

# Reflections and general update on key quality issues

- Prince Charles Hospital Improvement Programme
- Mental Health services review at CTM
- Ty Llidiard CAMHS update
- Ophthalmology review and improvement update
- Reviewing and embedding ILG governance

# Prince Charles Hospital Improvement Programme

## *Slide (1 of 2)*

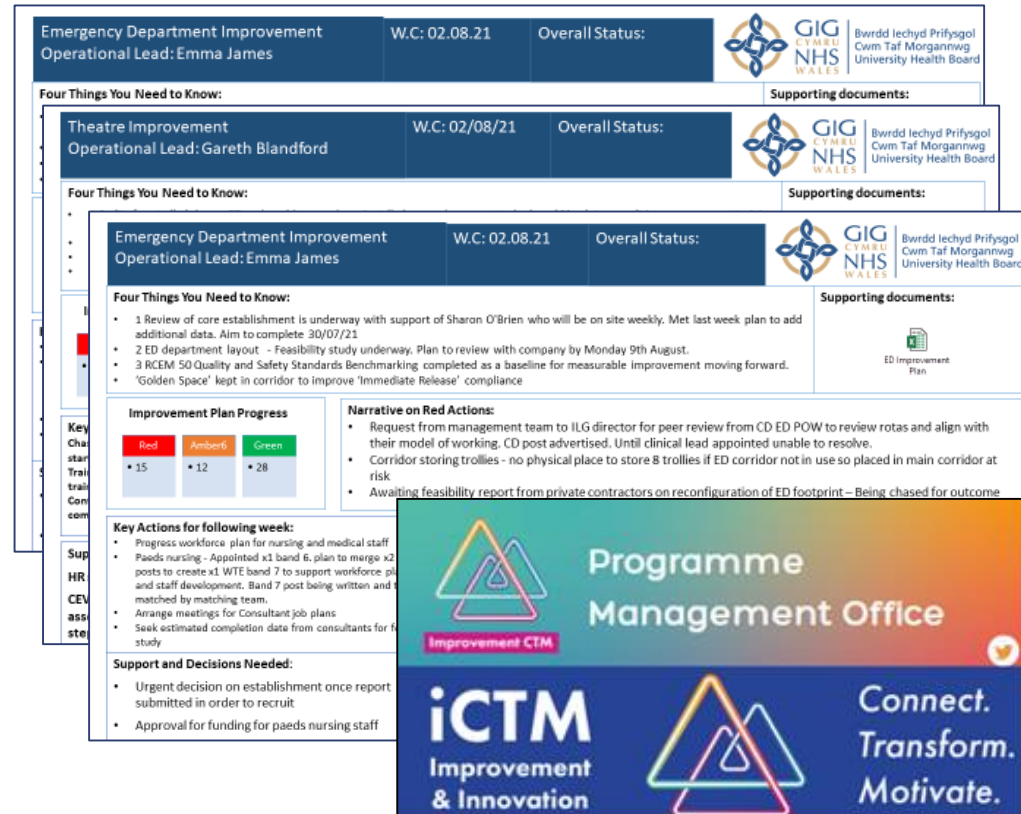
- In late May / early June the robust CTM quality and governance structures / mechanisms identified some concerns related to quality, safety and performance on the PCH site.
- These were all triangulated and discussed as an Executive Team before holding specific scoping and improvement planning sessions with the local leadership team at M&C ILG.
- Specialists from across the Health Board were brought together by Executive leads including resource from corporate as well as M&C ILG team incl:
  - Improvement resource incl. PMO
  - Risk Management
  - Nursing
  - Communications
  - Workforce



# Prince Charles Hospital Improvement Programme

## Slide (2 of 2)

- The PCH Improvement Programme was initiated and agreed in scope incl:
  - Emergency Department Improvement
  - Theatre Improvement
  - Inpatient Ward assurance
  - Medicines management
  - ICU
- Weekly joint Executive / ILG-led improvement group established with robust programme management support and oversight.
- Positive progress within the programme. Recently agreed to move to monthly oversight group with weekly workstream groups remaining in place.
- Positive HIW PCH ward check feedback received on 17<sup>th</sup> August



