



**AGENDA ITEM**

6.6

**QUALITY & SAFETY COMMITTEE**

**CHIEF OPERATING OFFICER'S REPORT ON OVERARCHING Q&S  
ISSUES WITHIN THE COO PORTFOLIO**

**Date of meeting**

24 May 2023

**FOI Status**

Open/Public

**If closed please indicate  
reason**

Not Applicable - Public Report

**Prepared by**

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**Presented by**

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**Approving Executive Sponsor**

Executive Director of Operations

**Report purpose**

FOR NOTING

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

**Committee/Group/Individuals**

**Date**

**Outcome**

Planned Care and Unscheduled  
Care Boards

Various

SUPPORTED

**ACRONYMS**

HIW

Healthcare Inspectorate Wales

PCH

Prince Charles Hospital

RGH

Royal Glamorgan Hospital

POWH

Princess of Wales Hospital

YCC

Ysbyty Cwm Cynon

MIU

Minor Injuries Unit

SDEC	Same Day Emergency Care
ED	Emergency Department
WAST	Welsh Ambulance Service Trust

## 1. SITUATION / BACKGROUND

This brief paper provides an overarching update on a range of issues within the remit of the Chief Operating Officer.

The areas include:

- Diagnostics including LINC
- Planned Care – Waiting Times
- Cancer Services
- Unscheduled Care
- Primary Care & Community
- Mental Health

Colleagues will understand that these issues continue to provide a key focus for colleagues across the UHB. The full details of the matters outlined in this COO Report are covered in more depth within individual reports or available via the appropriate Department.

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

### 2.1 Diagnostics including LINC

The situation with the highest scoring risks is as follows:

- **Mortuary Capacity** – to address issues around insufficient capacity, the new unit based at PCH has been in use since mid-January, reducing the risk to a score of 16. Further review following comments from the last Quality & Safety Committee it was agreed that the risk score would remain with mitigations in place. Mortuary capacity is reported daily through Flow meetings. There is currently a backlog in post mortems, and the Pathology team is working through discussions and solutions with HM Coroner.
- Difficulty in meeting **workload demands** within Pathology services persist, and action has been taken in the following areas:

- The outsourcing of cellular pathology remains in place for 2023-2024. Initial Trial of breast cancer pathology outsourcing has been successful, adding further resilience into cancer diagnostics
- The Cellular Pathology vacant medical posts have now progressed to advert with the Department considering dates in June 2023 for panel – some potential candidates have been identified.

For the **LINC process**, concerns are being maintained around ability to deliver the programme and regular meetings are being held to update on risks and timelines.

Committee members will be pleased to hear that measures have been taken to mitigate against harm caused by sonographer gaps in Radiology where there are currently five colleagues unable to scan due to Repetitive Strain Injury. All are being managed through Occupational Health and are in work helping but are unable to scan patients.

Two Locums are in place at present and staff have been moved around to balance non obstetric USS with the absolute need for obstetric support. There is an advert out to cover vacancy and it is anticipated that the HB may be able to pick up fixed term staff as part of the Planned Care Recovery proposals.

