QUALITY, SAFETY AND EXPERIENCE COMMITTEE (QSEC) UPDATE REPORT

Date of last meeting: 9 April 2024

Quoracy: Met

Report by: Anna Lewis, Chair

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

ALERT[1] (may require discussion)

There are no matters to **alert** members of Board to.

ADVISE [2](to monitor)

QSEC wish to **advise** members of Board that:

- Whilst progress and the development of a Therapies Improvement Plan (TIP) to understand the current **14-week therapy referral to treatment performance** was received by the Committee, assurance on the required level of progress could not yet be received. An update on progress against the TIP has been scheduled for the meeting in August 2024. Members noted that the plan would focus on Occupational Therapies (Paediatric) Service in the first instance with the view to then upscale improvement work across the Directorate.
- An assurance report that captures the **quality impacts from the Transforming Urgent and Emergency Care Programme** was agreed for the August 2024 meeting following concern raised on the performance/ target focussed presentation shared. Members agreed the need to improve the current metrics to capture and evidence quality and patient experience more effectively.
- Whilst the Committee received assurance on the **Quality and Safety Impact of Reinforced Aerated Autoclave Concrete (RAAC) Major Incident at Withybush Hospital** the update highlighted a wider issue with thrombolysis performance within the stroke pathway and baseline data. A service specific report was requested for the meeting in August 2024.
- The Committee welcomed the more regular updates however were unable to take assurance on the implementation of **Welsh Health Circulars** that are aligned to the Committee, as many of these do not have implementation dates and/or seem to rely on funding to implement. It was not clear whether there had been an overt decision-making process on the funding for implementation and whether quality impact assessments had been undertaken. A report will be brought back to the next meeting to advise the Committee on whether the outstanding WHCs have been considered as part of the 2023/24 planning

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[1] *There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.*
[2] *There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern*.

process, and whether the quality impacts have been assessed if funding has not been agreed.

ASSURE[3] (to note)

- The Committee received assurance from a presentation provided on the **Safer Care Collaborative** (Appendix 1 and 2) and the connection to Transforming Urgent and Emergency Care noting the effective quality improvement work impacting upon better patient care and experience.
- Assurance was provided from the cross-organisation partnership working in response to **Suspected Suicide Cluster in Pembrokeshire** between the Police, Mental Health, Public Health and Education providers.
- While recognising the longstanding compliance shortfalls, the Committee received assurance that there is improved executive leadership and improved governance which is facilitating progress Health Board compliance with its statutory duties under the **Additional Learning Needs (ALN) Act.**
- Assurance was provided from the three-year **Nurse Staffing Levels 3-year Welsh Government report assurance report for 2021-24** which will be submitted to Welsh Government.
- In response to longstanding concerns regarding operational governance he Clinical Executive will be participating in the meetings going forward to strengthen the future role of the **Operational Quality, Safety and Experience Sub Committee.** An update on the planned changes to operational governance is expected at the next meeting.
- The Committee received the closure report for **Planning Objective 3b** (Healthcare Acquired Infection Delivery Plan).

REVIEW OF RISKS

- Clarity was sought in terms of the current level of risk to the service in respect of corporate risk 1810 (To deliver effective and timely cancer service due to Aseptic Unit facilities being noncompliant with quality assurance of aseptic preparation services in Withybush Hospital) which would be addressed by the Director of Primary Care and Community Services ahead of the next meeting. Since the meeting, the current risk score has been adjusted from 20 to 15 to reflect the reduction in the likelihood of the risk of forced closure materialising following the most recent audit in February 2024, provided that the control measures in place remain effective. The Committee will seek further assurance at the next meeting.

RECOMMENDATION

The Board is asked to note the report and approve the QSEC Annual Report 2023/24.

Agenda, papers and minutes are available on our website: Quality, Safety and Experience Committee

[3] *There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.*

Quality, Safety and Experience Committee

Tuesday 9 April 2024

National Safe Care Collaborative

- All NHS Organisations across Wales invited to join the Collaborative in June 2023

The Safe Care Partnership aims to support organisations to achieve safe, reliable and effective care in NHS Wales. The Safe Care Partnership builds upon existing patient safety work and improvement capability within Wales and provides the opportunity to strengthen and accelerate this. It focuses on sustainability and leaving a legacy of on-going collaboration and learning between health boards and trusts.

- Following Foundational site visits by Institute for Healthcare Improvement (IHI) and Improvement Cymru in November 2022 four collaborative work streams identified

1. **Leadership for patient safety improvement** - Working together to support development of the culture and learning system within each health system and across NHS Wales and ensuring that the whole system is working towards common and well aligned goals.

2. **Safe and effective community care** - Keeping people safe care in community settings through prevention of deterioration

   and appropriate response to acute health care needs is achieved.

3. **Safe and effective ambulatory care** - Keeping people safe in the ambulatory care environment, preventing hospital admissions and treating acute care needs in the most appropriate settings.

4. **Safe and effective acute care** - Keeping people safe in hospital, ensuring that structures and processes are robust in response to acute deterioration or concern

- Collaborative structure from November 2022 – May 2024
  - Leadership for Patient Safety Improvement training
  - Coach development
  - 5 national in person Learning Sessions
  - Action Period Calls
  - Celebration Event – May 2024

Health Board Response/ Engagement

- Patient Safety Leadership Team
  - 11 senior leaders attended training
  - Support to circa 40 operational & Improvement teams to undertake self- assessment against IHI Safe, Effective and Reliable Care Framework
  - Work underway on leadership for implementation of Fragile Services Framework
- Connection of Collaborative to Transforming Urgent and Emergency Care
  - Decision to link engagement in collaborative to the 6 goals of Transforming Urgent and Emergency Care (TUEC) taken at the outset of the collaborative unique to Hywel Dda
- 40 + staff engaged in Clinical workstreams from across the Health Board
  - 8 projects identified by operational teams across all 3 Clinical Workstreams
  - Improvement Coach support and development
  - Consistent attendance at all learning sets
  - Engagement and reporting at all action period calls
- Health Board Investment In Quality Improvement Evident
  - Contribution at Learning Events
    - Presentations at all 5 events
    - Consistent representation
    - Staff Experience Videos
  - Improvement Coach Development
    - All 8 projects maintained throughout the collaborative
    - Project progression maximised through Enabling Equality Improvement in Practice (EQIiP) programme
    - Level and consistency of reporting
    - Knowledge sharing
  - Use of Teulu Jones Family to aid communication of project aims and outcomes

Clinical Workstream Projects and connection to TUEC

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Community Care

1. **Alternative pathways for Welsh Ambulance Service Trust (WAST)** Ceredigion
2. **Improvements in Palliative Care Communication-** Carmarthenshire

TUEC POLICY Goals 1 & 2

Ambulatory Care

1. **Acute oncology admissions in Same Day Emergency Care (SDEC)-** Withybush Hospital (WGH)
2. **Borderline Criteria Patients in SDEC-** Glangwili Hospital (GGH)
3. **Frailty Matters-** GGH

TUEC Policy Goals 3 & 4

Acute Care

1. **Hydration and fluid balance-** BGH
2. **Right patient, right place , right care, first time-** GGH
3. **Talk News-**WGH

Transforming Urgent AND Emergency Care
TUEC Policy Goals 5 & 6

Evaluation of Benefits of engagement in the collaborative

- Opportunity for 40 staff members of staff to spend dedicated time at Learning Events on improvement (supported by Improvement Cymru funding)
- Networking and shared learning with colleagues from across Wales
- Recognition of Health Board investment and commitment to Quality Improvement at a national level
- EQIiP programme
  - Improvement Coach Development
  - Quality Assurance Team Co-ordination of engagement in the Collaborative
- Questionable if technical skills in improvement were enhanced from engagement in the Collaborative
- Improvement in ability to report and communicate Health Board improvement skills and activities at a national level
- Increased engagement of Health Board senior leaders in patient safety through creation of Patient Safety Leadership Team
- Introduction to IHI Safe, Effective & Reliable Care Framework provided a useable tool for increasing focus on patient safety

Staff Story

Two of the project teams will present their projects and experience of the collaborative in person to the Committee

- **Right patient, right place , right care, first time**
  Nerys Lewis, Senior Nurse Manager, A&E, Glangwili Hospital
  Clara Barnes, Improvement Practitioner and Project Coach

- **Acute Oncology Admissions to SDEC**
  SDEC Project Team Representative
  Emma Phillips, Improvement Practitioner and Project Coach

A poster will be displayed at the meeting depicting all 8 Projects

A short video will also be played produced by Improvement Cymru of the Health Board's staff engagement in the Collaborative

Right Patient, Right Place , Right Care, First Time -

Reducing Harmful Incidents in Glangwili Hospital A&E

Representing the working group:

