



**AGENDA ITEM**

7.3.1

**QUALITY & SAFETY COMMITTEE**

**MERTHYR & CYNON INTEGRATED LOCALITY GROUP – QUALITY  
SAFETY & EXPERIENCE UPDATE REPORT**

<b>Date of meeting</b>	22/11/2021
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Zoe Ashman – Head of Quality & Safety
<b>Presented by</b>	Sharon O’Brien – Interim Locality Nurse Director
<b>Approving Executive Sponsor</b>	Executive Director of Operations
<b>Report purpose</b>	FOR NOTING

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

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A		

**ACRONYMS**

CTMUHB	Cwm Taf Morgannwg University Health Board
ILG	Integrated Locality Group
PCH	Prince Charles Hospital
PALS	Patient Advice, Liaison Service



PTR	Putting Things Right
YCC	Ysbyty Cwm Cynon
DSU	Day Surgery Unit
ICU	Intensive Care Unit

## 1. SITUATION/BACKGROUND

1.1 The purpose of this report is to provide members with an update to the Health Board's Quality & Safety Committee about the Quality and Safety agenda for Merthyr & Cynon (MC) Integrated Locality Group (ILG).

### Top Successes

- Roll out and delivery of the Covid 19 booster and Flu Vaccine.
- National Certification status has been achieved for the Cardiac rehab programme in PCH quality - the service has met the quality standards and core components in delivery of cardiac rehab services. One of 3 HBs achieving this in Wales.
- Pet therapy has recommenced on ward 7 YCC and the team are hoping to introduce this initiative to Ty Enfys soon given the success.
- 'Safe to Start' implemented within the Acute services of PCH to proactively review activity, patient safety and flow.

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

### Ambulance Handover

- 2.1 Monthly meeting with Welsh Ambulance Services NHS Trust (WAST) and HoQ across 3 ILG's commenced in November 2020, these meetings afford an opportunity for prompt management of incidents and ensures collaborative working.
- 2.2 In response to the reduction in COVID 19 admission rates, handover times have improved within the department, with significant work being undertaken currently following the appointment of a new flow manager on the PCH site.

Nov	45.36%
Dec	37.62%
Jan	42.29%
Feb	60.61%
March	67.04%
April	58.59%
May	55.56%
June	53.65%
July	52.39%
August	37.83%
September	33.26%
October	22.02%

- 2.3 The M&C team have also reviewed their responses to immediate release requests from WAST. A new standard operating procedure for staff has been developed with a protected space in ED being maintained to facilitate immediate release.
- 2.4 Heads of Quality from across the Health Board meet with WAST colleagues on a monthly basis to review incidents and handover delays in a timely manner.

### **Resetting Services**

- 2.5 The ILG has continued its work to reset and restart additional scheduled care activity ensuring appropriate governance and following IPC guidance. Protected Elective Surgical Unit continues to provide Cancer and Urgent elective work whilst discussions to recommence Orthopaedic activity are well advanced
- 2.6 On the acute site there remains a focus on cancer and a weekly meeting with the service managers has been established to robustly review the patients currently waiting to ensure that potential delays are removed where possible. A recovery plan has been developed for each tumour site and progress will again be monitored weekly. Full engagement with the cancer steering Board by way of completing harm reviews and reports into the corporate team has been established. Harm reviews for all patients breaching the 104 day target have been introduced and opportunities to improve the cancer tracking process are well advanced
- 2.7 The Clinical Service Groups continue to develop demand and capacity plans as the capacity changes and will continue to work within the Health Boards Planned Care Programme on this essential work. Weekly update

reports are provided. A Senior Project Manager has been appointed in the ILG to support Elective care restart, oversee WG funded schemes and develop pathway further.

- 2.8 The hospital has unfortunately seen an increase in COVID admissions and resulting in a restricted number of elective beds available to impact on waiting times. Current profiling suggests the Community rates and positivity rates are on a downward trend so we are working daily with IPC colleagues to redesign bed capacity to increase amber elective and non-elective beds.
- 2.9 Contracts have been set up by the Health Board for the outsourcing of some Orthopaedic, Gynaecology Surgery and Pain activity and suitable patients have been identified and offered this pathway.
- 2.10 Subspecialties have used and will continue to use the electronic software to promote virtual clinics and attend anywhere, efforts will be concentrated to increase the use of digital technology along with the implementation of systems such as Patient Initiated Follow Up (PIFU).
- 2.11 Additional weekend Endoscopy has been successful in improving diagnostic waiting time, this plans to continue.
- 2.12 The Executive team have considered and agreed to explore opportunities to improve waiting times for first outpatient stage by way of insourcing/outsourcing. The discussions are currently at procurement stage.

