



**AGENDA ITEM**

6.5b

**QUALITY & SAFETY COMMITTEE**

**HIGHLIGHT REPORT FROM THE UNSCHEDULED CARE GROUP**

**DATE OF MEETING**

24<sup>th</sup> May 2023

**PUBLIC OR PRIVATE REPORT**

Public

**IF PRIVATE PLEASE  
INDICATE REASON**

Not Applicable - Public Report

**PREPARED BY**

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Director  
Alex Brown, Unscheduled Care Medical  
Director & Victoria Healey, Head of Quality  
& Patient Safety

**PRESENTED BY**

Alex Brown, Unscheduled Care Medical  
Director

**EXECUTIVE SPONSOR  
APPROVED**

Greg Dix Executive Nurse Director

**REPORT PURPOSE**

Noting

**ACRONYMS**

CTMUHB

Cwm Taf Morgannwg University Health Board

ED

Emergency Department

HIW

Healthcare Inspectorate Wales

PCH

Prince Charles Hospital

POW

Princess of Wales

RGH

Royal Glamorgan Hospital

DoN	Director of Nursing for Unscheduled Care
YCR	Ysbyty Cwm Rhondda
YCC	Ysbyty Cwm Cynon
MIU	Minor Injury's Unit
OCP	Organisational Change Policy
USC	Unscheduled Care Group
PTR	Putting Things Right

## 1. PURPOSE

- 1.1 This report had been prepared to provide the Committee with details of the key issues considered by the Quality, Safety, Risk and Experience meeting on 16<sup>th</sup> March 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

### ALERT / ESCALATE

#### Minor Injury Unit at Ysbyty Cwm Rhondda

From the 1<sup>st</sup> April 2023, the MIU at YCR has become a walk-in service following the cessation of telephone triage services provided by 111. Patients are now able to present directly to the MIU and will be booked and triaged by a designated triage nurse. Initial feedback is very positive with attendances reaching the maximum numbers on most days. The change to the operating model will be captured via Patient Reported Experience Measure's (PREM's) via CIVICA which is the health boards service user feedback system, the feedback received will be reviewed in 6-8weeks to assess impact.



## ADVISE

Duty of candour (DoC) was implemented on 1<sup>st</sup> April 2023, the guidance outlines that DoC will trigger if unexpected or unintended harm that is moderate and above is suffered or may be suffered following a provision of healthcare. Since implementation an average of 30-40 moderate harm and above incidents have been reported via the Once for Wales system for unscheduled care however significant work has been undertaken to triage these incidents. A series of DoC training sessions have been undertaken via the patient safety teams with nursing and medical staff to ensure the correct levels of harm are being reported. This education and training will continue until the DoC has been embedded into daily practice.

The ED Transformation Programme was developed and encompassed an action plan following the HIW inspection of the Emergency Department at Prince Charles Hospital in October 2021. Of the 74 actions that were recommended within the Programme, 72 have now been completed and the 2 remaining open actions are involving the capital redesign of the department and the Paediatric pathway which both require investment cases which are subsequently being refreshed to the new care group structure. As the Improvement Programme evolved a further 102 actions were generated from staff wellbeing, audit, policy development, medicines management and Workforce and Organisational Development. Of these actions 5 remain outstanding however more will now move over to the Six Goals Programme to progress.

Complaints have been transferred to a central quality governance team within the organisation. This will ensure we maintain equity, consistency and strengthen resilience.

USC compliance with the 30 target has increased from 57% in February to 60% in March. The USC leadership team has now been established and have provided a commitment to support, improve trajectories and have put a mechanism in place to escalate when clinicians and nurses are unable to achieve 30 day compliance. This will be closely monitored by the USC Senior Leadership Team with a significant improvement trajectory expected.

### **Stroke Quality Improvement Measures – February 2023**

Prince Charles Hospital achieved a '**B**' rating (first time since pre-Covid) for Oct-Dec 2022 in the Sentinel Stroke National



Audit Programme (SSNAP), which is a significant achievement given current pressures.

Overall improvements across the four quality improvement measures, these include **17%** admitted to stroke unit within 4hrs (3.3% in January), **14%** thrombolysed within 45mins (0% in January). **53%** of patients who were diagnosed with a stroke received a CT scan within 1hour compared to 48% in January and the stroke specialist assessed **66%** within 24hrs compared to 56%.

### **STROKE TASK AND FINISH GROUP**

A Stroke Task and Finish group has been established, the purpose is to rapidly further develop and implement a robust and resilient stroke pathway to ensure that there is equality of access to specialist stroke service across the UHB. The focus will be concentrated on ensuring a robust pathway for those patients presenting to RGH to access stroke beds on a dedicated unit.