Nerys Lewis, Senior Nurse Manager

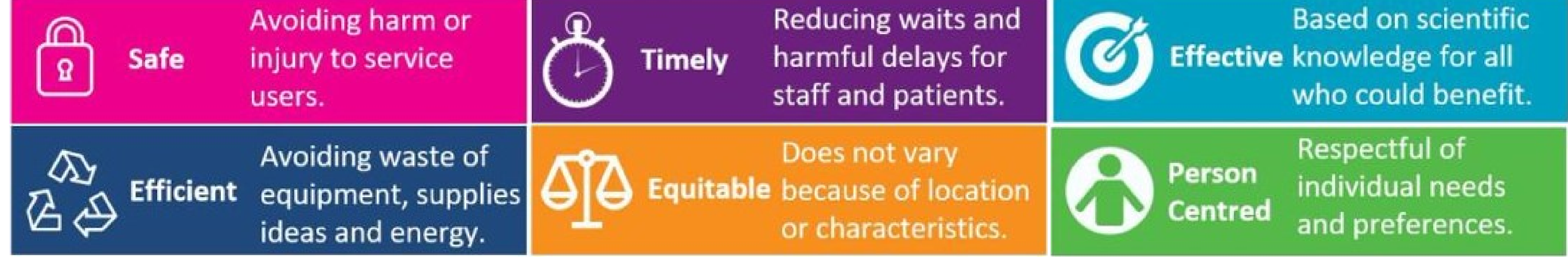
Clara Barnes, Quality Improvement & Service Transformation Practitioner

Our Reality

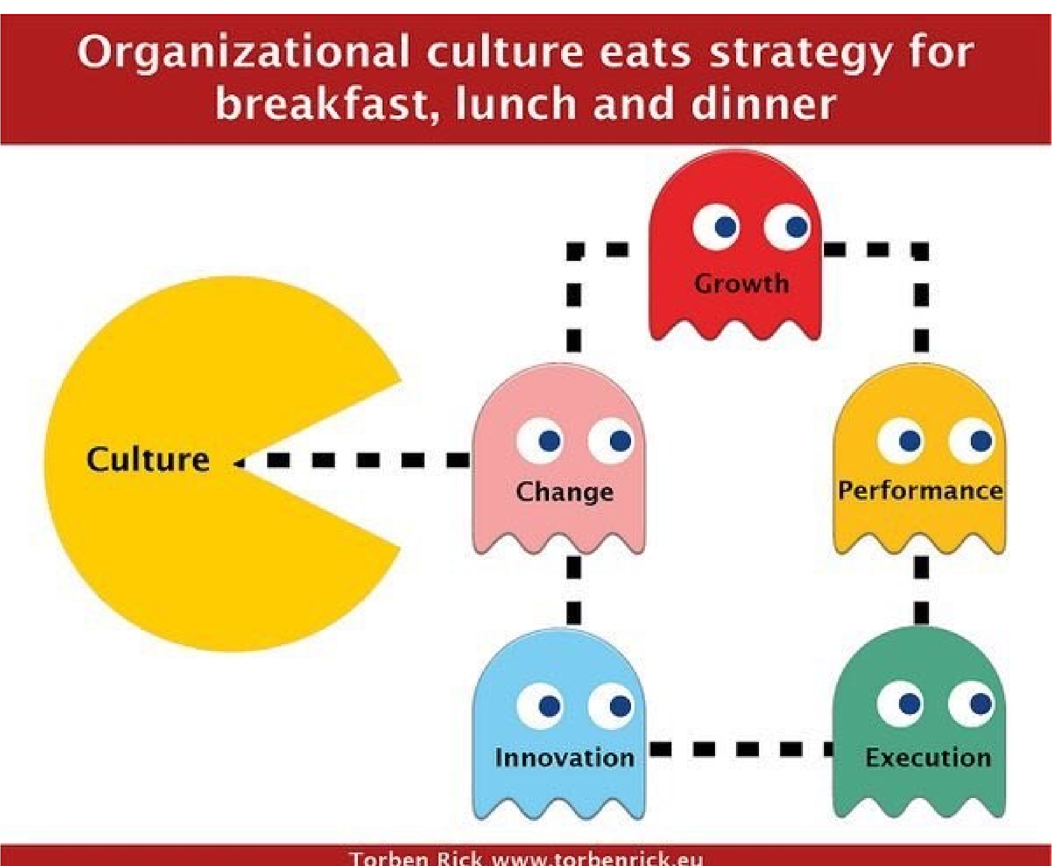
The Problem

Looking at the acute care setting as a whole we saw the extent and complexity of the system and allowed the team to realise that while A&E may not be the direct cause of many issues, it is the area which is directly impacted by the pressures and therefore the focus on **safety** is paramount.

The Aim



First Stop...



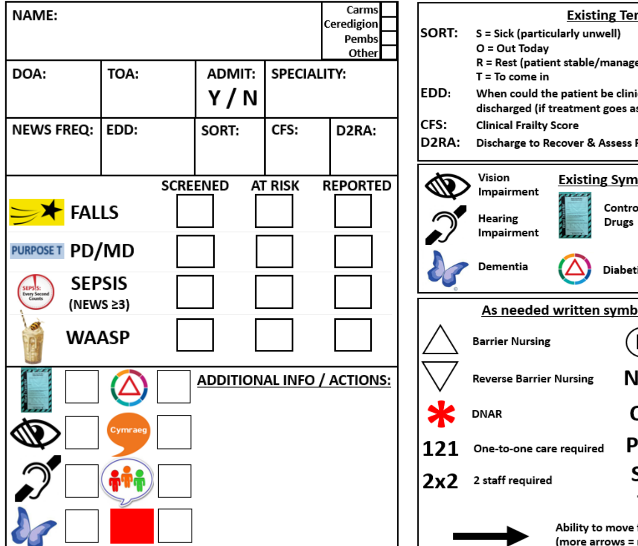
Working with the MDT in the department to foster a more open and innovative culture where all speak freely about what is important to them to change along with identifying ideas to try out as a team

Practical Changes

A&E Safety Huddle

A&E/Site Teams Chat – Extended to GM's & On Call

Board Magnets



NAME: | Carms / Ceredigion / Pembs / Other

DOA: | TOA: | ADMIT: Y / N | SPECIALITY:

NEWS FREQ: | EDD: | SORT: | CFS: | D2RA:

	SCREENED	AT RISK	REPORTED
FALLS			
PURPOSE T PD/MD			
SEPSIS (NEWS ≥3)			
WAASP			

ADDITIONAL INFO / ACTIONS:

Existing Terms:

SORT: S = Sick (particularly unwell)
O = Out Today
R = Rest (patient stable/managed but not due to leave)
T = To come in

EDD: When could the patient be clinically optimised to be discharged (if treatment goes as planned)

CFS: Clinical Frailty Score

D2RA: Discharge to Recover & Assess Pathways 0, 1 , 2 or 3 (see poster)

Existing Symbols

- Vision Impairment
- Hearing Impairment
- Dementia
- Controlled Drugs
- Diabetic
- Cymraeg – Welsh Speaking
- Learning Disabilities
- Special Diet

As needed written symbols/ abbreviations

- Barrier Nursing
- Reverse Barrier Nursing
- DNAR
- 121 – One-to-one care required
- 2x2 – 2 staff required
- H – Imminent Discharge
- NBM – Nil By Mouth
- O2 – Oxygen Requirement
- POC – Package of Care
- SG – Safeguarding
- T – Telemetry
- Ability to move from current location (more arrows = more appropriate)

Think SMART Awareness

Weekly Drop-In Sessions with:

- Assurance
- Complaints
- Safeguarding
- WAST

Amended FOH/Site/Management Daily Huddles Format

Safety Schedule

A&E Safety Schedule

Time	Activity
8:30am	Patient Flow – Teams
9am	A&E Safe Care Huddle
By 10am -	Escalation Call Update
1pm (approx.)	Site/SNM Flow Visit
2:45pm	A&E Safe Care Huddle
3:15pm	Patient Flow – Teams
By 4pm -	Escalation Call Update
5:30pm (approx.)	Site/SNM Flow Visit
10pm	EU Huddle
2am	EU Huddle

Escalation Call Updates

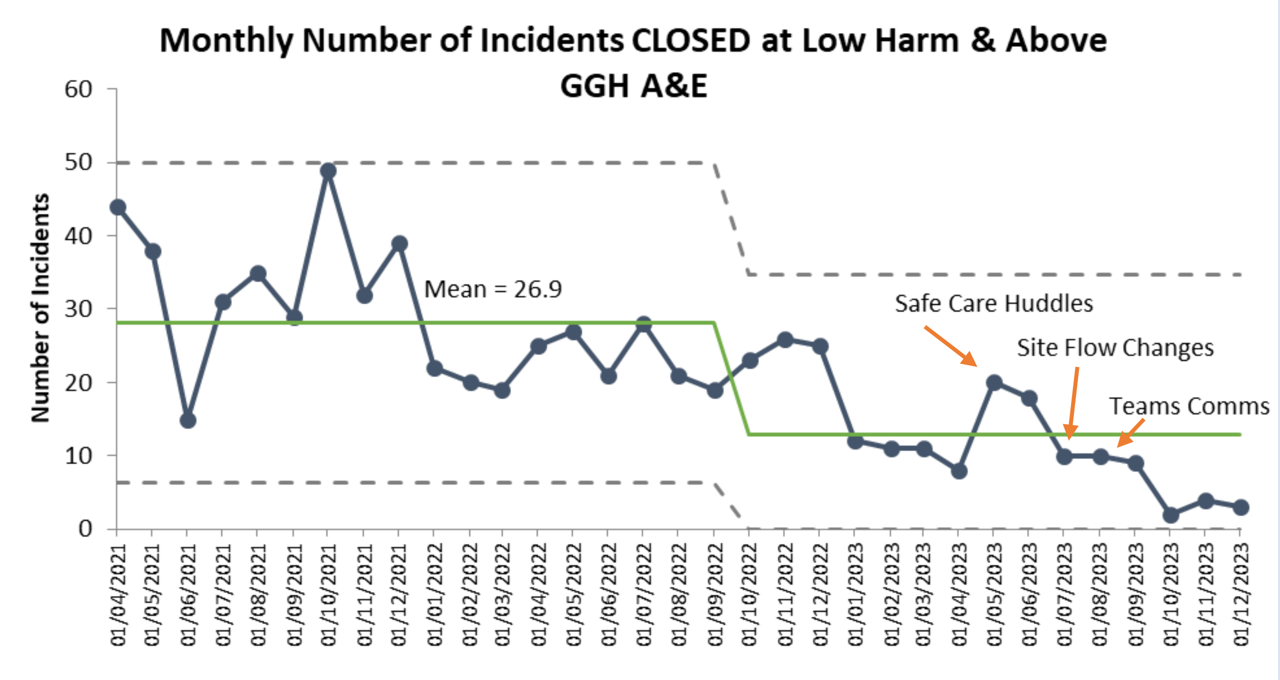
Prior to 10am & 4pm Health Board Escalation Calls, please input on Teams chat:

