



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	05 October 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Assessment of Impact of actions taken to respond to risks associated with Reinforced Autoclave Aerated Concrete (RAAC).
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Executive Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Sharon Daniel, Deputy Director of Nursing Subhamay Ghosh, Associate Medical Director for Quality & Safety. Janice Cole Williams, General Manager Wwithybush Hospital

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This SBAR summarises actions taken by Hywel Dda University Health Board (HDUHB) to manage the clinical risks associated with a reduction of in-patient bed capacity in Wwithybush Hospital (WGH). This bed reduction was necessitated through the need for urgent progression of essential survey and remedial works enforced by the presence of Reinforced Autoclave Aerated Concrete (RAAC) planks at WGH.

Cefndir / Background

The Duty of Quality requires quality-driven decision-making for all strategic decisions. In discharging the duty of quality, NHS organisations are required to consider the Health and Care Quality Standards when making decisions about healthcare services.

A quality impact assessment (QIA) is a mechanism for considering and capturing the impact of proposals / decisions on the quality of our healthcare system, to inform strategic decision-making. This QIA must be proportionate, have clinical sign-off, and feed into existing corporate processes. Organisations must be able to evidence that their strategic decisions have been made through a quality lens.

RAAC was a material used in construction in many buildings between the 1960s and 1990s. Its presence has been confirmed in a range of NHS properties across the UK and includes several properties in Wales. Research has shown that this material has a far lower structural loading capacity than other generic reinforced concrete products. Due to this fact, there is a risk of structural collapse should the product fail. The condition of RAAC planks has been shown to deteriorate if water is present due to roof leaks etc, which can compromise the reinforcement bars contained within these planks.

In November 2019, when Specialist Estate Services Note (SESN) 19-11 was issued to Health Boards highlighting the issues with RAAC planks and asked at this time for Health Boards to report on the presence of RAAC and any action plans necessary to mitigate any risks. In response to this HDUHB developed a brief and appointed specialist structural engineers in February 2020 to undertake a full survey to detect the presence of RAAC within our estate. This survey was completed by the summer of 2020 and the information was returned to Specialist Estate Services (SES). This exercise confirmed the presence of RAAC at WGH and a small area within a remote plant room at BGH.

A more detailed appraisal of WGH was completed in March 2021 and based on the industry standard at this time a number of recommendations were made and completed.

Following the review by SES, of all reports from the Welsh NHS, specialist structural engineers (Curtins) were appointed on behalf of Welsh Government to review all reports where RAAC had been identified. These reports were received by the Health Board on 20 December 2022 for review and action. In response HDUHB developed a full detailed scope based on the information required by SES for the survey and appointed a specialist structural engineering firm (Curtins) to undertake a plank-by-plank survey of all areas where RAAC had been identified. These surveys and recommendations were commenced in May 2023 and are based on current industry guidance which was updated in 2023.

In WGH the specific areas of concern are six wards on the second floor, a range of departments on the ground floor and the kitchen areas on the lower ground floor.

To allow these surveys to progress HDUHB initially decanted clinical areas on a phased basis. However, as the risks became clearer, HDUHB stood up its Gold Command Structure on 17 August to provide cross health board co-ordination and control. On 25 August 2023 an Internal Major Incident was declared.

Asesiad / Assessment

In August 2023 NHS Wales published the quality-driven decision-making Quality Impact Assessment which included the process for undertaking and agreeing the QIA, together with the beta QIA tool (Appendix 1 and 2). However, much of the strategic decisions made in relation to the RAAC work preceded the receipt of the national QIA process and the QIA Beta tool. As a consequence, the RAAC Control Group has utilised the Health Board Risk Management Matrix to quantify risk, identify mitigation to inform strategic quality-driven decision-making and identify and assess the effect or influence of a proposal on the quality and safety of the healthcare system.

In this process the Control Group has identified the actions needed to reduce risks where quality or safety could be negatively affected and ensured that these risks and mitigations feed into existing corporate monitoring processes to provide assurance of quality-driven decision-making, together with an audit trail. These proposals and decisions are evident in a series of SBARs presented to the Health and Safety Committee, the Strategic Development and Operational Delivery Committee and the RAAC Silver Tactical Command Group. Two corporate risks are currently noted on the Health Board's risk register, details of which can be found later in the SBAR.

