

AGENDA ITEM

6.5a

# **QUALITY & SAFETY COMMITTEE**

### HIGHLIGHT REPORT FROM THE PLANNED CARE QUALITY, SAFETY, RISK & EXPERIENCE (QSRE) MEETING

| DATE OF MEETING                      | 24 <sup>th</sup> May 2023                   |
|--------------------------------------|---|
|                                      |   |
| PUBLIC OR PRIVATE REPORT             | Public                                      |
|                                      |   |
| IF PRIVATE PLEASE<br>INDICATE REASON | Not Applicable - Public Report              |
|                                      |   |
| PREPARED BY                          | Sharon O'Brien, Planned Care Nurse Director |
| PRESENTED BY                         | Sharon O'Brien, Planned Care Nurse Director |
| EXECUTIVE SPONSOR<br>APPROVED        | Greg Dix, Executive Nurse Director          |
|                                      |   |

Noting

ACRONYMS

**REPORT PURPOSE** 

FUNB Follow Up Outpatients Not Booked

### 1. PURPOSE

- 1.1 This report had been prepared to provide the Committee with details of the key issues considered by the Planned Care Quality, Safety, Risk & Experience Group at its meeting on 18<sup>th</sup> April 2023.
- 1.2 Key highlights from the meeting are reported in section 2.
- 1.3 The Committee is requested to **NOTE** the report.



## 2. HIGHLIGHT REPORT

| ALEDT /             | Duty of Conder process will require increased reporting for  |
|---------------------|--|
| ALERT /<br>ESCALATE | Duty of Candor process will require increased reporting for cohort of FUNB Ophthalmology patients.   |
| LUCALATE            | conort of rond opficialmology patients.  |
| ADVISE              | - Director of Nurring and Director of Operations for   |
| ADVISE              | <ul> <li>Director of Nursing and Director of Operations for<br/>Planned Care in post from 3<sup>rd</sup> April 2023.</li> </ul>  |
|                     | <ul> <li>Royal Glamorgan Hospital (RGH) elective Orthopaedic</li> </ul>  |
|                     | model now delivering care for 24 patients (from 15 beds)   |
|                     | to reduce waiting lists. Workforce review required to  |
|                     | support increased beds.  |
|                     | RGH Surgical Assessment Unit (SAU) still not in operation  |
|                     | due to surge / bed pressures   |
|                     | PACU at RGH is operational and has increased its bed   |
|                     | base<br>Dringe Charles Heavital (DCH) Elective conseits review   |
|                     | <ul> <li>Prince Charles Hospital (PCH) Elective capacity review<br/>required to increase planned care bed base.</li> </ul>   |
|                     | <ul> <li>PCH Pre Assessment-implementation of a 1 STOP clinic</li> </ul>   |
|                     | 6 <sup>th</sup> March 2023. This will improve patient experience and   |
|                     | time to surgery  |
|                     | Single Cancer Pathway – Highlight Report   |
|                     |  |
|                     | Weekly performance meetings have been reinstated for all   |
|                     | Tumour sites and support services. A template has been developed to ensure that there is standardised reporting. This  |
|                     | enables the Cancer Business Unit (CBU) to develop a weekly   |
|                     | highlight report.  |
|                     | • 4 Planned Care risks on the corporate risk register  |
|                     | scoring 20:  |
|                     | $_{\odot}$ 5214 Critical Care Medical Cover in Princess of   |
|                     | Wales (POW) – Intensive Treatment Unit (ITU)   |
|                     | resilience model for Health Board in development   |
|                     | and being managed by Unscheduled Care (where<br>ITU is moving to)  |
|                     | <ul> <li>4491 Demand for Planned Care services exceeds</li> </ul>  |
|                     | capacity – theatre insourcing has started in PCH &   |
|                     | RGH to increase capacity   |
|                     |  |
|                     | $_{\odot}$ 4071 Failure to meet Cancer targets – some  |
|                     | <ul> <li>4071 Failure to meet Cancer targets – some<br/>improvements noted but some service</li> </ul>   |
|                     | <ul> <li>4071 Failure to meet Cancer targets – some<br/>improvements noted but some service<br/>improvements linked to diagnostic capacity</li> </ul>  |
|                     | <ul> <li>4071 Failure to meet Cancer targets – some<br/>improvements noted but some service<br/>improvements linked to diagnostic capacity</li> <li>4103 Sustainability of a Safe and effective</li> </ul> |
|                     | <ul> <li>4071 Failure to meet Cancer targets – some<br/>improvements noted but some service<br/>improvements linked to diagnostic capacity</li> </ul>  |



|        | Ophthalmology outsourcing until end March 2023<br>to clear 104 week waits has commenced.   |
|--------|--|
| ASSURE | <ul> <li>Ongoing work to validate and update complete Planned<br/>Care Risk Register in progress as part of Governance re-<br/>structure</li> <li>Theatre Improvement programmes continue across all 3<br/>acute sites to support standardised processes and<br/>workforce across CTM</li> <li>Clinical Service Group monthly Operational Assurance<br/>and Business Meetings commenced.</li> <li>Clinical Service Group weekly performance meetings<br/>within Planned Care have commenced.</li> <li>Consistent weekly process commenced to provide<br/>assurance re DoC sign off by Care Group Directors</li> <li>PoW Weekly harm review panels taking place for<br/>Ophthalmology FUNB cohort of patients. Additional sub-<br/>speciality harm review panels are running on an ad-hoc<br/>basis with specialist clinician input for glaucoma/diabetic<br/>retinopathy patients.</li> <li>Monthly Ward Assurance audit reports via AMaT fully<br/>embedded and presented at Planned Care QSR&amp;E<br/>Committee (Appendix 1)</li> </ul> |
| INFORM | <ul> <li>Oesophageal High resolution Manometry / pH monitoring<br/>Service commencing in CTM HB. This is the gold standard<br/>for diagnosis and treatment of patients with reflux and<br/>other oesophageal common benign conditions. Training<br/>for nursing workforce on the Manometry investigation<br/>started mid April 2023</li> <li>Hot gallbladder list service will commence on 15 May<br/>2023.</li> </ul>   |



| APPENDICES | Choose an item. |
|------------|-----------------|
|            |                 |
|            |                 |
|            |                 |
|            |                 |
|            |                 |