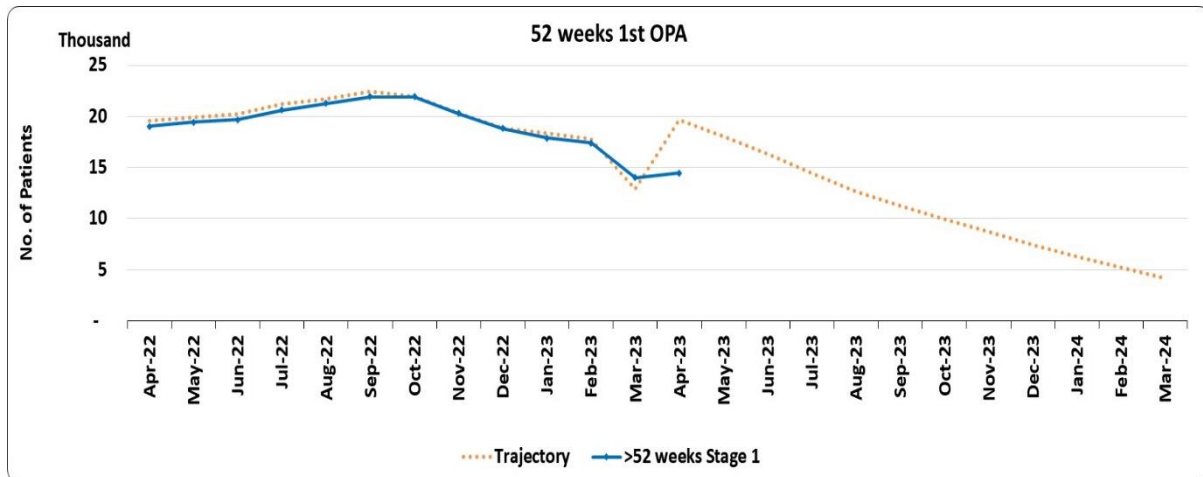
## 2.2 Planned Care – Waiting Times

Performance on Waiting Times remains an area of significant management focus. Key matters of interest to committee members include:

- **Over 156 week Position** – this continues to improve, with planned clearance of the stage 1 position. The improvement in position is demonstrated below (as at 09 May 2023):

Stage 1	50
Stage 2	166
Stage 3	114
Stage 5	1518
TOTAL	1848 (- 566 Q4 2022 – 2023)

- **New Outpatients** – the >52week position is outlined below. The position remains static in April as a consequence of reduced working days and the pending planned care recovery schemes to be agreed and commence.

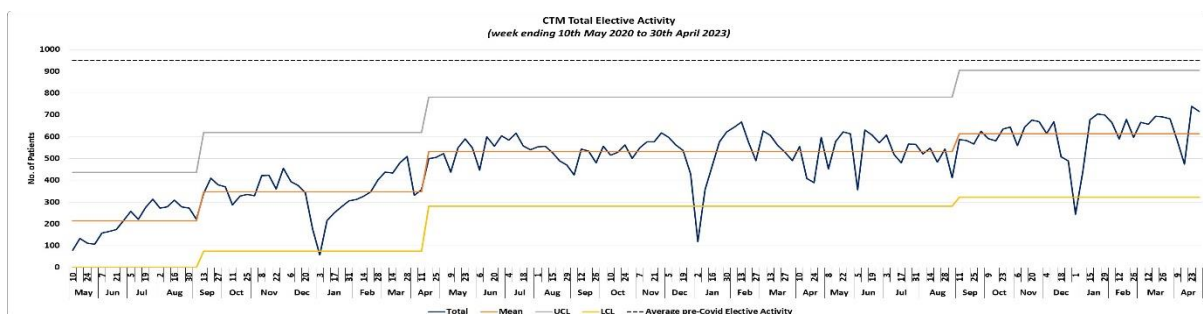


Key points that will interest committee members are:

- it is anticipated that the length of wait will continue to reduce across all specialties, with patients being seen for first outpatients within two years within all specialties with challenges recognised in ENT, Urology, Ophthalmology and Dermatology;
- In each of these four specialties there are actions being taken to increase capacity including extra clinics and theatre sessions in Ophthalmology, Urology and ENT, the recruitment of Locum Consultants and additional Pharmacy and Primary Care resource in Dermatology;
- Improvement programmes are in place to realise efficiencies in outpatient departments.

#### • Stage 4 – Treatments

- Additional theatre capacity continues to be realised with the support of an insourcing company. With an upward trend of performance being achieved;
- Additional weekend working is being scoped across all sites.





