AGENDA ITEM
6.2.1

QUALITY & SAFETY COMMITTEE

Bridgend ILG Quality Safety and Experience Report

Date of meeting	18 May 2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Cheryl Hucker, Head of Quality and Safety Bridgend ILG
Presented by	Ana Llewellyn, Nurse Director Anthony Gibson, Group Director
Approving Executive Sponsor	Executive Director of Nursing
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
ILG Leadership Team	4 May 2021	SUPPORTED

ACRONYMS	
CTMUHB	Cwm Taf Morgannwg University Health Board
ILG	Integrated Locality Group
CAMHS	Child and Adolescent Mental Health Services
POWH	Princess of Wales Hospital
PALS	Patient Advice, Liaison Support
CSG	Clinical Service Group
QSC	Quality and Safety Committee
QSE	Quality, Safety and Experience
PHW	Public Health Wales
YS	Ysbyty'r Seren Recovery Hospital
RTE	Rhondda Taf Ely
MC	Merthyr Cynon
HAPU	Hospital Acquired Pressure Ulcer
IMSOP	Independent Maternity Services Oversight Panel
ED	Emergency Department
MEO	Medical Examiner's Office
WOD	Workforce and Organisational Development
DU	The Delivery Unit
HQS	Head of Quality and Safety
ICF	Integrated Care Fund
MDT	Multi-disciplinary Team

1. SITUATION/BACKGROUND

1.1 The purpose of this report is to provide members with an update on quality and safety issues in Bridgend ILG.

1.2 On 1st March 2021 Children & Young People (CYP) services previously hosted by Bridgend ILG disaggregated, and those CYP services not within the Bridgend catchment area transitioned to Merthyr / Cynon ILG.

1.3 Bridgend ILG completed the implementation of its clinical service operational model on 4 May 2021, when Maternity Services currently hosted by Merthyr Cynon ILG disaggregated, and Bridgend Children's Services transitioned to Bridgend's Women and Children Clinical Service Group.

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

COVID-19 & Resetting Services

2.1 Bridgend ILG has experienced 505 healthcare associated COVID cases, and a cumulative 163 healthcare associated deaths during the period of the outbreak from 16th September 2020 to its closure on 16th March 2021.

2.2 All Healthcare Associated Infections (HCAI) deaths reviews have been completed using the Welsh Government COVID-19 Toolkit. A MDT second stage mortality review process commences in May 2021 in partnership with CTMUHB Clinical Effectiveness & Audit Team / MEO.

2.3 Cancer Harm reviews are completed and up to date. The Cancer Recovery Plan was submitted on 23rd March 2021. All ILG service recovery plans, including Follow up Outpatients Not Booked (FUNB) options and clinical prioritisation are compliant with Welsh Government / Public Health Wales Guidance and the Planned Care Recovery Programme. Ophthalmology, elective surgery and Orthopaedics have reset and activity monitored via weekly performance meetings. A stroke performance monitoring framework is in the process of being implemented.

2.4 **Ysbyty'r Seren's** referral criteria has been revised to include Amber Pathway patients, as well as continued referrals for patients recovering from COVID that meet the initial YS clinical criteria. This will assist with further service resetting.

2.5 The ILGs staff COVID immunisation programme has concluded after an extremely successful campaign. The inpatient programme and prison service programme has commenced.

Quality Assurance – Pressure Ulcers and Falls

2.6 **Pressure Ulcers Appendix 1:** Members were previously advised of an increase in reported HAPUs and associated Grade 3 & 4 harm noted in December 2020 / January 2021 data. Although the increased reporting remained within normal variation, it correlated with increased bed occupancy, and reduced staffing levels associated with the second COVID surge.

2.7 In response, the ILG identified Tissue Viability Champions, and noted improvement as areas emerged from the pandemic surge, and staffing establishments and patient acuity reset. Service specific HAPU scrutiny panels have reconvened and plans are in place to address the backlog and identify levels of avoidable/unavoidable harm. The ILG Nurse Director has assigned a pan ILG Lead for Pressure Ulcers, and an improvement plan to achieve a 50% reduction in incidence by 1st October 2021 has been initiated. Terms of Reference for an integrated HAPU Scrutiny Panel and improvement plans to address training needs of staff in acute, community, and care home services are being implemented.

