

Quality and Safety Assurance Committee

17 October 2018

Accident and Emergency Planning

The Q&S Committee is tasked to review planning arrangements for the potential closure of Princess Royal Hospital Accident and Emergency Department during the overnight period. At the October meeting the Chief Operating Officer presented the work undertaken thus far and reported on the Clinical Senate Review that had taken place earlier in the day. Following the meeting, the Chair visited the Accident and Emergency Department at PRH,

1. There is considerable system recognition of the problems faced by SATH in operating 2 A&E Departments and the need to act. The Clinical Senate had asked for some further assurances but were broadly supportive, their approach was constructive and added value to the process
2. The governance structure underpinning the work is now well articulated
3. There is work required to clarify plans for paediatrics as there remains some uncertainty at system level with respect to these plans.
4. There is concern about the management of children who have day case tonsillectomies. Post-operative bleeding is a recognised and serious complication of these procedures and it will be difficult if a child operated on as a day case at PRH then requires admission to a more distant unit for emergency treatment. This concern may lead to a move away from day case procedures with an overnight stay postoperatively- an unintended consequence
5. There are some concerns about adults undergoing head and neck surgery
6. The end of day process still requires a huge amount of work to understand required staffing levels and operating procedures. When visiting the A&E Department there were around 70 patients receiving assessment or treatment. This equates to around 5 hours of work. A closure at 8.00pm following an equivalent day would have the department working until 1.00 a.m. and, beyond this time, still providing care for patients awaiting admission
7. We must not deviate from the core reason for proposing overnight closure as being **an inability to provide safe sustainable clinical staffing that will underpin a safe clinical service**. We need to constantly check plans, proposals and counter proposals against this reason
8. We need to ensure that we are effectively engaging with frontline staff and recognise that staff wellbeing remains a significant predictor of the effectiveness of our service. It is clear that some staff are sceptical with respect to the proposals and they must be engaged to ensure that their concerns are addressed. There needs to be effective communication as the programme of work progresses to ensure that staff are receiving timely, reliable information from SATH and have opportunities to voice concerns. We should track staff wellbeing closely using objective measure to ensure that the changes demonstrably improve this and that we support staff through challenging times when services come under pressure.

There is likely to be a further additional meeting of the Quality and Safety Committee in the week commencing 5th November by which time further detail will have been added to the plans.

The visit to Accident and Emergency also afforded the opportunity to discuss recent CQC concerns with senior nursing staff. Whilst a number of patients were being managed on trolleys in a corridor, 2 nurses had been allocated to monitor and ensure that observations had been appropriately taken.

Maternity Services (BAF1204)

The Trust's maternity services remain under significant external scrutiny. The impact on staff morale, recruitment and retention linked to adverse publicity is significant and must be recognised. Despite this considerable evidence was provided to support a view that maternity services are currently offering high standards of care with an excellent work force. The investigation of historic cases is progressing and the summary of numbers of cases within streams of investigation is being presented at this board meeting. The current care group leadership are displaying a real focus on supporting families in an open and candid.

The Midwife Led Unit at Royal Shrewsbury Hospital has been re-furbished and will open shortly. Care Group senior staff were delighted with the environment that has been created.

Scheduled Care Group

The meeting included a presentation by the scheduled care group. The committee was delighted to receive reports of good performance with respect to referral to treatment times, high patient satisfaction with services and the achievement of scheduled care wards in achieving exemplar status. The care group have reduced the numbers of patients with long lengths of stay (so called stranded and super stranded patients) and have established a good track record in avoiding falls and pressure ulcers on their wards.

There remain issues where surgical beds are used for unscheduled medical patients. This is particularly an issue where the surgical assessment unit is affected (disruption to flow) and where medical patients are managed on the day case unit (an issue previously raised to the board by Q+S).

Criteria led discharge remains an aspiration but a challenge for the care group. Q&S have previously raised the desirability of implementing criteria led discharge across the trust as a means of improving patient flow and effecting discharges earlier in the day.

Infection Control

The committee considered the annual infection prevention report and received minutes from the infection prevention committee (IPC). Quality and Safety note that there are:

- Concerns raised regarding the new Urgent Care Centre at PRH and that Facilities have been informed that there is no financial provision for the additional cleaning to cover this.
- There is also a need to increase the cleaning requirements/frequencies in the Emergency Departments; however again, Facilities have been told that there is no financial capacity for this.

This is a concern for the IPC Committee as PRH ED is the only area that in the IPC Quality Ward Walks Programme that has not managed to make an improvement in their enhanced monitoring. All other areas that have been placed on the enhanced monitoring have always made improvements

The IPC have also identified significant risks linked to

- The lack of adequate isolation facilities within the Trust
- The lack of an Automated Surveillance System
- The lack of funding for a second Hydrogen Peroxide Vapour Machine to allow for one at each site

Concerns have been raised at this committee with regards to attitudes of senior medical staff in complying with Trust Infection Prevention Control practices such as being bare below the elbows and hand hygiene procedures.

Dr David Lee
Chairman, Quality and Safety Assurance Committee