



AGENDA ITEM

7.3 Appendix 1

CTM BOARD

PCH IMPROVEMENT PROGRAMME PROGRESS UPDATE

Date of meeting	25/11/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Sian Bingham, M&C ILG Head of Planning and Partnerships/PCH Improvement Programme Lead
Presented by	Catherine Roberts, M&C ILG Operational Director/PCH Improvement Programme Director Sharon O'Brien, Merthyr and Cynon ILG Interim Nursing Director
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Activity around PCH Improvement Programme is discussed at the regular PCH Improvement Boards.	Monthly meetings	Choose an item.
Quality & Safety Committee	22/11/2021	DISCUSSED

ACRONYMS

PCH	Prince Charles Hospital
HIW	Health Inspectorate Wales



ILG	Integrated Locality Group
RCEM	Royal College of Emergency Medicine
ACSA	Anaesthesia Clinical Services Accreditation
OD	Organisational Development
DU	Delivery Unit
ENP	Emergency Nurse Practitioners
AMaT	Audit Management and Tracking
ECC	Emergency Cardiac Care
EBME	Electronic and Biomedical Engineering Department

1. SITUATION/BACKGROUND

1.1 The purpose of this report is for the Quality & Safety Committee to review, discuss and note the Prince Charles Hospital (PCH) Improvement Programme and consider progress made since the unannounced HIW Inspection of ED in September 2021.

1.2 As there have been a number of developments since the initial establishment of the Programme, the report briefly sets out an overview of the journey to date.

1.3 The report provides updates on the significant changes introduced following the HIW unannounced Inspection of the ED. Specifically this includes:

- the Programme's revised governance following a review of the arrangements and structures by the Executive Sponsor;
- assurance processes developed and implemented;
- the individual projects within the Programme including the enablers.

1.4 In addition the report outlines Programme level priorities and importantly reflects the initial responses from staff in relation to their experiences within ED over the last 6 weeks.

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

2.1 Summary of the Journey

2.1.1 During the last 6 months the Merthyr and Cynon ILG has been on a journey in relation to a number of concerns and required developments about the quality and safety of services on the PCH site. The journey is summarised below:

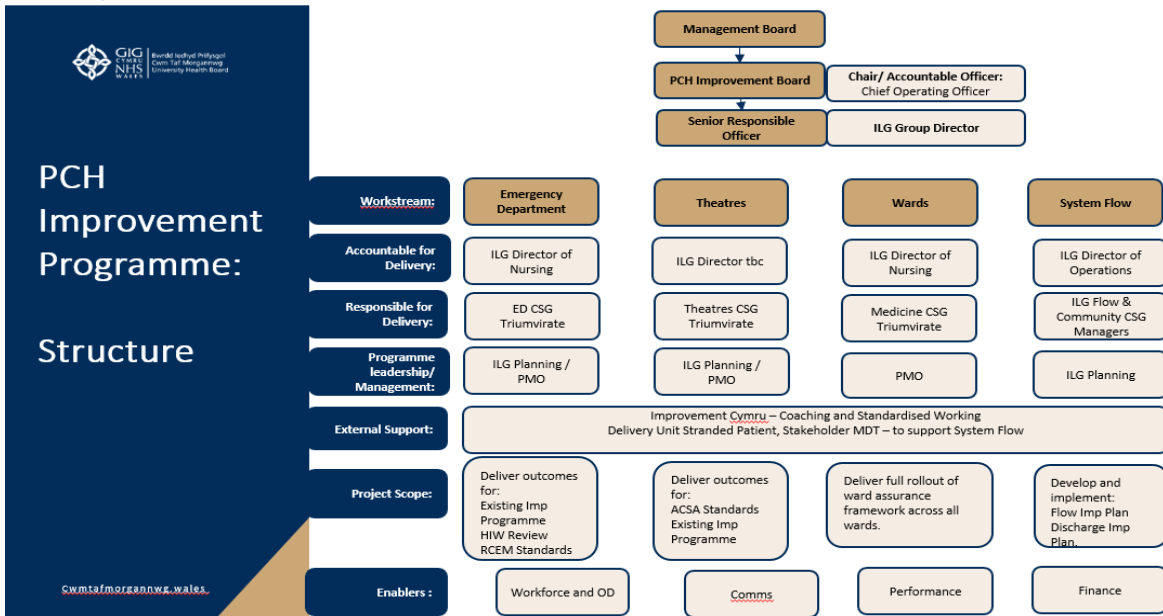
- A number of shortfalls identified within the ED and Theatres at PCH during early summer 2021 in relation to safety and quality associated with the environment and processes;
- Initial improvement plans were developed to address the identified shortfalls;
- A PCH Improvement Board was established to oversee the progress and pace of change;
- RCEM audit of ED against the standards was undertaken leading to further shortfalls being identified;
- Review of Theatres against the ACSA standards undertaken contributing to additional actions for Theatres;
- The HIW unannounced Inspection of ED in September required immediate make safes and a detailed response provided;
- Following the HIW Inspection, the PCH Improvement Board required a greater level of assurance that the Improvement plans were being achieved.

