



AGENDA ITEM

6.4

QUALITY & SAFETY COMMITTEE

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

Date of meeting	16 March 2023
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
Planned Care and Unscheduled Care Boards	Various	SUPPORTED

ACRONYMS

HIW	Healthcare Inspectorate Wales
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
POWH	Princess of Wales Hospital
YCC	Ysbyty Cwm Cynon
MIU	Minor Injuries Unit

SDEC	Same Day Emergency Care
ED	Emergency Department
WAST	Welsh Ambulance Service Trust
WISE	Wellness Improvement Service
NCCU	National Collaborative Commissioning Unit
FAST	Face, Arm, Speech, Time

1. SITUATION / BACKGROUND

This brief paper provides an overarching update on a range of issues within the remit of the Chief Operating Officer.

The areas include:

- An update on the risk register issues touched on in the last report including:
 - Diagnostics including LINC
 - Planned Care – Waiting Times
 - Cancer Services
 - Ambulance Handover and Red Release
 - Internal Audit Follow Up
 - Stroke Services
- A range of more diverse update matters across Care Groups

Colleagues will understand that these issues continue to provide a key focus for colleagues across the UHB. The full details of the matters outlined in this COO Report are covered in more depth within individual reports or available via the appropriate Department.

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

2.1 Diagnostics including LINC

There has been progress with the highest scoring risks as follows:

- Mortuary Capacity – to address issues around insufficient capacity, additional space has now been in use since mid January. This has reduced the risk to a score of 12;
- Pathology services unable to meet current workload demands – and action has been taken in the following areas:
 - The outsourcing of cell path backlog was successful and approval has been given to continue through Quarter 4. A further proposal has been submitted for 2023 – 2024 while the Care Group works through potential regional solutions.
- Cellular Pathology & Mortuary staff resource, backlog and delays – vacant posts were placed on TRAC, now the Care Group has progressed to awaiting advert and Royal College response to interview for the two consultant posts.

For the LINC process, feedback has now been provided to Digital Healthcare Wales (DHCW) with many concerns around traction and ability to deliver the programme and a revised plan has been sought by 8 March 2023. This will be reviewed at, and next steps identified at, the next LINC programme board on the 14 March 2023.

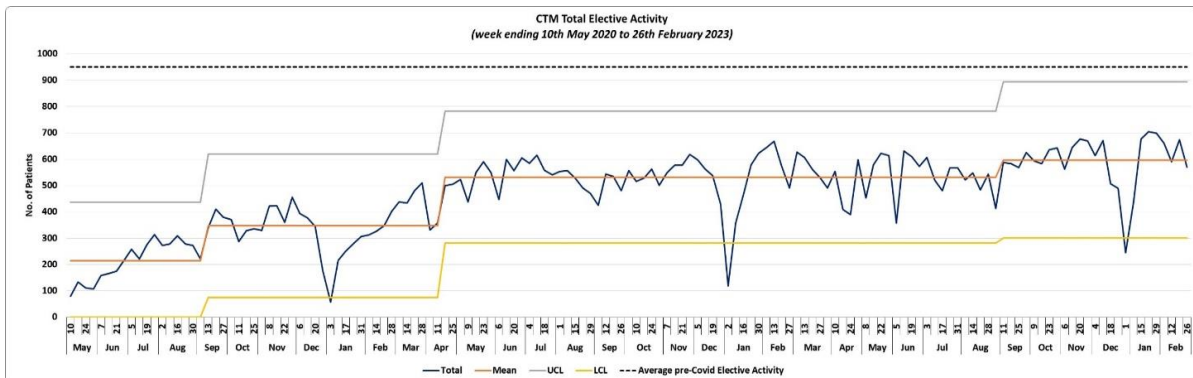
2.2 Planned Care – Waiting Times

Performance on Waiting Times remains fairly static, with small reductions across the UHB. Key matters of interest to committee members include:

