



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on the service changes in the Major Injuries Unit in Prince Phillip Hospital, Tregaron Hospital and paediatrics in Bronglais General Hospital
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Collation of paper: Cathie Steele, Interim Assistant Director of Nursing Assurance and Safeguarding Author for Minor Injuries Prince Phillip Hospital: Iona Evans, Interim Head of Nursing, Unscheduled Care Author for Tregaron Hospital: Tracey Evans, Head of Community Nursing, Ceredigion Author for Paediatrics Bronglais Hospital: Paula Evans

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide the Quality, Safety and Experience Committee (QSEC), with an update on the service changes made to the Minor Injuries Unit in Prince Phillip Hospital, Tregaron Hospital and paediatrics in Bronglais General Hospital

Cefndir / Background

In September 2024, the Board approved a number of urgent service changes:

Minor Injuries Unit, Prince Phillip Hospital

As a result of quality and safety risks, in part relating to a lack of General Practice (GP) cover, the Board, in September 2024, approved an urgent temporary change in the opening hours of the Minor Injuries Unit (MIU) in Prince Phillip Hospital (PPH) for a six-month period at the Public Board meeting in September 2024.

Healthcare Inspectorate Wales (HIW) made an unannounced inspection visit to the Minor Injuries Unit (MIU) in Prince Philip Hospital (PPH) in June 2023. An action plan in response to the HIW recommendations following this visit was developed.

Since this review, work continued to review the current 24/7 model for the MIU in PPH, reflecting a number of key factors, including increasing challenges to maintaining the medical staffing within the MIU, along with recent recommendations from the HIW inspection which required an urgent review of the service to address patient and clinical safety recommendations.

In March 2024, HIW received a letter from staff, which had previously been sent to the Nursing and Midwifery Council (NMC) in June 2023, expressing concerns regarding the clinical safety of the unit. HIW wrote to the Health Board requesting assurance on the matters raised.

The full paper presented to Board can be found [here](#).

Following this decision, the urgent temporary change has been enacted from the 1st November 2024 and the MIU is now open from 8am-8pm for a period of six-months. An [update report](#) was provided to Board in November 2024.

Tregaron Hospital

The Ceredigion 2024/25 Annual Plan submission focused upon accelerating the Cylch Caron model of care by decommissioning the remaining in-patient beds in Tregaron Community Hospital. The decommissioning of the beds enabled staff to be released into the community, supporting the Healthier Mid and West Wales priorities of effectively supporting patients to remain closer to home.

Several challenges associated with the safe function of Tregaron Community Hospital were identified:

The beds in Tregaron Hospital had reduced from 15 to 9 from November 2023, to mitigate the nurse staffing risk and to meet the safe staffing requirements. There were a considerable number of vacancies which have been ongoing for some time and may, in part, be related to the uncertainty of the Cylch Caron development. Added to this there were also occupational health requirements for a number of staff which need to be considered.

There was also a need to monitor the acuity of patients admitted into the hospital due to staffing levels.

The challenges associated with staffing were noted through the Risk Register, risk 1897 – Maintaining safe staffing in Tregaron Community Hospital. Only having one Registered Nurse on site was a quality and safety risk, as there was no cover should that one individual be unable to work due to sickness at short notice.

There was no designated therapy input into Tregaron Community Hospital with therapies covering acute and community sites with one team, if there is pressure in the acute sites their needs will take priority. Therefore, patients with rehabilitation needs could not be met.

The clinical oversight for the patients stepped up from the community was delivered through the Clinical Assistant model, this was a fragile model due to a number of reasons. Those patients who were transferred from the acute setting remained under the care of their Secondary Care Consultant; over the years it had become more difficult to ensure that these patients received regular reviews due to the competing demands on the Consultants' time. However, there was a significant issue with the fragility of the Clinical Assistant cover within Tregaron Community Hospital.

The temporary body store in Tregaron Community Hospital required significant investment to ensure compliance with the present-day standards.

There continued to be significant issues associated with the maintenance of the building, which were ongoing for some time. Whilst there were a number of mitigating actions in place, outstanding issues were noted through the risk register.

The full paper presented to Board can be found [here](#).

Paediatric Inpatient Provision in Bronglais General Hospital (BGH)

During the first eight-and-a-half months of 2024, service sustainability risks at Angharad Ward, Bronglais General Hospital (BGH) increased significantly due to shortfalls in the availability of paediatric nurses. The service was operating at risk, with a significant reliance on variable pay staff to enable service delivery to be maintained.