The further direction to decant remaining inpatient wards on the second floor (medical capacity) in August 2023 equated to 64 occupied inpatient beds including the Coronary Care Unit (CCU) & Acute Stroke Unit:

- The elective surgical ward 9 had been closed since July 2022 as a result of the need for essential fire improvement and theatre ventilation repair works. Scheduled reopening for May 2023 was delayed due to the emerging RAAC related position. HDUHB's detailed planned care recovery programme did not include an imminent restart of inpatient surgery at WGH so whilst activity has been impacted it is not currently at a point below that which was predicted. Urgent elective surgery and Orthopaedics have been delivered on alternative sites across the Health Board.
- Ward 12 Medical ward had already been decanted to Cleddau Ward, at South Pembrokeshire Hospital (SPH) in June 2023.
- Ward 7 had 7 patients remaining on 4 August when the directorate were advised of the urgent need to immediately decant this area by the Director of Operations. This was done the same day by transferring these patients into beds vacated following discharges.

A full scoping of potential space for further surge and conversion to inpatient capacity was conducted by the WGH General Manager, WGH Head of Nursing, Community General Manager and Community Head of Nursing. This scoping reinforced WGH's already significantly surged position due to emergency pressures and long standing flow constraints. This scoping exercise identified 4 further areas to explore across the Pembrokeshire Haematology and Oncology Day Unit (PHODU) and Puffin in WGH and space adjacent to Cleddau and 4 additional spaces in Sunderland Ward in SPH. When benchmarked against April 2023's inpatient bed capacity, the impact of closing 6 in-patient wards on the WGH site equated to the overall loss of 39 in-patient beds across the Pembrokeshire system. Of the 108 closed medical beds, the WGH Triumvirate and County Teams have been able to re-provide 40 on the SPH site and 32 in WGH. Nevertheless, the net loss of Acute Medical beds is 76 as the re provided beds are non-acute frailty and rehabilitation beds with SPH already being established as a Community Hospital. The impact of this still needs to be considered against the previously reported number of medically optimised patients in our hospitals to determine if this has reduced as a consequence of the pathway changes.

Work on the frailty pathway was already well established in Pembrokeshire thus, with some pathway changes, it was considered feasible to convert parts of SPH (Cleddau East & West) into an in-patient facility for a defined group of frail patients. To that end 28 beds were opened/created across Cleddau Ward and a further 12 opened on Sunderland Ward (4 new & 8 reopened following previous closure) at SPH. The ACU at WGH was converted to an in-patient medical ward to accommodate 5 CCU beds and 15 medical beds.

In September 2023, Outpatients A has been considered unsuitable for re-occupation following visual survey. Activity has been reviewed, relocated, and switched to virtual wherever suitable and possible. Further scoping is underway to determine the full impact on activity and experience of this area remaining closed for several months, pending completion of works. All community premises within Pembrokeshire are currently being explored in relation to potential to accommodate.

Risks Identified:

Following declaration of the Major Incident on the 25 August 2023 a Gold, Silver, Bronze Command Structure was established to agree actions and consider the impact of the changes and the required mitigation.

Corporate Risks

There are 2 Corporate risks aligned to RAAC:

- 1699: Risk of loss of service capacity at WGH due to surveys and remedial work relating to RAAC (current risk score of 25); and

- 1382: Risk to patients and staff due to a lack of assurance of safe estate as a consequence of RAAC (WGH) (current risk score of 5)

Operational Risks

Services and Directorates continue to review the developing situation at WGH and the subsequent effect on service delivery. New risks are added to the Health Board's operational risk register as and when identified by the relevant service, and risk owners are required to consider the impact of RAAC on their existing risks, and to re-evaluate the level of risk based on the developing situation. Operational risks are required to be reviewed at Service / Directorate Governance meetings.

The following Directorate and Service level risks are currently noted:

- 1385: Overcrowding and reduction of flow in ED resulting in a risk to the patient, department and community (Withyburn – current risk score of 20)
- 1711: WGH Outpatients Department (OPD) RAAC Structural Work (Scheduled Care: OPD – current risk score of 4)
- 1722: Risk to the ability to deliver a safe Systemic Anti-Cancer Therapy (SACT) service to capacity at WGH due to RAAC remedial works (Cancer Services – current risk score of 9)
- Effective communication is maintained with staff and clinical teams:
 - a. Risk assessments associated with this from a staffing perspective facilitated through 1:1 discussions with those for potential deployment, supported by clinical teams and workforce
 - b. Stroke Multi-Disciplinary Team (MDT) called together for collective discussion and assessment on preferred way forward given the need for decant of Acute Stroke Unit and stroke rehabilitation beds
 - c. Organisation Development Relationship management team establishing and maintaining links with affected staff to identify concerns / issues sooner rather than later.
 - d. Every attempt made to keep staffing teams together as much as possible to support staff wellbeing and a sense of belonging.
 - e. Weekly staff updates via MS Teams established (led by WGH General Manager), recorded for reference at a later point by those unable to attend
 - f. SharePoint page established with ability to submit questions
 - g. Excellent engagement from all staff

