



AGENDA ITEM

6.4

QUALITY & SAFETY COMMITTEE

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

Date of meeting	24 January 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	Chief Operating Officer
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 2022	SUPPORTED
Quality & Safety Meeting	November 2022	SUPPORTED
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

1. SITUATION / BACKGROUND

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

In particular, committee members will recall that they have requested an update in the following areas due to their link to high scoring risks on the Risk Register. The areas include:

- Ophthalmology
- Stroke
- Planned Care – Waiting Times
- Unscheduled Care – ED, Ambulance Handovers Quality & Safety Impact
- Diagnostics
- Cancer
- LINC Programme Quality Update
- Red Release
- Internal Audit Follow Up Review – Patient Pathway Appointment Management Process report

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 Ophthalmology Plan Update

Ophthalmology is a significant risk for the UHB and remains challenging. A range of actions are ongoing including:

- Super Saturday outpatient clinics, pre-assessment and operating lists for cataracts have been ongoing up to Christmas, aimed at clearing the number of patients currently waiting over 156 weeks on the inpatient and day case waiting list;
- Outsourcing of patients to the Nuffield Hospital continues, with further capacity being explored with two other providers;
- Validation work continues;
- The UHB has started using the Vanguard Theatre based at Cardiff and Vale – this will run until March 2023 with the UHB using 500 slots for cataract operations.
- In a major step forward, the additional Consultant with an interest in Glaucoma commenced in October and continues to settle in, with a second due to start early 2023.

Senior clinical and management colleagues met before Christmas with the aim of an open conversation around the challenges that continue within Ophthalmology. It is anticipated that steady progress will continue, though the targets remain difficult to achieve.

2.2 Stroke Plan

Committee members will be aware of the risk within Stroke Services, which highlights the potential for a prolonged wait for an appropriate bed if there is continued high demand for stroke beds across PCH and POWH sites. The risk register also highlights the resulting impact for patients in relation to a delay in appropriate treatment or therapy and also the fact that some stroke patients are also attending the Royal Glamorgan Hospital and then need to be transferred to one of the other sites.

In terms of update, a Stroke Task and Finish Group has been established under the management of the Urgent & Emergency Care (UEC) 6 Goals Programme. The Group has undertaken a further risk assessment of the pathway and ranked and rated the risks to prioritise the top risks, and then identified elements of the pathway that required further urgent investment in order to best mitigate the risk(s) and make the Stroke pathway safer and more resilient for patients, and optimize both short and longer term clinical outcomes.

It is anticipated that this assessment and the proposals will mitigate the risks in the longer term. In addition, meetings have taken place between colleagues from Cwm Taf Morgannwg and Cardiff and Vale University Health Boards to discuss the potential for regional working across the two Health Board areas, fitting in with the vision for stroke services across Wales, which is for the development of regional stroke centres functioning within regional stroke networks.

In the shorter term, the intention on both the POW and PCH sites to maintain a bed available within stroke units and to check on this through the 10am internal safety huddle, to ensure that flow of these patients is maintained – this has proved problematic at the time of current high demand.

2.3 Planned Care – Waiting Times

Planned Care waiting times remain a concern within CTM and other UHBs across Wales and are the subject of significant management focus.

Colleagues will be aware that there is a Planned Care Board that meets monthly to monitor the situation and ensure that all appropriate actions are taken as needed. The planned care programme is at present severely hampered by the number of admissions through the UHB's Emergency Departments – committee members will be aware of the efforts to maintain flow and thus protect elective capacity but this is a big challenge at present.

As described previously, it is anticipated that the length of time that patients are waiting 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 action plans to increase capacity, with actions including:

- Weekend clinics and theatre sessions in Ophthalmology and ENT;
- Recruitment of a Locum Consultant and additional pharmacy and primary care resource in Dermatology;
- Outsourcing. Since the start of the last financial year to date, CTM have sent 2,391 patients to be treated at Spire and Nuffield Hospitals;
- Validation in a range of areas commissioned by the National Planned Care recovery programme to provide administrative and telephone validation to all patients waiting over 52 weeks;
- Focus on waits currently showing in Rheumatology, Cardiology, Dermatology and Breast Surgery with transfer of patients across locality / consultant waiting lists;
- Additional clinics have been set up where possible – though staff are very fatigued and there is not always the appetite for additional working;
- Re-direction of Pain referrals to Wellness Improvement Service (WISE);
- Monitoring of general efficiencies;
- Additional inpatient and day case capacity will be in place between January and March through the insourcing of theatre staff enabling the centralisation of Orthopaedic inpatient activity and more concentrated DC capacity in PCH.