### **Quality and Patient Safety Governance Framework**

- 2.14 The ILG continues to embed the Health Board's Quality Governance Framework, developed to address the community focused, clinically led approach supported by the new operating model. The Governance Framework reflects that quality and patient safety must be the focus in all our activities, and that the ILG triumvirate share the responsibility for the delivery of high quality, safe services at every level.
- 2.15 The governance framework and structures for meetings are embedded within the CSG's for the teams to remain up to date with the specific challenges, themes and trends.
- 2.16 A HB wide review of concerns management along with a WRP supported oversight with regards to the management of Inquests and Claims has

taken place. The findings of these are yet to be shared with the ILG but this is expected within the next month. This review will ensure robust and sustainable future proof processes are in place to improve compliance and increase satisfaction.

### **Quality Assurance - data**

- 2.17 Members are asked to note the development of a Merthyr & Cynon Locality Quality Dashboard which has been challenging due to the Datix changes in preparation to moving across to the Once for Wales system which was due to be implemented on the 1<sup>st</sup> of April 2021, but due to technical challenges with the system this has been further delayed to April 2022.
- 2.18 The dashboard in the current format is being developed to meet the needs of the Quality and Patient safety agenda and the quality outcome measures are yet to be realised and embedded within it.

### **Quality Assurance – Measures of Note**

- 2.19 The DU are supporting the HB with the management of open SUI's (now recognised as NRI's within the new national framework) within Women, Children & Family (WCF), this work has progressed well with a significant number of open cases being closed successfully. This work is moving at pace with target dates for completion expected in early spring 2022.
- 2.20 Sustained improvement had been maintained with regards to the management of concerns in line with PTR regulations with compliance falling to 54% in September and October. The impact of sickness and changes to the team has impacted the compliance, additional resource has been secured and along with an interim Head of Nursing in post compliance is expected to improve.
- 2.21 Scrutiny panels are in place to review pressure areas, learning has been shared with the teams and a reduction in hospital acquired pressure area incidents has reduced gradually over the past quarter. Ensuring appropriate and timely safeguarding referrals are made will be supported within this work stream.
- 2.22 The Deputy Head of Nursing at PCH continues to lead the improvement work in respect of inpatient falls, a significant rise is noted in October 2021 but this data is yet to be reviewed and confirmed. Compliance

with the falls scrutiny panel to review patient falls and learning continues to improve along with standards of documentation.

## **Quality Assurance – Clinical Service Group Issues**

### **2.23 Mental Health CSG**

At the time of the last report Primary Care Mental Health Support Services reported a challenge in meeting the assessment targets of 28 days and had implemented a recovery plan. This has delivered as anticipated and the service Group is reporting 100% compliance gains this target

One of the key challenges continues to be a dedicated safe area to undertake assessment in PCH. This issue has been raised by South Wales Police in the context of section 136 assessments as well as being an immediate make-safe in the recent Delivery Review of crisis and liaison services.

Following a clinical review involving CDAT it was recognised that there could be improvement in outreach work for patients difficult to engage with. This is being piloted in Merthyr and Cynon and there have been two separate incidents where staff visited disengaging patients to intervene as they had sepsis and were able to support their rapid admission to hospital.

### **2.24 Primary & Community CSG**

**DISTRICT NURSING SERVICE:** World Sepsis Day 13th September 2021 – the service marked this event by formally launching the National Early Warning (NEWS) documentation across all teams within the District Nursing service. The implementation of NEWS will help with the timely identification and early intervention of sepsis within the community and is critical in helping save lives. Adopting a “train the trainer” approach, 6 Team Leaders took forward the training across their respective ILGs. This served to enhance clinical assessment skills and knowledge in relation to sepsis, causes, signs & symptoms, and the application of NEWS documentation within the community which enables clinicians to calculate the level of risk of a deteriorating patient.

On 7th October 2021, the service was also the subject of an Executive Director and Independent Member visit. Feedback received was hugely positive and served to acknowledge “the enormously valuable work undertaken, and the energy and enthusiasm displayed by the teams”. The visit also highlighted several achievements, namely the neighbourhood nursing project, the introduction of a virtual ward,

collaborative working with RCT LA regarding the domiciliary hybrid scheme and the introduction of action learning sets within the service. Of note is the implementation of e – scheduling software (Malinko) which has since been rolled out across the organisation and is a finalist in the prestigious Nursing Times Workforce Summit & Awards (Best Use of Technology to Improve the Working Environment category) on 17th November 2021.

