

Action Notes
HIW Emergency Department Review: September 2022

TEAMS Meeting; 09:00, 7th October 2022

In attendance:

Suzanne Holloway – Chair
Dan Greenwell
Rita Chohan
Rebecca Eatly-Parcell
Mark Poulden
Dawn Morris
Rachel Newton

Meeting Purpose: To review progress against the Immediate Action Plan (IAP) which was submitted on 29/09/2022

- It was noted that start of the meeting that HIW had confirmed assurance in relation to the IAP and have requested a formal update by 22/12/2022.
- SHol updated that HIW had now resolved all outstanding queries in relation to evidence submitted and that the draft full report is likely to be received in 3 to 4 weeks

| Issue | Action | Lead | Status |
|--|--|---|-------------------------------|
| Reception Desk Use of “red dot” process | Finalise a Standard Operating Procedure (SOP), which clearly describes the process and the key decision-points. SOP to include; <ul style="list-style-type: none">• Clear points for clinical escalation• A routine assurance mechanism to ensure that process is delivering agreed outcomes• Training programme to ensure that staff using SOP have a clear understanding of its requirements | Reception Staff Team Leader Supported by: ECHO Snr Team Q&S Matron ED Matron | Review of current guidance |

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| Appropriate and Timely Clinical Triage | System wide review of triage services – including environmental, workforce and digital systems review | ECHO Snr Team | Completed |
| | Development of ED Workforce Plan | ECHO Snr Team | Completed Pending Morriston Service Group Approval |
| | Introduction of WEDS system Request system summary and current status update from Digital colleagues | ED WEDS Project Lead | Technical Systems/ Interface Problems |
| Alternative Emergency Department Pathways | Review of alternative specialty pathways for EXPECTED patients re-attending ED | ASD Specialist Surgery | Discussed at ASDG 28/09/2022 Update pending Invited to future meetings |
| | Collate summary of existing/planned alternative pathways within the Emergency Department | ECHO Snr Team | In progress |
| | Pharmacy to provide update on SNAP pathway to reduce ED treatment times | ED Pharmacy Lead | Completed |
| | Review Chest Pain Pathway within the ED | ED Consultant/ Deputy Head of Nursing | Update pending |
| REACT Capacity | Review current capacity including assessment of potential risks and the impact on compliance with WAST RED and AMBER1 alerts | ECHO Snr Team | Former REACT template used for RED Resus Neg. Pressure Rm. in use |

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| | Review COVID pathways within the ED with the possibility of utilising areas differently to provide additional capacity for REACT | ECHO Clinical Team | Completed |
| Patient Safety: Risk of healthcare acquired pressure injury due to a failure to use pressure relieving equipment | Liaise with WAST to introduce repose mattresses for patients who are unable to be offloaded from WAST trolley. | Deputy Head of Nursing (ED) / ED Matron | Issue escalated to WG as part of patient safety response |
| Timely clinical review of patients within the ED and SDMU assessed and waiting for ward admission | Establish a clear definition and understanding of the process of “intention” rounding | Deputy Head of Nursing (ED) | Update Pending |
| | Ensure that Integrated Surgical Division Team are fully aware of action | Head of QS&PE | Completed Invited to future meetings |
| | SAFER bundle: on-going work with Improvement Cymru regarding board rounds and real-time data; | Interim Director of Nursing, | Update Pending |
| | Review of SDMU and associated capacity to support effective flow for surgical emergency admissions | ASD Integrated Surgery | Update Pending |