Following implementation of the changes, feedback from clinical teams has been elicited as follows:

- Medical staffing has been affected with both junior and senior staff having to work across the sites.
- Staff morale has been affected due to relentless pressures to optimise patient flow and lack of available space to review new patient in Emergency Department (ED).
- For A&E patients, 70% of the floor space has been lost in Major Injuries area as that has been made available to the Medical team for their warded patients due to RAAC. There is no Acute Clinical Decision Unit (ACDU) ward, so acute medical flow is seriously being impacted.
- Innovative work around reception area for dedicated / ring fenced ED ambulatory patients has helped in low category / acute patients flow quickly, but as a result there are increased waits in ambulance patients as Major Injury area and will be mostly be occupied by medical inpatients.
- There has been a 10-20 % reduction in agency nurses in ED with an increase in substantive nurses.

- ED doctors have had to leave the Major Injuries area completely including the nursing station without a formal workstation with computer terminals for paperwork .
- Surgical services had been affected before the RAAC issue with no on call surgical consultant after 5pm. With current bed capacity issues some of the surgical patients are waiting long hours in ED before decision making. Day theatre services also being affected as part of ward 7 which has now moved to the same area.
- ED medical staffing has not being impacted by RAAC, with no increase in agency usage as of now.

Winter pressure at the front the door is likely to have a huge impact in the coming months with the overall hospital services due to bed capacity issues.

- Pathways:

The reduction in medical bed capacity to date has resulted in an increase in patients awaiting inpatient beds within the ED for a longer period. Overcrowding within the ED results in ambulance handover delays, increasing the clinical risk to those unable to access the Department as well as those awaiting a response to a call for an ambulance in the community. In addition, it increases risks for those within the ED resulting in poorer outcomes together with challenges in meeting fundamental care needs attributable to the environment. There are also increased challenges in maintaining fire safety, given the excessive occupancy. In order to mitigate the impact of this overcrowding the ED has reconfigured the way it flows patients through the system, facilitating early assessment and streaming. Two additional patient toilets have also been installed at the ED.

The medical inpatient bed capacity currently available to WGH is inadequate to serve the medical take and deliver consistently safe care. The Acute Services Leadership Group have agreed an escalation plan to trigger when WGH Unscheduled Care Triumvirate or Pembrokeshire on call manager considers it is unable to meet the levels of demand experienced against patients already in the ED awaiting beds. Plans to mitigate this include pre hospital assessment and interventions as well as collaborative working with Intermediate Care to further develop acute response services and frailty pathways.

A significant amount of work is underway in Pembrokeshire to establish a Clinical Streaming Hub, Same Day Emergency Care and Frailty pathways, as part of the Transforming Urgent and Emergency Care (TUEC) programme. This focus will need to continue to reduce conveyance and maximise efficiency through emergency medical pathways.

- Environmental Risk:

- a. Cleddau East was not occupied and is now a 15 bedded area. It had been identified as part of COVID-19 readiness plan but was not used during the Pandemic.
- b. Cleddau West is now a 13 bedded facility previously occupied by Outpatient Therapies. The risk associated with displacement of this service was considered by the Pembrokeshire County and therapy lead teams and alternative accommodation sourced.
- c. Environmental assessments were carried out by Hospital Head of Nursing, Senior Nurse Manager, Senior Infection, Prevention and Control Nurse, Fire, Health and Safety and Estates to ensure environments meet the standard required for an inpatient area. Actions taken prior to occupancy included installation of sluice facilities, enhancement of toilet facilities, enhancement of call bell facilities and maximisation of available space for activities to avoid deconditioning whilst in hospital.

- Nutrition & Hydration:

In addition to the impact on in-patient beds, the Health Board has decommissioned the main kitchen at WGH and has made arrangements for temporary re-provision of service until full remediation is completed. Currently a food provision is via cook / freeze methodology with central regeneration with a plan to establish a field kitchen in November 2023 to revert to traditional preparation of meals.

