



AGENDA ITEM

6.5

QUALITY & SAFETY COMMITTEE

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

Date of meeting	19 July 2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
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	May 2022	SUPPORTED

ACRONYMS

ILG	Integrated Locality Group
CAMHS	Child and Adolescent Mental Health Services
VERS	Voluntary Early Release Scheme
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
POWH	Princess of Wales Hospital

1. SITUATION / BACKGROUND

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

- Themes across the ILGs including the Nurse Directors' reports
- Ophthalmology Update
- Pathology Update
- Brief Update on Emergency Department Pressures
- Cancer Performance Update

These issues form a key focus for the ILGs and other central Departments within the Chief Operating Officer's portfolio. The full details 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. A review of the Register has recently been undertaken and some risks are in the process of being updated - further information is of course available if required.

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

2.1 ILG Themes

All three Nurse Directors have submitted individual reports covering matters specific to their ILGs, however the following are common themes:

- **Completion of LFERs** – all three ILGs have had a focus on this work in the last month;
- **New Incident Management Framework** – this was introduced in June 2022 and ILGs have been managing the inevitable bedding in processes of a new system;
- **Flow** – this remains a concern across all sites.

In terms of individual ILGs, as usual their concerns reflect their own areas as follows:

Within **RTE**, there were concerns around the uptick in the number of patients with covid-19 and measures were taken immediately to close

wards and re-introduce the wearing of masks and social distancing – this continues. In Mental Health, a report from HIW has outlined areas for improvement in the Discharge Planning Process for Mental Health patients and an improvement plan is in place.

Finally, the ILG was pleased with very positive reports for ward 3 at YCR where a CHC report reflected the hard working nature of the staff on that ward.

In **Merthyr Cynon**, an Improvement Plan is being developed at YCC following on from the DU Report into Flow, and on the same theme, work continues with ED and CDU staff following on from the HIW Inspections in November 2021 and January 2022 which outlined some deficiencies.

The ILG is pleased to see a reduction in Falls and Pressure Ulcers and is also delighted that the compliance for concern responses is now the lowest since June 2019 at 79%.

In **Bridgend**, the impact of managing the historical and current Ophthalmology incidents is a concern, given the volume of work involved. In addition, Acute Services have continued to manage ambulance offload delays with additional capacity being opened on Llynfi Ward – despite this delays with offload and other flow issues continue – they have been escalated to the highest level.

ILG Nurse Directors have mitigation plans in place for all these issues – but they remain areas of concern.

2.2 Ophthalmology Update

Demand and Capacity Work

Ophthalmology Demand and Capacity improvement is ongoing and continues to be a subject for considerable management focus, with work ongoing to identify areas for service improvement. The Ophthalmology Service Manager continues to work closely with the Head of Performance and Information in Bridgend ILG to produce an accurate demand and capacity model.

Clinic numbers in POWH are now back to pre covid levels. The Service Manager is working with RTE and MC colleagues to move towards increasing clinic numbers to the pre covid numbers. This is proving more difficult as Ophthalmology share clinic and staff with other specialties and there is no dedicated Ophthalmology Unit at either PCH or RGH.

Improvement Plan Progress

Progress continues against the Ophthalmology Improvement Plan, and committee members will be pleased to hear about a number of developments:

- Plans for additional outsourcing for a further 20 cataracts per month has been secured with SPA Medica as part of the 2022/23 Planned care recovery programme. The Service Group is working to confirm dates;
- Miss Bharati Vusirikala, Consultant Ophthalmologist from Swansea Bay has agreed to carry out approximately 40 cataracts per month starting from Saturday 30 July 2022 in POWH. These patients will be the longest waiting from PCH / RGH.
- A new leadership model has now been agreed for Optometry and Orthoptics. Each service now has a dedicated professions lead, and that individual is part of the senior leadership team in Ophthalmology. This has stabilised both services and will provide a career projection route for both professions that will ensure each staff group is led as a bespoke service, whilst working in partnership with the other clinical professions in Ophthalmology to deliver true multi-disciplinary services across CTMUHB.
- The Glaucoma Community Scheme has restarted from July 2022.
- In welcome news, the CSG has received confirmation that £73,360 has been awarded to the Health Board as part of the transformation bids submitted. In Ophthalmology, this will be for:
 - Community Diabetic Retinopathy
 - Wet AMD referral refinement
 - Optometry Transformation
- Work continues with Nursing / Pre-operative assessment. Discussions are ongoing with the Senior Nurse to look at the staffing profile and numbers – a paper will be completed with significant nursing input outlining number of slots, how many have been cancelled in the last six months and the reason for the cancellations.
- Initial discussions have been held with Cardiff and Vale UHB about regional working to support this Health Board's delivery plans for 2022/23. Discussions are continuing, the response has been very encouraging and the CSG is confident that additional operating capacity will be made available at the University Hospital of Wales in

2022/23. Proposals will be discussed at ILG level prior to any formal agreements being made.

