

Shrewsbury and Telford Hospitals NHS Trust

Quality and Safety Committee Meeting 18th September 2019

1. Review of items escalated to the last six board meetings (March to August)

The committee sought assurance from the clinical managers present. The Medical Director (ill) and Director of Nursing (holiday) were unfortunately absent but Dr. Borman and 3 senior nurses were able to cover. Of the 23 items escalated to Board in this half year period, several items appeared in more than one month. Some items had been successfully actioned but there are a large number, where clinical/welfare issues remain unresolved. These have been highlighted once more and clinical managers will report back at the next meeting.

Assurance: Low

2. Clinical visit to RSH Endoscopy unit

We were impressed by the calm, orderly ambience in this pleasant unit. There are 3 staff vacancies from a headcount of 19 which is better than the Trust average.

However, the physical layout of the various stages for sterilizing equipment and the "drying" cabinets no longer meet modern standards. Our assessment was that the cost to put this right is not large. The bigger problem appears to be at the PRH site where traces of contaminant have been detected. Evidence of a timed action plan is needed to assure us.

Assurance: Low

3. Sepsis recognition and treatment in EDs and AMUs

The committee heard from Dr. Borman that there appeared to be evidence in these departments not only of non-compliance to the application of the sepsis bundle, but moreover a feeling that compliance was somehow only voluntary. This is now a serious matter to be addressed by the Medical Director who unfortunately was ill and therefore unable to be present at the meeting.

Assurance: Low

4. Freedom to speak up

The committee received the report by The National Guardian's Office into the speaking up process, policies and culture at Royal Cornwall Hospitals NHS Trust. The SaTH FTSU guardians have isolated 4 of the 13 Cornwall recommendations as applicable to SaTH. These are:

- a. Speaking up Culture
- b. Issues raised by workers not handled with suitable independence
- c. Failure to respond to speaking up
- d. Measuring the effectiveness of speaking up

Kate Adney and her colleagues have proposed improvements to each of these aspects with measures in 3 and 6 months' time. The committee discussed the importance for patient safety of staff feeling free to speak up, preferably via the management chain, failing that via FTSU guardians, and were happy to approve the action proposed and to receive an update report later in the year.

Assurance: Moderate, awaiting results in 3 and 6 months' time.

5. Matters escalated from the Clinical Governance Executive

5.1 An incident raised as an SI has flagged the inadequate availability of cerebral angiography for new stroke patients. The regional centre at UHNS is itself overloaded, exacerbated by NICE stroke guideline changes in May 2019. It is recognised that the UK as a whole now has a shortage of radiologists for intervention and rapid reporting as well as insufficient facilities.

Assurance: Low

5.2 Complaints have been raised by GPs concerning delayed or missed communication from SaTH's dermatology sub-contractor, Health Harmonie. The WM Expert Advisory Group for Dermatology has received complaints about clinical issues at HH by other providers. HH has implemented a number of improvement actions and SaTH has revised its kpi's. Further update scheduled for October.

Assurance: Low

5.3 Increasing percentage of patients not receiving VTE assessments at admission

Q&S committee has previously expressed concerns about this. The MD and D of N have agreed a number of actions to reverse this trend: the committee will be vigilant in monitoring outcomes.

Assurance: High

6. Presentation by Scheduled Care Group.

There was good news from the Group concerning progress on exemplar wards and staff appraisals. However, it faces ongoing challenges, among them: the condition of the estate and age/unreliability of kit, unrelenting need to escalate into day surgery beds with knock on onto endoscopy beds, growing backlog for urology surgery including cancer and a shortage of consultant anaesthetists (11 short of recommended headcount).

Assurance: Moderate/Low

7. Emergency Department and Maternity Oversight committees

As a matter of sound governance, short reports from these two oversight committees were received and noted by the committee.

8. Nursing safer staffing and care hours per patient-day report.

The committee was pleased to note that staffing for registered and non-registered nurses was essentially in line with plan, albeit in some areas still very reliant on bank and agency staff to achieve this. The committee was encouraged to note the activity for recruiting further substantive staff to fill the c.200 registered vacancies. The Trust is working with HEE Global for international recruitment. The first three cohorts of potential recruits comprise, in total, 239 candidates; so far 109 have confirmed acceptance, of which 53 are now at the reference checking stage.

Assurance: Moderate

9. Update on "Doing Datix Differently" and addressing backlogs.

Dr. Borman sought my permission to submit a late paper on this, which was circulated the day before the meeting. For various reasons a backlog of unactioned Datix reports built to an unacceptable level in July. A number of actions have been proposed to get this backlog down, already well below 40% of the peak, including grouping topics e.g. staff shortage and an additional Governance Practitioner in USC. New methods of feedback have also been developed. The committee will keep this under surveillance.

Assurance: Moderate.

(N.B. A further non-agenda and unannounced PowerPoint presentation on "Quality and People" was circulated only 2 hours before the meeting and was not accepted for consideration, as no-one had had the opportunity to study it. It will be added to the agenda for October.)

10. Installation of second (new) CT scanner at PRH.

The Committee was pleased to hear that the CT scanner would be installed and operational before the end of 2019. However it was noted that there is a wider issue around systems security that the Board were addressing through the digitisation agenda.

Assurance: Moderate

11. Board Assurance Framework

The committee discussed the 2 BAF items within its remit. Relating to BAF 1134 "Working in partnership with the local health system on effective patient flow" the committee noted very little coming to the committee on this important topic, although it recognised SaTH's national leading position in reduced length of stay (respiratory and orthopaedic surgery particularly, as well as "stranded" and "super-stranded" patients).

Regarding BAF 1533, the committee received some assurance that actions emanating from the 2018 CQC inspection were either complete or in train. The committee stressed the importance of having all of these outstanding concerns rectified prior to a 2019 inspection.

Assurance: Moderate/Low.

Brian Newman
22 September 2019