1) How many ambulances outside/inbound
2) Plans for ambulances
3) Barriers to any plans for ambulances

Don't forget to update the Teams Channel

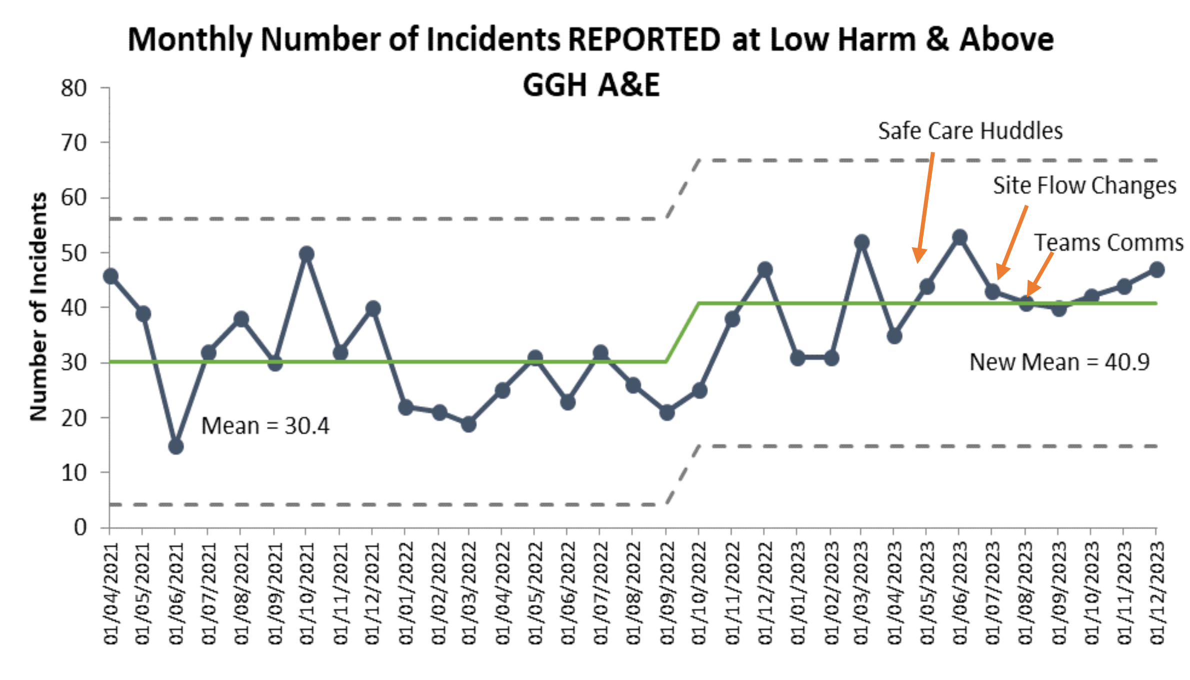
by 10am & 4pm & through the day

Our Results...So Far



Aim of reduced incidents is going tin the right direction but as there is a larger proportion of recent incidents not closed reality **cannot be truly reflected yet** so the proportion of incidents still open must also be considered

Prediction was confirmed that reporting incidents would increase following better psychological safety, education and opportunity for identification and support



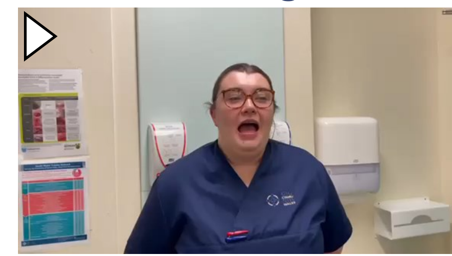
Staff Feedback

A&E Safety Huddles

A&E Consultant

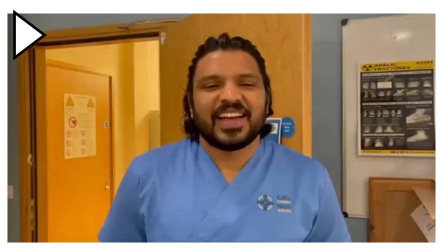
...'It makes us establish a **safe** plan for patients and staff...this position, short term and outflow'...

A&E Navigator



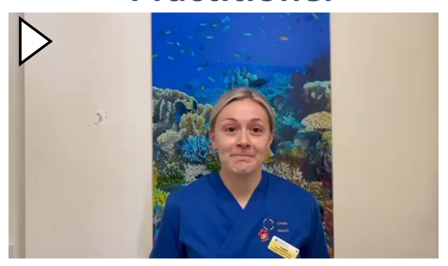
...'It's a really big help basically!'

A&E Registered Nurse



...'It also helps me plan how to improve care for my patients'

MIU Emergency Nurse Practitioner



...'We can express concerns and escalate issues'...

'Patient Flow' Site & Management Huddles

'We were grateful to trial the new form of huddle where site management comes to the various units rather than us all converging in A&E. This has helped us concentrate on our unit while still communicating the necessary information.

Much of the old format wasn't relevant to us so we found that it wasted **time** we could have been using for patient care and we also often felt bad being in a large group of staff within an already overfilled ED. It has definitely benefitted us in the way we hoped it would'

Surgical Assessment Unit (SAU) Sister

'The condensed huddle attendance works significantly better, it is quicker so allows us all to work faster'

Clinical Site Manager

A&E Senior Sister

...'It's enabled the other areas to stay on their wards and keep the flow going'

'Since we have not attended A+E for the huddles, we have found this beneficial to not only us as Navigators, but to the patients. The huddle in A+E would take approximately 30 min, 3 times a day. This is 1.5 hours off CDU. We are now able to use this **time** to support the staff on CDU and spend **more time** with the patients. We are still doing exactly what we are good at- which is patient flow, but we feel we can achieve this quicker as we are on CDU for the full 12.5 hour shift.

I personally found leaving CDU to attend the huddles, uneasy. This is because we rely heavily on agency nurses and have many junior and overseas nurses who require a lot of support. I didn't feel comfortable leaving for this length of time, incase they needed help. Now I can give my **100% time** to staying on CDU which enables me to help and support the staff.'

CDU Sister

Staff Feedback

A&E/Site Chat

'It's been very useful to have updates, before we had to call A&E feel like we know what is going on the whole day rather then just the huddles. I feel its a good way to communicate and works well, as long as everyone keeps chat up to date'

Unscheduled Care Service Manager (Manager of the Day Role)

'The chat can be really helpful when it's used well. It has also helped us identify areas that we duplicate information and also recognise how much we are asked to communicate duplicate information through different channels to different people.

We hope to use this to evidence where these instances fall so that we can streamline further and in turn release the wasted **time** to concentrate on the department'

A&E Navigator

'The chat has been hugely beneficial, live updates on patient flow, easy access to escalating concerns, and most importantly it allows staff to spend more **time** with patients as they are not on the phone all the time'

Senior Nurse Manager (Also Manager of the Day Role)

'It gives a live communication stream of which key actions and plans, support, escalation, managing the risk, patient safety issues etc. is clear and where a MDT collaborative approach is in place to manage a difficult EU. The channel has reduced the constant phone calls to the Navigator to get updates, which allows the staff time and opportunity to do what they need to do. It also provides elements of assurance of actions/escalations, clear roles and responsibility of who is doing what as well as a record of activity. There is still work to do as though there is good use, some days (weekends) and OOH require a bit of tweaking.'

Deputy Head of Nursing
(Also Manager of the Day Role and On Call Manager Roles)

'The A&E Chat facility has decreased the amount of status requests from the Manager of the Day and Site Management Team which were via telephone previously. The Navigator's role is extremely busy and being constantly disrupted by a multitude of people to provide the same information was highly inefficient.

The Clinical Site Managers can now allocate beds on the teams channel to the ED and the ED are constantly updating department status and plans for ambulances held outside negating the need for numerous conversations.