- it is anticipated that the length of wait will continue to reduce across all specialties, with patients being seen for first outpatients within two years within all specialties other than ENT, Urology, Ophthalmology and Dermatology;
- In each of these four specialties there are actions being taken to increase capacity including extra clinics and theatre sessions in Ophthalmology and ENT, the recruitment of Locum Consultants and additional Pharmacy and Primary Care resource in Dermatology;
- There is additional focus on waits in Rheumatology, Cardiology, Dermatology and Breast Surgery with transfer of patients across locality / consultant waiting lists, additional clinics and re-direction of referrals to WISE are in place;
- Improvement programmes are in place to realise efficiencies in outpatient departments;



- Additional Inpatient/Day Case (IP / DC) capacity is in place running to the end of March in the first instance through the insourcing of theatre staff enabling the centralisation of Orthopaedic inpatient activity and more concentrated day case capacity in PCH. Insourcing in PCH theatres is anticipated to deliver additional cases each week;
- As per the charts below, the number of weekly elective treatments has been very slightly increasing, with the average number of treatments for February 2023 similar to that of January at 624 treatments per week. Despite this increase, elective cases are still around 24% fewer than pre-pandemic levels.



Further detailed information is available if required – committee members will be reassured to know that there are plans to mitigate activity issues wherever possible.

2.3 Cancer Services

Cancer performance remains subject to the highest level of concern and escalation at all levels internally. Weekly cancer assurance meetings continue, attended by all specialty leads, chaired by the Planned Care Director and reports and escalations made weekly to the COO and Medical Director as appropriate.

SCP target 75%	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb*
Total Treated	298	229	298	271	303	291	279	316	310	249	289	223
Total Treated in Target	135	119	134	135	145	134	129	139	145	97	110	103
Total Breached	163	110	164	136	158	157	150	177	165	152	179	120
Performance %	45.3	52.0	45.2	49.8	47.9	46.0	46.2	44.0	46.8	39.0	38.1	46.2
Retrospective performance %	46.5	52.1	44.9	52.3	48.5	45.9	47.2	43.3	47.8	40.3		

As has been the case hitherto, reduction of the backlog remains the focus, and the UHB has now demonstrated a sustained reduction in 62 day volumes consecutively for a five month period. The predicted performance for February 2023 currently is 46.2% which is an unvalidated position.

The biggest concern and the significant factor for not achieving targets continue to relate to the total number of active patients waiting at first outpatient (39%) and diagnostic stage (41%) of their pathway. This accounts for 80% of all active patients on the suspected cancer pathway, an improvement of 2% from last month.

Diagnostic delays in radiology, endoscopy and pathology and delays at tertiary sites for treatment are also significant contributors to under achievement.

The focus on treating the longest waiting patients and reducing backlog continues. Deterioration in performance is identified in Lung and Skin specialties whilst all other specialties showed improvement, committee members will be reassured to hear that plans for improvement are in place across the UHB and this remains.

2.4 Ambulance Delays and Red Release

The work around these important indicators continues, with the following of note:

- Colleagues will be aware that a "Navigation Hub" has been established through Primary Care Leads, allowing WAST, Nursing Homes and other professionals direct access to a GP with the aim of 'safety netting' and keeping patients in the community. Work has now moved to liaison with WAST and NCCU to increase the utilisation of the service;
- Work is ongoing constantly with colleagues in Local Authorities on a care home placement or package of care. This is a constant work in progress and the position has remained stable, with a marginal improvement from 150 to 142.

The work ongoing in this area is significant and this is a summary of the key areas – further information is available if needed.

In terms of Red Release, Colleagues will be pleased to note that progress continues as follows:

- The Immediate Release Standard Operating Procedure (SOP) and Pre Emptive Boarding SOP are under review by the Unscheduled Care Group, and will feature as part of the revised Escalation Framework being developed;
- Surge capacity opened across all three sites remains in place to improve flow and capacity to red release.

2.5 Internal Audit Follow Up

Detailed information has now been provided to Service Groups to enable them to comment on the way that closed pathways, watch lists and outcoming are managed, including a summary of the areas of concern where additional training may be needed.