2.2 Review of Governance

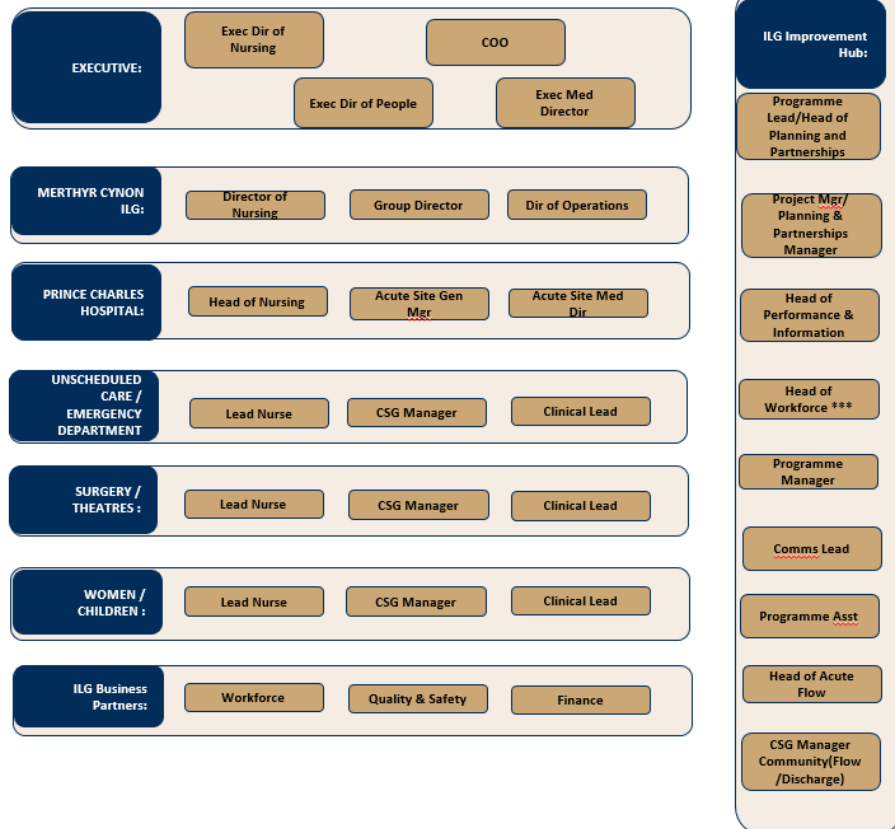
2.2.1 Consequently, the COO reviewed the governance arrangements for the Improvement Board and individual projects with the following outcomes:

- that the Programme should be driven from within the ILG to ensure greater ownership;
- a more integrated approach was needed with a move towards one Programme to incorporate ED, Theatres, Wards as well as a Flow project stream and any other areas identified for significant improvement;
- the designation of Finance, Workforce and OD, Performance and Comms as enablers providing cross cutting support and expertise across the Programme;
- the need for more robust governance in terms of structure and processes;
- the need to identify and establish dedicated resources to support the new structure;
- an urgent need for greater assurance in the reporting of progress and evidencing of the actions.

