QUALITY & SAFETY COMMITTEE

MERTHYR & CYNON INTEGRATED LOCALITY GROUP – QUALITY SAFETY & EXPERIENCE UPDATE REPORT

Date of meeting	18 May 2021

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

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Presented by	Lesley Lewis – Locality Nurse Director
Approving Executive Sponsor	Executive Director of Nursing

Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
N/A		

ACRONYMS	
CTMUHB	Cwm Taf Morgannwg University Health Board
ILG	Integrated Locality Group
PCH	Prince Charles Hospital
PALS	Patient Advice, Liaison Service

PTR	Putting Things Right
YCC	Ysbyty Cwm Cynon
DSU	Day Surgery Unit
ICU	Intensive Care Unit

1. SITUATION/BACKGROUND

1.1 The purpose of this report is to provide members with an update about the Quality and Safety agenda for Merthyr & Cynon (MC) Integrated Locality Group (ILG).

1.2 Noted in the March 2021 papers that responsibility for Maternity, Gynaecology and Integrated Sexual Health would align to MC ILG on the 1 April 2020. This process was delayed and the responsibility and alignment will take place on the 5 May 2021.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Covid-19 Outbreak Management

2.1 Due to an increase of COVID 19 positive patients at PCH in September 2020 an outbreak was declared from the 29 August 2020 in line with Public Health Wales (PHW) for definite Healthcare acquired Covid-19 infection.

2.2 The outbreak was declared over on the 14 April 2021, should any further ward clusters occur they would be managed on a ward by ward basis.

2.3 Data provided by PHW suggests that there has been a total of 358 COVID 19 positive patients identified within Merthyr Cynon ILG, of those cumulative total deaths linked to the outbreak 104.

2.4 Health Care Acquired Infection (HCAI); Community Acquired Infection (CAI) associated deaths and outbreaks are reported to Welsh Government via DATIX and Serious Incident process, a stage 2 mortality review is undertaken which is being supported by the central audit team from April 2021 in order to avoid duplication and to ensure robust and consistent process.

COVID-19 Vaccinations

2.5 The ILG continue to support the COVID vaccination programme with second dose completed for health & social care staff and support for community vaccination centres and Primary Care.

Ambulance Handover

2.6 There are variances in the reporting process undertaken in all 3 District General Hospitals (DGH's) within the Cwm Taf Morgannwg (CTM) footprint. Acute Services in PCH continue liaising directly with the Central Information Management Teams, who are essential to addressing this issue and improving reporting accuracy.

2.7 In response to the reduction in COVID 19 admission rates, handover times have improved within the department, with significant work being undertaken currently following the appointment of a new flow manager on the PCH site.

Nov	45.36%
Dec	37.62%
Jan	42.29%
Feb	60.61%
March	67.04%
April	58.59%

Resetting Services

2.8 The ILG has commenced work to reset and restart additional scheduled care activity ensuring appropriate governance and following Infection, Prevention & Control (IPC) guidance.

2.9 On the acute site there remains a focus on cancer and a weekly meeting with the service managers has been established to robustly review the patients currently waiting to ensure that potential delays are removed where possible. A recovery plan has been developed for each tumour site and progress will again be monitored weekly.

2.10 The Clinical Service Groups continue to develop demand and capacity plans as the capacity changes and will continue to work within the Health Boards Planned Care Programme on this essential work. Weekly update reports are provided

2.11 The de-escalation of areas in the hospital, that were restricted to provide services for patients with Covid 19, has released areas for amber patients and beds that are now ring fenced for planned surgery.

2.12 In Mental Health Services progress has been made in many of the services and some teams continue to work on plans e.g. psychology

2.13 Plans and being developed across the Health Board to undertake administrative and clinical validation of the waiting lists in line with Welsh Government guidance. This work will start with people who have been waiting over 52 weeks.

2.14 Contracts have been set up by the Health Board for the outsourcing of some orthopaedic and gynaecology activity and suitable patients have been identified and offered this pathway.

2.15 Whilst most sub specialties have used, and will continue to use the electronic software to promote virtual clinics and attend anywhere, the reintroduction of face to face outpatient work has also commenced in our ILG.

Quality and Patient Safety Governance Framework

2.17 The ILG continues to embed the Health Board's Quality Governance Framework, developed to address the community focused, clinically-led approach supported by the new operating model. The Governance Framework reflects that quality and patient safety must be the focus in all our activities, and that the ILG triumvirate share the responsibility for the delivery of high quality, safe services at every level.

2.18 A robust governance structure for meetings are embedded within the Clinical Service Group (CSG) and acute site triumvirates in order for the teams to remain up to date with the specific challenges, themes and trends.