I feel that this channel has improved patient flow and the relationships between the site team and ED.'

Unscheduled Care Service Delivery Manager (Manager of the Day and On Call Manager Roles)

'Teams chat works well when used to its full potential'

Clinical Site Manager

'I find it really useful, it does seem as though not all of the Navigators are facilitating the chat like some of the others but I would hope that will change in time and the more they use it. Appreciating how busy ED is, the last thing you want to do, as the MOD, is either keep going down there or calling to find out plans for handing over patients, so to have that information (mostly) posted through the chat is really helpful and informative. This consequently makes delivering the relevant information on the 10am and 4pm call much easier.'

Unscheduled Care Business Manager (Manager of the Day Role)

'Since the implementation of the A&E Flow Teams chat, communication has significantly improved without having to rely on bleeps / telephone calls which is often frustrating due to line being engaged, congestion or having to stay in one place for return call from a bleep.

Having this direct platform to communicate with the site team / navigator in A&E has improved patient flow, enabled risks / concerns to be escalated in a **timely manner**, share clear plans regarding ambulance handovers / patient transfers which minimises any misunderstanding. Working relationships have improved between all department involved within this teams channel as we are able to set the expectations and ensures we are all working to the same outcome. It creates a clear vision particularly when the volume and acuity of patients within the department difficult to manage.'

Senior Nurse Manager (Also Manager of the Day Role)

Staff Feedback – Safe Care Collaborative

Attending the Collaborative:

Clinical Lead Physiotherapist, Senior Nurse Manager, Occupational Therapist

'It's great looking at being proud of our achievements'

'Realising if it hasn't worked the first or second time, why are we expecting it to work a third?'

'It helped us approach a new challenge in a different and more positive way'

'Completely different to classroom learning'

'Having the protected time to get away from a really busy environment, being in a **safe** space with people also looking to **improve safety** and patient care is inspiring'

'It's good not having just the senior levels of staff as part of the group, having mixed levels from the multidisciplinary team, everyone coming together and working collaboratively, bouncing off ideas from junior staff to senior staff just seeing what works and what doesn't work and putting it together'

Proud moments from the last session:

Dominique Bird, Deputy Director & Head of QI Improvement Cymru, directly singled the team out and saying how she would be **'extremely proud of the achievements in such a turbulent and challenging environment'** before going on to share how she felt **'touched at how the approach has managed to be so compassionate to staff'.**

James Calvert, Medical Director Aneurin Bevan where he said that he **'admires the ambition, approach and honesty'** of the GGH A&E work, particularly in regards to recognising the difficulties trying to improve an area with such little control but trying to overcome them with genuine involvement of the teams and allowing their challenges to be heard and giving them freedom to be innovative. He and his colleague described their new approach to leadership as executives in being visible, listening to the staff doing the work and taking on more of a facilitating/supporting role rather than trying to implement their ideas of change, and said that this work was a **'prime example'** of this practise which they are trying to foster.

Patient Feedback - Taken from responses to 'FFT' automated service via CIVICA

The staff were all amazing. It was very busy but everyone was calm, kind and reassuring. I felt very well looked after and the checks carried out were very thorough. I had full confidence in everyone's ability. Thank you.

Everyone was kind and **efficient.** We were informed along the way.

Staff were very helpful and informative. My daughter received great care and was attended to very promptly.

Friendly staff, seen and done within 3 hours, clean environment

Seen promptly, very friendly staff. By far in a way my best A&E experience

From start to finish everyone was on the same page. Obviously my concern was the pain I was experiencing, what I had broken, if I had punctured a lung, all in all a brilliant bunch of boys and girls. The government need to reckonise how much we need our NHS. We are so grateful for the help I received. Again, thank you guys.

I was examined quickly and sent for tests/x-ray. The doctor (Ali) was polite, took time to explain everything to me and answered all my questions.

When we arrived in A&E we found that it was so full there was nowhere to sit. Also due to the amount of people/Ambulances (8) waiting to be seen. The waiting time to see a medical practitioner at that particular time for us was a good 9 hrs. One person even complained that they'd been waiting for more than 24 hrs. Most of the time only one person at reception having to deal with all of these people. This part of the service was quite unpleasant for everyone. However when our turn came a 5*service

Seen quickly and staff were **efficient** and friendly.

I was brought in by strangers who found me ill. No ambulance turned up for 4 hours I'm told. I had the very best of care with the very best of staff in A&E, I am very grateful. Many, many thanks to all.

The treatment by the staff was excellent the only let down was the waiting time

Full A&E. Really full. Receptionist was very understanding and caring. Triage nurse reassuringly professional (with humour as well- bonus)I was treated with utmost respect by all concerned After a full investigation on my needs I was relieved that my chest pains were muscular . Phew. I was there from 2000 until 0330…tired, yes, but happy. Feel sorry for ambulance drivers who couldn't respond up to 2hrs possibly 3…so made my own way some 17 miles to Gwilli.

The staff were all amazing. It was very busy but everyone was calm, kind and reassuring. I felt very well looked after and the checks carried out were very thorough. I had full confidence in everyone's ability. Thank you.

The level of service was extremely impressive, staff were polite & helpful. I was lucky to be in & out within 4 hours, you can see that the unit is very busy & managing the patients I found was very good.

Keeping the Momentum

A&E Departmental Nursing Re-Structure & Continuous Improvement Programme

Changing the historic practice of assigning beds/zones per shift and instead focusing on collaborative 'teams' assigned per day within three main areas: Front of House, Majors and Resus.

Each Senior Sister/Senior Charge Nurse will be the lead for one of the areas – they will drive improvement and innovation through a continuous improvement programme including monthly coaching and support from the QIST team and the ED Nurse Practice Educator.

Welsh Government Quality Statement for Care in Emergency Departments

We will be guided by the new quality statement and will ensure our improvement plans are tailored towards the identified quality attributes.

A key part of our approach will be involving the whole department rather than only senior staff – we hope to develop and maintain the positive improvement culture which is steadily being built as a team.

Clinical Lead Consultant and SNM both joined national ED Leaders Clinical Network as part of Goal 4 of TUEC 6 Goals

'Working together to deliver quality care within our Emergency Department in Wales'

As identified by all health boards in attendance at Safe Care Collaborative:

What we need – permission to make improvement a priority and protected time to do it properly

Acute Oncology Service (AOS) SOS

- HDUHB
- Ambulatory Care Workstream
- Coach: Emma Cadman & Emma Phillips
- Project Lead: Bry Phillips
- Team: Daryl Richards, Emma Williams, Helen Brown, Leeanna Arran, Linsey Jones, Rachel Lewis

Project overview

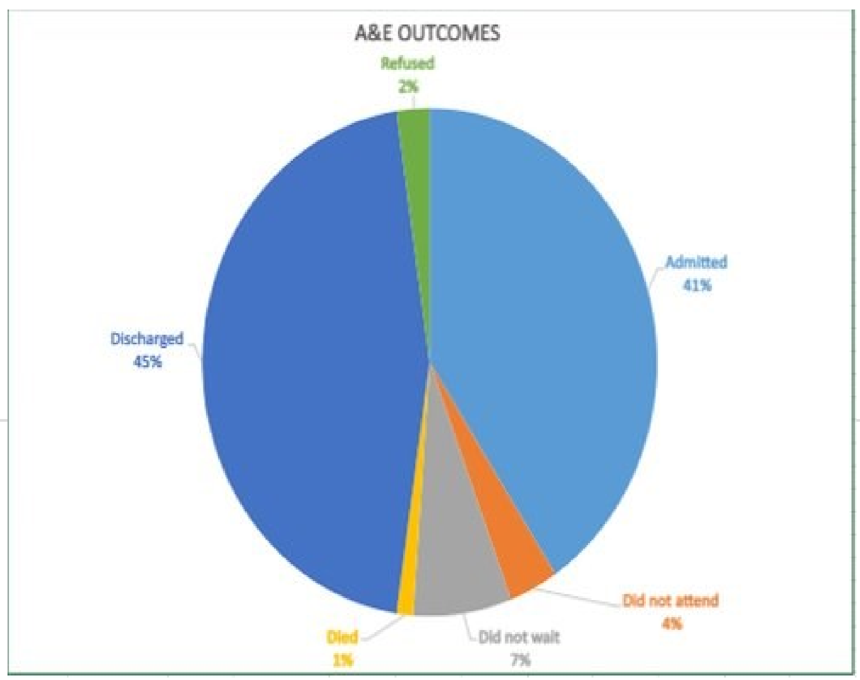
Increase utilisation of SDEC services across HDUHB to reduce avoidable hospital admissions by improving internal pathways and communication both within primary and secondary care to ensure patients receive the right care, in the right place, the first time. Six goals for urgent and emergency care – goal 2

SMART AIM: Increase the number of first attendances via SDEC by 5%, avoiding unnecessary admission to hospital in HDUHB by 29th February 2024

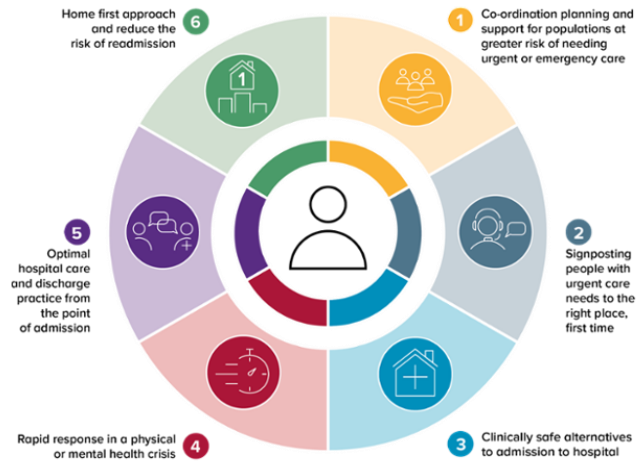
3 projects Acute Oncology in SDEC, Borderline Criteria patients, Frailty Matters

Patients actively receiving SACT who are assessed as requiring urgent or emergency care by the Acute Oncology (AOS) Triage line are currently signposted to the A&E Department at WGH which can result in long waits.

