AGENDA ITEM
6.3

QUALITY & SAFETY COMMITTEE

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

Date of meeting	24 May 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	September 2021	SUPPORTED

ACRONYMS	
ILG	Integrated Locality Group
NDD	Neurodevelopmental Disorder
CAMHS	Child and Adolescent Mental Health Services
VERS	Voluntary Early Release Scheme

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
- Neurodevelopmental Update
- CAMHS Performance Update
- Ophthalmology Demand and Capacity Update
- Pathology Update
- Cancer Performance and Harm Reviews Update
- Update on Facilities
- Ty Llidiard Briefing

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.

Colleagues can be assured that the issues outlined in this report are included (where appropriate) within the UHB's Risk Register. Further information is of course available if required from committee members.

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:

- **Quality Dashboards** – all three Nurse Directors continue to use the dashboards to highlight specific issues pertinent to their areas;
- **Falls and Pressure Damage** – a focus across Merthyr Cynon (MC) and Rhondda Taf Ely (RTE).

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

Within RTE, there is significant work ongoing within External Quality Assurance – with an MHRA Blood Bank Inspection, a Regulation 28 recommendation and Cancer Harm Reviews ongoing. In addition, various aspects of the Datix system are proving problematic and being managed accordingly.

In Merthyr Cynon, additional concerns were received from Healthcare Inspectorate Wales (HIW) around the service in the Emergency Department

(ED) and in CDU – focused work was undertaken to address these issues. In addition, the new ILG Director of Nursing has commissioned a collegiate review into sepsis and has also asked for additional focus on pressure sore issues. The ILG has been able to report a 30 day response level of 30% - the highest since July 2019.

In Bridgend, a reduction in 30 day target compliance has been the source of disappointment, though there are valid reasons. In the ED, there are off load delays and the performance here has been declining – plans are being developed to ensure that the imminent closure of Ysbyty Seren does not exacerbate this issue.

There are mitigation plans for all these issues – but they are areas of concern from a Nurse Director perspective.

2.2 Neurodevelopmental Disorder (NDD) Service

The NDD service was established in 2016, funded by a Welsh Government allocation. The service experienced significant demand which very quickly exceeded available resources, leading to significant waiting times and failure to achieve the target of 80% of patients commencing assessment within 26 weeks. From the inception of the service it has been necessary to undertake waiting list initiatives in order to manage demand.

As a consequence of the gap in capacity, in April 2021 the UHB provided additional non-recurring financial resourcing against the Planned Care Recovery. The funding has facilitated a number of improvements including 230 new appointments and 810 follow up appointments.

A decision on a future model is needed and a clinical working group was established to look for a way forward. Regular meetings have been held since July 2021 and links have been made with an input from Dr Sally Lewis, National Lead for Values Based Health Care to help inform discussions.

As well as NHS provision, the UHB had a contract with Halcyon, a charity set up in 2011, which provides a range of services with a specific focus on providing support to people with autistic spectrum disorders, other neurodevelopmental conditions, wider anxiety and emotional mental health issues and behaviours. This contract ran until April 2022 and an extension has been agreed for a further 3 months to support further review and development of plans for the service

Committee members will be pleased to know that a paper has been prepared which details the issues and seeks advice on the way forward and will be discussed at an Executive level.

2.3 CAMHS Performance Update

Committee members will be aware that the HB provides CAMH services for its own and Swansea Bay UHB residents. There are issues of access in both services which link both to increased demand and to capacity matters – and compliance is not where colleagues would like it to be.

Actions have been taken to address this, including validation of waiting lists, the implementation of additional sessions, a clinical assessment of the evidence base for group therapy sessions, the realignment of assessment to treatment sessions and active recruitment to new posts. An action plan has been put in place by the ILG and the situation is under constant review. A Single Point of Access was put in place in the last year and a bid for further resource to support its development has been made from the new WG Mental Health Funding. This will increase capacity in line with the assessment of demand.

The Service remains in escalation with WHSSC for Ty Llidiard for issues of culture and leadership and for issues of service sustainability and regular monitoring is in place. Additional detail is included in the Nurse Director's Report and further reports will be made regularly – this service remains high on the ILG's agenda.