YCC: On 16th August 2021, the CSG was delighted to host the launch of the Welsh Nursing Care Record digital system which was subsequently rolled out across all wards in YCC. The Senior Nurse and all Ward Managers were incredibly supportive and enthusiastic regarding this project, fully embracing the opportunity to move towards the digital system. The project was supported by the Lead Informatics Specialist Nurse who based himself on the wards enabling staff to access on-site support in a timely manner. This was quickly followed by another important patient safety initiative; implementation of the revised National Early Warning Score (NEWS) documentation across the wards. October also saw the introduction of a post discharge telephone-based satisfaction survey across the wards which will prove to be an important measure of quality and patient experience.

**SPECIALIST NURSING SERVICES:** The CSG in collaboration with the University of South Wales has embarked upon an innovative and ambitious project to introduce a new model of education and learning in practice, namely the CLiP model. The first initiative of its kind in Wales, the CLiP model advocates a fresh, contemporary, and original approach to student nurse training, shifting from the traditional model of mentorship towards one of coaching. The new approach also allows students to be more proactive in caring for a defined patient cohort and meets the award criteria of effective supervision and assessment of students, supporting high quality learning, investing in existing and aspiring supervisors and maintaining relationships to support this role. Introducing a new model is never without its challenges, however, introducing this during a time of unprecedented and extreme challenge within the NHS is testament to the commitment, professionalism, and passion of the project leads. The project has also been shortlisted as finalist in the Supporting Education and Learning in Practice Award, RCN Wales Nurse of the Year Awards 2021. The award ceremony is being held on 10th November 2021.

**PRIMARY CARE:** Enhancing the health and well-being and preventing the deterioration of older people in care homes should be one of the single most important objectives of any health economy. In 2020, the South



Cynon Primary Care cluster appointed an Advanced Nurse Practitioner to lead the development and implementation of a Nurse Practitioner Led enhanced service for the eleven Care Homes within the cluster. Implemented in February 2021, a number of measurable benefits have accrued as a direct result of the Lead ANPs advanced clinical assessment skills, and extensive knowledge and understanding of frailty and the impact this has in terms of a reduced ability to independently perform the activities of daily living as a result of physical or mental illness or long term conditions. In addition, the timely diagnosis and treatment of conditions is important to help prevent individuals from deteriorating further and therefore, preventing a hospital admission. Of significant importance has been the need to strengthen the Advance Care Planning agenda across the Care Homes, against this background the lead ANP has linked up with the Advance Care Planning Clinical Nurse Specialists with a view to upskilling and empowering the staff to implement meaningful changes at a local level. The project has also been shortlisted as finalist in the Care of the Older Person Award, RCN Wales Nurse of the Year Awards 2021.

#### 2.25 **Acute Services (Medicine CSG & Surgery CSG)**

PCH acute service overview is contained within the separate report - PCH Improvement Programme progress update included in committee papers.

#### 2.26 **Women Child & Family Health CSG**

Expansion of the flu programme into secondary schools for years 7 – 11. There has been a delayed start to November 2021 due to inability to recruit, compounded by high absence due to Covid-19. For the substantive school nursing team to be able to deliver the programme all activities other than safeguarding have been suspended. This has impacted the audiology catch up programme which has been delayed impacting the recommended completion date by WG of July 2022.

NEONATAL IMPROVMENT; Following a progress report published by WG on 5th October 2021, several actions have been identified for immediate and short-term actions;

- Interim Senior Nurse role appointed for the Neonatal Unit
- Active recruitment is currently ongoing
- Complete all backlog investigations within next 6 months
- Develop a maternity neonatal joint strategy and define successful exit outcomes

PAEDIATRICS; On 1st October the second duty of the Nurse Staffing Levels (Wales) 2016 Act was extended to paediatric inpatient wards. The paediatric wards have secured funding to recruit 25 student nurses from the student streamlining process across the 3 ward areas for RGH and PCH, but there remains a registered nurse deficit of 13WTE and 4.17WTE HCSW.

RSV Surge Planning: Due to preventive measures taken during Covid-19 pandemic which resulted in almost complete elimination of common respiratory virus in children, there is potential in the surge of Respiratory Syncytial Virus (RSV) this year as children have not been exposed to it during the pandemic. The Welsh Government has therefore instructed the Health Board to prepare and plan for a surge in the number of children contracting RSV requiring admission to hospital. In preparation, surge capacity plans have been discussed and calculated (25% and 50% additional capacity).