- SACT – Systemic Anti Cancer Treatment
- AOS - Acute Oncology Service
- A&E – Accident and Emergency
- SDEC – Same Day Emergency Care



1. AOS attend SDEC meetings
2. Education for SDEC team
3. QR code posters
4. Patient information leaflet
5. PREM's



S	T	E	E	E	P
Safe	Timely	Effective	Efficient	Equitable	Pt. Center

The AOS staff have positively engaged with the SDEC meetings and I feel we as a team have a good working relationship with them”

“It is very useful to know the QR codes are there to hand”

Attending SD[illegible] meetings has been inval[illegible] given me the opport[illegible]t to know and feel p[illegible] SDEC team.

“When referring patients, the AOS team also forward on the relevant guidelines which has also been very very useful”

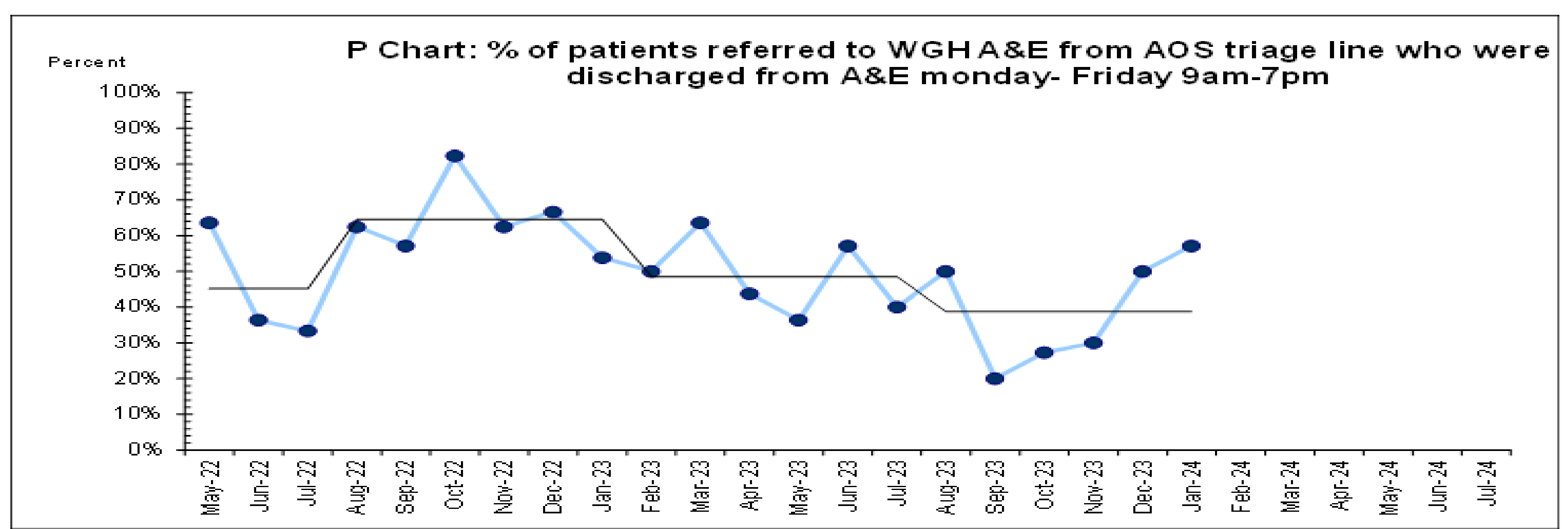
I have used/referred to the guidelines on a number of occasions”

It's really help[illegible] like we're worki[illegible] as a team to i[illegible]service we give[illegible] patients.”

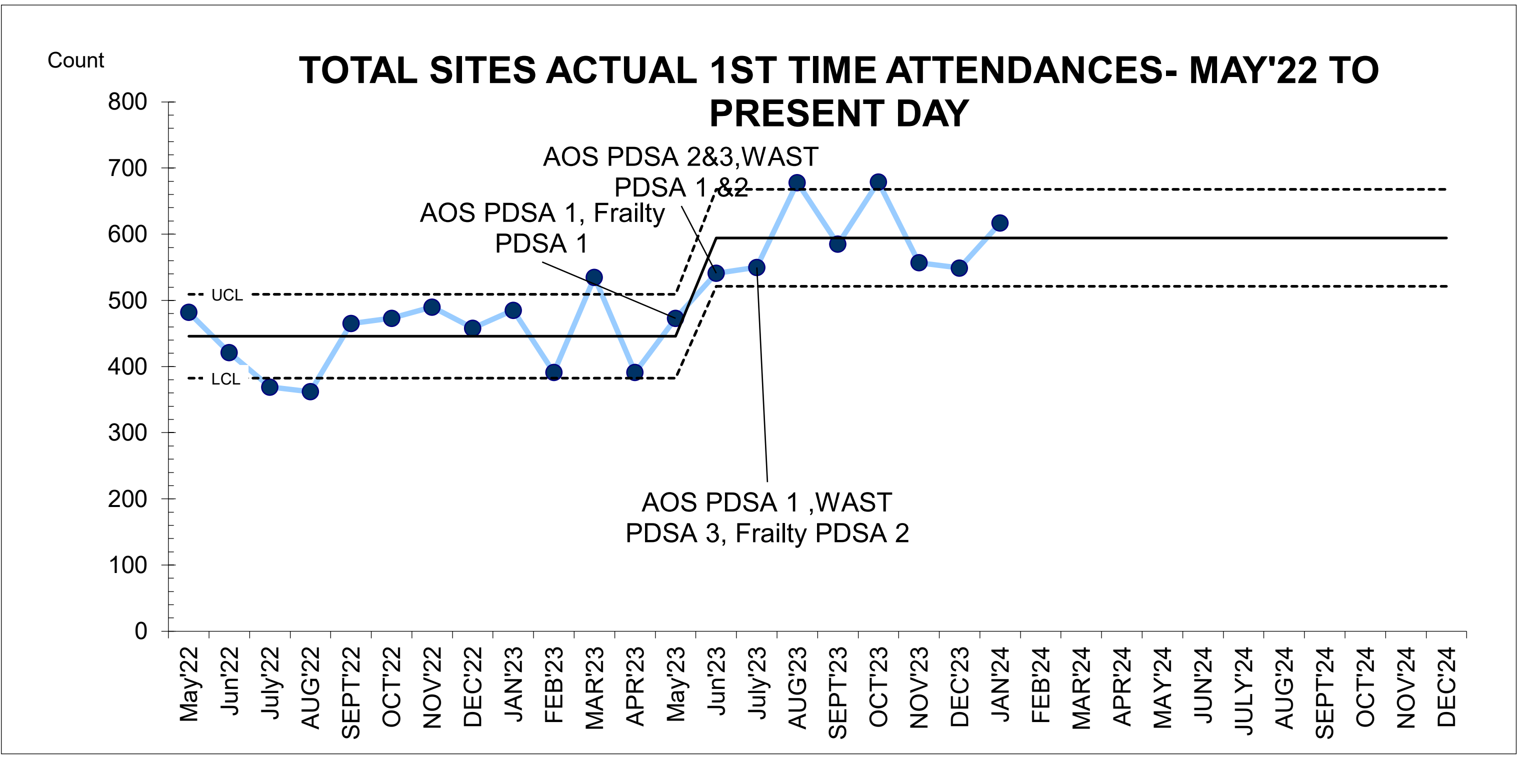
"As a cancer patient undergoing a years’ worth of treatment to include weekly chemotherapy & immunotherapy, along the way I have had to be seen urgently in Glangwilli Hospital for treatment, for adverse side effects. The first visit, I had to go to a&e and then to MAU, I was very unwell, and sat on a chair in a room full of other patients all day. I was very exposed to other patients coughing and this was not a safe environment for me when I am extremely vulnerable. Not being able to lie down or sit in a comfortable chair was also difficult when you are feeling that unwell.

The second time I had to contact the hospital due to needing an urgent MRI scan, I was directed to the SDEC unit. This was an absolutely far better experience from beginning to end. The staff were fantastic, the chairs were comfortable, and there are screens in-between patients, which made me feel safer in terms of catching infections.

