



AGENDA ITEM

7.3.3

QUALITY & SAFETY COMMITTEE

MERTHYR & CYNON ILG QUALITY SAFETY AND EXPERIENCE REPORT

Date of meeting	18/01/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Sharon O'Brien, Interim Nurse Director – Merthyr & Cynon ILG
Presented by	Sharon O'Brien, Interim Nurse Director – Merthyr & Cynon ILG
Approving Executive Sponsor	Executive Director of Nursing
Report purpose	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
ILG Leadership Team	04/01/2022	SUPPORTED

ACRONYMS

ILG	Integrated Locality Group
PALS	Patient Advice and Liaison Service

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide members with an update on quality and safety issues in Merthyr & Cynon (M&C) ILG.
- 1.2 As the ILG has prioritised deploying colleagues to the vaccination programme during December and is in the process of managing the omicron variant and associated risks, this report is limited to providing a brief overview of the key challenges on this occasion.

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

2.1 Booster Vaccination Programme

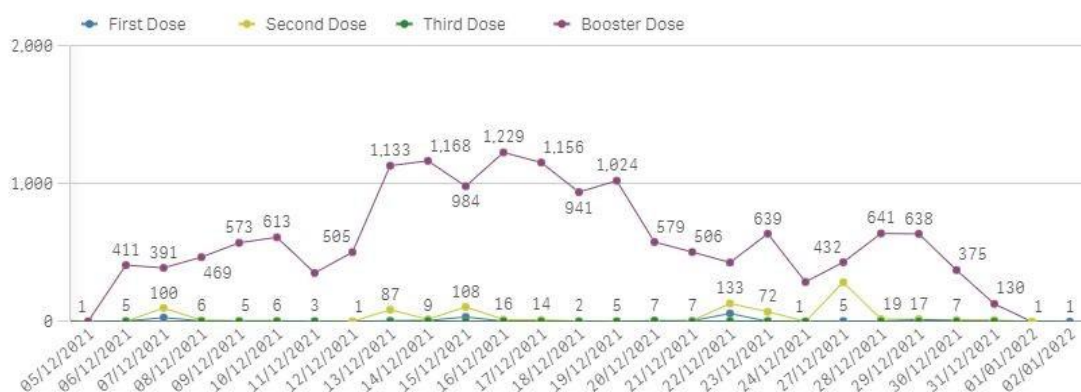
2.2 During December all Health Boards in Wales were asked to prioritise the booster vaccination programme, with the aim of offering a booster to all eligible adults before the end of December in order to reduce the risk of overwhelming hospital admissions with the new covid variant.

2.3 In order to ensure that this target was met, all clinical staff in leadership and support roles were asked to support the vaccination programme. All Clinical Service Groups in Merthyr and Cynon ILG were asked to review their service provision and to provide support where possible. Welsh Government advised that when considering the deployment of school nursing and health visitors Health Boards should give consideration to ten principles. Merthyr & Cynon ILG can confirm that there was no impact on the ten principles as a result of sessional support to the vaccination programme.

2.4 The redeployment did however impact on routine oversight and leadership activity for a three week period but this was mitigated by it being the festive period when there are traditionally fewer planned oversight activities taking place.

2.5 All colleagues in M&C supported the vaccination effort and at the end of December all eligible people had been offered a booster and 75.88% of the eligible population had taken up that offer.

Vaccine Doses Administered by Dose Number



2.6 Management of Omicron

- 2.7 Despite the success of the booster vaccination programme, the new Omicron variant poses significant challenge to the sustainability of services.
- 2.8 As it is highly transmissible there is particular concern about the potential for hospital outbreak. In order to reduce the risk to hospital patients, steps have been taken to reduce footfall on hospital sites and to reduce contact where possible. M&C ILG colleagues have been asked to work from home where possible, community caseloads have been reviewed and contacts prioritised. In addition, for a three week period routine activity has been limited to covid, unscheduled care, maternity and children's services, mental health and cancer care.
- 2.9 Essential visitors have been asked to perform a lateral flow test prior to attending hospital sites. The updated visitor's checklist is being used.
- 2.10 During January clinical teams have been asked to prioritise clinical activity. The impact of this will be that it will not be possible to adhere to usual timescales for typical governance activities, such as responding to complaints.
- 2.11 Learning from previous waves is that Clinical Service Groups are required to dynamically risk assess and respond, rather than to respond with the blanket cessation of services.