2.2.2 The changes made to the Programme's governance structures are reflected in the following diagrams:



MC ILG Leadership Team: Structure affecting PCH improvement



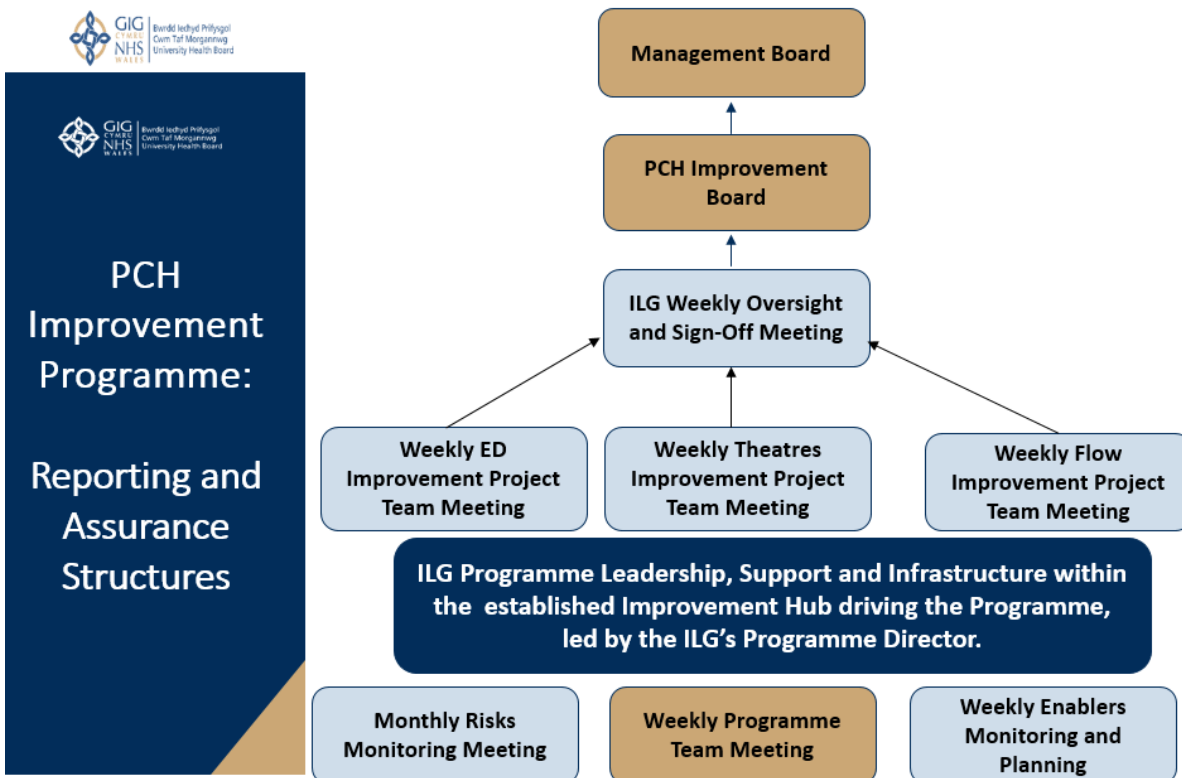
2.3 Implementation

2.3.1 In response the M&C ILG has:

- welcomed the opportunity to take ownership and drive the improvements from within with effective communication and liaison with the PCH Improvement Board members;
- taken ownership of the Programme Improvement Board agenda to ensure that there is transparent reporting, opportunity for Board scrutiny and holding to account as well as for member involvement in providing advice at meetings and through task and finish groups/workshops;
- established an Improvement Hub to lead the Programme and provide specific expertise to enhance the support available to the operational delivery teams;
- staff resource has been released to prioritise the Programme delivery including Planning, Programme Management, Workforce and OD, Comms;
- progressed at pace a robust tracking action plan spreadsheet to hold and monitor all actions across the Programme. This will also be used as a tool to drive the delivery of actions and provide transparency and assurance;
- revisited the contribution of partnership arrangements with Improvement Cymru and the DU to ensure that the support is tailored to meet the needs of the expanded PCH Improvement Programme.

