AGENDA ITEM
4

QUALITY & SAFETY COMMITTEE

MERTHYR & CYNON INTEGRATED LOCALITY GROUP – QUALITY SAFETY & EXPERIENCE UPDATE REPORT PRINCE CHARLES HOSPITAL IMPROVEMENT PROGRAMME

Date of meeting	22 September 2021
FOI Status	Open / Public
If closed please indicate reason	Not applicable
Prepared by	Lesley Lewis, ILG Nurse Director Sarah Spencer, ILG Group Director Catherine Roberts, Director of Operations
Presented by	Lesley Lewis
Approving Executive Sponsor	Executive Director of Operations
Report purpose	FOR REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Quality & Safety Committee		

ACRONYMS	
CSGs	Clinical Service Groups
PCH	Prince Charles Hospital
ILG's	Integrated Locality Groups
ED	Emergency Department
ACSA	The Anaesthesia Clinical Services Accreditation Standards
SOP	Standard Operating Procedure
RCEM	Royal College of Emergency Medicine

1. SITUATION/BACKGROUND

1.1 The purpose of this report is for the Quality & Safety Committee to review and discuss the Prince Charles Hospital (PCH) Improvement Programme and consider progress made.

1.2 A previous paper shared with the Executive Team and Health Board Qaulity & Safety Committee has set out the scope of the programme, which is therefore consciously excluded from this paper. This update therefore provides an update on:

- Emergency Department
- Theatres
- Wards
- Values & Behaviours workstream
- Governance arrangements for the programme
- Risk Management

1.2 The report should be considered in the context that the Improvement Programme is work in progress and embedding Quality Improvement outcomes and methodology will take six months to a year to achieve consistently on the PCH site.

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

2.1 The following programme outputs have been made:

- The ILG is continuing to work with the corporate risk team to both rationalise and standardise the Clinical Service Group risk registers, the pace of this activity has been impacted by the operational pressures in response to Covid-19, however, activity has resumed with the target of October 2021 for all risks held on the Datix system to have been reviewed.

- Bespoke Risk Management Awareness Sessions for PCH triumvirate teams arranged for September, first session cancelled due to site pressures and COVID outbreak July / August.

- Programme risks on the organisational risk register have been updated as indicated at point 3.

2.2 Emergency Department Improvement Programme

- Initial ED RCEM Standards audit report received on the 17th August. The audit completed considered 37 of the 50 standards (excluded QQ1-11 relating to the patient environment; due to error in the hard copy of the standards, Q24 relating to patient pathway and Q45 relating to care for patients with learning

difficulties). The results of the audit as reported indicate less than 50% of the fundamental and developmental standards are met. Initial review indicates that the methodology, data collection and interpretation of results requires further investigation, and full audit of standards to support the diagnostic completion of the ED position. The 50-point checklist covers the following themes:

- The patient environment
- The ED Team
- Education about care
- Patient pathway through the ED
- Continuing care
- Care of the elderly patient
- Care of Children
- Care of Patients with complex problems
- Measuring care and leadership

ACTION: Review audit findings, cross reference with improvement plan actions, and identify additional actions and gaps in plan. Initial meeting held on August 23rd with follow up meeting to be held on September 13th with ED triumvirate.

- Nursing workforce review paper received 17th August benchmarked against Royal College of Nursing (RCN) and RCEM standard and also future standards for paediatric emergency department (RCS, 2007; RCN and RCPCH, 2010; RCPCH, 2012) Phase one would support the current Improvement programme and provide a workforce model in the key areas of risk. The recommendation is recruitment to the following priority areas:
    - ENP workforce
    - Paediatric model
    - The introduction of the Patient flow Coordinators roles
    - Band 7 out of ours cover

ACTION: Phase one paper to include medical workforce model and options for a 24 hour rota**.** Review feasibility study and opportunity for revised skill mix in new footprint. Modelling paper 14th September.

- An environmental feasibility Study of the Emergency Unit was carried out on Tuesday 17th August 2021, with coporate,clinical and managerial leads for the area. A full feasibility report is awaited. This work is crucial to both the improvement of patient safety and experience as well as the workforce plans going forward.
  ACTION: Await report and identify capital funding to deliver the environmental improvements September. Lead Strategic and operational planning.

2.3 Theatres Improvement Programme

- ACSA Theatre standards diagnostic in progress. Meeting 20th August with lead Anaesthetist and Director of operations to review progress and plan.
  ACTION: Output end September.

- Staff competency and training needs analysis / framework in progress for theatres. External support commissioned for theatres one day a week with development of competencies for scrub, recovery and anaesthetics. Recovery competencies almost complete.
  ACTION: Completion of work programme January 2022.

- Review and development of standard operating procedures (SOP) aligned to ACSA standards in progress with recovery SOP's completion September.

