



AGENDA ITEM

3.2.15

QUALITY & SAFETY COMMITTEE

NATIONAL NOSOCOMIAL COVID-19 PROGRAMME – CTM UPDATE

Date of meeting	19/07/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Carole Tookey, ILG Nurse Director, Rhondda & Taf Ely
Presented by	Carole Tookey, ILG Nurse Director, Rhondda & Taf Ely
Approving Executive Sponsor	Executive Director of Nursing
Report purpose	FOR DISCUSSION / REVIEW

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

Committee/Group/Individuals	Date	Outcome
Integrated Locality Leadership Team	Week commencing 27/06/2022	NOTED

ACRONYMS

CHC	Community Health Council
COVID-19	COVID-19 is an illness caused by a strain of coronavirus called SARS-CoV-2. This virus is responsible for the global pandemic since 2020.
CTMUHB	Cwm Taf Morgannwg University Health Board
DHCW	Digital Health and Care Wales



DU	NHS Wales Delivery Unit
IMSOP	Independent Maternity Services Oversight Panel
IPC	Infection, Prevention and Control
NNCP	National Nosocomial COVID-19 Programme
PHW	Public Health Wales
PTR	Putting Things Right

1. SITUATION/BACKGROUND

- 1.0 The purpose of this report is to provide the Quality and Safety Committee of Cwm Taf Morgannwg University Health Board with assurance regarding the progress and delivery of the CTMUHB Nosocomial COVID-19 Incident Management Programme. This is linked to the National Nosocomial COVID-19 Programme (NNCP).
- 1.1 On 25 January 2021, the Quality & Safety Team at the NHS Wales DU were commissioned by Welsh Government to develop a national Framework to support a consistent national approach towards investigations following patient safety incidents of nosocomial COVID-19. In March 2021, the Framework into the 'Management of patient safety incidents following nosocomial transmission of COVID-19' was published and updated in October 2021.
- 1.2 In January 2022, the Minister for Health and Social Care announced £9m additional funding over 2 years to increase the pace of the implementation. The key outcome of the programme will be to provide a high level of assurance that all patient safety incidents of nosocomial COVID-19 are investigated in line with the requirements of the National Health Service (Concerns, Complaint and Redress Arrangements) Regulations 2011 – Putting Things Right.

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

WORK STREAMS

2.1 Establish team, investigation methodology and governance arrangements

2.1.1 The majority of posts have been successfully recruited to and appointed candidates are due to commence during July and August.

2.1.2 The investigation documentation and methodology has been refined so that a bespoke database can be developed. This will ensure consistency, efficiency, correct information governance provisions and future-proof safe storage via the DHCW data warehouse.

2.1.3 The first CTMUHB Nosocomial COVID-19 Programme Group took place at the end of June, chaired by the Executive Director of Nursing who is the Health Board Senior Responsible Officer for the programme. The Programme Group will report into the Strategic Leadership Group and ultimately into Quality and Safety Committee.

2.1.4 The national governance structure for the National Nosocomial COVID-19 Programme has been shared. The inaugural Board meeting for the NNCP also took place at the end of June sequential to CTMUHB Nosocomial COVID-19 Programme Group.

2.2 Investigations and quality assurance

2.2.1 The investigation methodology has been refined in keeping with national good practice. All identified cases of nosocomial acquisition of COVID-19 within scope of the programme will undergo an initial screening review to assess levels of harm. All cases of Moderate harm or above will undergo a comprehensive individual investigation. This will include Key Lines of Enquiry regarding IPC practice, clinical reviews to identify care and service delivery problems and epidemiological analysis of 'cluster' cases. The investigations will assess the care and treatment provided against standard practice at the time of acquisition, acknowledging the seismic shifts in clinical and IPC guidelines and our understanding of the COVID-19 virus over the course of the pandemic.

2.2.2 Test investigation assurance panels have been held to ensure they meet the nationally required minimum terms of reference. The membership of assurance panels will be carefully developed to ensure independence from the service or clinical area in which incidents occurred.

2.2.3 An audit cycle will be established for all incidents, inclusive of all harm levels, to ensure quality control across the programme of work.

2.3 Stakeholder, patient and family contact (including provision of PTR-compliant responses)



2.3.1. Our Health Board Communication and Engagement colleagues will be working closely with counterparts in the NHS Delivery Unit. Health Board communications and engagement will be centred on nationally-approved documents to promote consistency of messaging across Wales. A communications and engagement plan is in development to consider the needs of both internal and external stakeholders.

2.3.2 Early engagement with the CHC has taken place with further regular meetings planned to ensure close collaborative working. The CHC have been invited to be a member of the CTMUHB Nosocomial COVID-19 Programme Group.

2.3.3 A dedicated helpline as a point of contact for supporting families five days a week is due to be launched in early July. Patients (or their next of kin) who have experienced a Moderate level of harm or above will be proactively contacted at the commencement of the comprehensive investigation of their case. It is recognised that this contact will be hugely distressing for some patients and families and the team will ensure that support and sign-posting is offered.

2.3.4 Staff will be made aware of the programme of work through internal communications and well-being support will be offered where needed. Staff involved in care and service delivery for cases within scope of the programme will be engaged early during the investigation and invited to contribute. Staff will be offered the opportunity to attend investigation assurance panels as observers for shared learning and development.

2.4 Thematic learning and improvement (including learning from experience of patients, families and staff)

2.4.1 The Programme team recognise the importance of gaining both incident-specific and thematic learning from incidents of nosocomial COVID-19 in CTMUHB. The Programme leads have met with staff from the IMSOP programme to share learning and good practice in this respect.

2.4.2 There will be national sub-groups for learning and for patient and staff experience that CTMUHB will contribute to.

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

3.0 To receive assurance regarding the establishment of the team, the refinement of the investigation approach and that an effective governance structure is in place.

3.1 To note the launch of a public-facing helpline in early/mid July, dependent on telecommunications and staff resource being available. This will include sensitive external communications and appropriate sign-posting and support.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Large numbers of our population were affected themselves or lost relatives as a result of nosocomial COVID-19 infection. This report details key steps in addressing their concerns and learning for future infection management or pandemic responses.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below: Relevant to all Healthcare Standards
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) Any new or altered services would have their own EIA undertaken.
Legal implications / impact	Yes (Include further detail below)
	Any incidents where a breach of duty or qualifying liability is believed to exist will follow appropriate legal process. The Health Board will work closely with NWSSP Legal and Risk services.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Dedicated fixed term workforce will be recruited. The funding stream is confirmed and provided by Welsh Government. No additional financial impact is anticipated other than through existing legal Redress and Claims provision.
Link to Strategic Goals	Improving Health

5. RECOMMENDATION

5.1 The Quality & Safety Committee is asked to **NOTE** this report.