



AGENDA ITEM

6.4.3

QUALITY & SAFETY COMMITTEE

**EXECUTIVE DIRECTOR & INDEPENDENT MEMBER
QUALITY PATIENT SAFETY WALKROUNDS
JANUARY – APRIL 2023**

Date of meeting

24/05/2023

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

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Presented by

Greg Padmore-Dix, Executive Nurse Director

Approving Executive Sponsor

Executive Director of Nursing

Report purpose

FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

(Insert Name)

(DD/MM/YYYY)

Choose an item.

ACRONYMS

HoN

Head of Nursing

YCR

Ysbyty Cwm Rhondda

YCC

Ysbyty Cwm Cynon

PCH

Prince Charles Hospital

ITU

Intensive Care Unit



PDN	Practice Development Nurse
TU's	Trade Unions
IPC	Infection Prevention & Control
DTOC	Delayed transfer of care
HDU	High Dependency Unit
CCU	Critical Care Unit
CTM	Cwm Taf Morgannwg
PACU	Post Anaesthetic Care Unit
SLT	Speech & Language Therapy
MDT	Multi-Disciplinary Team
MPEC	Multi Professional Education Centre
MD	Medical Director
COO	Chief Operating Officer
AMaT	Audit Management and Tracking

1. SITUATION/BACKGROUND

- 1.1 Executive Director and Independent Member Quality & Patient Safety Walkrounds take place across the whole of the organisation to gain assurance of the quality of care delivered to our patients and staff together with providing an opportunity for visibility of the Executive Directors and the Independent Members
- 1.2 The framework for the Executive Director & Independent Member Quality & Patient Safety Walkrounds has recently been updated to reflect organisational changes and an enhanced set of prompt questions
- 1.3 As a Health Board, we aim to ensure that quality and patient safety is firmly at the heart of everything we do, with a culture that enables the active involvement of the population who receive care along with those who provide it, across every area of our organisation, in quality and patient safety, with a focus on learning and improvement.
- 1.4 The Executive Director and Independent Member Quality Patient Safety Walkrounds are focused on listening to patients, relatives, carers, staff and stakeholders, all of whom have a strong interest in ensuring the Health Board is optimally positioned to provide high quality, safe and effective care to the right person and at the right time. Engagement in the walkrounds is seen from every area of the organisation and are an integral part of our overall quality, improvement and safety process
- 1.5 The Executive Director and Independent Member Quality & Patient Safety Walkrounds also focus on engaging with staff and understanding the patient safety and staff safety issues faced by front line staff together with including a clear focus and engagement on staff health and well-being
- 1.6 The outcome/findings and key themes to be considered from the Walkrounds will provide assurance to the Care Groups and support the sharing and wider learning across the Health Board demonstrating that CTM UHB Values and Behaviours are being embedded across the health board

- 1.7 At the end of the walkround the Executive Director & Independent Member provide immediate verbal feedback to the clinical/management team who support the Walkround, this includes sharing of excellence as well as where required, agreeing any actions for improvement, the actions are agreed along with a timescale and responsible lead person. The walkrounds are reported to the Quality, Safety, Risk and Patient Experience meeting of the relevant Care Group and all subsequent ongoing monitoring of the agreed action plan is through this group.
- 1.8 The Patient Care & Safety team Business Manager liaises with the Care Groups for the coordination of the walkrounds across all areas of the Health Board, including Primary Care, Out of Hours and Community.
- 1.9 The following table captures the outcomes from the seven Walkrounds that have been completed between January to April 2023.
- 1.10 Details of the completed walkrounds for the period January-April 2023 are detailed in Table 1 below:

Table 1

Date of Walkround	Site/Area/Location	Executive Director and Independent Member 'Buddy Team'
31/01/23	PCH – ITU PCH – Theatre	Gethin Hughes & Nicola Milligan
01/02/23	POW-ITU	Linda Prosser & James Hehir
01/03/23	RGH-ITU & HDU	Lauren Edwards & Ian Wells
07/03/23	PCH - ED	Dom Hurford & Dilys Jouvenat
15/03/23	POW-AMU	Paul Mears & Lynda Thomas
04/04/23	YCR-Ward 2	Gethin Hughes & Nicola Milligan
27/04/23	TyLlidiard	Stuart Morris & Jayne Sadgrove <i>*No summary feedback received due to the date of walkround</i>

The following section details the feedback received from the six completed walkrounds for the timeframe January-April 2023:

1.11 Feedback:
PCH ITU and Theatres
Positive Feedback:

- Area calm and welcoming.

- Improvements made to relatives waiting area.
- Use of substantive staff to improve the nursing roster.
- Practice Development nurse supporting development needs of staff.
- Equipment purchased to support patient communication.

Areas for improvement/Risk:

- Fire safety risk highlighted, there is work underway to address risk.
- Limited rehabilitation space, staff initiatives informing resolutions.

POW ITU

Positive Feedback:

- Good team morale.
- Excellent IPC outcomes.