As the service prepared for the winter period, the staffing challenges and associated service sustainability risks were predicted to increase due to additional staffing pressures from October 2024. Availability of paediatric nurses was predicted to deteriorate further from October, when two full time junior sisters commenced maternity leave. Junior sisters are experienced and skilled members of the team; therefore, the absence of the expertise provided by these key roles was predicted to compromise the clinical leadership and quality of care, in a team where existing shortfalls in junior staff remain.

This is recorded in the Risk Register entry 996 - "Fragile service provision in acute paediatrics BGH due to paediatric registered nursing deficit" and the score of this risk had been increased to 20, an extreme risk given the forecast position from October 2024. It was also been escalated as a Directorate Level Risk, from service level, due to the concerns regarding patient quality and safety directly related to the availability of nursing staff.

The full paper presented to Board can be found [here](#).

Asesiad / Assessment

Minor Injuries Unit, Prince Phillip Hospital

Following the delivery of the Operational Group and agreed actions, development of the standard operating procedure, engagement sessions with staff and the public, extensive communications, the temporary overnight closure continued as planned for the 1st of November 2024.

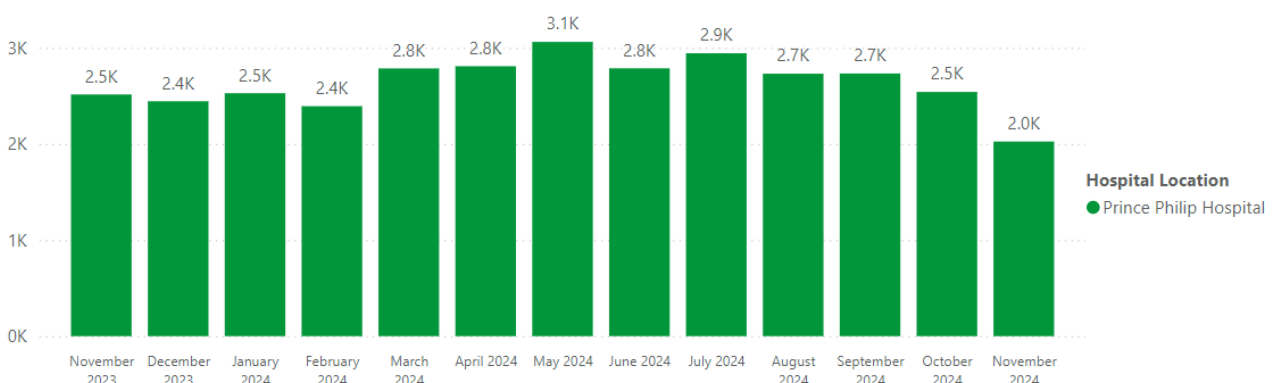
From the above actions, there has been minimal service impact and no significant patient safety, quality, and experience concerns to date.

MIU Attendance:

There is a reduction noted in October MIU attendance with further drop in November. Re-direction protocols are in place and being re-enforced for patients attending outside of the criteria and scope of MIU. As a result of this, as well as the key communication etc., a reduction in the 'major' activity is also noted for November.

Overall attendance:

Number of Hospital Attendances



The 4- and 12-hour performance within MIU has also improved with a clear monitoring process in place to sustain this.

December 2024

4 and 12 Hour Performance Summary

Hospital	Total Attendances	New Attendances	4-Hour Breaches	4-Hour Performance	12-Hour Breaches	12-Hour Performance
Glangwili General Hospital	642	642	335	47.82%	81	87.38%
Withybush General Hospital	473	464	224	51.72%	79	82.97%
Bronglais General Hospital	352	350	154	56.00%	50	85.71%
Prince Philip Hospital	275	255	6	97.65%	0	100.00%
Total	1,742	1,711	719	57.98%	210	87.73%

