

**Quality and Safety Assurance Committee
21 November 2018**

[Plans to Implement and Overnight Closure of the Accident and Emergency Department at Princess Royal Hospital \(links to BAF Risk 951, 1134, 1185\)](#)

The committee received detailed presentations on the planning to facilitate a safe closure of the PRH A&E overnight **should** this become necessary on safety grounds. Members were able to interrogate those involved in planning to ensure that plans were robust and safe.

The work undertaken is detailed, has shown excellent engagement of system wide partners and has sought external assurance of the plans including working closely with NHS Improvement. The SATH team of clinicians and managers are to be congratulated on the thoroughness and pace of their work.

In terms of external assurance, the work of the Clinical Senate has been particularly impressive and constructive. The Senate has rapidly assembled a group with wide ranging and appropriate expertise and coordinated a review process, expressed informed opinions as well as making and rapidly responding to clarification requests in a highly responsive fashion.

The work has been supported by a very strong assurance process with the Go/No Go criteria being risk rated using a Red, Amber Green classification and evidenced in terms of meeting the “go” position. At the time of the Q&S meeting there were some outstanding criteria where full assurance documentation was still required.

There is considerable learning from this work that will help both SATH and the wider System in future.

The Q&S Committee are delighted that additional staffing has been secured to enable the Trust to continue to offer services from both sites. There now needs to be careful monitoring of staffing levels and skill mix to ensure that services remain safe and to provide early warning of recruitment and retention challenges emerging

[Other Issues](#)

[Stroke Pathway](#)

The committee noted that the stroke pathway will continue to direct patients to the PRH site 24 hours a day. We have previously escalated concerns about:

1. The CT scanner as a single point of failure should the current aging unit at PRH suffer downtime
2. The requirement to address 7 day working for therapy staff as well as to work with partners to improve access to community therapy input

The committee now expect action to be taken to address these issues

Maternity (BAF 1204)

Given the external scrutiny on the service there is a substantial risk of low morale within staff who feel under pressure and potentially undervalued, this may be a factor in the levels of sickness increasing.

The committee noted excellent progress to address CQC's areas of concern with all bar 2 issues now signed off by the CQC.

The unit has entered into a "buddy arrangement" with Princess Alexandre Hospital in Harlow (rated CQC outstanding).

It is important that SATH communicate key messages about the safety of the service to the population which is served.

It is likely that the various historic investigations will take time to conclude and we must support staff and assure Shropshire residents that the service provided is safe and responsive.

Getting it Right First Time (GIRFT)

This is a programme initially focused on orthopaedics but now extended to other surgical specialties. Getting It Right First Time is a national programme designed to improve the quality of care within the NHS by reducing unwarranted variations. By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings.

Importantly, GIRFT is led by frontline clinicians who are expert in the areas they are reviewing. This means the data that underpins the GIRFT methodology is being reviewed by people who understand those disciplines and manage those services on a daily basis. The GIRFT team visit every trust carrying out the specialties they are reviewing, investigating the data with their peers and discussing the individual challenges they face.

The Trust's Medical Director reported that, after a GIRFT assessment of the ophthalmology service, the clinicians had developed an excellent GIRFT ophthalmology action plan

Sepsis

At the last board meeting a new Board Assurance Framework risk was identified. This was risk 1426 and linked to the management of sepsis within the Trust. Whilst there has been positive work using the Transforming Care methodology and the committee has previously reported favourably on the role of the High Dependency Nurse, further scrutiny is required after the CQC raised concerns. A review of sepsis progress will be included within our December meeting.

Effective Treatment of sepsis not embedded throughout Trust

Controls: Sepsis Six bundle, sepsis action plan

Assurance: Deliver actions in sepsis action plan

Dr David Lee

Chairman, Chairman, Quality and Safety Assurance Committee