



AGENDA ITEM

2.1.3

QUALITY & SAFETY COMMITTEE

TRACHEOSTOMY CARE - UPDATE

Date of meeting

09/08/2021

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

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Presented by

Dr Dom Hurford, Interim Deputy Medical Director

Approving Executive Sponsor

Executive Medical Director

Report purpose

FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

(Insert Name)

(DD/MM/YYYY)

Choose an item.

ACRONYMS

ILG - Integrated Locality Group
CTMUHB - Cwm Taf Morgannwg University Health Board
ITU - Intensive Therapy Unit
POW - Princess of Wales
RGH - Royal Glamorgan Hospital
PCH - Prince Charles Hospital
NTSP - National Tracheostomy Safety Project
NCEPOD - National Confidential Enquiry into Patient Outcome and Death
SLT - Speech and Language Therapist
ENT - Ears, Nose and Throat

1. SITUATION/BACKGROUND

- 1.1 Tracheostomy care sits on the risk register in the three ILGs. It has a risk rating of 12.
- 1.2 There have been 2 Ombudsman reports, since 2015, which have highlighted a need for us to have a CTM wide strategy on Tracheostomy care.
- 1.3 COVID-19 has led to increased critical care pressures. There is an association between COVID patients and the need for tracheostomy in a critical care environment, to aid ventilatory weaning. CTM critical care consultants estimate that 50% of patients who are likely to survive COVID on ITU are tracheostomised.
- 1.4 Taking patients from the Major Trauma Centre in Cardiff means that there is an increased likelihood of all ILGs receiving repatriated patients with tracheostomies.
- 1.5 A paper presented to Management Board on the 21 April 2021 agreed to the direction of travel being taken concerning CTM Tracheostomy Services.
- 1.6 A CTMUHB steering group has now been formed which will look to outline short, medium and long-term actions and lay out where risks lie in different pathways. The group has cross-ILG representation and will also look to co-ordinate the cross-ILG response to issues identified. The group was due to meet for the first time on the 24 June 2021.

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

These issues below are part of the newly formed Steering Groups remit to develop a plan to address them.

- 2.1 The "tracheostomy service" as currently provided by staff in the HB does not meet national standards (NTSP/NCEPOD) in the three ILGs.
- 2.2 There is no established service specific to tracheostomy care. With the exception of one SLT, tracheostomy care does not feature within any current job plans, this area will be addressed by the Steering Group.
- 2.3 There is no developed plan for staff training across CTM. All training, up to now, has been provided by individuals and not as part of a co-ordinated programme. Training during the pandemic has significantly reduced, which in turn has further increased stresses on service provision. A free e-learning package (available by Cardiff and Vale Health Board) has been shared and does help however it does not replace for the need for simulation training in the management of tracheostomy emergencies.
- 2.4 Service provision varies significantly across the 3 ILGs. There is a requirement across CTM to improve and standardise the care offered to our patients.



- 2.5 There is currently no SLT funding for ITU in POW. Previously, SLT staff endeavoured to provide an element of cover from the ward provision but this was unsustainable.
- 2.6 An Ombudsman report in 2015 was clear in its position that percutaneous tracheostomies on ITU in RGH and PCH had to cease. This has led to deskilling of staff. This requirement has now been lifted, but the two affected sites have not restarted the practice fully as yet, leaving POW as the only site routinely carrying out percutaneous tracheostomies in line with national standards. It has also resulted in an increase in Surgical tracheostomies, in theatres involving a patient transfer had become the mainstay at RGH & PCH. These transfers are a potential risk and a plan will be developed to re-train and support the percutaneous approach on the two sites.

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

3.1 Training

Staff in the three ILGs should receive regular training in management of tracheostomies. This should include but not be exclusive to nursing, AHPs, medical cross cover and ITU staff. A robust system for delivering and monitoring training and competencies should be established, with a dedicated educational lead. A number of staff from each ILG have or are scheduled to partake in the "Train the Trainer" course during June 2021 to support ongoing training provision.

3.2 AHP Resource Provision

Specific SLT and Physiotherapy provision for tracheostomy patients on all sites needs to be established, including protected time for tracheostomised ITU patients. This issue has been highlighted and is one of the drivers for CTM to develop the Tracheostomy Steering group and CTM strategy.

3.3 Tracheostomy Team

The benefits of dedicated multidisciplinary tracheostomy teams are well established. They link in with acute and long-term patients providing better quality and continuity of care, as well as improved patient experience. Teams should consist of SLT, physiotherapy, nursing/education with input from an ENT consultant for complex cases. This is the direction proposed to the Management Board and what we are aiming towards.

3.4 Delivery

A co-ordinated approach is preferable in order to deliver high quality, consistent care. While the clinical preference is to run a multi-site model in keeping with the ILGs aims of delivering care locally where possible, provided good communication occurs there is no reason identified to prevent this.

- 3.5 Quality and Safety Committee to receive annual reports from the tracheostomy steering group regarding progress of the service to monitor the quality and safety experience of our patients.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	As identified.
Related Health and Care standard(s)	Safe Care
	If more than one Healthcare Standard applies please list below: Governance, leadership and accountability
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.
	If no, please provide reasons why an EIA was not considered to be required in the box below.
	n/a
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)
	SLT provision for POW and remunerating staff for providing training will have a cost
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

- 5.1 **NOTE** the report
- 5.2 **APPROVE** Terms of Reference for the Tracheostomy Steering Group