled and scheduled care will be insufficient to meet escalating demand
1185	If we do not have patients in the right place, by removing medical outliers, Patient	If we do not establish effective patient flow through well-staffed unscheduled care beds, the quality of patient experience will be adversely affected and the

The Committee also reviewed the operational risk register entries linked to Quality with a score of 20. We concluded that:

Risk 1426

Risks linked to sepsis should reduce with the imminent appointment of a Sepsis Nurse

Risk 744

The risk linked to dedicated orthopaedic capacity and the ability to undertake joint replacements should now be removed with the opening of Ward 8 capacity

Risk 1084

The risk linked to follow up capacity within ophthalmology should be reduced from 20 as the number of post maximum wait patients has reportedly reduced considerably. A further reduction might then be achieved as the current demand and capacity modelling allows the clinical staffing levels to be determined.

Focus on Outcomes

Over a number of agenda items, the committee recognised that there had been considerable progress with process goals. The Trust needs to increasingly focus on outcomes for patients and for clinicians linked to improvement programs

Day Surgery

The PRH Day surgery ward was juggling a number of work streams including:

- Adult day surgery;
- Paediatric day surgery;
- Medical patients in escalation beds;
- Trauma patients in escalation beds; and
- Providing staff to the Vanguard Unit.
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Whilst SATH has clearly learned and listened with respect to improving the management of patient, for example, by providing a dedicated medical team and identifying pharmacy support for the unit, it is clear that there is still much to do to improve the quality of patient and staff experience. The Q&S members who visited the ward would strongly support the suggestions by staff to create a more appropriate paediatric bay which reduces the contact between children and adult patients.

Quality Impact Assessments

There is little assurance that QIAs to support the cost improvement programme are being developed. This makes it difficult to support the cost improvement / waste reduction proposals from a quality and safety perspective.