**Emergency Department Improvement**  
Operational Lead: Emma James  
W.C: 02.08.21  
Overall Status:

**Four Things You Need to Know:**

**Theatre Improvement**  
Operational Lead: Gareth Blandford  
W.C: 02/08/21  
Overall Status:

**Emergency Department Improvement**  
Operational Lead: Emma James  
W.C: 02.08.21  
Overall Status:

**Four Things You Need to Know:**

- 1 Review of core establishment is underway with support of Sharon O'Brien who will be on site weekly. Met last week plan to add additional data. Aim to complete 30/07/21
- 2 ED department layout - Feasibility study underway. Plan to review with company by Monday 9th August.
- 3 RCEN 50 Quality and Safety Standards Benchmarking completed as a baseline for measurable improvement moving forward.
- 'Golden Space' kept in corridor to improve 'Immediate Release' compliance

**Improvement Plan Progress**

Red	Amber	Green
15	12	28

**Narrative on Red Actions:**

- Request from management team to ILG director for peer review from CD ED POW to review rotas and align with their model of working. CD post advertised. Until clinical lead appointed unable to resolve.
- Corridor storing trolleys - no physical place to store 8 trolleys if ED corridor not in use so placed in main corridor at risk
- Awaiting feasibility report from private contractors on reconfiguration of ED footprint - Being chased for outcome

**Key Actions for following week:**

- Progress workforce plan for nursing and medical staff
- Paeds nursing - Appointed x1 band 6, plan to merge x2 posts to create x1 WTE band 7 to support workforce plan and staff development. Band 7 post being written and matched by matching team.
- Arrange meetings for Consultant job plans
- Seek estimated completion date from consultants for study

**Support and Decisions Needed:**

- Urgent decision on establishment once report submitted in order to recruit
- Approval for funding for paed nursing staff

**Programme Management Office**

**iCTM Improvement & Innovation**

**Connect. Transform. Motivate.**

## Mental Health Services review at CTM

- Our CTM quality and governance processes have highlighted notable mental health incidents and concerns that has caused the Executive Team to discuss / question where Mental Health services should best sit in the organisation to ensure the most appropriate oversight and control. It is accepted that providing mental health services includes very specialist areas of clinical delivery.
- Director of Primary, Community and Mental Health Services tasked with reviewing the current layout and preparing an options appraisal to consider a range of options for Mental Health services management at CTM.
- A bespoke session planned to discuss this in detail in conjunction with ILG membership.
- As part of the review the central MH leadership team is also being reviewed

## Homicide Review update


- Detailed report written by the C&V UHB staff review team **formally received and discussed** incl. action plan:
  - Received at CTM Management Board for detail discussion in August
  - Received at the in-committee Quality & Safety Committee on 16<sup>th</sup> August.
- The report is understandably complex and detailed within its scope – **outlining good practice and recommendations** for improvement.
- **Interest from media and local politicians.**
- Currently agreeing the ToR for an **additional supplementary review** with WG. This will include:
  - Review of all mental health history / contact
  - Review of all safeguarding contacts
  - Engagement of victims / families
  - A public facing report

# Ty Lliardiard Escalation update

- CTM notified that Ty Lliardiard escalated to stage 4 of WHSSC escalation on 30<sup>th</sup> June and a joint Executive meeting held on 12<sup>th</sup> July. The joint group agreed to keep the action / improvement plan as practical as possible – focussing on areas of specific concern.
- A number of joint actions were agreed, the majority of which have now been completed.


There are two key concern areas:

- Medical Emergency escalation response SOP agreement
- Culture and leadership concerns at TL.
- Medical Emergency Escalation response SOP has now been revisited and a thorough clinical risk assessment conducted and shared with WHSSC. This has had wide clinical input and support from specialist clinical teams as well as outlining improvements in training, equipment and SOPs since 2018.
- Dedicated joint escalation working group to monitor and control actions and issues including OD development plan and specific maturity matrix.