## Risks

- PCR bids have been submitted, with an outcome awaited – the improvement target for June is reliant on the schemes and an early decision is needed.
- Availability of 'elective bed capacity' – currently POW has nine beds identified for elective care, although plans to reinstate the DSU have progressed. There are plans for additional capacity with Ward 16 and Bridgend Clinic.
- The PCH DSU is now fully operational with the additional support from insourcing theatre team. There are no ring-fenced inpatient beds due to ongoing unscheduled care pressures, which continues to impact on productivity and efficiencies through DSU. In mitigation, plans for four inpatient beds are being confirmed.

## 2.3 Cancer Services

<b>SCP target 75%</b>	<b>May</b>	<b>Jun</b>	<b>July</b>	<b>Aug</b>	<b>Sep t</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr *</b>
<b>Total Treated</b>	298	271	303	291	279	316	310	249	289	241	304	307
<b>Total Treated in Target</b>	134	135	145	134	129	139	145	97	110	99	149	160
<b>Total Breached</b>	164	136	158	157	150	177	165	152	179	142	155	147
<b>Performance %</b>	45.2	49.8	47.9	46.0	46.2	44.0	46.8	39.0	38.1	41.1	49.0	52.1
<b>Retrospective performance %</b>	44.9	52.3	48.5	45.9	47.2	43.3	47.8	40.3	40.0	41.3		

\* = unvalidated position

Cancer performance remains subject to the highest level of concern and escalation at all levels internally. Weekly cancer assurance meetings continue, attended by all specialty leads and chaired by the Planned Care Director and a highlight report is provided weekly to the COO. Key issues include:

- New backlog clearance and performance trajectories have been approved and submitted for the next 12 months;
- Performance in March was achieved in line with agreed trajectory (target 48% - CTM performance 49%), and has showed a sustained improvement for the last three months;
- Predicted April performance is 52.1% but currently is an unvalidated position;

- The biggest concern and the significant factor for not achieving targets continues to relate to the total number of active patients waiting at first outpatient (35%) and diagnostic stage (45%) of their pathway. This accounts for 80% of all active patients on the suspected cancer pathway, but is an improvement of 2% from last month.
- Variation in waiting times and volumes across sites, which are multifactorial collectively with diagnostic delays in radiology, endoscopy and pathology, and delays at tertiary sites for treatment are also significant contributors to under achievement.

The focus on treating the longest waiting patients and reducing backlog continues across Care Groups.

## 2.4 Unscheduled Care

Committee members will be interested to hear of broad progress around the improvements in patient services across the Group:

- **Emergency Pressures Escalation Procedure** – a review has been completed and will be presented at the Operational Management Board Meeting this month, aimed at the prompt care of patients in EDs;
- A new pan CTM '**Safe 2 Start**' (S2S) template has been drafted and will be launched across the three acute sites. This will have a really beneficial impact upon patient safety;
- Work has been completed to refine the **Boarding and Pre-emptive Transfer Policy** to provide assurance and to ensure Health & Safety safety standards are being met. This is also supported through the Emergency Pressures Escalation plan. The Bed Management and Flow Subgroup, part of the Six Goals Programme, has now been re-launched to support this;
- A cycle of **improvement work** has commenced to deliver a reduction in ambulance handover times for our patients;
- On 2 May, a **Zero Tolerance to Ambulance Handovers > 4 hours Policy** was launched at RGH, with a plan to roll out across POW and PCH. The response has been very positive by our teams and there has been a significant improvement not just in handover > 4 hours but also overall total hours lost;
- The Care Group has established a **fortnightly partnership meeting with WAST** and Site based leadership teams to further improve

integrated pathway development, communication and seasonal planning;

- **Critical Care Re-configuration** – a CTM Critical Care Re-configuration Programme Board has been established to progress the development of the new Critical Care model. Membership includes key stakeholders across the system and professional groups, including WAST colleagues and an outline timeline for the key milestones has been proposed for ratification at the next Board meeting. Standard monthly communication will be circulated to stakeholders following Board meetings and a Communication Strategy will be developed;
- The **Navigation Hub** – was launched in December 2022, demonstrating positive results in terms of reduced conveyances following a WAST contact. Further work is ongoing to engage with colleagues from WAST at a local and national level around utilisation of this service prior to conveyance. This work remains ongoing with bi-weekly meetings in partnership with WAST.