It is anticipated that this assistance with the detail will result in further progress – and the Care Groups will be reminded about the importance of ensuring the audit is completed. Internal Audit colleagues have been consulted and kept updated.

2.6 Stroke Services

In January 2023, the Board received a briefing on the local, regional and national current position and plan for stroke services. Committee members are aware of challenges faced within the service at present, along with the performance against the Quality Indicator Measures (QIMs). Acute system pressures, inequity in service provision across CTM, a fragile workforce, and five day per week clinical workforce model all impact on the stroke service quality and performance.

Work has been recently completed to understand, risk assess and cost the additional resource that would be required to deliver a SSNAP (Sentinel Stroke National Audit Programme) A-rated service. It was initially anticipated that additional recurrent resource could be identified from within the Planned Care Recovery monies but this has not been possible and has been specifically brought to the attention of the Chief Executive of NHS Wales.

Prevention and early intervention – recruitment is underway following the successful bid for a project to identify and manage the two major clinical risk factors for stroke: hypertension and atrial fibrillation. Conversations are underway at a national level regarding a national re-run of the FAST campaign. Funding has been identified to run the FAST campaign locally.

Acute Care – a process is in place to ring-fence a stroke bed at both POW and PCH. This supports admission to a stroke bed within four hours, but is not possible during times of extreme pressures. Work is progressing for an aligned clinical pathway for stroke management. Unified criteria for thrombolysis is in place for both sites and significant progress has been made in anticipation of the thrombectomy service at Bristol being available 24/7. Updated guidance from the Royal College of Physicians is anticipated in April, with preparatory work underway to implement the new guidance. For some patients, this will result in an increased window of opportunity for certain specialist treatments.

SSNAP results for October-December 2022 result in PCH's overall rating increasing to a level B. It is the first time that this has been achieved since Covid. POW's rating remains at a level C. In November 2022 (latest benchmarking data), CTM demonstrated the best performance in Wales for thrombolysis within 45 minutes and was the third best performing Board for scans within one hour. We performed poorly in relation to admission to a stroke bed within four hours and assessment by a stroke consultant within 24 hours.

Regional developments – the South Central Wales Regional Stroke Programme continues to progress. A CTM Stroke Consultant has been appointed as the regional clinical lead.

2.7 Children & Families

Progress on a broad range of issues is included in the full report elsewhere but committee members will be pleased to hear about the following:

- The Maternity and Neonatal Improvement Programme ends on 31 March 2023, and all the planned changes have been embedded. A wash up meeting and handover arrangements are being planned;
- In Gynaecology, a Theatre Efficiency Quality Improvement Project is underway – with pathway mapping having occurred as a first step;
- In Paediatric Neurodevelopment, it is anticipated that there will be no waits over 104 weeks by the end of March 2023.

2.8 Planned Care

Progress continues and committee members will be interested in the following:

- The Human Tissue Authority (HTA) held a virtual and face to face site inspection in February 2023. Very positive feedback was received showing significant improvements from the 2018 inspection;
- Compliance with Home Office legislation on controlled drugs for Parc Prison has been met after significant work by the pharmacy team. Further work is needed to achieve compliance in other sites across CTM footprint.

2.9 Unscheduled Care

The Unscheduled Care Group has had another busy period, with areas of note including:

- Healthcare Inspectorate Wales (HIW) made an announced inspection of stroke services at the Princess of Wales Hospital (POW) on 25 January 2023. The initial feedback was positive, official feedback will be received from HIW within the forthcoming weeks;
- Following an OCP process, complaints have been transferred to a central quality governance team within the organisation, with the aim of maintaining equity, consistency and strengthen resilience. There has been a significant reduction in complaints (nearly 50%) between December 2022 and January 2023. Unscheduled Care compliance with the 30 day target remains poor however the leadership team has established an escalation mechanism which will be closely monitored by the team with a significant improvement trajectory expected

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 continue to be as follows:

- Planned Care Recovery;
- Cancer Services and the imperative to improve performance in all areas;
- The activity in and challenge for the Emergency Departments across the Health Board.

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.



	Not yet completed
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.