2.12 Staffing Challenges

- 2.13 The Omicron modelling suggests a significant impact on staffing. Clinical Service Groups are therefore prioritising essential clinical activity during January.
- 2.14 Staffing is being captured at 08.00hrs daily 'Safe 2 Start' meetings 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.
- 2.15 As in previous waves, contingency planning has some value but as it has not been possible to predict where absence will occur, service leaders are responding dynamically to utilise staffing resource in areas of most need.

2.16 As this wave is predicted to have a shorter duration, there are no plans for medium term redeployment.

2.17 Actions taken to respond to the challenges of Omicron

2.18 Each CSG has reviewed routine activity and the majority of acute site based outpatient activity has been cancelled, which has enabled nursing, medical and therapy workforce to be deployed to areas of greatest need on a daily basis.

2.19 Operational COVID response hub created to ensure:

- Oversight of staffing across the ILG (Acute, Community, Therapies and MH as well as interdependencies with wider support services)
- Forward planning re workforce challenges
- Monitoring of Medical Rotas
- Escalation to the Hub from CSGs/other services/Safe2Start and daily site meetings of capacity/service/staffing difficulties and challenges
- Co-ordination and Project management of solutions
- Governance structures and approaches including maintaining RAID (Risk/Action/Issue/Decision)
- Decision making re prioritisation of:
 - Staffing
 - Services
 - Meetings
- Oversight of implementation of the processes to suspend clinical services/re-establish and assessment of impact.

2.20 'Safe 2 Start' daily meetings have been in place since November 2021 in Prince Charles Hospital. Attendance includes, Head of Patient Flow, Head of Nursing, Ward Managers, Lead and Senior Nurses. The aim of the meeting is to provide a staffing position for the day within the hospital, it focuses on Emergency Department demand and key quality and safety metrics relating to patient care. At the meeting the Ward Managers and Senior Nurses work together to problem solve staffing challenges to support any areas of the greatest need and move staff accordingly to ensure that wards and departments are in a safe to start position. During this current business continuity planning, membership has been expanded to include Ysbyty Cwm Cynon and also wider clinical staff where there is workforce capacity, due to stepping down of activity e.g Outpatient Department.

Via the Safe 2 Start meetings, wards now also provide a daily update of staff covid absences identifying day 6 and 7 of the isolation period to enable the ILG operational teams to track and contribute the intelligence to the forward planning and return to work dates.

2.21 The PCH Improvement work continues and weekly assurance slides continue to be provided to the Executives, whilst the pace has altered due to the Omicron pandemic, the willingness and determination to progress this work is continuing.

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

3.1 Members are asked to note the risks associated with the new variant and the proactive actions taken by the M&C ILG to protect the public.

3.2 The consequence of staffing challenges and prioritising clinical activity inevitably impacts on governance activity, such as routine quality and patient safety oversight. The current modelling is indicating a short-lived peak and it is therefore the ILG assessment that these activities can be recovered from February onwards.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	This report focuses entirely on quality, safety and patient experience issues
Related Health and Care standard(s)	Safe Care
	If more than one Healthcare Standard applies please list below: Effective Care
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 no, please provide reasons why an EIA was not considered to be required in the box below.
	No new, changed or withdrawn policies. Services that have been temporarily stood down are managed through the Welsh Government Essential Services Framework.
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 Goals	Improving Health

5. RECOMMENDATION

5.1 Members are asked to **NOTE** this report.