Areas for improvement/Risk:

- Small Unit which creates recognised sustainability risks.
- No patient shower facility.
- Diagnostic delays and DTOCs due to site pressures.
- Very high dependency on agency and locum.
- Lack of progression opportunities for Registered Nurses (Band 5), which impacts on retention of staff.

RGH ITU & HDU

Positive Feedback:

- Digital clinical records working well.
- Effective wellbeing interventions for staff in place.
- Patient and family wellbeing support in place (bereavement clinic; coffee mornings)
- National and international research activity undertaken.
- Effective and responsive critical care outreach team.
- Clinical education programme in place.
- Recruitment and retention: clarity on CCU model for CTM will reduce uncertainty.
- PACU (post-anesthetic care unit).

Areas for improvement/Risk:

- Ongoing issue of pseudomonas in 1x sink in HDU.
- Medical workforce challenges, eg recruitment; covering on call; sickness.
- No Speech and Language Therapist input to support trachea management.
- DTOC average 5 days (national guidance suggests 4 hours).

PCH ED

Positive Feedback:

- Safe to Start meetings attended by multi-disciplinary teams.
- Very supportive culture. Dedicated staff. Team have a "can do" attitude.
- HIW actions being delivered upon.
- PCH ED practices are being used elsewhere to improve services.
- Paediatric Area welcoming for children, staff ensure children are cared for compassionately.

Areas for improvement/Risk:

- Lack of storage area for additional beds and equipment, currently stored in public corridor.
- ED Demand and Capacity – since opening of the Grange Hospital has impacted on patient numbers attending ED.
- Lack of patient flow through ED/hospital – impacts length of stay in ED for medical and surgical patients. Increases workload of Nursing team within ED.
- Paediatric Mental Health concerns – CAHMs required daily.
- Medical staffing issues – sickness and recruitment.

POW AMU

Positive Feedback:

- Swipe card (Security access) to AMU; for safeguarding as young persons on the ward (16-18yrs).
- Staffing board up to date at entrance to the ward.
- E-whiteboards in use. MDT ward rounds including AHPs/nurses and all grades of doctors.
- Positive feedback on electronic nursing care record.
- Learning board in staff room with focus on key risks, e.g. falls/pressure ulcers as well as thank you cards/compliments shared.
- Positive changes in the physical environment including creating trolley cubicles with enhanced privacy for patients.
- Good leadership from ward manager and senior nurse with clear understanding of the needs of patients/staff.
- Deputy Ward Managers lead various governance areas to ensure all staff updated on key developments with governance meetings to review incidents etc.
- Strong leadership from consultant in acute medicine who is part of the Wales-wide work on Safe Care Collaborative. Structured support and supervision for junior doctors.



Areas for improvement/Risk:

- E-whiteboard more training required to maximise efficiency.
- Governance meetings infrequent – due to workforce pressures.
- Staff room in need of updating/improvement.
- Prolonged length of stay challenge due to issues of flow within the hospital.
- Physical environment challenging in some areas.
- Large bathroom on ward is being converted to a staff office. Have been waiting for completion, therefore plan for relatives' room not able to progress.
- Cluttered environment due to lack of storage facilities.
- Suboptimal communication noted between medical and radiology teams. Plans in place to resolve.
- E-requesting of radiology procedures need to be enhanced to prevent delays in requests/reports, which has impact on flow.
- Suitable Staff wellbeing room for debrief/timeout required.
- Further training required for staff on e-whiteboards and capacity for digital training.

YCR Ward B2

Positive Feedback:

- Patient wellbeing activities observed e.g. making Easter bonnets.
- Calm inviting area (with Easter bunting).
- Patients appeared well cared for.
- Senior nurse was very informative during the visit with clear knowledge of the area had a passion for the patients and their outcomes.

Area of Concern/Risks:

- Cleanliness of main stairway cause for concern.
- Remains of social distancing “sticky labels” noted on some chairs in the corridor.
- There was a general feel of being unkempt.
- Limited visiting in place at time of walkaround. A more open visiting approach, especially at mealtimes, may assist patients with their nutritional needs.



2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 All round positive feedback has been received from all staff involved in the walkrounds including appreciation of the process, value and receiving the assurance that each walkround provides and concludes with
- 2.2 Actions from the feedback/summary reports are to be taken forward by the agreed responsible person and monitored for completeness through the Quality, Safety and Experience Group
- 2.3 Further development of the walkround schedule is in progress together with development of a live dashboard of key metrics and information which will be provided to the walkround team in advance of the walkround, in addition further development of an electronic feedback summary template which will be available for use on iPADS in an electronic format is ongoing which will allow for real time feedback, as well as work continuing with the AMaT team in order to triangulate information with the ward assurance audits and concerns for assurance.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Acknowledge the feedback information collated from each walkround for this timeframe and receive assurance that the action plans are monitored through each Care Group.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	Staff & Resources Staying Healthy Safe Care Individual Care Timely Care Effective Care



Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Choose an item. If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Committee are asked to **NOTE** this report