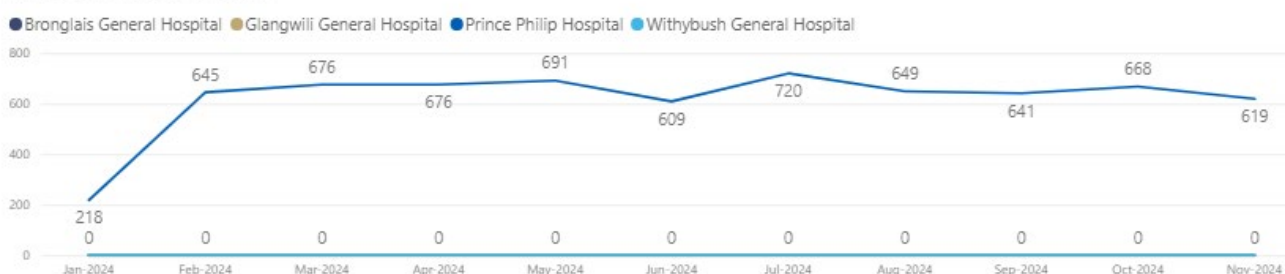
Previous Eighteen-Month 4-Hour Performance Summary

Hospital	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024	Sep-2024	Oct-2024	Nov-2024
Bronglais General Hospital	66.74%	60.54%	61.40%	58.68%	62.09%	64.55%	58.46%	62.61%	67.22%	65.08%	64.86%	65.65%	64.12%	64.30%	66.24%	66.36%	64.41%	65.06%
Glangwili General Hospital	59.20%	55.71%	53.18%	57.09%	57.64%	59.44%	58.73%	52.90%	51.28%	52.91%	53.29%	51.11%	49.08%	47.03%	46.56%	46.59%	46.50%	44.93%
Prince Philip Hospital	84.27%	83.84%	78.94%	78.37%	80.30%	86.39%	84.76%	85.20%	82.53%	79.64%	80.49%	78.33%	84.96%	86.81%	88.50%	81.75%	88.80%	97.16%
Withybush General Hospital	60.65%	58.28%	53.63%	56.13%	53.97%	52.61%	52.77%	53.74%	57.74%	55.65%	57.39%	54.58%	56.66%	59.71%	58.23%	57.89%	59.42%	52.33%

As part of the planned overnight closure, strengthening the medical take via Same Day Emergency Care (SDEC)/Acute Medical Assessment Unit (AMAU) (including Out of Hours (OOH) with the support of public communications, primary care, 111/GP OOH, Welsh Ambulance Service Trust (WAST) was undertaken (as per Standard Operating Procedure (SOP). There have been no obvious additional requirements for patients to be transferred/re-directed from MIU PPH to Emergency Department (ED) GGH/Swansea Bay University Health Board, though this data is being collated. There has been 1 transfer delay (12 hours) from MIU to Swansea Bay (trauma patient) in November.

AMAU admission activity remains consistent. This is risk assessed daily.

Number of Admissions by Hospital



Risk Register:

There have been significant risks being held within MIU (especially prior to the overnight closure). These risks are being reviewed with consideration of temporarily reducing/closing as a result of the promotion and communication around the scope of the MIU purpose as well as the standard operating procedures of managing 'major' attendance and strengthening the medical take.

The risks for review/closure or reduction are:

1919	USC: PPH	01/04/2024	Risk of patient deterioration in MIU due to lack of GP cover	Extreme	15	High
1293	USC: PPH	25/11/2021	Risk of avoidable harm to patients at MIU due to inappropriate patients presenting (PPH).	High	12	Moderate

The risks that remain are:

1904	USC: PPH	18/06/2024	Risk of transfer delays to tertiary centres for urgent treatment due to lack of ambulance transport	Extreme	20	Moderate
1903	USC: PPH	18/06/2024	Risk of patient harm due to the need to surge additional beds on various wards (PPH)	Extreme	16	Moderate

New risks to be added:

Title of risk: Maximum characters: 128	Risk that patients will attempt to access MIU out of core hours (8pm and 8am)	due to temporary overnight closure of MIU.
This will lead to an impact/effect on patient safety and quality of care by delaying timely and appropriate care within the correct hospital/ medical setting (right care, right time, right place, first time). Risk of patients (adult & paediatrics) self-presenting within the AMAU. Risk of security breach to the main hospital.		
Title of risk: Maximum characters: 128	Risk that the public will self-present to AMAU out of hours with an unwell child	due to temporary overnight closure of MIU.