Another visit, I was again directed to SDEC, who had been informed I was on my way via the chemo unit. This in itself made the process seamless and I was seen to straight away, where it was decided I needed an urgent blood transfusion. Again, I was in a clean room by myself. I felt my care was far better overall having gone straight to SDEC and that this system is better for cancer patients, both physically and mentally. As opposed to going to A&E”



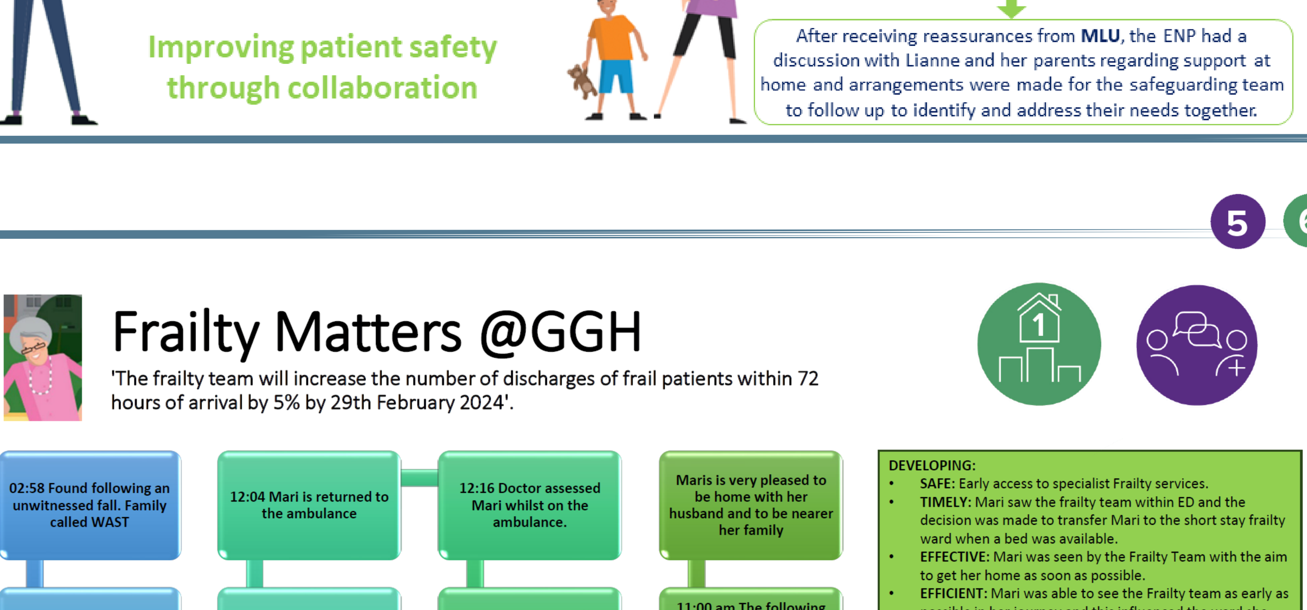
Data shows a shift in total attendances to SDEC following all workstream PDSA cycles showing an increase of 26%

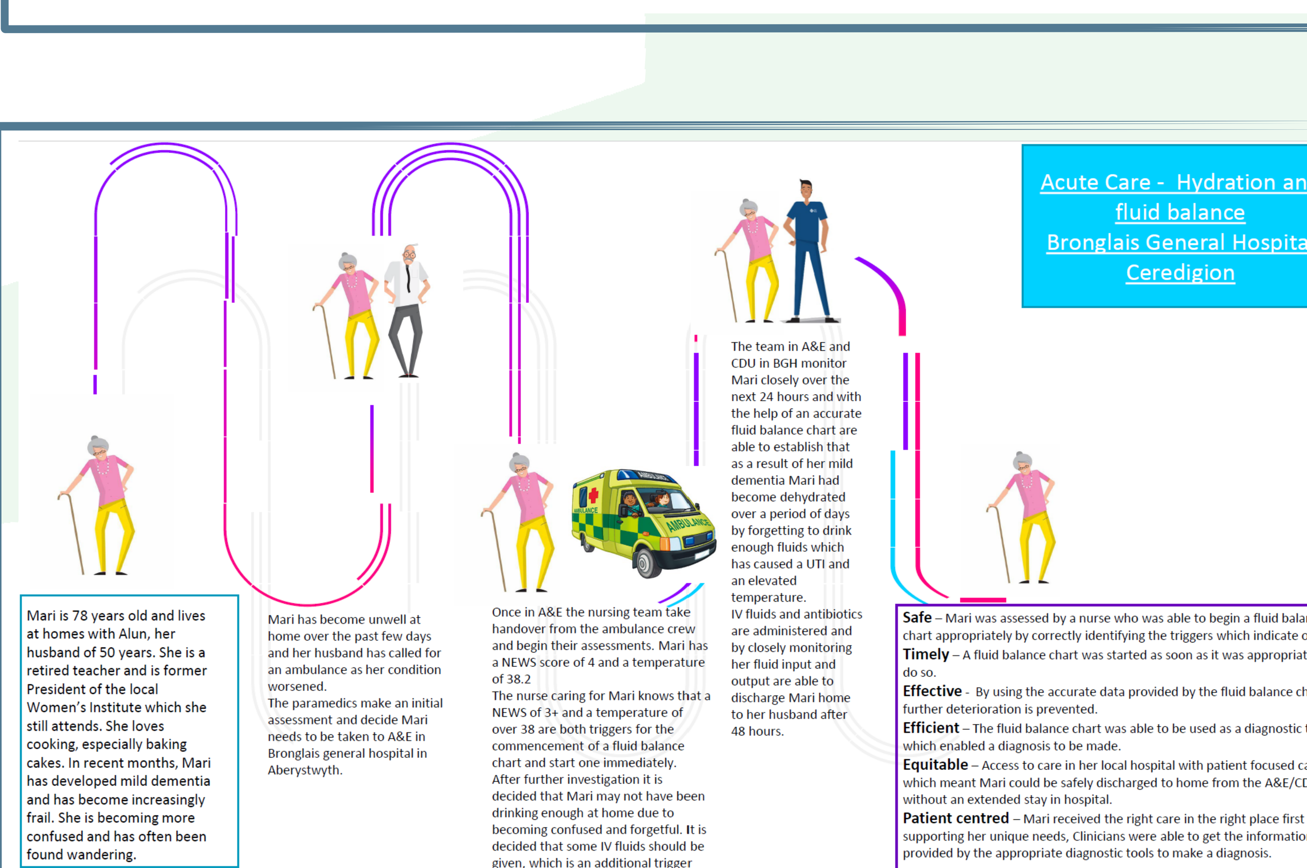


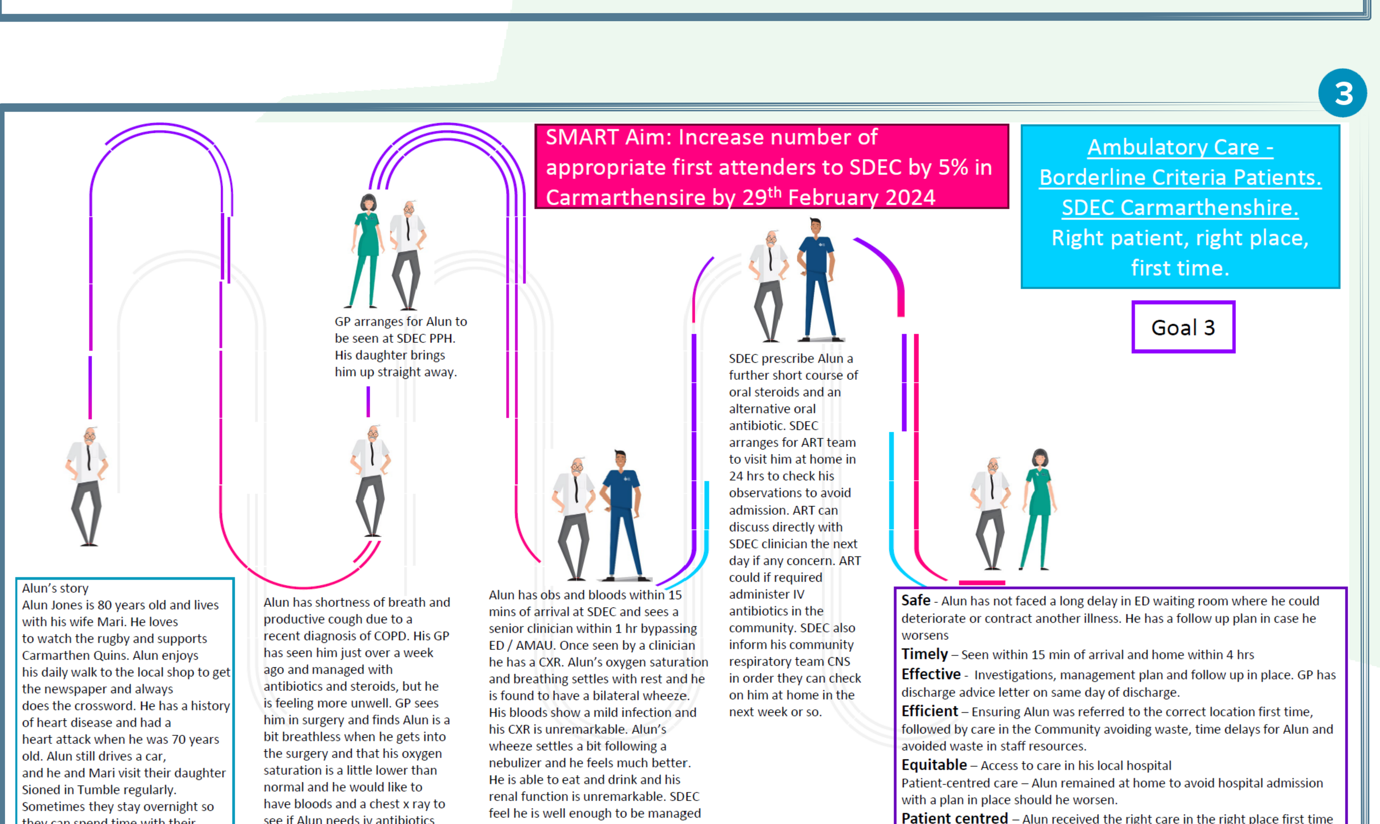
DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Six Goals for Urgent & Emergency Care