2.4 Reporting and Assurance processes

2.4.1 A robust approach has been developed across the Programme to monitor progress of the project plans. These new governance arrangements are set out in the below diagram:



- Weekly project team meetings are held for ED, Theatres and Flow respectively. The project teams are responsible for reporting on and driving the delivery of the actions.
- A weekly ILG Oversight meeting is in place which monitors the progress made, priorities for the week and any issues and risks that need to be discussed and addressed at ILG and/or Programme level.
- Project reports are drawn from the weekly project team meetings for discussion at the ILG Oversight meeting and Executive Board.
- Monthly Programme Board meetings are held.

2.4.2 Following the addition of the HIW immediate make safe actions and the need to strengthen the assurance processes, a new action plan tracking spreadsheet has been established. All actions from the original improvement plans, RCEM, ACSA and HIW have been included totalling over 200. The tool is intended to provide visibility in relation to the actions, leads, progress being made, timescales, status of actions, evidence of achievement and where the on-going monitoring of closed actions will be continued. The spreadsheet will also feed into producing a reporting dashboard in relation to the delivery of the actions.

2.5 Projects' Updates

2.5.1 The ED Project Plan

2.5.2 Progress over the last month included:

- Comprehensive actions taken and report sent with evidence to HIW following their initial feedback.
- Positive feedback to the response received from HIW. The ED team are continuing to address the issues raised and updates will be provided to HIW at the appropriate intervals.
- Decommissioned trolleys in Majors corridors.
- Amended Triage process to ensure appropriate streaming at point of entry and patient observation in the waiting areas.
- Implementation of dedicated Minors/Emergency Nurse Practitioners' (ENP) Pathway.
- Daily environmental audit against HIW concerns embedded (started at 42%, currently at 78% (5/11/21)).
- AMaT training commenced and staff booked places.
- Nursing Workforce Proposal Paper finalised and circulated to the Improvement Board.
- PCH Staff Engagement Event held on 12.10.21.
- Interim Workforce Lead and Comms Lead invested in the Programme.
- Improvement event held for ED staff with Improvement Cymru and Toyota on 04.11.21.
- Meetings taken place regarding capital costs for the re-design of ED.
- Appointment of new B7 Paediatrics Nurse to start in January 21.
- Scoping of workforce and OD priorities to include Leadership, Culture and Wellbeing themes.
- "Safe to Start" sessions started and these provide enhanced site patient safety and governance review.
- Agreement for Dr Wright to meet staff to inform well being offering.

- Creation of a dedicated Ambulatory care ECC area including IV treatment chairs.

2.5.3 Also on 01.11.21 the ED Staff meeting was held. The purpose was to keep staff informed of developments and opportunities available to them. Feedback received has been very positive with a notable shift in how staff felt about working in the Department with the focus being perceived as positive. It was reported that staff "are excited. They however want to see action not just words. They are tired and want to see the investment in the workforce that is being promised. One member of staff stated that her aspiration was for the PCH ED to be "the best in Wales".

2.5.4 The Theatres Project Plan

2.5.5 Progress over the last month included:

- Leadership rounds being completed.
- Anaesthetic rest rooms identified within the new theatre build plans.
- Targeted make safe actions and discussed required evidence.
- Workforce and OD action plan agreed re workforce and OD priorities to include Leadership, Culture and Wellbeing themes.
- Plan to progress audit plan to include full service programme and AMaT training.
- Mediwell confirmed and order raised with planned delivery Jan 22.
- Go live date confirmed for swipe only access into theatre footprint (planned date 16/11/21).
- Paper re ACSA presented at PCH Imp Board reporting on outcomes of the assessment against the standards and next steps.
- EBME contacted to carry out review of unused and obsolete equipment to free up storage space.
- Patient wristband checklist commenced.
- Staff notified of equipment move date out of non clinical area.
- CEO walkabout carried out.
- Procurement contacted regarding control and management of consumables, previous automated stock management system to be revisited
- Agreement for Dr Wright to meet staff to inform well being offering.
- Operating Theatres Review undertaken by team commissioned by the Medical Director. No immediate make safes identified and formal feedback session planned.

2.5.6 Wards Project Plan

2.5.7 As most of the actions have been achieved the PCH Improvement Board will be considering at its next meeting whether to close the Wards Project within the Programme. Assurance will be sought to ensure that ongoing actions and monitoring would be managed within business as usual activities.

2.5.8 The Flow project Plan

2.5.9 The scoping and identification of actions for the plan are being progressed including contribution from Improvement Cymru and the Delivery Unit.