List all potential consequences of the risk

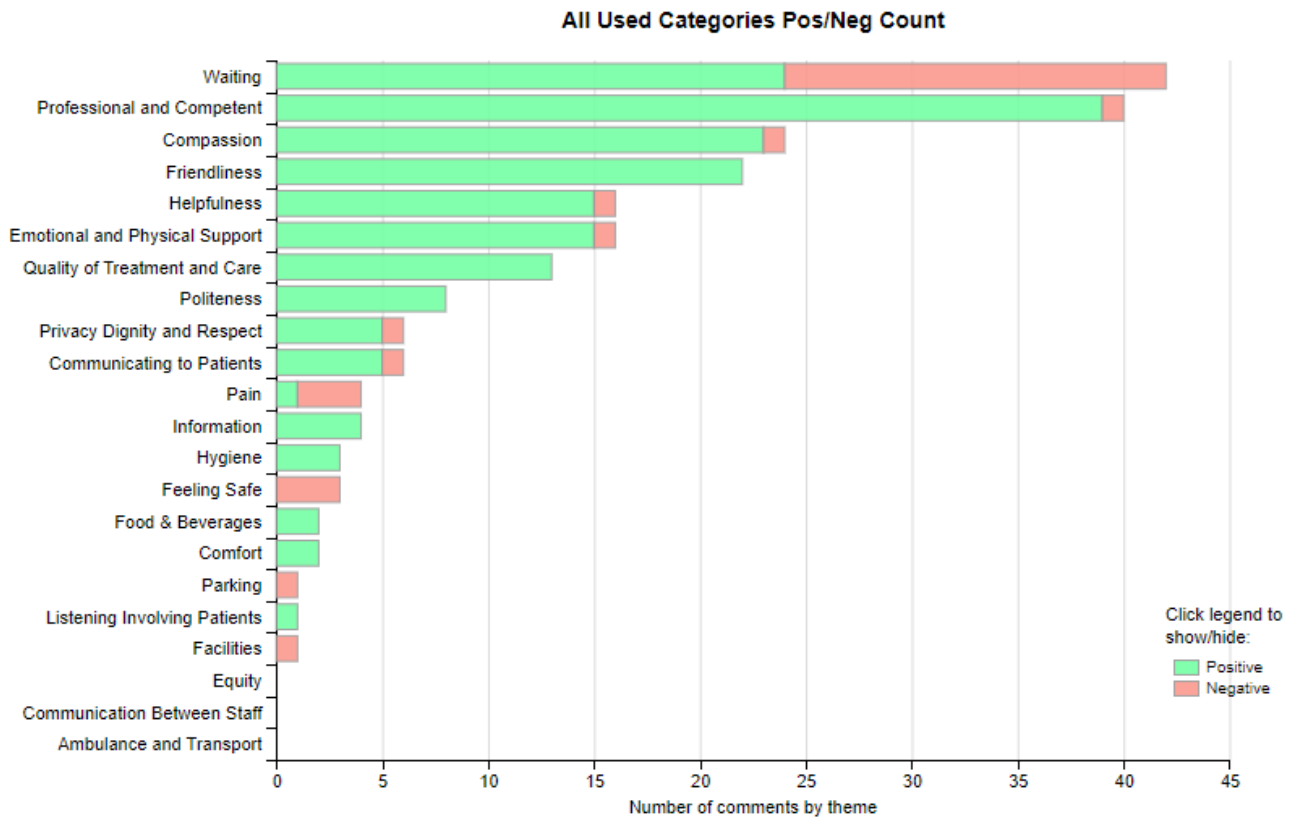
This will lead to an impact/effect on patient safety and quality of care by delaying timely and efficient treatment and could compromise their outcome as a result of no paediatric services/support on site nor paediatric trained medical/nursing workforce.

Incidents reported:

In November 2024, 8 incidents were reported. 4 of these incidents related to patients self presenting or being brought via WAST conveyance outside of the scope for the MIU. 1 incident related to a delay in transfer of a patient (post trauma) to Swansea Bay UHB. The remaining incidents were unrelated to the service change.