2.4 Ophthalmology Demand and Capacity Update

Colleagues will recall that the March Quality & Safety committee received a detailed paper from the Ophthalmology service which provided an update on the ongoing demand and capacity work, and the Ophthalmology improvement plan. This short summary is provided by way of an update of where the Service is in May 2022.

- **Current Situation**

  The demand and capacity position within the service still demonstrates a 23% reduction of outpatient capacity in comparison to the pre-pandemic position:

Area	Service	New	Follow up	Total
South	Consultant	132.9%	64.3%	74.4%
	Orthoptist (glaucoma)	83.3%	83.3%	83.3%
	Orthoptist (other)		86.2%	86.2%
	Nurse Prac		100.0%	100.0%
	Total South	**111.7%**	**76.9%**	**81.1%**
North	Consultant	86.1%	68.6%	71.7%
	Orthoptist	70.1%	70.5%	70.4%
	ODTC		32.6%	32.6%
	Macular	100.0%	100.0%	100.0%
	Nurse Prac			100.0%
	Total North	**80.3%**	**73.1%**	**74.2%**
Total		**89.5%**	**74.4%**	**76.5%**

The current demand vs capacity position as of March 2022 is shown below. This demonstates the progress being made in reducing the backlog of patients at stage 1, however demonstrates the ongoing challenge in meeting the demand for follow up and treatments:

Waiting list	Waiting list end Sept	Underlying capacity gap	Projected total waiting						Difference trajectory vs actual
			Oct	Nov	Dec	Jan	Feb	Mar	
New OP (trajectory)	11874	384	12258	12642	13026	13110	13360	13610	-293
New OP (actual)			12271	12564	12752	13003	13067	12139	
Fup OP (trajectory)	17004	10	16952	16875	16798	16486	16041	15546	852
Fup OP (actual)			17031	17114	17039	16951	16893	12913	
Treatment (trajectory	1709	23	1712	1702	1692	1662	1592	1522	188
Treatment (actual)			1717	1729	1733	1750	1780	1568	
Total (trajectory)	30587	417	30922	31219	31516	31258	30993	30678	747
Total (actual)			31019	31407	31524	31704	31740	26620	

- **Progress on Demand and Capacity**

The demand and capacity improvement work is ongoing and continues to identify areas for service improvement.

The Ophthalmology Service Manager is working closely with the Head of Performance and Information in Bridgend ILG to produce an accurate demand and capacity model that will aim to demonstrate the potential benefits of reducing the social distancing guidelines to 1 metre in Outpatient Department (OPD) Clinics in CTMUHB. The Clinical Leads are working with the team to ensure that modelling assumptions are accurate. The service should be in a position to present a full demand and capacity plan in the next Ophthalmology update.

- **Improvement Plan Progress**

There continues to be progress made against the Ophthalmology improvement plan, since the last committee there have been a number of developments:

- A substantive Glaucoma Consultant was appointed to Bridgend ILG on 12th April 2022;

- 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 Eye Theatres in Princess of Wales Hospital (POWH) are now fully functioning which will further increase operating capacity by five patients per week. This additional capacity will be offered initially to the longest waiting paediatric squint patients;

- A new leadership model has been agreed for Optometry and Orthoptics, each service will now have a dedicated lead professional who will join the senior leadership team in Ophthalmology. This will stabilise both services and 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 MDT services across CTMUHB. Appointments are expected to be made in May 2022;

- Initial discussions have been held with Cardiff and Vale UHB about regional working to support the CTMUHB delivery plans for 2022/23. Discussions are continuing and the team are encouraged by the responses to date and are 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;

- Cardiff and Vale UHB are providing consultant support for CTMUHB glaucoma patients throughout May 2022 to mitigate a medical staffing shortfall that was previously highlighted as a major service risk. Normal service will resume back in CTMUHB in June 2022;

- Follow Ups Not Booked (FUNB) validation is ongoing within the service, comprising of both clinical and clerical validation. During March 2022, this exercise removed 638 patients from the FUNB list.

The Bridgend ILG 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.

Further updates will be available concerning what continues to be a challenging area.