1. Co-ordination, planning and support for populations at greater risk of needing urgent or emergency care

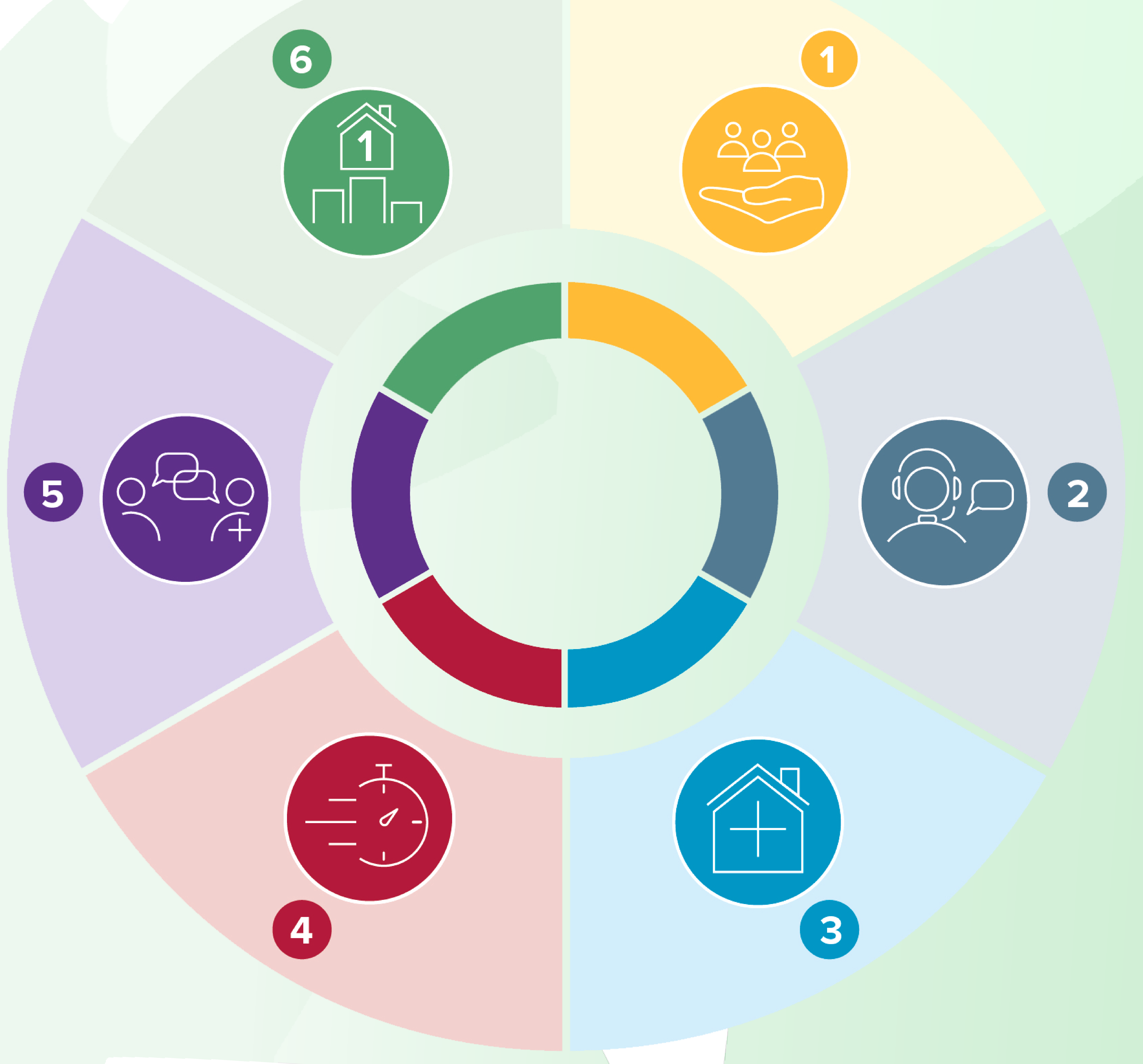
2. Signposting people with urgent care needs to the right place, first time

3. Clinically safe alternatives to admission to hospital

4. Rapid response in a physical or mental health crisis

5. Optimal hospital care and discharge practice from the point of admission

6. Home first approach and reduce the risk of readmission



Right care, right place, first time

For optimal staff and patient experience, clinical outcomes and value

1 2

Goal 4 Message In a Bottle- Improve communication by ensuring 80% of patients on 1 DN caseload who have palliative or end of life care needs are offered statement of wishes by April 2024.

Rhys, is 52 years old, a long-distance lorry driver, who lives in Tumble, near Llanelli. Rhys lives with his wife Sioned, 19 year old daughter Lianne and 3 year old grand-son Ben. Rhys needs orthopaedic surgery on his knee, which has been giving him lots of trouble and reducing his mobility. The operation has been postponed a couple of times due to emergencies and staffing issues. Unfortunately, before having his operation, he had a new diagnosis of prostate cancer with bone and liver metastasis, which is incurable.

Rhys was given a prognosis of six months; he declined palliative chemotherapy as he wanted quality of time with his family as opposed to quantity of time. Consent was given for a referral to the palliative care team. Due to his poor mobility and long periods of time in bed Rhys consented for a referral to the District Nursing team for pressure damage prevention and equipment assessment. Rhys was admitted onto the district nursing caseload.

YOUR VOICE MATTERS!

Rhys was suffering with nausea and pain, which was being regularly reviewed by the District Nursing team. During subsequent routine visits, providing advice and support a good rapport developed with Rhys, Sioned and the family. On each visit support and advice was offered not for just Rhys but for the whole family. A carer assessment was offered but was declined by Sioned and for Leanne and Ben were referred to Palliative Care Psychological Support. This in turn gave the District Nurse an opportunity to discuss a Statement of Wishes (SOW) with the family.

A sensitive conversation was had with Rhys and Sioned who wanted more information on a SOW. The Nurse explained that a statement of wishes is a written statement that sets down your preferences, wishes, beliefs and values regarding your future care. The aim is to provide a guide to anyone who might have to make decisions in your best interest if you have lost the ability to make or communicate decisions.

Rhys had the discussion with Sioned and the nurse and explained he wanted to be buried in his Welsh rugby jersey holding his family photo in his hand. He also requested that his end-of-life care needs should be met at home with his family present. He also wanted his favourite rugby song "Yma o hyd" played in his final moments.

After completing the SOW a copy was put into a yellow file and placed into the left draw in the dresser with the district nursing file. A copy was given to Rhys's GP and recorded onto the Civica Scheduling system to inform all healthcare professionals that a SOW is in place. It was then recorded into the message in a bottle to indicate that a SOW is in place also and where to find this information.
A message in a bottle is a simple but effective way for people to keep their basic personal and medical details safely and can be found in an emergency or deteriorating situation in a common location such as a fridge.

