



AGENDA ITEM

3.2.10

QUALITY & SAFETY COMMITTEE

CTMUHB NOSOCOMIAL COVID-19 INCIDENT MANGEMENT PROGRAMME

Date of meeting	20/09/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
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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
		Choose an item.

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
PTR	Putting Things Right
SRO	Senior Responsible Officer

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 National Framework for 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)

PROGRAMME OVERSIGHT

- 2.0 In July 2022, the DU requested Health Boards complete a Self-Assessment assurance document measuring programme delivery progress against 35 headings. Following review of this submission, the DU rated the CTMUHB programme as providing 'Reasonable Assurance', with all elements of our programme delivery rated as 'Reasonable Assurance' or higher. There was one action related to the Communications and Engagement plan which is being promptly addressed.
- 2.1 The Nosocomial Incident Management Team are mindful of the upcoming Public Inquiry into the pandemic response. Information assets associated with the team are being allocated appropriate retention periods to assist with organisational preparedness for the Inquiry.
- 2.2 Current programme spending is within allocated budget. Due to lengthy recruitment periods, several team members did not commence in post at the beginning of financial year 22/23. This will create an unfunded workforce spend at the beginning of 24/25. Finance colleagues are clarifying funding requirements regarding in-year expenditure constraints.
- 2.3 COVID-19 continues to circulate across the nation and in our local communities. Cases of possible and confirmed nosocomial transmission of the virus continue to occur in our hospitals and healthcare settings with the associated impacts that this entails for affected patients and their loved ones. Nosocomial COVID-19 cases recorded after the 30th April 2022 will also be subject to the requirements of the National Framework and PTR. There is concern nationally about the ongoing resource that will be needed to deliver this and the ability to do so within more appropriate timescales for affected patients and families.

WORK STREAMS

- 2.4 **Establish team, investigation methodology and governance arrangements**
- 2.4.1 The majority of team members have all commenced in post and received necessary induction and training.
- 2.4.2 A Programme Manager has been appointed and will commence in post in September 2022.
- 2.4.3 The development of a database to record investigation work was approved by the CTMUHB Information Project Portfolio Board on the 19 July 2022. The database has now been developed and issued, ensuring data security and appropriate retention of investigations.

2.4.4 Accommodation for the team is insufficient due to the requirement for on-site working in order to access patient records. Liaison is taking place with site-based colleagues about maximising estate usage.

2.4.5 The CTMUHB Nosocomial COVID-19 Incident Management Programme Group is scheduled on a bi-monthly basis to ensure the SRO is sighted on progress and risks.

2.5 Investigations and quality assurance

2.5.1 Investigations have commenced at a gradual pace to allow team members to build familiarity with the investigation framework, build consistency of approach throughout the team and assure the quality of investigatory work.

2.5.2 As of end of 16.08.22, the breakdown of investigation work is as shown below:

	Total incidents*	Investigations started**	Investigations completed**
Wave 1 (27/02/2020 - 26/07/2020)	479	157	2
Wave 2 (27/07/2020 - 16/05/2021)	1488	464	17
Wave 3 (17/05/2021 - 19/12/2021)	314	81	0
Wave 4 (20/12/2021 - 30/04/2022)	951	112	0

* The total number of incidents has increased since last group meeting due to data cleansing and validation identifying additional cases which meet the criteria for programme inclusion.

** Until the Programme Database is available, these figures are being calculated manually. There is a small risk of inaccuracy associated with human error.

2.5.3 The pace of investigation work has been affected by the following issues: medical records service fragility (impact on nosocomial team now resolved), poor functionality of the CITO electronic medical records system, low completion rate of Mortality Reviews (appropriate mitigation now in place), senior medical availability to ensure scrutiny panel quoracy (now resolved).

2.5.4 The team have attended national training provided on legal implications and management associated with the National Framework.

2.6 Stakeholder, patient and family contact

2.6.1 A Communications and Engagement plan has been completed and the Health Board has published a set of nationally-approved FAQs on our website.



- 2.6.2 Engagement has also taken place in staff forums to inform and reassure staff about the purpose of the Review Programme. A staff well-being pathway is in place if needed, to support clinical staff who are required to contribute to the investigations.
- 2.6.3 A dedicated helpline as a point of contact for supporting families five days a week was launched in early July.
- 2.6.4 A correspondence framework for making direct proactive contact with patients is in the process of being approved, and takes account of applicable legal and information governance considerations. This will enable the team to begin telephoning affected patients or their next of kin imminently.

2.7 Thematic learning and improvement

- 2.7.1 Incident-specific learning is being identified during investigations. This will include examples of good practice as well as opportunities for improvement. Consistent emerging themes will be captured during scrutiny panel discussions.
- 2.7.2 Learning will be shared and implementation overseen through a number of Health Board forums including the Shared Listening and Learning Forum and the IPC Committee.
- 2.7.3 The Health Board will contribute to National learning workstreams as they are established.

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

- 3.0 To receive assurance regarding the commencement of the programme and the positive position in relation to Programme Assuredness as assessed both by CTMUHB and the DU.
- 3.1 To note the slower than anticipated delivery pace during programme initiation due to team recruitment and operational challenges.
- 3.2 To be advised that a full programme risk register is being reviewed bi-monthly at the Nosocomial COVID-19 Incident Management Programme Group. Currently there are no risks that meet the threshold for escalation to the Organisational Risk Register.

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.
	Governance, Leadership and Accountability



Related Health and Care standard(s)	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.