2.5 Pathology

Members of the Quality & Safety Committee will need to be aware that Pathology Services have become increasingly fragile through a combination of under-investment in equipment and estate, insufficient staffing complement and skill mix, a number of periods of managerial and leadership instability, a legacy of complicated VERS replacements and no formal workforce planning. Unclear strategic vision at regional levels has added to local issues and made the situation more complex.

The first of what will become a series of update papers for the Executive Board was presented in February 2022, and identified very high level

themes and actions for the whole of Pathology (Cellular Pathology, Haematology, Biochemistry and Microbiology) that would be the priority for the interim Service Group Manager and the ILG in coming months and years

The key themes of work have been identified as:

- Leadership and Management
- Staff Engagement, Service Culture and Wellbeing
- Workforce Structures and Effectiveness
- Training and Development
- Performance
- Service Recovery and Development (Cellular Pathology and Haematology)
- Infrastructure (Estates, IT, Digital and Procurement)

In addition, cellular pathology has been identified as the specialty causing the most concern and carrying the greatest risk – largely as a result of problems within the Single Cancer Pathway – but for a range of other issues as well.

A detailed paper has gone to a recent meeting of the Executive Team which describes the issues in detail and includes a financial summary and a number of risks and issues for escalation.

Further updates will be available as the process to address this matter becomes clearer, however this is an issue which colleagues need to be made aware of ahead of further updates.

2.6 Cancer Performance and Harm Reviews Update

1. Performance

Committee members will be aware that the Cancer Business Unit (CBU), with colleagues, compiles a detailed report on cancer compliance and performance on a monthly basis – this is the position for April 2022.

Row Labels	Sum of Treated In Target	Sum of Total Treated	% Treated In Target Without Suspensions
Brain/CNS	1	1	100.0%
Breast	27	46	58.7%
Gynaecological	2	16	12.5%
Haematological (exc acute leukaemia)	6	13	46.2%
Head and neck	1	7	14.3%
Lower GI	13	39	33.3%
Lung	22	35	62.9%
Other	6	8	75.0%
Sarcoma	0	1	0.0%
Skin (exc BCC)	39	46	84.8%
Upper GI	6	23	26.1%
Urological	12	63	19.0%

Grand Total	**135**	**298**	45.3%

The high level key features are:

- There was a 6.6% deterioration in overall performance in March 2022;
- The predicted **unvalidated** performance for April 2022 currently is 43.8%;
- The biggest concern and the significant factor in not achieving target continues to relate to the total number of active patients waiting at first outpatient (34%) and diagnostic stage (50%) of their pathway, accounting for 84% of all active patients on the suspected cancer pathway;
- The focus on treating the longest waiting patients continues.

The paper also outlines key areas for concern within each ILG. In terms of mitigation and planning, the following is being undertaken:

- Cancer operational performance is subject to an Executive level escalation. Weekly cancer assurance meetings are in place led by the CBU in MCILG and RTEILG. The newly appointed Deputy COO is now leading on operational delivery of cancer performance, supporting the Directors of Operations on behalf of the COO.

- There are significant constraints that appear to affect RTE and MC ILGs, these relate to pathology, radiology and endoscopy provision. There are significant backlogs in place and continuation of downgrading practices in order to manage demand. The majority of cancer care is delivered by RTE ILG, with the exception of Breast, all tumour sites have seen a reduction in performance.

- At the request of the COO the CBU is carrying out a scoping exercise to determine where services are in implementation of the national optimal pathways, along with an assessment of constraints and interdependency issues.

Cancer performance remains a real priority for the UHB and an area of significant management focus. Additional information will be provided in future meetings.

2. Cancer Harm Reviews

Cancer harm reviews were introduced within CTMUHB in quarter 4 of 2019 as a pilot and following this, in 2021, Welsh Government trialled the process across Wales. A recent review by Welsh Government advised that harm reviews would only be required from 146 days, however, locally it was agreed to leave the time frame at 104 days, because the learning has been so valuable.

Though there are common themes, there has also been specific local learning, for example this process highlighted a variation in triage practice and facilitated a quick resolution to the disparity. Common themes include complex diagnostic pathway, lack of diagnostic capacity, complex patient pathway and lack of capacity in tertiary services both for specialist diagnostics and treatment.

All three ILGs are running regular panels, with Service Group Manager and Quality & Safety Lead involvement and the approach has resulted in a timely undertaking of required actions.