## 2.5 Children & Families

Progress on a broad range of issues is included in the full report elsewhere but committee members will be pleased to hear about the following:

- The **Maternity and Neonatal Improvement Programme** ended on 31 March 2023, and all the planned changes have been embedded. The Maternity & Neonatal Improvement Board will be developed into a Care Group Improvement Board so that the momentum of improvement will continue with the sharing of good practice, team support and robust monitoring of impact;
- In Gynaecology, a **Theatre Efficiency Quality Improvement Project** is underway and changes have been made. In addition five day case theatre sessions per week were identified and allocated to gynaecology. This capacity has enabled the treatment of 225 women, 131 of whom had been experiencing the longest waits (>156 weeks). With this progress there should be no women waiting gynaecology day case surgery over 156 weeks by the end of June;
- In **Paediatric Neurodevelopment**, there were no waits over 104 weeks by the end of March within the Health Board provided services;
- The **Womens' Hub in RGH** (yet to be formally opened) is supporting its first patients this week.





## 2.6 Primary Care & Community

- The development of the **Navigation Hub** continues with a range of services all aimed at signposting individuals to appropriate primary care and community services, as well as directly supporting patients and avoiding unnecessary hospital admission. Call handling for not only GP OOHs but District Nursing and Urgent and Emergency Dental access providing triage and booking of appointments; new pathways with WAST such as PTAS where GPs directly pull off appropriate cases from the WAST stack; advice and triage for Care Homes and other professionals working in community (including WAST crews), and emergency supply of palliative care medicines.
- **General Practice Sustainability** – increased demand and workforce pressures is having a negative impact on GP sustainability widely. To mitigate this, regular assessment of the GP escalation toolkit takes place and direct contact where escalation levels are high. Repeat of the desktop exercise to identify those practices at risk and where this is the case proactive engagement is made to work through an action plan. Four out of the 11 identified last quarter have now been de-escalated from red to amber/green.
- **Improvement programmes** – focusing on remodelling of the community hospitals and the community teams continues to progress;
- Primary Care have been successful in appointing two **special care dentists** and their focus will be to reduce the long waiting list, however this can only be achieved through support from Planned Care with additional general anaesthetic theatre sessions.

## 2.7 Mental Health

Issues in Mental Health include:

- Committee is advised of progress towards a **Single Clinical Record System**, which has been supported by colleagues in the Executive Team and Board. An Implementation Board will convene in May, chaired by the Director of Digital;
- A medium term solution for Crisis Assessment Facilities at PCH has now been resolved as part of the ongoing estates improvement. The Mental Health Team started using the new facility on 3 April;
- A **Quality Improvement Programme** has been developed for the Care Group with four main priorities: in-patient services, older adult in-patient falls Ty Llidiard Improvement and Reducing Restrictive Practice.



An in-person workshop was held on 26 April and was well attended. The DU were also invited and the Assistant Director for Mental Health in Wales attended in an observational capacity.

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

A summary of the key areas of risk / matters for escalation for the COO's portfolio continue to be as follows:

- Planned Care Recovery;
- Cancer Services and the imperative to improve performance in all areas;
- The activity in and challenge for the Emergency Departments across the Health Board.

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	The paper considers a number of key quality, safety and patient experience issues
<b>Related Health and Care standard(s)</b>	Safe Care
	If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not yet completed.
<b>Legal implications / impact</b>	Yes (Include further detail below)
	Any matter which results in patient harm (for example delayed follow up) has a potential legal impact.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	Any matter which results in patient harm (for example delayed follow up) has a potential financial impact.
<b>Link to Strategic Goals</b>	Improving Care

### 5. RECOMMENDATION

Members of the Committee are asked to **note** the content of this review.