



AGENDA ITEM

6.3.2b

QUALITY & SAFETY COMMITTEE

**HIGHLIGHT REPORT FROM THE UNSCHEDULED CARE GROUP
QUALITY & SAFETY COMMITTEE**

DATE OF MEETING	16 th March 2023
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Emma James, Unscheduled Care Nurse Director Victoria Healey, Head Of Quality & Patient Safety
PRESENTED BY	Emma James, Unscheduled Care Nurse 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
QPSE	Quality, Safety & Risk Experience
IPC	Infection, Prevention & Control
NRI	Nationally Reportable Incidents
WAST	Welsh Ambulance Services NHS Trust

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 26th January 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

Change to 111 process YCR MIU - An options appraisal is being developed by the clinical team to be presented to the USC Senior Management Team with the preferred option and implementation plan to be agreed at QPSE and included in May highlight report.

ADVISE

HIW made an announced inspection of stroke services at POW on the 25th January 2023, the initial feedback has been positive and official feedback will be received from HIW within the forthcoming weeks. 5 immediate actions were required with 3 completed the same day. Onsite training has been actioned and supported by the practice education team in POW. These sessions have been arranged and the two remaining actions will be completed by end of March 2023. Full details included in spotlight report.

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. Full details relating to this explored within USC spotlight report.

For noting MIU environment has been logged locally as a concern on risk register. Following this the Nurse Director for USC has commissioned an environmental review and options appraisal.

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 OD. Of these actions, 30 remain outstanding however the short reinstatement of the ED transformation Programme meetings will now progress these actions to closure or to re-mitigate risk at pace under the direct supervision of the USC Nurse Director.

	<p>Following the OCP within the Quality Governance team and the new Care Group Operating Model, the USC Quality, Safety & Risk Experience meeting terms of reference have been approved by attendees as well as the interim governance reporting structures. These have been aligned to the planned care structure to provide a standardised and collaborative approach.</p> <p>As part of the OCP the complaints have been transferred to a central quality governance team within the organisation. This will ensure we maintain equity, consistency and strengthen resilience.</p> <p>Significant reduction in complaints (nearly 50%) from Dec 22-Jan 23. USC compliance with the 30 target remains poor however with the USC leadership team established they have provided a commitment to support to improve trajectories and a mechanism 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.</p> <p>USC Risks on risks on the Organisational register over 20 highlighted for noting as updates received at committee.</p> <ul style="list-style-type: none"> • 4632 - Provision of an effective and comprehensive stroke service across CTM encompassing prevention, early intervention, acute care and rehabilitation. • 3826 – Emergency Department (ED) Overcrowding
ASSURE	<p>Following an incident within the ED, assurances were required in regards to processes in place when a patient reports to ED after sustaining a head injury and leaves the department without being seen. A standard operating procedure (SOP) for absconding and patient's that do not wait within the ED has been developed to be implemented within each ED CTM wide, this demonstrates cross hospital site working and provides assurances to the Director of Nursing and Senior Management Team (SMT) for USC that consistency is being achieved.</p> <p>As part of a collaborative pilot with planned care colleagues the previous monthly nurse education sessions that were developed at PCH will be expanded into a CTM wide learning, education and innovation sessions. These will be used to support transformation and improvement, wider learning from events and also to share patient experience, and staff ideas for</p>

	<p>innovation. These will be implemented from April and will be shared widely for multiprofessional engagement.</p> <p>Following the HIW inspection within the ED in POW on 17-19th October 2022, the previous DoN for USC commissioned a full IPC environmental review to be undertaken on each ED site, with the lead infection control nurse, this will include staff and public areas. This is to be completed early March and the audit results will be provided within the next Quality & Safety Committee highlight report for your reference.</p> <p>The DoN for USC has been involved in the commissioning of joint investigation process regarding appendix B's, we have commenced weekly 'rapid' meetings from the 1st November 2022, for any new Appendix B's which are received by the Health Board to ensure we are determining if NRI reportable at a much quicker pace and notify the Delivery Unit (DU) within 5 working days of recognition. Our meetings have been positively received by WAST colleagues and have fed back that we were the first Health Board to have set up such meetings within this new process.</p> <p>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. This issue has been addressed, through a comprehensive assessment of the wider hospital flow processes. 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. The USC Senior Management Team is providing leadership and direction to the targeted actions required, to reduce risk and utilisation of space within the fire evacuation routes. 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.</p>
INFORM	Head injury without being seen SOP – available on request Health and Safety Report POW – evacuation exercise – available on request
APPENDICES	NOT APPLICABLE