2.19 Following the investment of the ILG into the governance team the structure is robust which will support the CSG's in a more proactive rather than reactive approach. Further posts will be required to realise the resource required to appropriately support the Women, Children & Family (WCF) CSG aligning to the ILG on the 5 May 2021.

Quality Assurance - data

2.20 Members are asked to note the development of a Merthyr & Cynon Locality Quality Dashboard which has been challenging due to the Datix changes in preparation to moving across to the Once for Wales system which was due to be implemented on the 1 April 2021, but due to technical challenges with the system this has been delayed to July 2021.

2.21 The dashboard in the current format is being developed to meet the needs of the Quality and Patient safety agenda and the quality outcome measures are yet to be realised and embedded within it. **Appendix 2**

Quality Assurance – Measures of Note

2.22 WCF concerns and Serious Untoward Incidents (SUI's) will be managed by MC ILG from the 5 May 2021, following the agreement of hosted arrangements.

2.23 In addition to the COVID related SUI's, there are currently 97 SUI's open within the ILG which is reflective of the reduced reporting in this period. 62 of these open SUI's are aligned to WCF and further understanding of the number of those cases being managed by the maternity improvement project is yet to be realised. With the increased resource within the governance team it is anticipated that these will be progressed to closure at pace over the next two months.

2.24 Steady improvement with compliance to PTR regulations with 30 day response times for complaints had been noted from July 2020 to April 2021 with progress from 38% to 67%. The improvement is reflected in the data which supports no reopened complaints or ombudsman referrals for 3 months. The focus on quality timely responses will continue and the team are confident that compliance rates will continue to rise in 2021.

2.25 Heads of Quality across the ILG's are supporting a review of the pressure scrutiny panel process to ensure management across the Health Board is consistent. From the 1 May 2021 panels will also include all grade 2 pressure areas within the scrutiny process, and a target of 7-14 days for all cases to be presented at panel will be monitored. Ensuring appropriate and timely safeguarding referrals are made will be supported within this work stream.

2.26 The Deputy Head of Nursing at PCH is leading on improvement work in respect of inpatient falls and currently undertaking a baseline audit of falls documentation, joining the All Wales Inpatient Falls Network led by the National Clinical Lead for Falls and Frailty. The falls network objective is to develop a specific body of work associated with reviewing and analysing all available data/information in relation to inpatient falls resulting in inpatient hip fracture (IHF), inpatient head injury (IHI) or inpatient death. This network will also establish pathways for post fall management.

Quality Assurance – Clinical Service Group Issues

2.27 **Mental Health CSG** Mental Health services are working closely with Child & Adolescent Mental Health Services (CAMHS) to further improve the transition of patients between services. Discussions are being held to bring the early intervention in psychosis service under the adult service in line with other Health Board's rather than split across the two services of CAMHS and Adult Mental Health Services (AMHS). The teams have also been meeting with the Bridgend CSG to explore their single point of entry system to improve access and response to mental health presentations.

Ty Enfys, the Dementia Care Day Centre is due for completion end of May. This work will result in a centre at the forefront of dementia care. Plans regarding the opening and celebration of this work are underway and being considered in the context of Covid 19.

Cefn Yr Afon, open rehabilitation services at Bridgend are due to re-open their services 17 May 2021. This facility was temporarily stood down to release staff to deal with Covid pressure across the mental health service. Staff were redeployed to acute areas and patients cohorted in alternative rehabilitation units in CTM.

2.28 **Primary & Community CSG** In order to strengthen the governance arrangements around the timely and effective management of patients requiring escalation, a new treatment and escalation plan has been devised and implemented across the community hospital site. This not only provides clear guidance to medical and nursing staff but reinforces the need for meaningful discussions in relation to ceilings of care which align with patient and family wishes.

2.29 **Acute Services (Medicine CSG & Surgery CSG)** The multidisciplinary governance assurance processes have been established and regular meetings (biweekly, monthly, or in some areas, weekly) of the leadership triumvirates to oversee and expedite the suite of governance activities within their specialty area, are taking place. This is an iterative process; it reinforces medical, nursing and operational management engagement in the breadth of the governance agenda, supported by the ILG governance team. There are sessions being held with the lead nurses in these services to review the progress being made and to ensure that incidents and concerns are managed effectively and in a timely manner.

2.30 **Women Child & Family Health CSG** have aligned their governance assurance processes with the ILG whilst embedding the learning from Independent Maternity Oversight Panel (IMSOP). Where hosting arrangements are in place with Rhondda Taf Ely (RTE) the responsibilities are understood and mechanisms are in place to ensure that concerns or issues are escalated and addressed. Women Child & Family CSG moved into their respective ILG's on the 4 May 2021.

Neonatal improvement team are continuing with the IMSOP and Royal College of Obstetricians & Gynaecologists (RCOG) recommendations working towards a sustainable service improvement plan.

