

Quality Accounts 2017-2018

Observations of Committee Members Made Following Presentation of NHS Trust Quality Accounts in May and June 2018

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Members: Support the promotion of patients and staff being encouraged to make healthy lifestyle choices by efforts to reduce those smoking including through tobacco screening of patients, and healthy food and drink choices.

Welcome the reduction in the number of patients who are having to move out of area for care.

Note the reporting of the Learning from Deaths, as per the specified wording and requirements. However, it would be helpful and informative if the information was broken down in more detail, e.g. primary care need, age, gender, and setting.

Were pleased to understand that the *Admission to Acute Wards via Crisis Resolution Home Treatment (CHRT)* results indicate that the Trust are consistently performing at or nearly at 100% for the proportion of admissions to acute wards which are gate kept by the CRHT.

Are concerned about the 0-25 Service taken over in May 2017. They understand that at one year on work is continuing to develop the service and systems, including to collect the information required to collect, collate and present the data to provide performance monitoring and reporting. They were surprised that there was nothing to report in this year's Quality Account, and understand that this is because the measures are still being developed with the Commissioners. Members would expect to see this information in next year's Account.

Shrewsbury and Telford Hospital NHS Trust

Members stressed the importance of discharging patients early on the day of discharge, although they recognised that it was not always appropriate to do so. Members required more information on the reduction in late discharges because of improved efficiency in pharmacy dispensing.

Members noted the lack of reduction in the number of complaints received, despite the positive activity that has taken place to reduce complaints. Notwithstanding this, Members noted the lack of complaints received due to winter pressures.

Members expressed some concern at some of the National Quality Indicator results, particularly for Clostridium Difficile infections. The trust advised that there were numerous reasons for infections, and that many infections happened outside the care setting.

The National Quality Indicator section of the report was in a Government-mandated format, which members found difficult to understand.

Members told the trust that some patients experienced discomfort waiting for an x-ray or scan, as they were either not informed the time it would take place, or kept up to date should their x-ray or scan be delayed.

Members raised the issue of the challenge of visiting patients at specific time, due to the rural nature of the trust area. The Trust recognised the challenge and aimed to be as flexible as possible with visiting times.

Committee members noted the paucity of information for the reason the trust did not participate in some national clinical audits, and asked for more information for the reasons.

The significant improvement in percentage of staff who received a flu vaccination was noted, and Members suggested that the trust should explore ways to make the vaccination a mandatory requirement.

On examining the CQC inspection finding, members focussed on end of life care. They were concerned that people found themselves in hospital when they would rather be at home for the end of their life, and felt the trust could do more to support at-home end of life care. Members noted that SaTH had intended to publish an end-of-life care strategy by Spring 2018. The committee would like to see a copy of the strategy once it is published.

Members were pleased to note that the CQC found all inspected services to be caring.

Members supported the trust's wish to create a safe and supportive environment for staff to admit to making mistakes, and to embed learning from mistakes to help ensure that they did not happen again.

Members were concerned at the lack of information regarding midwife-led units. They were also concerned at the lack of information regarding areas of frailty, with the exception of ophthalmology, as presented to the Joint Health Overview and Scrutiny Committee.

Shropshire Community Health Trust

Members were surprised to hear that SCHAT had not seen itself as having a role in End of Life care and the need for a strategy to be in place for them to deliver, and only became to be aware of their role following the CQC inspection in 2016.

Members were pleased to hear that a strategy is now in place and look forward to seeing it and understanding more about how SCHAT fulfils this essential role. The Committee will invite SCHAT to a future meeting.

Members noted the following:

Over the past year work had taken place to improve discharge experience for patients to address issues patients had feedback. The handover takes place at the patient bedside. Dedicated ward coordinators to progress patient flow and discharge which frees up ward nurse time. Also have workers from ICS and therapies on the ward. Work closely with ASC who are based in the hospital. More work to do on improving the patient experience and getting feedback from patients.

Members were concerned about the level of responses achieved to surveys and how the data is presented and used to make judgements. For example there were markedly low levels of responses to some of the questions 8&9 asked of patients (page 14). There were also very low levels of responses to the audit of Children and Families on the transition between services.

All patient records are now electronic, which has helped save on average 15 mins per day per practitioner. RSH and PRH currently still rely on paper records and Members believe it would be ideal if all hospitals were able to have a shared electronic record. SCHAT are seeking to move to having more records and services electronic. Members note that the Phase 4 work is outstanding but understand the electronic prescribing and medicines administration will improve outcomes and safety for patients.