Further updates will be available in the next COO Report to colleagues on the committee.

2.4 **Unscheduled Care and Six Goals Work**

The work of the Programme Board for the Six Goals for Urgent and Emergency Care continues across a broad range of areas and projects. Key features include:

- The MIU has been successfully opened in YCC, which has been received well by the local population. Though successful, the anticipated effect on flow away from PCH has not been seen yet and the activity is in addition to what was being experienced there.
- Ward 16 has been opened as additional capacity at POWH, being used to support the Discharge 2 Recover and Assess pathway, where the UHB is currently seeing the largest number of "Ready to Leave" patients.

Work planned for implementation in January 2023 includes:

- Implementation of Discharge 2 Recover and Assess on 23 January.
- Launch of the new List View of the Electronic Whiteboard on 23 January
- Launch of Supported Discharge Notification/Electronic Transfer of Care Form on 23 January.
- Launch of the Optimal Hospital Patient Flow Framework.

Looking further ahead, there are plans to look at:

- Embedding Medical Same Day Emergency Care (SDEC) across the three acute sites.
- Launching Hot Clinics to support 'safety netting' of patients discharged from EDs.

Future progress will be reported at forthcoming meetings including the Quality & Safety Committee.

2.5 **Ambulance Handover Delays**

Following on from very significant issues around long waits for ambulances, an operational response plan has been developed which includes timescales and rigorous review on a regular basis.

Issues of note include:

- A Handover Delay plan has now been absorbed in to the Unscheduled Care Group for delivery and monitoring arrangements. There is an

expectation to deliver on no ambulances waiting in excess of four hours to hand over a patient;

- Expectations have been set that there will be a zero tolerance approach taken to immediate release declines;
- Work is ongoing through the ED Task and Finish Group to support clinical decision making – this includes standard principles for ED staff to follow;
- As part of the Six Goals Programme, a “Navigation Hub” has been set up through our Primary Care Leads. This allows WAST, Nursing Homes and other professionals direct access to a GP with the aim of ‘safety netting’ and keeping patients in the community;
- Pre-Emptive Boarding Standard Operating Procedures are now in draft to support the early conveyance of patients to wards and the subsequent decongestion of the Emergency Departments;
- Across the three acute sites, in excess of 80 additional surge spaces are currently open and utilised with the aim of supporting flow and minimising ambulance delays;
- Conversely, there are in excess of 150 patients across CTM who are ready to leave the organisation, waiting on either a care home placement or package of care. Work continues with Local Authority colleagues to mitigate this.

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

2.6 Diagnostics

The highest scoring risk are within Pathology, where actions taken include:

- Mortuary Capacity – to address issues around insufficient capacity, an SBAR was given Executive approval at the end of November 2022. The approval involves a five year lease of additional space that will be Human Tissue Authority (HTA) compliant to be located at the Prince Charles Hospital site by the end of January 2023.

In addition, colleagues within Pathology have negotiated with local funeral directors for additional space – which was used over the holiday period successfully. Aneurin Bevan UHB has also co-operated with CTM with additional requirements. It is likely that these actions will reduce the risks reported significantly by the end of January 2023.

- Pathology services unable to meet current workload demands – the backlog position in early 2022 was a significant risk to the organisation. To address this risk, the Directorate has undertaken the following:

- The Planned Care Recovery scheme agreed to outsource cell path backlog (non-Cancer to focus on cancer tests in house) has been successful and continues to bolster the shortfall in core capacity. A further bid will need to be approved to outsource in 2023 through planned care recovery to a similar level;
- The focus on achieving 10 days turnaround time has been largely successful (some samples that require additional testing / genomics will take a bit longer).

Until a regional solution is agreed, it is anticipated that further approvals as above will maintain the mitigations within this risk.

- Cellular Pathology & Mortuary staff resource, backlog and delays – a variety of actions have been taken or are in play. Vacant posts have been placed on TRAC and scrutiny panel approval is awaited, savings in drug spend will be considered as a saving for CRES and also bolstering a sustainable lab service, the job planning process will be concluded for consultants.

In addition, consideration will be given to PA and dissection practitioner roles to modernise the workforce and a joint bid with Cardiff and Vale for Cancer Network allocation to support Cardiff 7 days working and providing some capacity for CTM is underway

It is likely that these developments will reduce the risk by the end of March 2023, though further work will be needed.

2.7 Cancer

In line with the planned care position, cancer services and the achievement of targets are a considerable problem for the UHB and its patients - the breakdown by specialty is outlined below.