Relocation of Gynaecology Day Assessment Unit (GDAU) from Paediatric Out-Patients PCH continues, as a result paediatric clinics are currently running at significantly low capacity, the CSG is working closely with ILG to return clinics to the Outpatient Department (OPD) clinical area as a matter of priority.

The work to extend the Nurse Staffing Levels (Wales) Act's second duty to Paediatric inpatients continues, with a provisional coming-into-force date revised to October 2021. A Children & Young People (CYP) nurse staffing implementation group has been established and is meeting monthly.

Finance Director has agreed funding to recruit 20 student nurses via student streamlining. 15 of these places will be allocated to the children's wards in M/C & RTE (PCH 10 & RGH 5).

Work has commenced to address the delays to routine Immunisations, there are also significant delays within audiology and vision screening. In conjunction with Welsh Government (WG) and audiology colleagues a report is being developed to provide recommendations of how to address this going forward.

Management of Risk

2.31 The ILG risk register will be presented at this committee for risks scoring over 15. Review of CSG risk registers is progressing but has been challenging due to the changes within the Datix system in preparation for the Once for Wales system.

People's experience

2.32 Following a thematic review of concerns it was noted that a significant number of concerns raised are due to poor communication particularly in the Clinical Decisions Unit (CDU) and Emergency Department (ED). The PALS officer has worked with the clinical teams to ensure a robust communication plan is in place for families whilst offering "virtual visiting". This has been welcomed by patients, families and the teams and a significant fall in concerns raised in that area has been noted. The model has been started in 4 ward areas and feedback is extremely positive, this development is extremely valued by patients and their families.

2.33 Attend anywhere ward rounds have commenced, family members have experienced some technical issues but it is hoped that this can be rectified as the system becomes more familiar to those that use it.

2.34 Telephone patient surveys following discharge from PCH/YCC continue in order to obtain real time feedback from our patients and families regarding their care and experience. Over 310 patients have participated in the survey with a 72% success rate, the feedback is shared with the teams to support improvements if required.

Learning and Quality Improvement (QI)

2.35 The MC ILG QI faculty is being realised to support the QI network across the Health Board and lead QI projects within MC ILG, this process is in early stages of development.

2.36 Development and implementation of a 'quality governance memory' will be supported by the implementation of the new 'Once for Wales' Datix web system, and will support provision of assurance that learning is sustained and reviewed.

2.37 The ILG review of the current approach to Quality Improvement activity will inform future developments of both QI and local clinical audit activity.

3.   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Due to anomalies in the way in which ED/Welsh Ambulance Service NHS Trust (WAST) handover delays are reported DATIX has not been able to provide meaningful and accurate data on the number of incidents occurring. Members are asked to note the risks associated with data

anomalies that limit accurate reporting and interrogation of the DATIX system, particularly those associated with ED/WAST handovers. **ACTION:** To ensure consistency of approach across all CTM sites the ILG will continue to collaborate with key stakeholders in the Central Informatics, Governance and Patient Safety Teams in order to improve accessibility and the integrity of data capture and reporting systems.

3.2   Ongoing risk due to increased service demand subsequent to the changes in Aneurin Bevan UHB (ABUHB) with the opening of the Grange University Hospital. Whilst the absolute numbers do not currently reflect significant increase in patient flow into PCH, there is a perception of increased complexity of case mix in patients previously served by Neville Hall Hospital (NHH) now attending PCH.
ACTIONS: Work ongoing to enhance front door capacity at PCH, to improve patient flow (aligned to unscheduled care improvement), adopting a whole system response to improve ability to address increased demand for acute services. Recent successful recruitment of 2.7 wte ED consultants. Clinically-led engagement with ABUHB supported by Executives being established, Terms of Reference (ToR) being agreed, to support best routes for care of these patients.

3.3   Staffing shortages across the ILG due to vacancy pressures and the additional absence due to Test, Trace, Protect (TTP) protocol and COVID19 infection rates within the staff population. The nursing vacancy rate across all specialities within the ILG is 55wte (calculated from the funded establishment and staff in post).
ACTION: The senior nurses review staffing across the site on a shift by shift basis during daily 'safety huddles'. The wards covered under the Nurse Staffing Wales Act (NSA) are also required to provide information on the staffing deficits for their areas. This information is collated at a central point to enable retrospective review in cases where there may have been issues related to patient care. The required staffing levels for NSA wards are displayed in ward areas where the Staffing Act applies. The senior nurses review the risk for each area where there are staffing deficits and nurses will be moved dependent upon patient need.

4.   IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)

Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below: Safe Care Dignified care Effective Care Individual Care
Equality impact assessment completed	No (Include further detail below)
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Subject to review of current arrangements further staffing resources may be required.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 The Quality and Safety Committee is asked to **NOTE** the content of this report and the proposed next steps and timescales.