Mitigation implemented:

- *New frailty pathways* have been established with clear Standards Operating Procedures (SOPs) ensuring patient criteria for admission to SPH is adhered to.
- The *Day Surgical Unit (DSU) pathway* was suspended in early August 2023, the impact of this action was assessed by the Planned Care team and assurance provided that it was still possible to accommodate urgent and suspected cancer cases through the Endoscopy facility.
A clinically agreed plan to re-commence the Day Surgical Pathway in September has been implemented via a self-contained area utilising theatre 4 and the recovery room as a day unit. It is currently intended that the DSU footprint will return to its intended purpose from 9 October 2023.
- The *Pembrokeshire Haematology & Oncology Day Unit (PHODU)* was utilised as an in-patient facility thus some treatments were provided off site. This change and mitigation is cited in risk 1722 on the Datix Risk Register.
- *Medical doctor cover:* The timing of the deployments have been challenging due to the new doctor changeover in August 2023. The significant number of acute beds closed on the WGH site has necessitated the deployment of the majority of the Care of the Elderly Team to cover the beds in SPH. Historically Sunderland ward has been overseen by GPs, but this service has been fragile for some time. This move has coincided with plans for Care of the Elderly Physicians to take overall responsibility of all the beds in SPH (72 beds in total). This has strengthened the governance arrangements that were previously in place and offers opportunities for development of nursing skills in this area.
- Another benefit realised, as a consequence of this change, is that there is now consistent medical cover at SPH during the day. However, out of hours provision is delivered through the GP out of hours service and as such the revised SOP has been developed with strict patient selection criteria in order to mitigate this risk.
- Options for relocation of the Acute Stroke Unit (ASU) and stroke rehabilitation service were considered by the stroke service MDT. The option to split the service across both WGH & Sunderland Ward has resulted in nursing, medical and therapy services being delivered across sites. Patients will remain in WGH until the MDT confirm suitability for step down to a rehabilitation bed in Sunderland ward.
- The Infection, Prevention and Control Team have worked with clinical teams to identify and mitigate risks associated with the environment of care e.g. distance between beds, ventilation.
- Outpatient services (ophthalmology, general and therapies) have been reviewed with virtual reviews, relocation both in and outside of WGH being applied. Consideration has been given to maintaining as many appointments as close to home as possible

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee are asked to take assurance that the processes followed, actions taken, and recommendations proposed are appropriate and consistent with the requirements as set out in the Health and Social Care Quality and Engagement Act under the Duty of Quality. [The Health and Social Care \(Quality and Engagement\) \(Wales\) Act: summary \[HTML\] | GOV.WALES](#)

However, following the publication, by NHS Wales in August 2023, of the quality-driven decision-making quality impact assessment process. Going forward the Silver Tactical and Bronze Groups must follow the QIA Process documented in Appendix 1 and populate the QIA Beta Tool Appendix 2 to ensure consideration is given to how decisions impact on each of the Health and Care Quality Standards/Domains of quality and the enablers of Quality, related to:

- What specific risks have been identified?
- What mitigation will be implemented to manage adverse impact?
- What measures and evidence will they use to monitor the impact?

It is recommended that the QIA Beta Tool is complete alongside the SOP around SPH (Cleddau & Sunderland) for presentation to Bronze Group. This will consider a significant proportion of the inpatient bed capacity changes.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Details of risks are included within the body of the report
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)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 5. Offer a diverse range of employment opportunities which support people to fulfill their potential 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Contained within the body of the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the body of the report.
Gweithlu: Workforce:	Contained within the body of the report.
Risg: Risk:	Contained within the body of the report.
Cyfreithiol: Legal:	Contained within the body of the report.

Quality-driven decision-making Quality Impact Assessment

Supporting information

Introduction

The duty of quality requires quality-driven decision-making for all strategic decisions. In discharging the duty of quality, NHS organisations are required to take into account the Health and Care Quality Standards when making decisions about healthcare services.



A Quality Impact Assessment (QIA) is a mechanism for considering and capturing the impact of proposals / decisions on the Quality of our healthcare system, to inform strategic decision-making. Key to the success of the implementation of a Quality Impact Assessment across healthcare in Wales is that it must be proportionate, have clinical sign-off, and feed into existing corporate processes rather than creating new ones. Organisations must be able to evidence that their strategic decisions have been made through a Quality lens.

The purpose of the QIA can therefore be described as:

- To inform strategic quality-driven decision-making
- To identify and assess the effect or influence of a proposal on the quality and safety of the healthcare system, in line with the Health and Care Quality Standards
- To ensure that we identify any actions needed to reduce risks where quality or safety could be negatively affected, and to ensure these risks and mitigations feed into existing corporate monitoring processes



- To provide assurance of quality-driven decision-making, together with audit trail.

This QIA tool is directly linked to the Duty of Quality and Health and Care Quality Standards that we have here in Wales. All strategic decisions should go through this process.

