



AGENDA ITEM

3.2.4

QUALITY & SAFETY COMMITTEE

**HIGHLIGHT REPORT FROM THE RECOGNISING ACUTE DETERIORATION
AND RESUSCITATION (RADAR) GROUP**

DATE OF MEETING

18th January 2022

PUBLIC OR PRIVATE REPORT

Public

**IF PRIVATE PLEASE INDICATE
REASON**

Not applicable

PREPARED BY

Janet Gilbertson – Head Of Clinical Education

PRESENTED BY

Dom Hurford – Interim Medical Director

**EXECUTIVE SPONSOR
APPROVED**

Dom Hurford- Interim Medical Director

REPORT PURPOSE

For Noting

ACRONYMS

AKI Acute Kidney Injury

CPR Cardio Pulmonary Resuscitation

CRF Clinical Research Facility

ED Emergency Department

ESR Electronic Staff Record

ICT Information Communication Technology

ILG Integrated Locality Group

M&C Merthyr & Cynon

PCH	Prince Charles Hospital
RADAR	Recognising Acute Deterioration and Resuscitation
RGH	Royal Glamorgan Hospital
RSV	Respiratory Syncytial Virus
YGT	Ysbyty George Thomas
RTE	Rhondda Taf Ely
RRAILS	Rapid Response to Acute Illness Learning Set
DNACPR	Do Not Attempt Cardio Pulmonary Resuscitation

1. PURPOSE

- 1.1 This report has been prepared to provide the Quality & Safety Committee with details of the key issues considered by the RADAR Group at its meeting on 22 November 2021.
- 1.2 The group reports to the Quality & Safety Committee and Strategic Leadership Group.
- 1.3 Key highlights from the meeting are reported in section 2, which have been RAG rated for ease of reference.
- 1.4 The Quality & Safety Committee are requested to **NOTE** the report and the actions being taken.

2. HIGHLIGHT REPORT

ALERT / ESCALATE

- The Group **received** ILG updates and was **advised** that
 - Suitable accommodation for Resuscitation **Training** in the **RTE and Bridgend ILGs** remains an issue. Training for both localities is currently being delivered from YGT and Ysbytyr Seren however this is an interim arrangement until March 2022. The Group **noted** and **agreed** suitable accommodation still urgently needs to be identified at both acute sites to support training and site based Resuscitation services.
- The Group **received** an update and was **advised** that progress to create a RADAR Quality performance dashboard, to enable visibility and monitoring of RADAR related performance indicators across CTMUHB and ILGs, has been further delayed due to the lack of availability of resource to



	<p>support in the Performance Information team. The absence of a functional Quality Assurance Dashboard prevents the RADAR committee, the ILGs and their clinicians from visualising the outcomes related to acute deteriorating and resuscitation in their clinical area. This impacts unfavourably on the care given for subsequent patients and the training required for staff. The overall risk to the organisation therefore rises.</p> <ul style="list-style-type: none">• The Group received a verbal report that Critical Care Outreach (CCO) service is being adversely impacted by CCO staff being redeployed to cover ITU and some other ward areas. This seems to be happening differently between acute sites with particular issues in the RTE locality. The lack of outreach on some shifts is impacting on patient safety. The Group agreed that a Datix incident be completed when staff are pulled to elsewhere and that guidelines for an escalation process for Critical Care staffing be developed to ensure clarity and equity of process across all acute sites.
ADVISE	<ul style="list-style-type: none">• The Group reviewed the current organisational risk position regarding Resuscitation Training compliance. The Group noted progress in trajectory of training compliance and that ESR has now been populated with new training standards. ESR expected go live in December 2021 so a clearer picture of compliance against new standards will be available in 2022. <p>However the Group agreed that risk should remain at current score due to the following factors:</p> <ol style="list-style-type: none">1) there is still a higher than normal demand for resus training due to the covid vaccination programme, where capacity for training remains static.2) Lack of permanent suitable training accommodation remains an issue with current arrangements at YGT and YS only temporary.3) DNA training rates remain high potentially due to clinical pressures at ward level. This has been escalated to Exec Director of Nursing.4) Pressures due to Covid means that we are asking some staff to work outside their normal areas and so there is an additional training need. Risk will next be reviewed by RADAR Group May 2022 <ul style="list-style-type: none">• The Group received further updates on the RRAILS work stream. The Group noted the significant progress made so far with the comprehensive work plan and that the focus has now moved to sepsis pathway improvement. The Group noted and agreed that permanent funding for the RADAR Clinical Lead and the Acute Deterioration Lead Posts is essential to continue to make progress and ensure equity and continuity of service and patient safety across the health board.



ASSURE	<ul style="list-style-type: none">• The Group reviewed frequency of meetings now the ILG Radar groups are fully established. The Group agreed amended TORs that CTMUHB RADAR Group will meet twice a year.• The Group was advised that an automated CPR device has now been purchased for RTE locality with training underway and that a business case is being progressed for M&C ILG.• The Group was informed of progress to resolution of the situation regarding cardiac arrest calls from Ty Llidiard. This should be resolved by the May 22 meeting.
INFORM	<ul style="list-style-type: none">• The Group was informed that;<ul style="list-style-type: none">○ The reviewed Resuscitation Policy is now available on sharepoint.○ The NEWS and escalation procedure has been approved providing a standardised approach to observation recording and escalation across CTMUHB.○ The roll out of the new NEWS charts across CTMUHB acute and community sites is now complete. Audit is in place with feedback going to senior nurses and ward managers.○ A rapid response / cardiac arrest audit is now in place.○ A Sepsis working group has been established to review and improve the Sepsis pathway and a new Sepsis tool developed.○ A Standard Operating Procedure for Outreach has been developed.
APPENDICES	NOT APPLICABLE