- Work on the infection prevention & control, environment and pharmacy action plans are showing demonstrable improvements in the environment of the theatre suite.

- Human Resource review of establishments, rota, and shift pattern 70% completed.

2.4 Ward Assurance Programme

- To support local improvement activities a ward assurance programme has been developed and rolled out on the PCH wards. The Ward assessment programme has been project led by the Deputy Executive Nurse Director with Programme Management Office (PMO) support. Local coordination and leadership provided by the Head of Nursing PCH. Over 70% of the wards have participated in the programme to date with notable practice for patient care, environment, staff and patient feedback. The main theme to emerge is the burden of the All Wales Documentation which is an area requiring UHB wide review.
  ACTION: Report and completion of PCH programme October 2021.

2.5 Workforce & Organisational Development

- There is a continued commitment to embedding the Health Board Values across the ILG and the staff survey results are awaited. While there are significant gaps in the locality Human Resource team additional support from the Health Board Organisational

Development Team (OD) has been identified by the Executive lead. OD colleagues will support the development of the ILG and CSG leadership teams and the preparation of action plans to embed values and behaviours with a focus on PCH ED and theatres, as well as respond to Merthyr & Cynon staff survey results. Cultural change levers will be utilised to ensure a broad spectrum of activities will be planned that will collectively elicit cultural change.

ACTION: Milestones for September:

- Hold survey feedback session with ILG team and determine priority areas and associated actions.
- Arrange similar sessions with each CSG leadership team.
- Action plans to be produced from each group ensuring ownership of associated actions clearly established.

- Improvement Cymru progress. There is currently a focus on work streams 2 and 3 i.e. the inpatient flow arrangements and the discharges and rightsizing community services. There is work underway to gather information about the particular challenges in PCH and a workshop was held on Friday 20/08/2021 to review progress to date and next steps. The programme board has been meeting weekly, however, this will move to monthly as the work progresses. There will need to be a particular focus on communication of work being undertaken across the site to elicit the active support and engagement of staff.

  ACTION: Progress work through the programme board with an immediate focus on improving communication about the work within the locality.

2.6 Expected Benefits & Outcomes of the Programme

The World Health Organisation defines an outcome measure as a "change in the health of an individual, group of people, or population that is attributable to an intervention or series of interventions." The current Improvement Programme is focused on inputs and outputs. Moving forward the programme team will develop outcome measures to demonstrate success based on the Institute for Healthcare Improvement (IHI) methodology. IHI describes measurement as "a critical part of testing and implementing changes. Measures tell a team whether the changes they are making actually lead to improvement".

The outcome measures will include:

- Mortality
- Readmission rate
- Safety of care
- Effectiveness of care

- Patient & Staff reported outcomes
- Timeliness of care
- Days spent away from home

2.7 **Governance Arrangements**

Significant contribution has been made to the Programme from the ILG and corporate areas. However, programme support for the clinical service groups and ILG team remains a challenge with limited HR and robust performance and information data to support flow improvement work. To address this, the Programme Board has agreed :

- Senior programme manager to support the ILG from within the Programme Management Office to bring increased rigour to the delivery aspect of the programme.

- The governance arrangements for the scrutiny and oversight for the Improvement Programme are revised; Programme Board moving to monthly with a weekly ILG structure dovetailing into existing assurance meetings and weekly CSG specific improvement planning meetings. The Project Initiation Document is being updated to reflect the revised reporting arrangements for approval at programme board 14th September.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 **Primary risks to the programme are:**

- Pace of improvement programme and capacity to deliver within the tight timeframes. Enhanced programme management support will mitigate risk.
- Immediate makesafes that include estates and equipment have a lead in timeframe. The feasibility study for ED is critical to move forward improvements with flow. This is a coporate lead.
- COVID and operational delivery on the PCH site to take forward medium term actions at pace.

3.2 **Datix Risks**

Current Risks linked to the programme:

- Datix ID 3562 – Emergency Department Overcrowding at Prince Charles Hospital.
- Datix ID 4688 - Emergency Department (ED), inability to appropriately triage patients in the Minors area of ED, compounded by two current access points that are not co-located with neither incorporating triage.

- Datix ID 4684 – Emergency Department Environment at Prince Charles Hospital.
- Datix ID 4685 – Patient Flow within the Theatres Department at Prince Charles Hospital.
- Datix ID 4686 – Management of Controlled Drugs within the Theatres Department at Prince Charles Hospital.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Aim to mitigate risks to patients and staff
Related Health and Care standard(s)	Governance, Leadership and Accountability
	All Health and Care Standards are included
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	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care.

5. RECOMMENDATION

5.1 The Quality & Safety Committee are asked to:

- **REVIEW** the progress made in respect of the PCH Improvement Programme.