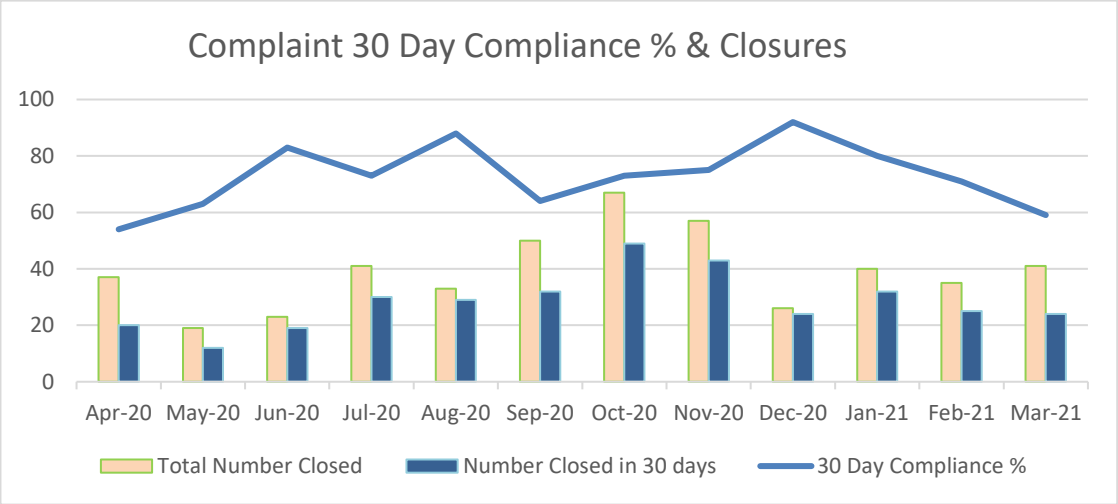
2.8 **Falls Appendix 1:** The incidence of reported falls within Bridgend ILG remain within normal variation. The spike in falls noted in **Ysbyty'r Seren** January 2021 data, and associated with increased bed occupancy and reduced staffing levels during the second surge, resolved as staffing levels improved. The spike was within normal variation for the site but above the mean. **Mental Health CSG** Angelton Clinic is one of the Health Board's high risk areas for falls. Mitigating action plans are in place including cohort nursing, and enhanced nursing care for high risk patients.

2.9 In response the ILG Nurse Director has assigned a pan ILG Lead for Falls and initiated a multi professional improvement plan to achieve a 20% reduction in inpatient falls by 1st October 2021. Implemented actions include regular auditing, development of a clinically led post fall assessment tool to improve patient outcome and reduce risk of further falls, trialling post fall pharmacy led review, cohort nursing, and implementation of delirium and postural blood pressure assessments on admission. A pan ILG MDT Falls Scrutiny panel meets bi weekly to identify levels of avoidable / unavoidable harm and a decrease in the severity of harm arising has been noted. Additionally Bridgend ILG represents the Health Board at the All Wales Inpatient Network, providing opportunity for bench marking and introduction of best practice through shared learning events.

Quality Assurance – Measures of Note

2.10 The number of complaints received by the ILG remain within normal variation. During March a reduction in capacity in the governance team and CSGs due to planned and unplanned absence, coupled with the complexity of the concerns raised, resulted in a reduction to the ILG 30 day response target from 73% in February 2021 to 59%. Medicine (40%/28 formal complaints)

and Surgery (29.5%/ 21 formal complaints) account for 69.5% of all formal complaints remaining open. Actions for improvement and monitoring arrangements via weekly assurance meetings have been implemented. The ILG expects to re-attain the 80% compliance target for June 2021.