Complaints/Patient Feedback:

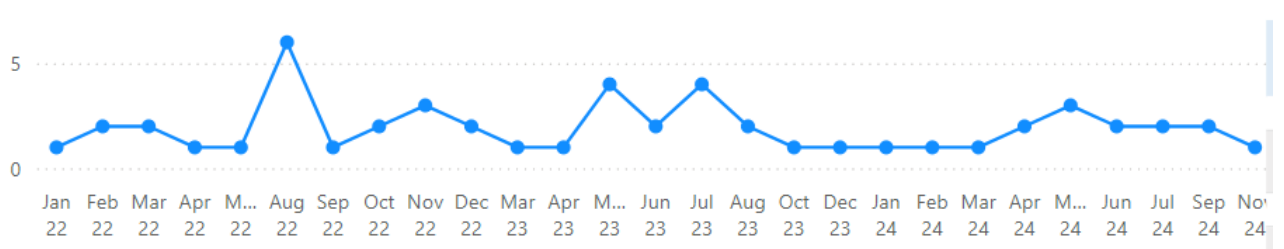
In November 2024, **254** patient's provided feedback via CIVICA. As a comparative, in November 2023 this figure was 277.



There have been less than 5 complaints raised through Patient Advice and Liaison Service (PALS)/Complaints process regarding MIU in November. These are related to the changes

made to the open hours of the MIU. This is a reduction in trend of complaints in comparison to previous months.

New complaints by month received



Workforce

November sickness 11.4% for November with anxiety/stress disorder as main reason followed by cold/flu symptoms. (This data is from 28th Oct to the 24th Nov 2024). This will be monitored going forward.

	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
100 UNSCHEDULED CARE PRINCE PHILIP DMDA	8.05%	9.01%	8.44%	8.27%	8.92%	8.74%	7.39%	7.37%	8.88%	8.96%	8.72%	9.22%
100 CAR PPH Medical Secretaries 0103	4.48%	8.20%	12.90%	12.32%	9.29%	3.71%	2.30%	3.89%	2.83%	3.46%	6.60%	6.41%
100 CAR PPH Minor Injuries Unit (MIU) 0062	2.56%	4.97%	9.42%	12.64%	19.86%	17.00%	9.16%	8.08%	8.82%	4.65%	7.05%	12.60%
100 CAR PPH MIU Medical Staff 0061	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Tregaron Hospital

The decommissioning of the remaining beds in Tregaron Community Hospital was undertaken through the multidisciplinary process in conjunction with the patient and their family with long term plans for discharge based on the needs and ensuring safe discharge. It is also essential to ensure that the future workforce is developed in a safe, sustainable, and appropriate way, and to this end the approach taken has been -

Consultation with the staff started on 3rd October 2024 and ended on 2nd November 2024. Consideration was given to the comments and responses received and then feedback and any adjustments were relayed to staff on 10th November 2024. During this consultation period a stakeholder meeting was also held for public feedback.

The implementation process commenced following decommissioning of the beds.

To date there have been no incidents reported or complaints received relating to the closure of the inpatient beds in Tregaron Hospital.

Staffing

- All nursing staff received 1-1 meetings with workforce representation, staff side representation and a senior nurse to discuss the community plan and what their preferred option would be.
- There have been regular meetings held with staff to ensure good communication is maintained with opportunities for any concerns to be raised and addressed.
- Staff have been allocated to community teams and Out-patient teams as their preferred preference. Opportunities for staff development have been put in place to ensure that Tregaron staff have the skills they require to support the Community Nursing Teams
- Individual training plans have been discussed with staff on a one-to-one basis; this will remain ongoing and bespoke training programmes developed in conjunction with 1 to 1 meetings.

- Competency Workbooks have been developed and provided to all staff to support in obtaining and maintaining competencies in the community setting.
- The training programme is flexible and is tailored to ensure Tregaron staff are trained and competent through individual learning needs.
- The next meeting with staff and mentors to be held in January with a plan to bring staff back into Tregaron to work with the community nursing services in this area to provide care closer to home.
- Scoping work is underway with Infection Prevention and Control colleagues and estates in Tregaron hospital to explore opening Outpatient clinics within the building. Some clinics are already up and running with more planned in the new year.

Although this has been a really difficult time for staff going through such huge changes to their working environment, it has also provided some opportunities for most, enabling development, The Health Board has been fully committed to supporting all affected staff to explore all opportunities offered.