Detailed planning work (which informs weekly HB RSV surge planning) is ongoing, to identify how an increase in demand can be met (beds, workforce, consumables considerations) and the key risk factors to consider. Key risks include the inability to increase bed capacity due to the lack of staffing available.

Emergency Department Flow: Initial meetings undertaken to address any immediate concerns following the HIW inspection with further meetings established to discuss and address ongoing challenges. Some specific actions taken to date include revision of pathways, 'hot clinics' for CYP and senior clinical decision makers in ED from 6pm-10pm. Expansion of PUA hours is currently being explored however, lack of nursing staff is making this a challenging option.

Neuro Developmental Services: Ongoing demand and capacity gaps, resulting in a waiting list of over 52 weeks as opposed to a target of 26 weeks for first appointments and failure to achieve the 80% target for CYP being seen in this time. Non-recurrent investment for additional posts recruited into the service & WLI implemented.

Children's Rights work is progressing with Children's charter currently being developed and shared for comments.

Two Paediatric staff members shortlisted for RCN Nurse of the Year award for their work of improving care for children admitted with learning disabilities.

A scientific paper was published in September 2021 in a peer reviewed journal by 2 paediatric consultants from MC ILG on the topic of 'How to effectively engage children with Autism in clinical settings'

## **Management of Risk**

2.27 Review of all ILG risks contained within the risk register has progressed with pace. 70% of all risks have now been aligned to the HB standard and are within the required review period. Monthly risk management training along with a bespoke MC ILG session held on 6<sup>th</sup> of October 2021 is supporting the team to manage the risks appropriately.

## **People's experience**

2.28 Due to the increase of Covid-19 within our hospital sites visiting has been restricted in line with covid safe guidance. The teams are continuing to use the virtual visiting model to ensure contact is maintained for families.

2.29 3.0 WTE PALS officer posts have been supported at risk with successful applicant expected to be in post by December 2021. This provision will ensure that patients experience can be sought from a wide client group throughout all areas of the locality and not exclusively to the Acute Hospital but also within the community and patients' home.

2.30 Telephone patient surveys following discharge from PCH/YCC continue in order to obtain real time feedback from our patients and families regarding their care and experience, over 700 patients have participated in the survey thus far.

2.31 Feedback from families and patients is proactively being shared on a weekly basis with the communications team to ensure this is shared outwardly through social media but also internally to the teams. A significant area for positive feedback in the last quarter has continued to be for the catering and housekeeping teams.

## **Learning and Quality Improvement**

2.32 The MC ILG QI faculty is being realised to support the QI network across the HB and lead QI projects within MC ILG, this process is in early stages of development.



- 2.33 Development and implementation of a 'quality governance memory' will be supported by the implementation of the new 'once for Wales' Datix web system and will support provision of assurance that learning is sustained and reviewed.
- 2.34 The ILG review of the current approach to Quality Improvement activity will inform future developments of both QI and local clinical audit activity.

## KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 2.35 Maintaining levels of safe staffing across all services has been challenging due to the ongoing pressures of Covid-19 within the staff population along with the continued challenges of recruitment. Recruiting a speciality workforce for all areas of the ILG remains a Health Board wide concern despite student streamlining in the last academic year the vacancy rate outweighs the availability of Nurses.  
**ACTION:** To continue to review roles within the HB to ensure that where possible posts can be dynamically reviewed to ensure the use of the MDT is being realised. Relationships with the University continue thus ensuring the progression of the streamlining model.
- 2.36 A significant impact has been realised in the ILG ability to repatriate ABUHB patients to YYF due to the impact of repurposing YYF to care for Covid-19 patients. The conveyancing by WAST of patients within the north of ABUHB area to PCH has further compounded this issue as the ILG are no longer able to repatriate the patients within an appropriate timeframe.  
**ACTIONS:** Clinically led engagement with ABUHB is supported by execs to support best routes for care of these patients.
- 2.37 Following the closure of the 8 GP led beds at YCC as the ILG have not been able to secure medical cover to care for patients within this area therefore the beds remain vacant.  
**ACTION:** The ILG Directors are exploring various clinical models and utilisation of the workforce to support YCC going forward.



### 3. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below: Safe Care Dignified Care Effective Care Individual Care
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	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.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below) Subject to review of current arrangements further staffing resources may be required.
<b>Link to Strategic Goals</b>	Improving Care

### 4. RECOMMENDATION

4.1 The Quality and Safety Committee is asked to **NOTE** the content of this report and the proposed next steps and timescales.