Using the tool

The suggested process for undertaking and agreeing the Quality Impact Assessment, and the beta QIA tool, are embedded below.



The QIA tool should be completed to support any proposal for a strategic decision to be made and be presented with the proposal to the appropriate decision-making forum.

As mentioned above, the detail required to populate the QIA tool should be **proportionate** to the scale, risk, impact on delivery of strategic objectives, drivers and financial implications of the proposal and decision to be made. The more significant the decision to be made, the more detail required in the QIA.

All QIAs **must** be reviewed and signed-off by a clinician. Again, the significance of the decision should determine the seniority of the clinician who would need to review and authorise the QIA before it is presented to the decision-making forum.

If the decision makers agree that the proposal should proceed, then risks and benefits that are identified through the QIA process should feed into existing corporate monitoring processes.

[A final version of the QIA tool and formal supporting guidance will be issued in the future.]

QIA Process	QIA beta tool
 <p>20230803 QIA swimlane v4.pdf</p>	 <p>20230804 Quality Impact Assessment to</p>



Quality-driven decision-making

Quality Impact Assessment

Part 1: Developing the QIA

Proposal / decision being assessed	
QIA completed by / on date	Insert name/s and designation and date
QIA agreed by / on date	Insert name/s and designation and date <e.g. Directorate manager>

Part 2a: Clinical review and sign off of QIA

Reflecting the **proportionate** nature of the QIA to the proposal, each QIA should be reviewed and agreed by clinician(s) at an appropriate level (i.e. a more significant proposal should be subject to more senior clinical review and sign-off)

QIA clinically agreed by / on date	Insert name/s and designation and date <e.g. Head of nursing / head of midwifery / clinical director>
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Part 2b: Executive clinical review and sign off of QIA if required

Reflecting the **proportionate** nature of the QIA to the proposal, each QIA should be reviewed and agreed by clinician(s) at an appropriate level (i.e. a more significant proposal should be subject to more senior clinical review and sign-off)

Clinical Executive 1 sign off / date	Insert name/s and designation and date <e.g. Executive director of nursing / executive director of therapies and health sciences / executive medical director>
Clinical Executive 2 sign off / date	Insert name/s and designation and date <e.g. Executive director of nursing / executive director of therapies and health sciences / executive medical director>
Clinical Executive 3 sign off / date	Insert name/s and designation and date <e.g. Executive director of nursing / executive director of therapies and health sciences / executive medical director>

Part 3: Outline of the proposal / decision to be made

1. Broadly outline what is being proposed and the decision that needs to be made
2. Why is the proposal / decision needed?
3. What are the drivers and influencing factors around the decision to be made? (e.g. legislation, national policy, professional body guidance, cost savings, ministerial priorities)
4. Who is directly affected by this proposal / decision? Please also consider people who may be indirectly affected
5. How have you engaged with the people affected? If you have not yet engaged, what are your plans?
6. What are the main benefits of this proposal / decision?
7. i) What are the main risks of implementing this proposal / decision? ii) What are the main risks of not implementing it?
8. How does the proposal / decision impact on delivery of the organisation's strategic objectives or ministerial priorities?
9. Is the proposal / decision planned to be temporary or permanent?

Part 4: Quality Impact Assessment

- This assessment tool should be completed for all strategic decisions.
- The response should be **proportionate** to reflect the significance, scale, risk, impact on delivery of strategic objectives and drivers of the proposal being made.
- Consider how the proposal / decision impacts on each of the [Health and Care Quality Standards](#).

Health and Care Quality Standards	Briefly outline how the proposal / decision impacts on each of the Health and Care Quality Standards What specific risks have been identified? What mitigation will you implement to manage adverse impact? What measures and evidence will you use to monitor the impact?	Identify if the overall impact of the proposal / decision is positive, neutral or negative
Safe		
Timely		
Effective		
Efficient		
Equitable		
Person-centred		
Leadership		
Workforce		
Culture		

Health and Care Quality Standards	Briefly outline how the proposal / decision impacts on each of the Health and Care Quality Standards What specific risks have been identified? What mitigation will you implement to manage adverse impact? What measures and evidence will you use to monitor the impact?	Identify if the overall impact of the proposal / decision is positive, neutral or negative
<u>Information</u>		
<u>Learning, improvement and research</u>		
<u>Whole systems approach</u>		

Part 5: Summary of the Quality Impact Assessment

Based on the assessment in Section 2, what are the key messages, risks and recommendations for the clinical review and sign-off process?
What are the proposed monitoring arrangements and frequency of QIA Review?