Repurposing the community nursing staffing from Tregaron Community Hospital provides the opportunity to strengthen the existing community services by

- Enabling the nursing workforce to wrap around the GP cluster population as part of neighbourhood nursing community teams.
- Reducing the travelling times between patients thus increasing capacity
- Provide a skilled integrated community workforce that will be able to play an integral part in preventing hospital admissions and facilitate early discharge.
- Continue to Provide 24-hour community nursing team in Ceredigion.
- Strengthen the existing core community nursing service including the Outpatient and leg clinic model and palliative care provision. Support the Same Day Urgent Care model by providing wrap around support.
- Provide opportunities for staff development, not only with holistic and generic skills, but also enhanced skills which delivers care focused on the greatest needs of their patients.
- Extend Same Day Urgent Care Outreach Service enabling equitable service provision across the County.
- Provide increased opportunities for people in Ceredigion to stay well and increase their resilience with the support of enhanced practice.
- Accelerate implementation of the Community Nursing Specifications to provide a more consistent, resilient, and sustainable 24/7 neighbourhood district nursing model for Ceredigion.
- Accelerate development of the enhanced community care model providing an alternative pathway to admission via the clinical streaming hub.
- Interim beds continue to be commissioned in the independent sector for those patients who do require 24-hour nursing care.

Paediatrics, Bronglais General Hospital (BGH)

The current model operates on a Paediatric Assessment Care Unit plus (PACU+) model with a reduction in patient beds from 11 beds to 4 beds including a stabilisation space. This refreshed model removes inpatient care and has a refreshed PACU referral criterion. This new model is aligned with the Royal College of Paediatric and Child Health standards for Short Stay Paediatric Assessment Unit (SSPAU) PACU is a form of SSPAU.

Incidents

There have been no incidents concerned with patient harm relating to the PACU + model

Complaints

There have been no complaints relating to the PACU + model

Patient feedback

To date there has been no patient feedback regarding the change in service model to the PACU+. A plan is in place to gather staff stories and a patient story which will be used in a follow up press story.

Activity

Between 18th November and 16th December 2024, the average Length of Stay has been 0.93 beds decreasing to 0.5 days. There have been 24 ward attenders in November and there have been 8 ward attenders in December (to 16th December). There have been 85 inpatients in November and to date there have been 113 inpatients.

Emergency activity has increased with 85 episodes in November and 109 episodes in December (to 16th December). There have been no day cases admissions during this period of time. During this time there have been less than 5 occasions where children have been transferred to Glangwili General Hospital (GGH).

There have been 10 occasions whereby children have stayed over 36 hours (the range is from 38 hours to 118 hours (4.9days)). There have been ongoing discussions between the medical and nursing staff as to the need to transfer to GGH with all children reviewed and discussed as to the benefit of being transferred.

Staffing

From 17th October 2024, there has been continued recruitment with new starters commencing in October, November and December taking the Band 5 establishment to 4.6 whole time equivalent (WTE). The Band 6 establishment is currently 8.3WTE with 2WTE Band 6 members of staff on fixed term contracts.

There is currently one fixed term contact covering the maternity leave of one member of staff and one full time contact out to advert covering the maternity leave of a second member of staff.

This leaves the Register Nurse band 5 coverage as 4.6 WTE with a deficit of 1WTE. There is currently 1WTE band waiting for their Nursing and Midwife Council (NMC) registration pin number to come through. Once this has been achieved they will be moved into a Band 5 post taking the deficit to 0.01WTE.

Since 18th November 2024 there have been 3 occasions where staff have had to be moved to Angharad ward from GGH due to gaps in staffing. This has been due to last minute sickness.

Risks

All risk have been managed appropriately and no issues have been highlighted in the three times per week touch point which has been established to support the staff.

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee, is asked to receive assurance from this update that there is no evidence of a negative impact on patient experience and safety relating to the service changes made to the Minor Injuries Unit in Prince Phillip Hospital, Tregaron Hospital and paediatrics in Bronglais General Hospital.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 2. Culture and valuing people 5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable 6a Clinical services plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	
Partïon / Pwyllgorau yr ymgynghorwyd â nhw cyn Cyfarfod y Pwyllgor: Parties / Committees consulted prior to In Committee Meeting:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The impact on finance was considered prior to the service change.

Ansawdd / Gofal Claf: Quality / Patient Care:	Quality impact assessments (QIA) were received for each of the service changes. These were considered by the QIA panel.
Gweithlu: Workforce:	The impact on workforce was considered prior to the service change. Monitoring is continuing.
Risg: Risk:	The risk impact was considered prior to the service change and is continuing to be monitored.
Cyfreithiol: Legal:	The legal impact was considered prior to the service change
Enw Da: Reputational:	The service changes and impact was discussed at the Board meeting.
Gyfrinachedd: Privacy:	No impact identified
Cydraddoldeb: Equality:	An EQIA was undertaken for each service change.