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### Ty Lliardiard Acute Deterioration Escalation Clinical Risk Assessment

Document Type:	Ty Lliardiard - Acute deterioration escalation Risk Assessment document
Authors:	Richard Jones, Consultant Anaesthetist and CTM Clinical Lead for Resuscitation and Acute Deterioration Richard Morgan-Evans, CTM Chief of Staff
Document Date:	13 <sup>th</sup> August 2021
Purpose of this document:	The purpose of this document is to summarise the analysis, risk assessment and clinical discussion relating to creating the agreed SOP for Ty Lliardiard Acute medical deterioration.  The document also summarises the improvements that have been put in place to ensure the SOP is robust in operation as well as design.
Acute deterioration SOP	 20210806 Approved Procedure: TL Acute1

**1. Introduction and approach**

This document formalises the approach taken by CTMUHB clinical and non-clinical staff to ensure a safe and robust SOP is produced. The delivery of this SOP has been conducted through wide clinical engagement including the following departments and specialist individuals including acute deterioration specialists.

This work has been coordinated by Dr Richard Jones - CTM Clinical Lead for Resuscitation and Acute Deterioration.

Staff engaged to conduct this analysis:

- **CAHMS staff at Ty Lliardiard**
  - Krishna Menon – Clinical Director
  - Gail Clack – Head of Nursing CYP and CAMHS
  - Chrystelle Walters – Senior Nurse
  - Rebecca James – Ward Manager
- **Paediatrics**
  - ~~Teresa~~ Hildebrandt – Clinical Director
  - ~~Sarah~~ ~~Appabala~~ ~~Mobbe~~ – Consultant Paediatrician
  - Stan Townsend – Senior Nurse
- **Acute Medicine**
  - Emma Watkins – Consultant Respiratory physician
  - ~~Madhura~~ Kannan – Acute Medicine Consultant

# Ophthalmology review and improvement update

## Improvement plan and key actions:

A coordinated and robust series of **review, analysis and improvement** activity has now commenced:

- **Royal College of Ophthalmologists review** – CTMUHB have contacted the Royal College of Ophthalmologists requesting a review of the ophthalmology service. ToR have been agreed and an initial information collection has begun.
- **Ophthalmology Improvement Plan** – Led by a dedicated Quality and Performance Improvement Manager (8C) to coordinate the improvement activities and to ensure rigorous governance and control, aligned to health Board mechanisms.
- **Ophthalmology Planned Care Recovery Board** – prioritised in relation to planned care recovery. There are a number of specific interventions being delivered to improve the position including outsourcing of cataracts, additional waiting list initiative clinics and service developments to increase the capacity of the system.
- **Outsourcing concerns** – CTMUHB Management Board gave direction to undertake a sample review of 10% of the outsourced cases to accurately assess the clinical decision-making made. This sample review exercise has been scoped by the clinical team and resources identified to support with the commencement of the review. If this sample audit provides indication of harm, then a more comprehensive review would be undertaken at this point.
- **Ophthalmology PTR Panel** – To review and determine any breach of duty and potential qualifying liability due to delays.
- **Regional Ophthalmology solution** – Playing a part in developing a regional strategic ophthalmology solution.

## Reviewing and embedding ILG governance

- In April 2020, CTM implemented its new Operating Model to create an environment which best allowed the local population to be served and reflected one organisation with one consistent set of roles and practices.
- The COVID response had clearly dominated ILG working throughout 2020. As discussed at JET in June, there are a variety of strengths, opportunities and risks with the ILG model that are being closely monitored and discussed.
- Close working with ILGs – incl. COO led weekly meetings incl. performance and overall Management Board decision making forum.
- Now the NHS is turning to focusses beyond covid there is a plan to review the model to ensure it is configured correctly for the future challenges. This will compliment and be able to react to the CTM Strategy and Clinical Services plan work.
- A dedicated Executive Team offsite session is planned to be held on 20<sup>th</sup> August to begin the review of the ILG operating model. This session will unpack multiple elements of what is going well / not so well and what actions are required to develop it.
- Feedback on the proposed actions and plans will be communicated at this WG Escalation session.



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