Members were interested to hear about how SCHAT are contributing towards addressing to the urgent care challenges by delivering more Early Supported Discharges, admission avoidance raising from 7 or 8 to 31 month, providing Care Home MDT, and an independent carers assessors scheme.

SCHAT had their first 2 never events during 2017/18. Both involved Dentists and have been investigated locally and by NHS England. There are also serious events which can include C.diff and MRSA, falls on the ward and pressure sores. The trending patterns for pressure sores indicates a period of improvement which has been followed by an increase in the number of cases during 2017/18. Members will be interested to see the result for 2018/19 to understand whether levels have plateaued or whether further focus needs to be applied.

Members were interested to understand more about the Minor Injury Units (MIU) and the services that they provide, and that many members of the public attend very busy A&E units when they could be seen more quickly at the MIUs. They would like to promote the MIUs to their constituents to reduce avoidable unnecessary visits to A&E. They were also surprised by the inconsistency of use of MIUs where some are very busy and others are not, and would like to know more about how the different MIUs are promoted to their communities and what communities understand their MIUs provide.

The section on the Staff Survey and Staff Friends and Family is not easy to understand or interpret. It could benefit from identifying the total number of staff forming the denominator for the % calculations, and there is no clarity about the non-percentage results and how they are calculated and what they show. Members recognise that SCHAT have identified the ongoing issues with staff stress and musculoskeletal issues, but feel that further work needs to be undertaken to help make improvements.

West Midlands Ambulance Service NHS Foundation Trust

Support the need to balance and deliver safe non-conveyance to hospital. Pleased to hear that the investment of the Trust over years means that there is a paramedic on every Ambulance, but not all are very experienced, therefore created Clinical Support desk for paramedic to contact. Also putting other factors in place such as placing calls to Consultants to get their view on whether a patient needs to be taken to hospital.

Disappointed that ambulance response times for Shropshire remains lower for Category 1. Members accept that CFRs and automated defibrillators help to provide support for patients that can help bridge the time to an ambulance being on site. Interesting to compare this to the response rates for the less critical cases.

Members would support the option to explore the potential for a senior clinician in the control room to speak with patients who have been categorised in category 3 or 4 to have an honest conversation about how long it might take for an ambulance to get to them, and what they might be able to do.

Rural engagement to discuss the issues and options with rural communities about the challenges facing the Ambulance Service operating in those areas.

Important to ensure that those taking part in the Future Fit consultation have a clear view of the potential impact and implications of changes to services on the Ambulance Service to inform their making informed responses.

Robert Jones and Agnes Hunt (RJAH) Quality Account 2018

Members recognised that due to the nature of the treatments the RJAH provides as an Orthopaedic Hospital with a strong focus on planned elective treatment, it would provide a different set of data and areas of focus compared to a District General Hospital.

Overall Members felt that the Quality Account was positive and gave an accurate reflection of the RJAH.

Members were pleased to note the 100% involvement with national clinical audit.

When asking about how patients were communicated with, given the increasing use of electronic devices and email, Members were informed that this was still largely

done by letter. Members thought that there may be an opportunity to explore moving away from letters.

RJAH achieved the best results in country for patient recorded outcome measures (PROMS), which showed that the hospital was delivering greater health gains for hip and knee replacement patients than any other specialist orthopaedic provider.

Members commented on the good staff survey results that were maintaining a higher level of performance compared to national benchmarks. They were also informed that RJAH are also developing their Workforce Strategy and Organisational Development Strategy.

Members discussed the steady increase in patient safety reporting at RJAH and supported that this demonstrated a growing positive culture to identifying issues and learning from them. They were informed that this was also born out in the reporting of serious incidents.

When considering the status for 2017/18 quality priorities Members commented that the reduction of on the day avoidable cancellations had not been achieved. They were pleased to understand the work done with patients to reduce the on the day avoidable cancellations including the preparation work and communication relating to reasons which might mean an operation cannot be carried out such as patient having a cold, or scratches. They noted that RJAH have carried this priority forward to 2018/19. Members were also pleased to understand the good progress that was being made with Falls prevention and management.

Members were also interested in the Sustaining Quality through Assessment and Review (STAR) approach. They suggested that the wards successfully achieving the 5 STAR status should also be named in the Quality Account in the same way as the wards achieving 3 and 4 STAR status have been named.