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16th March 2023

Q&S Committee

Unscheduled Care Spotlight
Review

Report Details:

FOI Status:	Open (Public)
If closed please indicate reason:	Not applicable – Public Report
Prepared By:	Emma James - Unscheduled Care Nurse Director)
Presented By:	Emma James - Unscheduled Care Nurse Director
Approving Executive Sponsor:	Greg Dix - Executive Nurse Director
Report Purpose	For Noting
Engagement undertaken to date:	Discussed at USC QPSE – 26/01/23

Impact Assessment:

Indicate the Quality / Safety / Patient Experience Implications:	There are quality and safety implications related to the activity outlined in this report – subject to the findings and outcomes from the HIW inspection and the Audit Wales review of the MIU
Related Health and Care Standard	Safe Care
Has an EQIA been undertaken?	No – not required
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No
Link to Strategic Goals	Improving Care

Spotlight Presentation Unscheduled Care

This spotlight report will cover the following areas of activity:

- Progress update on Minor Injury Unit at Ysbyty Cwm Cynon
- Ambulance Delays and Immediate Release Policy update
- Progress update on patients with a head injury leaving without being seen
- HIW visit to Princess of Wales Ward 5 - Stroke
- Response to health and safety concerns at Princess of Wales and fire evacuation simulation.

Minor Injury Unit -Ysbyty Cwm Cynon

Background - In September 2021, the Health Board decided to temporarily close the Minor Injuries Unit (MIU) at Ysbyty Cwm Cynon (YCC) due to concerns relating to the fragility of the service and competency-based training compliance.

Audit Review - In November 2021 Audit Wales performed a high level review to examine the issues around the temporary closure of the unit.

Key themes were identified around staff assessment, training and supervision and also support for the Emergency Nurse Practitioner (ENP) workforce.

It was felt that the closure led to increased attendances at Prince Charles Hospital without a robust assessment of patient experience and quality of care during the closure.

Positively it was found the communication strategy with all relevant stakeholders was effective as was the supported redeployment of MIU staff.

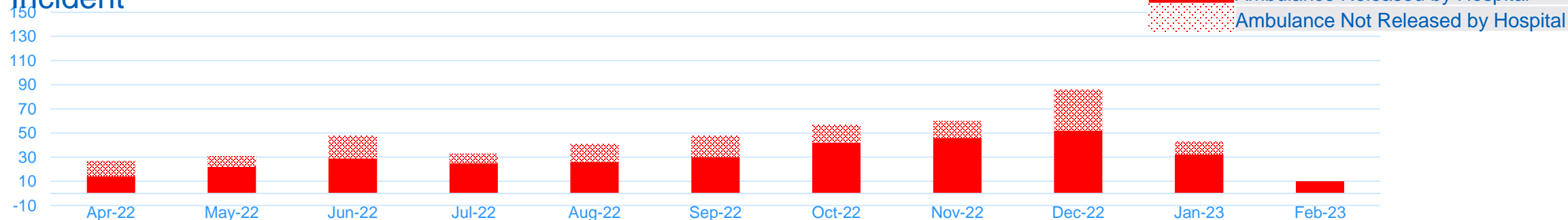
Despite the positive steps taken by the Health Board to address the situation, it is reasonable to conclude that the closure of MIU could have been avoided if action had to been taken sooner to strengthen managerial oversight of the unit as well as to address the concerns raised in 2018/19 around staff training and qualifications.

Current Position - The MIU re-opened on a phased basis in May 2022 and is now open fully and seeing, treating and discharging up to 50 patients a day.

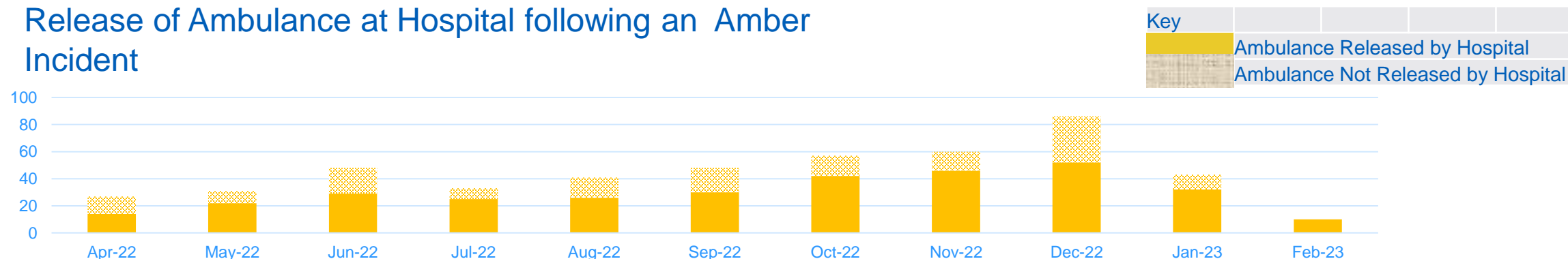
Ambulance Delays/Immediate Release Protocol

Immediate release CTM document draft working closely with clinical teams to implement pan CTM and starting to see significant improvement reducing the risk held in our communities for patients requiring a WAST response

Release of Ambulance at Hospital following a Red Incident



Release of Ambulance at Hospital following an Amber Incident



Adults Absconding and Did Not Wait Action Card

RGH Emergency Department RGH ED Adult Absconding & Did Not Wait - Action Card



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

“ABSCONDING” is defined as a patient who has left the department unexpectedly, without the knowledge of clinical staff, and in whom there remains a potential risk of harm to self or others either through neglect or deliberate means.

Consider if the patient could be suffering from an impairment of, or a disturbance in the functioning of the mind or brain? eg mental health crisis, under influence of drugs or alcohol, head injury or cognitive impairment.

HIW visit to Ward 5 Princess of Wales

Immediate Assurance required –

To ensure that all cupboards and medication fridge within the Ward Treatment room have working locks.

To ensure that the mobile medication trollies on the stroke ward are secured to a wall when not in use to ensure unauthorised removal.

To ensure that the fire risk assessment for Wards 5 & 6 has been updated.

To increase provision for the stroke ward team to access mandatory training - particular reference made to - resuscitation training, manual handling and IPC training.

Response to health and safety concerns

Following a letter received from Judith Paget, Chief Executive NHS Wales dated the 6th February 2023, regarding concerns relating to the management of boarded patients in fire evacuation routes being a breach of health and safety regulations.

There is an ongoing commitment to improve the standardisation of discharge processes working collaboratively with local authority colleagues, deployment of our Discharge to Recovery then Assess Hub, and extension of our 'Safe2Start' site-based meetings.

These approaches are part of our wider strategies under the USC 6 goals programme to ensure the utilisation of spaces such as fire routes is minimised to extremis conditions.

The fire and health and safety officers have been engaged in and advised on a fire evacuation exercise. This exercise was undertaken on the 8th February and has concluded boarded patients can be evacuated appropriately and demonstrated we can meet our obligations to ensure the safety of our patients and staff.

Recommendation:

The Committee are asked to:

***NOTE** the report*