CTMUHB	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	13	1	4
Upper GI	49	14	22
Lower GI	130	54	91
Lung	17	3	5
Sarcoma			2
Skin (exc BCC)	27	6	14
Breast	19	4	4
Gynaecological	41	9	16
Urological	91	31	72
Haematological	11	5	4
Other	4		1
Grand Total	402	127	235

In terms of actions being undertaken to improve the position and achieve the position, the main activities are as follows:

- Deep Dive analysis of each specialty / sub-specialty has commenced and action plans from each work-stream are being developed, there will be a specific focus on Endoscopy, GI, Urology and Breast
- Following the deep dive analysis a comprehensive Endoscopy action plan across the three sites is being developed for sign off with an Endoscopy working sub group with actions focused on equity of delivery across three sites;
- CTM has successfully tendered for £80K for additional Endoscopy activity for cancer pathways between January and March this year. Plans are now being developed.
- A separate Cancer Action Plan has been developed to support each specialty, to incorporate the actions from the Cancer Deep Dives and support discussion and collaborative working with NHS Wales Delivery Unit;
- A revised weekly Cancer Assurance cycle with an emphasis on recovery of trajectory and support for delivery of cancer pathways has been in place since November 2022. The focus is specifically on reducing backlog and patients with a confirmed cancer to ensure plans are in place and expedited to their treatment;
- The Health Board Executive for Cancer has prioritised resources for demand and capacity analysis for cancer pathway delivery to inform and support decision making and planning;
- Breast recovery plans continue to improve, with noted improvements in relation to total volumes. Additional theatre lists are required and mutual aid is being discussed;
- The breast unit launch is planned for this month;
- Development and agreed implementation of best practice Lower GI pathway and implementation of FiT prior to SCP referral;
- Outsourcing of Local Anaesthetic Perineal Biopsy (LAPB) procedures commenced 2nd December 2022;
- Merging of Urology MDTs and streamlining of processes and pathways;
- Outsourcing in pathology continues with improved waiting times noted at each cancer assurance meeting.

2.8 Pathology: LINC Quality Update

This, a failure to deliver a replacement Laboratory Information Management System (LINC), is an area where committee members sought particular assurance. Citadel Health was contracted in October 2021 to Design, Build and Operate a new LIMS Service for NHS Wales.

The Programme is currently in its second phase which will develop, test and validate the new Service. Local deployment projects (LDPs) have been set up to support this and prepare for deployment/rollout of the new LIMS during the third phase, currently contracted for completion at the end of 2024.

By way of mitigation, the following is notable:

- CTM is part of the National programme group to input and advise on issues throughout the programme work.
- IT senior involvement has been maintained to consider IT risks with current different systems in CTM which will need to align. (IT changes linked to SLA with Swansea Bay)
- More involved local deployment workshops to be setup in Q1 of 2023.

The planned rollout for CTM is between September and October 2024. The risk will not reduce until plans are further defined.

2.9 Red Release

Summary data from 01 July 2022 to 31 December 2022 is as follows

Priority	Hospital Health Board	Hospital Name	Accepted	Not Accepted	Total
RED	Cwm Taf Morgannwg	Prince Charles Hospital Merthyr	108	10	118
		Princess Of Wales Hospital Bridgend	27	76	103
		Royal Glamorgan Hospital Pontyclun	91	20	111
		Total	226	106	332

Colleagues will be pleased to note the progress made recently:

- New red release Standard Operating Policies have been agreed and implemented across all three DGH sites. Though this has standardised practice, the UHB is yet to see the step change in performance anticipated, given the current acute exit block and poor flow;
- A Pre-Emptive Boarding Standard Operating procedure has been implemented to improve flow out of ED to allow for red release request;
- Further surge capacity opened across all three sites to improve flow and capacity to red release.
- Targeted work will start this month in POW with the aim of seeing where improvements can be made and rolled out across the UHB.

Further updates will be available – committee members will understand that the activity on site at present is a constraining factor.

2.10 Internal Audit Follow Up Review – Patient Pathway Appointment Management Process

The follow up of this audit remains a work in progress – given the operational pressures it has not had as high a profile as the UHB would wish.

Meetings have been held by the COO’s Office with colleagues in Internal Audit, who have kindly provided some support. The Head of Business Support has isolated the three remaining recommendations where work is needed and it is anticipated that at the time of the next Quality & Safety Committee meeting there will be significant progress to report. The work needed is fairly straightforward and just requires the time for contacts to be made.

It has been agreed that given the operational pressures at present that the re-audit will be pushed forward.

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.