2.11 Communication (13) is the most common theme arising in complaints and crosses a number of service areas, suggesting it is a generic issue. To address this issue WOD and CSG interventions are in place to support implementation of the Organisational Values and Behaviors Framework. PALS are continuing to support POWH and Mental Health with Virtual Visiting to improve general communication issues. Themes arising from concerns are shared with CSG's and monitored via weekly assurance meetings

2.12 There are 10 investigations open with the Ombudsman. No final reports have been received during this reporting period.

2.13 Three new Serious Incidents were reported to the DU in March, bringing the total to 67 Serious Incidents open for Bridgend ILG. 61 of these are complex cases that have not been concluded within the recommended Welsh Government timescales. Of which 32 of these cases are related to COVID related deaths and awaiting further guidance from Welsh Government on management. Maternity accounts for 14 overdue SI's. Via assurance meetings the Governance Team is working with CSGs to review and develop case management plans to close all over due non COVID SIs by May 31st 2021.

Quality Assurance – Clinical Service Group Issues

2.14 Internal Enhanced Monitoring of the **CAMH Service** continues to progress. A separate report on Ty Llidiard will be presented to Committee.

2.15 Prior to Healthcare Inspectorate Wales (HIW's) All Wales review of Welsh Ambulance Service NHS Trust (WAST) handover arrangements the ILG's ED collaborated with WAST, RTE and MC to improve handover arrangements and develop common metrics, escalation pathways and shared learning opportunities. **Acute Service CSG** report that adjustments to the 'beacon' point has demonstrated an improvement in WAST handover times. Improved flow and performance against 12hr and 4hr waiting times has also been noted.

2.16 Separate reports will be presented to Committee on Maternity and Neonatal Services in the **Women and Children's CSG**.

Management of Risk

2.17 The capital Anti Ligature scheme is progressing well in Mental Health (**MH) CSG and CAMHS CSG.** Work is being prioritised and contractors are on site. The programme of work is on track with an anticipated completion date of July 2021 for Ward 14 and Angelton, and August 2021 for the Psychiatric Intensive Care Unit.

2.18 A task and finish group to review, rationalize and standardize the ILG Risk Register by 30th June 2021 has been established.

2.19 There are common concerns across all ILGs regarding the current lack of granularity in DATIX reports. Additionally, Bridged ILG continue to be unable to access risks, incidents and concerns predating the transition of Ophthalmology services on 1 February 2021. Whilst awaiting the resolution that OFW will afford, actions for resolution and improvement were agreed at a meeting chaired by the Executive Nurse Director on 30 April 2021 between DATIX Management Team / ILG HQS Leads.

2.20 Bridgend ILG has identified potential non-compliance issues associated with receipt of patient safety alerts. An interim solution was implemented with immediate effect following a meeting with key Organisational stakeholders on 22 March 2021. A centrally led task and finish group to review the process with the aim of improving organisational compliance has been proposed, awaiting date of further meeting.

People's Experience

2.21 The ILG has established a staff recognition event called 'Bridgend Excellence Awards'. This will allow staff to nominate individuals who have shown excellence each month within the chosen "Health Board value of the month". Each month there will be a chosen value based on our values: We Listen Learn and Improve; We Treat Everyone with Respect; We All Work Together as One Team.

2.22 **CAMHS CSG** has been awarded ICF funding (a total of £99000 for Carnegie clinic and £79000 for the POW clinic). This funding has been sourced to refurbish both clinics making the environments more welcoming and user friendly for the children and young people. Work is due to commence mid-May.

External Inspections

2.23 Bridgend ILG has not received any formal inspection reports in the reporting period.

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

Members are asked to note the following for consideration:-

3.1 That work is in progress to address the common concerns across all ILGs regarding the current lack of granularity in DATIX reports, and the inability to access risks, incidents and concerns predating the transition of Ophthalmology services on 1 February 2021.

3.2 That work is in progress to resolve Bridgend's potential non-compliance issues associated with receipt of patient safety alerts.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below: Safe Care Dignified Care

	Effective Care Individual Care
Equality impact assessment completed	No (Include further detail below)
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 Members are asked to **NOTE** the progress outlined in this report and **DISCUSS** the matters for escalation.