



AGENDA ITEM

(INSERT NUMBER)

QUALITY & SAFETY COMMITTEE

Chief Operating Officer's Report on Overarching Q&S Issues within the COO Portfolio

Date of meeting	Tuesday 15 November 2022
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Lucy Timlin, Head of Business Support
Presented by	Gethin Hughes, Chief Operating Officer
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
Quality & Safety Meeting	September 2022	SUPPORTED
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
D2RA	Discharge to Recover / Assess

1. SITUATION / BACKGROUND

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

Issues considered include:

- Update on the Ophthalmology Plan
- Community and Primary Care Issues including the Dental Contract Handbook, HIW Inspection, OOH Adastra Outage
- Update on Cancer Assurance Process
- Update on the Unscheduled Care / Six Goals Project
- Ambulance Handover Delay Update

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.

It is anticipated that Committee members will be reassured to hear that the issues outlined in this report are included (where appropriate) within the UHB's Risk Register. Review of the Register has further progressed by Care Group, with some risks updated and others being examined in detail – further information is of course available if required.

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

2.1 Ophthalmology Plan Update

The situation for patients waiting for a range of Ophthalmology services remains a matter of concern for the UHB with significant number of patients waiting for first outpatient appointments, operative treatment and also follow ups.

I can confirm for committee members that there is a clear plan in place the implementation of which is underway. This plan includes the delivery of additional capacity both within the UHB and also with Independent Sector Providers, clinical validation of the waiting list and the movement of patients into more appropriate community based services. The service remains under the highest level of scrutiny

and is monitored via the Executive Leadership Group and further updates will be provided to this committee.

2.2 Community Issues

Progress is reported in a range of areas as follows:

- **Pencoed Medical Practice HIW Visit**

HIW undertook a remote quality assessment for Pencoed Medical Centre, Bridgend, which has a list size of approximately 11,500, four GP Partners and is a training practice.

Four key areas were assessed (the environment, Infection Prevention & Control, Governance and Staffing) and the outcome report was very positive.

This is a very encouraging result for the practice, and colleagues there are to be congratulated.

- **Dental Contact Handback**

Following the contract hand back for Broadlands Clinic, a tender exercise has been undertaken which closed on 31 October 2022. A good response was received with four interested parties submitting applications. Next step is a meeting with Procurement colleagues, scheduled for 19 November 2022 to go through tenders and select new provider.

Members of the committee will be reassured to hear that mid-year letters have gone to the 'red flagged practices' which are identified as under-achieving. Contracts will be reduced where assurance cannot be given for recovery plans and the activity will be contracted elsewhere.

- **Out-of-Hours (OOH) Adastra Outage**

In August this year, a cyber-attack resulted in the Adastra software system being disabled nationally. The Leadership team in OOH were quick to respond and put in place manual processes to accept calls from 111 and to transfer information to OOH teams, Primary Care Out of Hours Centres and to practices and a temporary electronic record fix was put in place.

The Adastra software has been partially reinstated apart from the electronic feed (concentrator) from 111 service. This is still manual.

The OOH Service did sterling service to keep patients safe, involving a considerable amount of hard work and effort in and out of hours and the UHB is grateful. Colleagues will be kept updated with further development.

Further information is available on these issues if required.

2.3 Revised Cancer Assurance Flow Chart

A revised flow chart has been implemented within Cancer Services for use across all Care Groups.

Colleagues will be interested to hear that this will standardize the process for ensuring scrutiny of cancer waiting times at a high level of detail with the Service Groups leading the actions taken. The Flow Chart highlights times and also escalations to Executives.

It is anticipated that this chart and the actions that go with it will smooth the generation of reports and the actions to be taken to look after this important group of patients.

2.3 Unscheduled Care and Six Goals Work

The work of the Programme Board for the Six Goals for Urgent and Emergency Care continues across a broad range of areas and projects.

Some of the highlights from the workstream working which have been rated as green include:

- Plans for the **opening of the MIU at YCC** – this is scheduled to happen on Monday 07 November, with daytime opening hours – it is anticipated that this will make a contribution to a reduction in pressure at PCH;
- A plan is in place for the **Surgical SDEC Service** (aimed at resolving issues for patients who may need intervention on that day) will start at RGH on 17 November 2022;
- The **D2RA** launch is planned for 05 December 2022 – a scheme aimed at further improving and refining effective and timely discharge which is aimed at improving flow safely across sites;
- D2RA will be supported by the formulation of a **Self-Administration of Medication** Policy – again across the UHB.

Looking ahead, there are plans to look at:

- The Frailty Model
- Further improvements to Bed Management and Flow
- Work on Discharge Lounges at PCH and RGH

Future progress will be reported at forthcoming meetings including the Quality & Safety Committee.

2.4 Ambulance Handover Delay Update

Following on from very significant issues around long waits for ambulance handovers at the Board's Emergency Departments, an operational response plan has been developed which includes timescales and rigorous review on a regular basis.

This is a multi-faceted matter with interconnecting issues and additional information will be reported in future reports. Issues of note include:

- A Handover Delay plan is now linked to the Six Goals Workstream – another key focus for the UHB;
- Work is ongoing through the Emergency Department Task and Finish Group to support clinical decision making – this includes standard principles for ED staff to follow;
- Out of the total number of patients admitted to our Intensive Care Units, 50% are walking in to our EDs, which indicates that the acuity within Departments is significant, and highlights the size of the challenge faced;
- Pre-Emptive Boarding Standard Operating Procedures are now in draft to support the early conveyance of patients to wards and the subsequent decongestion of the Emergency Departments.

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 EDs across the Health Board;
- The safe improvement of flow.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The paper considers a number of key quality, safety and patient experience issues
Related Health and Care standard(s)	Safe Care
	If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	No (Include further detail below)
	Not yet completed.
Legal implications / impact	Yes (Include further detail below)
	Any matter which results in patient harm (for example delayed follow up) has a potential legal impact.



Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Any matter which results in patient harm (for example delayed follow up) has a potential financial impact.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

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