- FUNB validation is ongoing within the service – both clinical and clerical in nature. During March 2022, this exercise removed 638 patients from the FUNB list. The Service Group is awaiting an update on the number removed to end of June 2022.
- The undertaking of Harm Reviews is an important aspect of the work of the CSG and the numbers so far are as follows:
 - 36 cases have been to panel
 - 24 cases have been closed
 - Seven remain open with Serious Incident paperwork already submitted. Five of these are Nationally Reportable Incidents and two are Locally Reportable Incidents
 - Five cases require more information
 - 20 cases have also been closed with no requirement for panel

In terms of outstanding cases, there are 80 for patients within the Bridgend ILG of which nine have already been to panel with a mixture of outcomes and 54 others are for RTE ILG.

The Bridgend ILG Senior Team continues to undertake fortnightly monitoring meetings with the Ophthalmology Service to maintain oversight on the Ophthalmology Improvement Plan and ensure there is early escalation in place for issues requiring support and review.

Committee members will be aware of the challenges facing colleagues in this service – further updates will be available as the situation develops.

2.3 Pathology Update

At the May 2022 meeting of the Committee, colleagues were made aware that there were challenges within the Pathology Service Group and that a detailed paper had been discussed at a meeting of the Executive.

Progress continues across the Department – highlights include:

- Funding has been agreed for outsourcing within Cellular Pathology – the Service Group is accelerating this at pace;
- Work on staff engagement including culture and Wellbeing, identified as an area of high priority, is continuing with the support of colleagues from Workforce. Areas of focus include:
 - Senior leadership team are having supported development sessions;

- There have been seven staff engagement sessions across both RGH and PCH that were well attended and staff engagement was good. Further feedback sessions are planned throughout July to agree how we turn feedback into actions for staff to get involved in.

In terms of the broader aims in the Service Group, it has been agreed that a business case will now be developed to outline a comprehensive two to five year improvement plan.

2.4 Cancer Performance Update

Committee members will be aware of the demand upon the UHB to improve its performance in Cancer Services – and this is an aspiration of all staff concerned with a high level of scrutiny and escalation.

The most recent monthly report, which will be presented at Board reflects concerns around the total number of active patients waiting at first outpatient (32%) and diagnostic stage (51%) of their pathway as well as the delays in diagnostics – being in radiology, endoscopy and pathology continue. Recent data indicates a reduction in June 2022 in referrals for all tumour sites – which may indicate a reduction in patients who have not sought help from their GP during the pandemic.

In terms of tackling the waiting times, the weekly meetings continue on a tumour site basis looking at specific issues and formulating ways to improve the situation. These include:

- “Super Saturdays” in Head & Neck – additional sessions at weekends to work through the backlog;
- One Stop in Gynaecology;
- New Endoscopy Unit opening up at RGH;
- 90 patients have been referred from the Breast Service to the Cardiff and Vale UHB One Stop Service, with the first two clinics of 30 patients each taking place on 28 June and 2 July. This is in addition to the Wednesday evening clinic which happens at RGH;
- In Gynaecology, agreement is in place to provide space for the One Stop service at RGH, with a planned opening of the Unit on 1 September 2022.

Further updates will be available for future meetings but Committee members can be assured that there is significant management focus in this area.

2.5 Emergency Departments

Extreme pressure is being maintained within the Emergency Departments across the UHB, as is the case across Wales. Colleagues within the Departments and all those supporting them are providing outstanding service to our population however there are significant pressures throughout the system.

As well as the dedicated Improvement Work underway at PCH, plans and actions are in development and underway across the ILGs to improve flow, including:

- Constant liaison with the ODU and WAST;
- Numerous site meetings daily (especially at times of peak pressure) and the 10am and 4pm Bed Meetings where the detail of the EDs is discussed. There is now added support with colleagues from Therapies invited as well as Site and Flow Managers;
- A number of meetings have been held on all sites with ED staff and senior ILG and Board staff to allow discussion on the situation – this is so that staff feel heard at what is a tough time for all. These are ongoing;
- Staff across all areas are made aware of the Wellbeing Service – increasing support for all our colleagues who are working under significant pressure;
- Discussion with Local Authority on patients medically fit for discharge and the number “blocking” flow is still ongoing;
- The UHB has employed Flow Managers in two of the three hospitals so far – greater management focus is possible;
- Any waits which exceed three hours are reported to the COO and expedited;
- Red release is having greater scrutiny and is collected for discussion at ILG Performance Reviews;
- An even greater focus on sharing the pressure of the ED, with patients “boarded” onto wards where possible and discharges positively planned for early in the day;
- All patients in ambulances are looked after with food and drink and subject to regular checks from clinical staff. Their treatment begins, where appropriate, when they are still aboard the ambulance;
- The Safe to Start project has successfully been able to support numerous wards and the extremely busy emergency department to help cut long ambulance delays and bed waits through the identification of ward capacity and planned patient movement.

Improving care and maintaining safety are constant issues on a permanent basis.

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:

- Cancer Services and the imperative to improve performance in all areas;
- The COO has recently undertaken a review of the Risk Register and work should be completed this month to ensure that the issues reported are appropriate and equitable;
- The activity in and challenge for the Emergency Departments 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 (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
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 Goals	Improving Care

5. RECOMMENDATION

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