The table below shows the number of 104 day breaches, according to tumour site, between April 2021 and March 2022:

Tumour site	**Number of 104 day breaches**
Urology	87
Colorectal	46
Gynaecology	26
Lung	20
Upper GI	20
Breast	15
Haematology	14
Head and Neck	9
Dermatology	11
Cancer unknown primary	1
Sarcoma	1
Total	**250**

The table below shows the outcomes of Harm Reviews completed by clinicians and discussed at a harm review panel between April 2021 and March 2022:

Level of harm	
Low/No harm	263
Moderate	6
Serious	2
Total	**271**

Of the two serious harms identified, both have been through the significant incident process. One was caused by the cessation of aerosol generating procedures during early Covid, so there was no further learning. Of the six moderate harms, all have been through the Putting Things Right (PTR) process and for three, there has been no breach of duty.

This process will be continued, with the aim of learning from the experiences described and where possible and appropriate, adopting different ways of working to ensure no repeat situations. In all cases where

right and appropriate, patients are made aware of findings and sometimes this does lead to redress.

2.7 Facilities Update

Members of the committee will be pleased to hear that the Facilties Directorate remains compliant with appropriate measures as follows:

- Housekeeping and Cleanliness – fully compliant with National Standards for Cleaning in NHS Wales;
- Catering – fully compliant with catering environmental health and food safety standards at all Catering Service Units with the highest rating of Very Good on 14 sites;
- Waste Management – all key compliance targets met;
- Key Performance Indicators (KPIs) – generally the compliance with KPIs is at a high standard with lack of compliance as a result of poor response feedback in some areas.

In terms of areas chosen as key risks, the Directorate has included the following:

- Medical Device Training lack of compliance – the Directorate has plans about how this will be addressed and supported at a senior level.

- Patient Safety Notice – Philips Bi-Level PAP, CPAP, and Mechanical Ventilator Devices UHB wide – devices need to be registered and returned to supplier. So far a hundred devices provided to enable process to start since January 2022, new CPAP devices are in short supply from alternative supplier and are more expensive – being purchased for new patients.

- Patient Safety Notice issued – Removal of air flowmeters where possible and use compressor nebulisers instead. Working group set up by the Head of Patient Safety to agree quantity and type of compressor required.

- Clinical Engineering PPM and Backlog – after 18 months of supporting the pandemic and as a consequence of vacant posts, equipment safety recall work, commissioning and decommissioning of new kit and recruitment issues, the backlog has risen. It is likely that Facilities colleagues will need additional resource or overtime to be able to clear the backlog.

- Management of Patient Beds, Mattresses and Associated Equipment – decision awaited urgently on the contract type to be awarded. The matter has been appropriately escalated.

- Medical Device Training – Facilities colleagues believe additional staff resource is required to manage with demand and training issues.

The full report from senior colleagues in Facilities is available and includes additional details.

2.8 Ty Llidiard Briefing

Committee members will be aware that there were issues raised around the service provided in Ty Llidiard in 2018 and that the Unit has been subject to escalation since that time.

As part of that process, a review of Ty Llidiard was undertaken by a team from the Quality Assurance Improvement Service (QAIS) of the National Collaborative Commissioning Unit as part of its function to provide mental health quality assurance to Welsh Health Specialised Services Committee (WHSSC). The planned review occurred between 28 February and 11 March 2022 and the CEO of WHSSC wrote to the CEO of CTM on 14 April 2022 expressing serious concerns.

As a consequence of this, and for information for committee members, meetings have occurred and there is significant further action planned as part of the swift implementation of an Improvement Board within the Unit. Colleagues will be pleased to hear that Executive level oversight of this process is now resting with Lauren Edwards, the Director of Therapies and Health Sciences, and a paper outlining the main issues will be discussed at the In Committee Quality & Safety Committee in June 2022.

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:

- Maintaining and developing the resetting of services with covid 19 and all its implications as a backdrop;

- All aspects of Cancer Performance;

- Developing early findings in Pathology to support and improve the service;

- Ensuring, via Performance Reviews, that the significant work underway in Facilities is supported through the organisation;

- Maintaining progress through the Ophthalmology work underway to further understand and improve the service to patients.

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.