### **Healthcare Education and Improvement Wales Visit to Prince Charles Hospital**

Healthcare Education and Improvement Wales visited Prince Charles Hospital General Medicine department in February 2023. There was a list of expected improvement measures, which relate to:

- A need to increase the medical workforce (junior, including Advanced Nurse Practitioner/Physician Associate roles) and senior (consultant and specialist grade)
- Access to training
- Undue pressure on junior doctors to discharge patients
- Management of the medical rosters
- Information governance
- Corporate induction, including use of DATIX.

There is an active action plan within the directorate, with oversight from unscheduled care group and the medical education department.

USC risks rated over 20 are highlighted as below for noting, regular updates are received at the Quality, Safety, Risk and Experience meeting.



	<p><b>4632 -</b> Provision of an effective and comprehensive stroke service across CTM encompassing prevention, early intervention, acute care and rehabilitation. Update provided in March 2023, mitigating actions are reflected in the organisational risk register, please refer to the organisational risk register for further information.</p> <p><b>3826 -</b> Emergency Department (ED) Overcrowding, update 24<sup>th</sup> April 2023 by the USC Senior Management Team, improvement plans in place as part of the 6 goals improvement programme however, this programme is not yet in its implementation stage. Targeted improvement trajectories are in place for USC group relating to 4 hour ambulance delays and patients waiting over 12 hours within the department which will improve overcrowding. This remains an ongoing risk for all three ED's and will be reviewed regularly as implementation of targeted improvement takes place. New review date 30<sup>th</sup> July 2023.</p> <p><b>4512-</b> Care of patients with mental health needs on the acute wards. Update 24<sup>th</sup> April 2023, risk has been reviewed and updated, no longer a site risk and individual risk assessments are completed on patients should there be delays, this will capture the impact and actions for the patient therefore progressed to closure.</p>
<b>ASSURE</b>	<p><b>Welsh Ambulance Services NHS Trust (WAST) Immediate Release Review</b></p> <p>Significant improvement in the compliance against immediate releases for both red priority and all priority calls. Recent WAST Chief Executive Officer Briefing highlighted the improvements over the last 10 weeks with the average number of immediate release declines reduced from 11 (4 red) per week to 0.7 (0.4 red) per week.</p> <p>Following the HIW inspection within the ED in POW on 17-19<sup>th</sup> October 2022, the previous DoN for USC commissioned a full Infection Prevention Control (IPC) environmental review on each ED site, with the lead infection control nurse, this included staff and public areas. IPC audits carried out in ED RGH. The environmental audit score was 55%, the hand hygiene score was 82%, compliance with Bare Below Elbow (BBE) was 100% and Personal Protection Equipment (PPE) use 81%. IPC audits</p>



	<p>for POW ED, staff achieved excellent hand hygiene and BBE scores – 100%, PPE 67% and environmental score 69%. IPC audits for ED in PCH. The environmental audit score is 58%, Hand hygiene 78%, BBE 93% and PPE 17%.</p> <p>Senior Nurse and IPC leads have made arrangements to meet estates and facilities colleagues to address the issues identified. Nursing issues were also identified, USC Nurse Director and IPC working collaboratively to develop an improvement plan.</p>
<b>INFORM</b>	<p><b>POW ED Capital Works</b></p> <p>Programme approximately four weeks behind schedule due to subcontractor issues. Handover date now set at 12<sup>th</sup> May 2023.</p> <p><b>Medical Outlier Patients</b></p> <p>Across CTM, there is a 'core' of medical wards and medical inpatients which the medical teams look after. The actual number of patients in hospital under these teams is now consistently higher, leading to short staffing and reliance on locum staffing. In the short term, the Care of The Elderly (COTE) team in RGH are needing to reduce their consultant ward rounds to once weekly for the most well patients. These patients will remain under regular review with the junior doctors, with consultant board rounds and consultant review if there is any clinical deterioration.</p> <p>In response to this, the Unscheduled Care team is writing a proposal for the medical workforce, which aims to:</p> <ul style="list-style-type: none"><li>• Increase and diversify the medical workforce</li><li>• Improve access to training and development</li><li>• Significantly reduce the agency overspend</li></ul> <p>This workforce proposal aims to be ready for escalation for approval (or otherwise) within a month.</p> <p>Immediate release request Standard operating procedure, has been drafted and circulated for comments to the wider USC team</p> <p>Pre-Emptive Patient transfer and boarding standard operating procedure, has been drafted and circulated for comments to the wider USC team.</p>
<b>APPENDICES</b>	<b>NOT APPLICABLE</b>