

Quality and Safety Committee Summary

The Board are asked to receive and note the Quality and Safety Committee Chair's report of the key points from the meeting that it wishes to escalate to the Board

Key points from the meeting held on 18/12/2019
<p>Board Assurance Framework</p> <p>The Committee reviewed the Board Assurance Framework for Assurance on the following risks:</p>
<p>If we do not work successfully in partnership with the local health system to establish effective patient flow through well-staffed beds, then our current traditional service models will be insufficient to meet escalating demand (BAF 1134)</p>
<p>Previously, the committee reported on good progress with respect to more integrated acute and community services linked to stroke care. This does not seem to be replicated more widely. At a time of extreme pressure on hospital services, there is little evidence of community schemes developing that are credible, timely and impactful. The relationship with West Midland Ambulance service at a strategic and operational management level appears dysfunctional although front line paramedics continue to offer an outstanding level of commitment to patients. This commitment is often delivered under pressure from ambulance operations to deliver patients to A&E and move off.</p> <p>Assurance: Low</p>
<p>We need to implement all of the 'integrated improvement plan' which responds to CQC concerns so that we can evidence provision of outstanding care to our patients (BAF 1533)</p>
<p>There is evidence of good progress against CQC improvements, Plans are being revisited in the light of recent CQC visits and requirements</p> <p>Assurance: Moderate</p>
<p>Our maternity services need to evidence learning and improvement to enable the public to be confident that the service is safe (BAF 1204)</p>
<p>The Women's and Children's Care group presented at the meeting. This gave the committee opportunities to review the 2017 EMBRRACE data published earlier this year. Whilst it is not possible to project EMBRRACE's adjusted statistics to SATH maternity for 2018 and 2019, the crude non-adjusted figures are encouraging with reductions in neonatal deaths and stillbirths. Recent CQC visits have observed significant improvements in services and service</p>

Assurance rating key re risk/issue status:

High: improving position Moderate: unchanged position Low: worsening position

governance and the care group has an impressive menu of successful improvements secured over the last 18 months

A review of CNST declaration processes is being undertaken assisted by the Trust's Internal Audit function.

Assurance: Low

Paediatric Ward Visit

Committee members and the Chair of the Workforce Committee visited the paediatric unit at PRH. Our visit followed a very busy few days for the unit. The unit is impressively run and staff spoke proudly about the service. Key concerns are:

- Whilst retention rates for nursing staff are excellent, recruitment is a challenge and it is particularly difficult to cover maternity leave. Senior nurse leaders are seeking to introduce more varied roles with role rotation to try and attract additional staff.
- The nurse staffing applied to the ward rotas is reduced by a requirement to provide nurse hours to support specialist roles (rheumatology and endocrinology). This is an historic anomaly and needs to be addressed to ensure that there are sufficient nursing staff to deploy to the rota
- The onsite senior medical cover is provided by a registrar who covers the ward, admissions and neonatal requirements. Where senior presence is required simultaneously, a consultant is called in from home. This arrangement does not appear to provide ideal levels of onsite cover
- Senior nurses feel that nursing could do more with additional clinical development support this might include better support to other areas of the hospital and more confidence in supporting children and adolescents with mental health issues
- There are significant challenges created by the Children and Adolescent Mental Health service support to the unit. This means that children and young people are often on the ward for longer than is medically necessary awaiting a CAMHS/assessment. Some young people are also suffering extended ward stays whilst waiting for

The Medical Director and the Interim Nursing Director are working closely with the paediatric team and wider care group to take forward the strategic direction of the service and to strengthen it further. This will include actions to address recent CQC findings as well as issues relating to Child and Adolescent Mental Health.

Assurance Moderate

Clinical Governance Executive

The committee received a comprehensive report of the proceedings of the recent CGE meeting. There is evidence that the committee is beginning to meet the aspirations of the Trust Board with respect to its governance and assurance role. The CGE raised concerns about the current commissioned arrangements to deliver ophthalmic surgery outside the

Assurance rating key re risk/issue status:

High: improving position

Moderate: unchanged position

Low: worsening position

Trust from an independent sector provider. In the past SATH had used a different independent sector provide to help manage capacity and had experienced problems. A subsequent report into the service highlighted problems encountered and the requirement for lessons to be learned, With respect to the current service, CGE report:

The CCG commissioned ophthalmology service is provided by an organisation called Community Health Eyecare Ltd (CHEC). There are a variety of concerns about access, lack of specificity of pathways, the appropriateness of interventions and administration processes. These concerns are being addressed directly with the CCG by the Specialty and the Care Group and were raised at CGE in order to ensure appropriate escalation and further action if the initial approaches are unsuccessful.

Assurance with respect to CGE- Moderate

Assurance with respect to ophthalmology services Low

Accident and Emergency

The committee noted ongoing concerns about:

- The consultant workforce
- The extreme pressure on the service with resultant challenges to achieve acceptable performance
- Addressing CQC concerns with respect to sepsis and the deteriorating patient

Assurance Low

Sepsis and the Deteriorating Patient

As discussed at the recent Private Trust Board meeting, the repeated issues raised by CQC with respect to approaches in terms of recognising patients who are deteriorating, for example, with sepsis warrants the elevation of this risk. The following has been suggested in terms of wording:

“If we do not ensure that there are effective systems in place to consistently and confidently identify, escalate and manage patients with sepsis or other deteriorating medical conditions whether they are attending our accident and emergency units or are inpatients, then patients will not have the best outcomes possible and our regulator (CQC) will further escalate enforcement action.”