2.5.10 Enablers

2.5.11 Updates include:

- Workforce and OD – A dedicated Workforce and OD Lead for the Programme has been provided. As such an overarching plan has been developed with a set of actions to address the themes identified throughout the ED and Theatres Action plans including Culture, Leadership and Well-being.
- Finance – An assessment of all the actions is underway to identify financial implications. An updated report will be presented to the PCH Improvement Board.
- Performance – an initial outline dashboard has been developed and a performance dashboard workshop will be proposed at the PCH Improvement Board so that the process can benefit from wider contributions to identify the most appropriate measures to monitor impact and reflect improvements as a consequence of the Programme’s actions.
- Comms – a dedicated on the ground Communications Lead for the Programme has been provided. A Comms plan is being finalised with a focus on working with ED staff to co-produce dedicated newsletters, information boards and to explore how to strengthen communication channels.

2.6 Key priorities

2.6.1 Over the next 2 months the following represents the priorities at Programme level:

- Finalise the Programme’s Action Plan.
- Take into account any further actions from Operating Theatres Planned Review.
- Incorporate any financial implications and financial governance processes following the financial assessment.
- Step up the drive of the Programme in relation to pace of delivery and monitoring of the actions.
- Agree the Comms plan and rollout with immediate effect – critical that staff are feeding in and also know what is going on across the Programme and how they are making a difference.
- Rollout the OD and Workforce actions.
- Finalise the contribution of external partners – Improvement Cymru and the Delivery Unit so that this work can progress.
- Programme Management – finalise an overarching Programme Initiation Document, strengthen the risks log following the review and assessment.
- Agree and develop the Programme’s metrics and performance/outcomes dashboard.
- Prepare for the Monthly Board meeting with focus on the first delivery dashboard being produced.

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

3.1 There are still challenges to overcome within the Programme which are captured as risks / to be addressed via the actions in the Plan. The detailed actions are available to view on request.

3.2 No new risks have been identified on the Programme level risk register since the last PCH Improvement Programme Report to the Committee on 22nd September 2021. However in light of the new governance arrangements a full

review of the risks is being undertaken to ensure that they are robust and fully reflective of the extended scope of the Programme. The risk will be scored using consequence and likelihood as per the CTMUHB approved risk domains and risk matrix.

3.3 Risk is a standing agenda item at project and Programme level meetings and there will be a monthly dedicated risk review meeting to ensure all risks identified are appropriately mitigated and where necessary escalated onwards via ILG/Corporate route as appropriate.

3.4 The updated Programme Level risks will be presented to the PCH Improvement Board on the 16/11/2021 for discussion and approval.

3.5 To confirm the risk management approach is:

- The programme will be underpinned by robust risk management methodology with a risk assessment included in the reporting at programme and constituent work stream level.
- All programme level risks will be held on a Risk Register and each will be assigned owners, assessed according to consequence and likelihood and mitigating actions identified. Any risks identified by the Improvement Programme will be appropriately escalated to M&C ILG / CTMUHB Organisational Risk Register as appropriate.
- Risk assessment standing agenda item at project level.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	We are linking with the Patient Care and Safety Unit to explore whether it would be appropriate to undertake a Quality Impact Assessment.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	All Health and Care Standards are included.
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.
	The report details the progress in relation to the overarching Improvement Programme. Given its broad scope any new, changed or withdrawn policies and services sitting within the Programme would require its own



	dedicated EIA to be developed/updated so that implications could be fully assessed.
Legal implications / impact	Yes (Include further detail below)
	The following legislation and standards directly govern and drive the purpose, scope and actions of the PCH Improvement Programme: <ul style="list-style-type: none">• Health and Care Standards 2015• Health and Social Care (Quality and Engagement) (Wales) Act 2020• Nurse Staffing levels (Wales) Act 2016
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	A full financial assessment of the collective revenue financial implications of the actions is underway and full details will be presented through the PCH Improvement Board. The capital costs for the re-design of ED are being progressed. Full details will be presented through the PCH Improvement Board.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Board asked to:

REVIEW, DISCUSS and **NOTE** the progress made in respect of the PCH Improvement Programme.