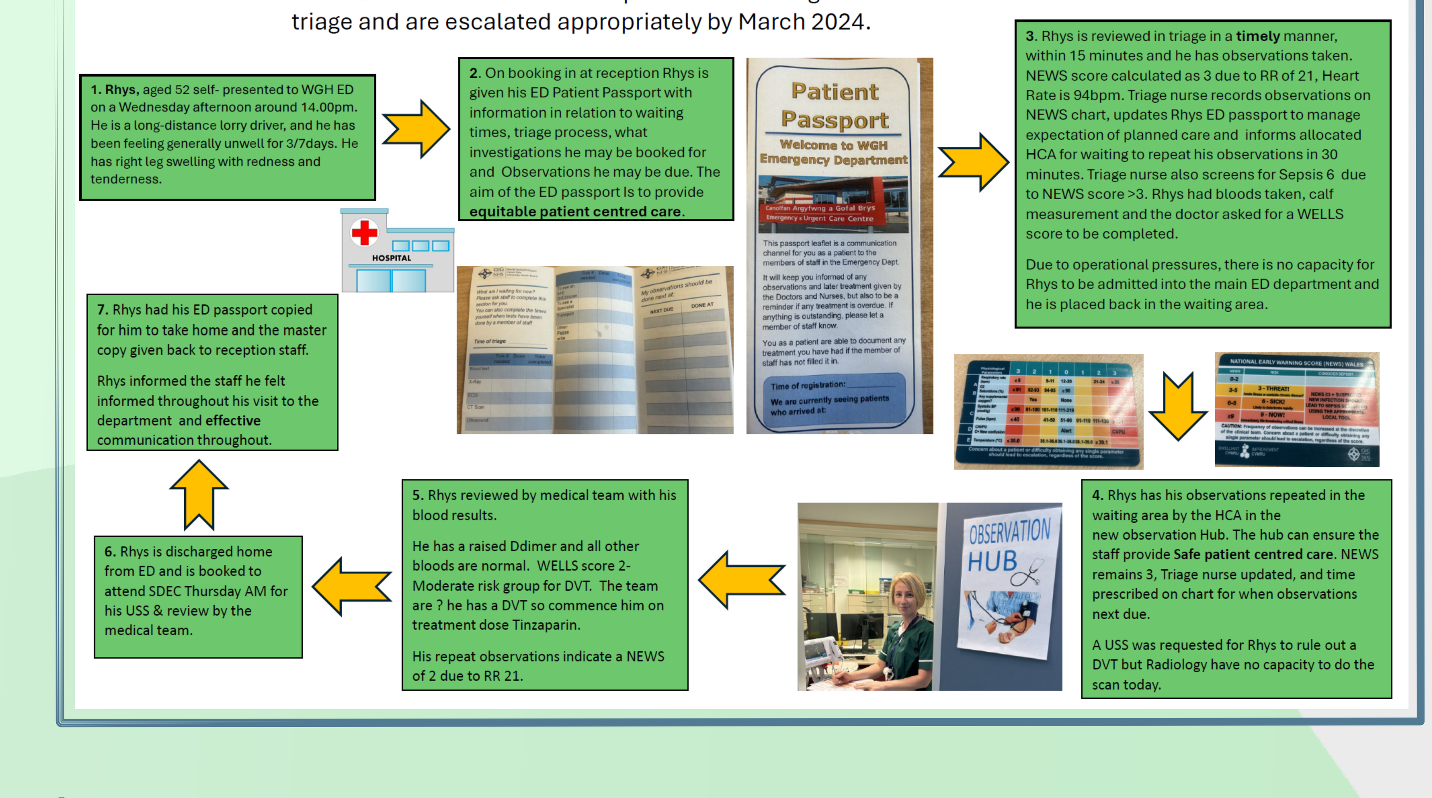
EMERGENCY LIONS

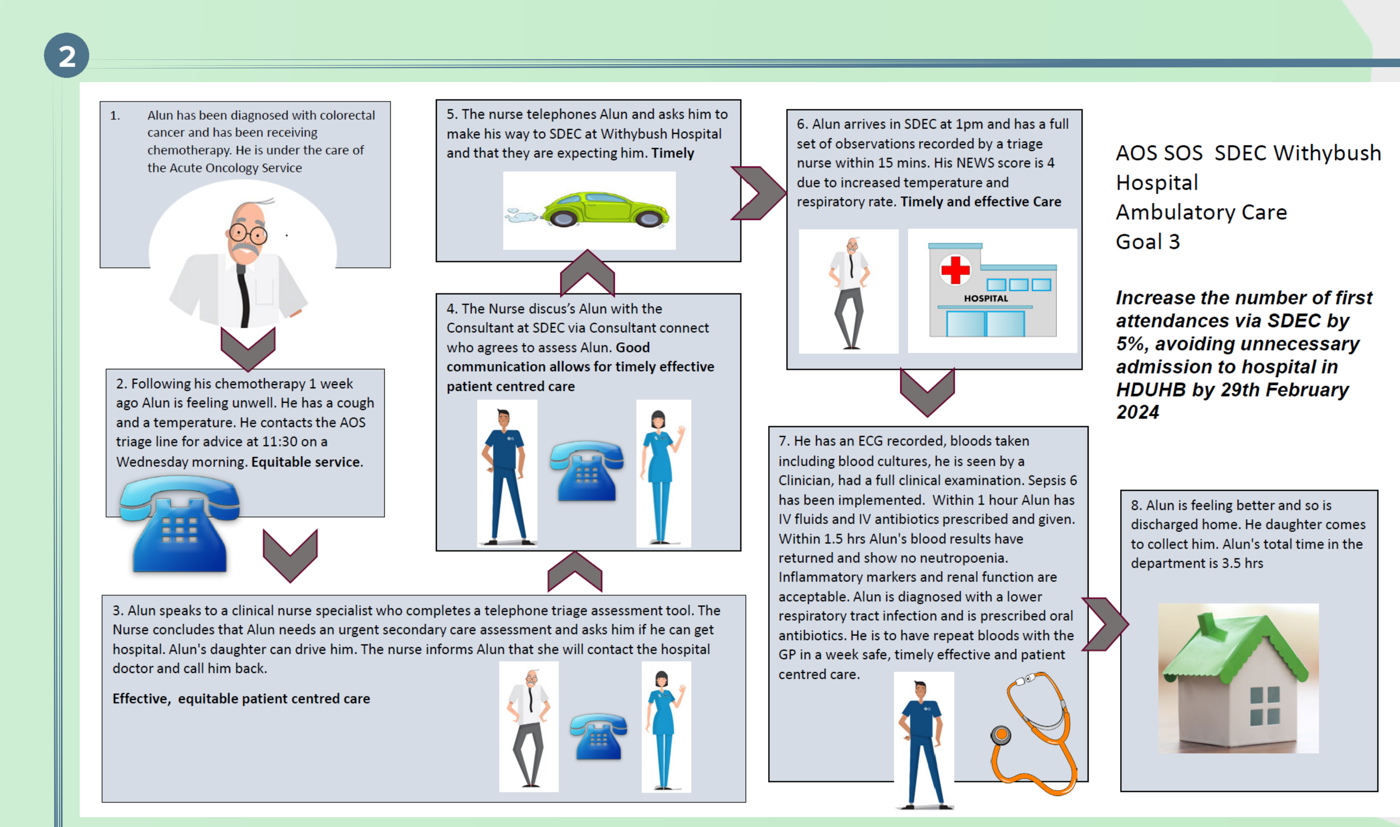
Statement of Wishes ★ Message in a Bottle

After a few weeks Rhys deteriorated at night. Sioned contacted the OOH's GP who in turn contacted WAST for conveyance to hospital. Sioned also contacted the Acute Response Team (ART) to request a visit for symptom control. She informed ART that an Ambulance had also been called. ART were aware of the SOW (due to Civica) and contacted 999 to cancel the ambulance stating that Rhys's end of life care was to be met at home. ART liaised with OOH GP and a syringe driver was commenced for symptom management.

In the morning ART handed Rhys's care back over to the District Nursing team and a fast track was completed for care with the Continuing Care Team. All his care needs were attended to at home in the last days of his life.

Rhys sadly passed away peacefully away at home (as per his SOW) with his family by his side. Yma o Hyd was playing in the background. He was buried in his favourite Welsh Rugby jersey with a photo of him and his family in his hand.





2

Alternative WAST Pathways

Project Aim:

To develop localised pathways which enable WAST to refer directly into community services for rapid access to appropriate intervention and support for individuals where conveyance to hospital is not clinically indicated

Sioned Jones

- Sioned works part time. She is also a student, and a carer for both her ageing parents, and her grandson.
- Sioned wants healthcare pathways tailored to the current and future needs of her family.
- Sioned wants her family to be able to access the right care, in the right place, first time.
- Sioned wants her family to be able access care closer to home, with them being at the heart of all decisions.
- Sioned is concerned that if either of her elderly parents go into hospital, they will contract an infection. She would like the Ambulance Service to arrange alternative healthcare and support services to enable her parents to remain together at home.

Mari & Alun Jones

- Mari and Alun rely on their daughter to care for them.
- Mari gets confused and sometimes gets lost. She is scared about going to hospital and wants to stay at home with her husband.
- Alun wants to live well with his wife at home. He would like the Ambulance Service to seek alternatives to going into hospital as he is worried how Mari would manage without him being there.

Mari's Story

Mari has fallen whilst walking to the bathroom toilet. She doesn't appear to be seriously injured however is having difficulty getting up from floor. Alun calls his daughter Sioned for assistance, who is looking after her grandson Ben whilst daughter Lianne attends an antenatal appointment.

Sioned advises her dad to call for an ambulance, and once Lianne returns Sioned heads over to her parents' house. By this time Alun has been able to assist Mari into her armchair and is making her comfortable whilst waiting for the ambulance to arrive.

Mari is clinically assessed by the Paramedic who establishes that she has sustained minor injuries from the fall. They are concerned about Mari's increasing frailty and the fact that this is the second time she has fallen in the past three months.

Treatment options are discussed with Mari, Alun, and their daughter Sioned whom all agree that taking Mari into hospital to be further assessed and treated isn't in her best interests, particularly as the busy hospital environment can cause Mari to become disorientated and distressed.

Using the locality directory of community health services, the Paramedic refers Mari to the local Same Day Urgent Care (SDUC) service who arrange to visit later that day to assess her needs. A request for Mari to be reviewed by the community therapy team is also made.

Mari is able to remain and receive the care that she needs at home, supported by Alan and her family.