



**AGENDA ITEM**

7.2

**QUALITY & SAFETY COMMITTEE**

**CHIEF OPERATING OFFICER'S (COO) REPORT ON OVERARCHING  
QUALITY & SAFETY ISSUES WITHIN THE COO PORTFOLIO**

|   |  |
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| <b>Date of meeting</b>                  | 18 January 2022                          |
| <b>FOI Status</b>                       | Open/Public                              |
| <b>If closed please indicate reason</b> | Not Applicable - Public Report           |
| <b>Prepared by</b>                      | Lucy Timlin, Head of Business Support    |
| <b>Presented by</b>                     | Gareth Robinson, Chief Operating Officer |
| <b>Approving Executive Sponsor</b>      | Executive Director of Operations         |
| <b>Report purpose</b>                   | FOR NOTING                               |

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

| <b>Committee/Group/Individuals</b> | <b>Date</b>   | <b>Outcome</b> |
|------------------------------------|---------------|----------------|
| Quality & Safety Meeting           | November 2021 | SUPPORTED      |

**ACRONYMS**

|     |                           |
|-----|---------------------------|
| ILG | Integrated Locality Group |
|-----|---------------------------|

**1. SITUATION / BACKGROUND**

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

As a consequence of the vital work underway on vaccinations and operational management of the current omicron wave, this report will be shorter than has been the case and will be high level.

Despite the preoccupations around the response to Covid, the issues outlined form a key focus for the ILGs and other central Departments within the COO's portfolio. More details of the matters in each ILG are included within the individual reports.

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

### **2.1 ILG Themes**

Each ILG Nurse Director has submitted individual reports, however the following are common themes:

- **Booster Vaccination Programme** – in December 2021, all Health Boards in Wales were asked to prioritise the booster vaccination programme, with the aim of reducing the risk of overwhelming hospital admissions with the new covid variant.

To ensure that this target was met, all clinical staff in leadership and support roles were asked to support the vaccination programmes across the HB. This has had a significant impact on the activity that has been possible in all areas across our specialties and beyond. It was fortunate that the request to provide this support happened over the festive period so the need for routine oversight and leadership was somewhat reduced. It was, despite best efforts of all involved, a difficult challenge to achieve.

- **Management of Omicron Outbreak**

Despite national efforts to vaccinate as much of the population as possible, the omicron outbreak remains a significant challenge and the numbers are high – this has created issues around the sustainability of services as a consequence of staff sickness and as a result of availability of beds.

In a bid to reduce transmission of the virus in the hospital setting, vulnerable and other staff have been asked to work at home and visitors to the sites will be asked to take appropriate measures. It has been decided that the Service Groups will make informed choices about which services need to be suspended and when – as part of learning from previous experience.

The PCH Improvement work continues and whilst the pace has altered due to the Omicron surge, the willingness and determination to progress this work is maintained.

- **Staffing**

Maintaining safe staffing numbers has proved a significant issue across all parts of the Health Board. Existing staff absence levels (from sick leave and isolation) vary by workforce group and are higher than usual rates at between 9 and 13%. This creates risk in providing safe staffing which are being managed through the clinical and operational teams on a day to day basis.

Daily staffing meetings are being conducted and agile deployment of staff to areas of most need is being prioritised. In addition risk assessments and risk management plans will be completed when there are concerns that care may be compromised as a consequence of staffing levels.

In addition, the Local Choices Framework is national guidance that sets out the order in which services can be reviewed and considered for temporary cessation in order to release staff for higher risk areas. This has been deployed successfully throughout Covid, most recently in supporting the added vaccination capacity over the Christmas period, and will continue to be a vital part of the operational response to staffing shortages.

## **2.2 Bridgend ILG**

For the Bridgend ILG, the following will be of note to committee members:

- Ysbyty'r Seren has increased capacity from 33 to 40 beds;
- Risks associated by nurse staffing ratios per shift are mitigated by an addition of an additional supervisory nurse leader. Additional colleagues from Facilities have been rostered to mitigate a risk associated with fire evacuation.

## **2.3 Merthyr Cynon ILG**

For the Merthyr Cynon ILG, staffing issues are being captured at the 08.00 daily 'Safe 2 Start' meetings and agile deployment of staff to areas of most need is being prioritised.

## **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 are as follows:

- Committee members are asked to note the risks associated with the Omicron variant and the proactive actions taken across the Health Board to protect the public.
- The consequence of staffing challenges and prioritisation of clinical activity inevitably impacts on governance and performance activity. At present, modelling suggests a short-lived peak and it is hoped that these activities can be recovered from February 2022 onwards.

This will be under constant review and a “normal” service will be resumed as soon as circumstances allow.

#### 4. IMPACT ASSESSMENT

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| <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  |
|   |  |
| <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)<br>If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.<br>If no, please provide reasons why an EIA was not considered to be required in the box below. |
|   |  |
| <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 very brief review.