The Medical Director has been charged with ensuring that the necessary controls are articulated, documented and appropriate reporting

Completed by: Dr David Lee Chair of Quality and Safety Committee

Date: 19/12/2019

Assurance rating key re risk/issue status:

High: improving position

Moderate: unchanged position

Low: worsening position

Quality & Safety Committee Summary

The Board is asked to **RECEIVE** and **NOTE** the Committee Chair's report of the 3-4 issues/key points from the meeting which are needed to be escalated to the Board

Key points from the meeting held on 21/01/2020	
Item title: Renal Serious Incident	
<p>The internal investigation into the very tragic death of a patient while receiving renal dialysis at RSH in October 2019 has been completed by Edwin Borman, DCE. The investigation has been concluded and submitted to NHI+E, the CQC and the Coroner prior to the forthcoming inquest.</p> <p>The Committee was informed of the additional safety measures that had immediately been implemented. In addition, external reviews of nursing documentation and standards of practice have been commissioned by the interim DNM and by the DCE, the outcomes of which are awaited.</p> <p>This Serious Incident has been reported to the appropriate authorities and the family members have been kept fully informed about the progress of the investigation, as have staff and clinicians. There is to be a coroner's Pre-Inquest Review at the end of January with a Coroner's Inquest at a later date.</p>	
<i>Level of assurance provided: Moderate</i>	<i>Direction of travel: Same</i>
Item title: System Demand	
<p>The CGE reported concerns of harm to some patients, in part because of prolonged waiting times in the ED departments. The meeting Chair requested details of the quantum of the problem of waiting in ED. Sara Biffen has subsequently provided the following data for the increases in the period April to December 19/20 compared to 18/19: A&E attendances +10%, Ambulance arrivals +16%, Emergency Admissions +9%. Month by month this equates to between 1000 and 2000 additional patients.</p>	
<i>Level of assurance provided: Low</i>	<i>Direction of travel: Worsening</i>
Item title: Maxillo-Facial Surgery	
<p>This is an NHSE commissioned service. The budget number of consultants is 6; from February SaTH will have only 4, of which head and neck and skin cancer surgeons reduces from 2 to 1 putting this service at significant risk. From August, the number of consultants will reduce further to 3, 50% only of the budgeted strength. This is yet another specialty with a national shortage of consultants and thus far recruitment of either agency or permanent consultants has proven unsuccessful. With only 3 consultants there will be great difficulty in providing emergency on-call, and all performance KPI's (all waiting times -including cancer, 18 week referrals etc.) will fail to be achieved.</p> <p>A joint action plan has been created with commissioners, but without recruitment it will yield little or no improvement. Collaborative working for H&N cancer is being discussed with other providers to allow the services to remain at SaTH. Moreover, the Trust is also expediting this urgently with NHI+E to ensure that no patients are placed at risk</p>	
<i>Level of assurance provided: Low</i>	<i>Direction of travel: Worsening</i>
Item title: Ophthalmology	
<p>We received a report from the CGE of a patient who had suffered irreversible harm. The CGE produced a detailed schedule of the serious shortcomings of a separately commissioned provider, and in particular the unsatisfactory interface between them and SaTH. Further support of and urgent action by the CCG is being sought to resolve this problem, which is putting patients' safety at risk.</p>	
<i>Level of assurance provided: Low</i>	<i>Direction of travel: Worsening</i>
Item Title: Infection Prevention Control	
<p>The committee noted that to December (9 months) there had been 44 cases of C Diff against an</p>	

annual target of no more than 43. The likely year's total could therefore significantly exceed the target. Investigation of recent cases, as to whether there were linkages have so far proved to be inconclusive. An action plan is in place, with a follow up meeting planned for those concerned. The committee will keep this matter on its agenda. In addition to C:Diff, MSSA, E-coli and MRSA statistics, from April 2020 we are mandated also to report on cases of Klebsiella BC and Pseudomonas Aeruginosa. Reporting has already commenced on both to the committee.

Level of assurance provided: Moderate

Direction of travel: Same

Item Title: Scheduled Care

We received the triennial visit from the SCG. Work will commence shortly to improve the endoscopy service at both sites involving building work and capex. RTT is challenged by giving up beds e.g. in day surgery for Winter and indeed current all-year-round pressures. Constraint on capital is becoming critical in some areas, for example theatre lighting from the 1970's. Lack of consultant capacity (anaesthetists, intensivists, general surgeons and MaxFax – see 3 above) remains challenging.

Level of assurance provided: Moderate

Direction of travel: Same

Board Assurance Framework

Review of risks

- a) The Committee reviewed the Board Assurance Framework for Assurance on the following risks:
- BAF 1134 - IF we do not work successfully in partnership, THEN our current traditional service models for both unscheduled and scheduled care will be insufficient to meet escalating demand.
Level of assurance provided: Moderate
 - BAF 1533 - IF we do not implement all of the 'integrated improvement plan' which responds to CQC concerns THEN we cannot evidence provision of improving care to our patients.
Level of assurance provided: Moderate
 - BAF 1204 - IF our maternity services do not evidence learning and improvement THEN the public will not be confident that the service is safe.
Level of assurance provided: Moderate
- b) In considering these risks, the Committee can confirm:

Check box to confirm

- 1 The BAF risks are up-to-date
- 2 The direction of travel stated is current and correct
- 3 The current risk rating is correct
- 4 There is no additional/updated content (controls/assurances) or new risk(s) that needs to be added?

If there are changes to content or new risks identified the Committee recommends to the Board

Click for BAF risk option

Recommendation:

Completed by: Brian Newman, Acting Chair of Quality & Safety Committee
Date: 28.01.2020