



AGENDA ITEM

6.2.3

QUALITY & SAFETY COMMITTEE

QUALITY AND SAFETY REPORT FOR RHONDDA & TAF ELY LOCALITY

Date of meeting	18/05/2020
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Carole Tookey, ILG Nurse Director, Rhondda & Taf Ely
Presented by	Carole Tookey, ILG Nurse Director, Rhondda & Taf Ely
Approving Executive Sponsor	Executive Director of Nursing, Midwifery and Patient Care
Report purpose	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
Integrated Locality Leadership Team	05/05/2021	ENDORSED FOR APPROVAL

ACRONYMS

CTMUHB	Cwm Taf Morgannwg University Health Board
HIW	Healthcare Inspectorate Wales
ILG	Integrated Locality Group
IP&C	Infection Prevention and Control



KPIs	Key Performance Indicators
OFW	Once For Wales
PALS	Patient Advice and Liaison Service
PHW	Public Health Wales
PTR	Putting Things Right
RGH	Royal Glamorgan Hospital
SI	Serious Incident

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide the Quality and Safety Committee with an update on Rhondda & Taf Ely (RTE) ILG patient quality, safety, risk and experience.
- 1.2 On 1 April 2020 Rhondda & Taf Ely ILG became responsible for the locality Acute and Mental Health Services. From 1 June 2020, Community Services and Primary Care clusters moved into the new Organisational ILG structure. The RTE ILG hosts Clinical Support Services (Pathology, Radiology, Bereavement services and Medical Records) for the whole of the Health Board as well as hosting Urology, Breast and Vascular services. The transfer of hosted services has now taken place and the ILG is familiarizing itself fully with its new services, their challenges and opportunities.

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

COVID-19

- 2.1 The outbreak at Royal Glamorgan Hospital was officially closed on 16 March 2021. The number of patients who lost their lives during nosocomial outbreaks is sobering. There is a palpable sense of duty to those who lost their lives to ensure comprehensive and sensitive responses to their families' concerns and a commitment to learning as much as possible for the future. In alignment with the NHS Wales National Framework - Management of Patient Safety Incidents following

Nosocomial Transmission of Covid-19, RTE ILG has begun conducting Healthcare Associated Infections (HCAI) CV-19 Scrutiny Panels. These are contributed to by senior Nursing, Clinical Governance, IP&C and PHW and the panel findings are challenging our assumptions about the transmission of the virus on our sites.

- 2.2 IP&C measures continue to be stringent and adherence is assessed through ongoing audits and monitored through the RTE IP&C group.
- 2.3 Visiting on our hospital sites has been reinstated in a controlled manner. This will be of immeasurable benefit to the well-being of our patients and their families. It is hoped that the high number of concerns linked to visiting arrangements will reduce as a consequence.
- 2.4 The safe restarting of services is now a priority. There is a focus on waiting list validation, clinical prioritization and alternative pathway development to optimize services' ability to meet the needs of patients requiring 'non-urgent' care. Waiting times have increased significantly for many conditions and are now a common theme of the complaints and concerns we receive. Detailed demand and capacity assessments are being undertaken to inform future service provision and resourcing. Risks in relation to waiting times are being captured on the risk register and mitigated as far as possible.
- 2.5 ILG governance structures have now been full reinstated following temporary hiatus during the peak of pandemic pressures. This is facilitating an effective flow of assurance and opportunity for scrutiny and support around our quality challenges.

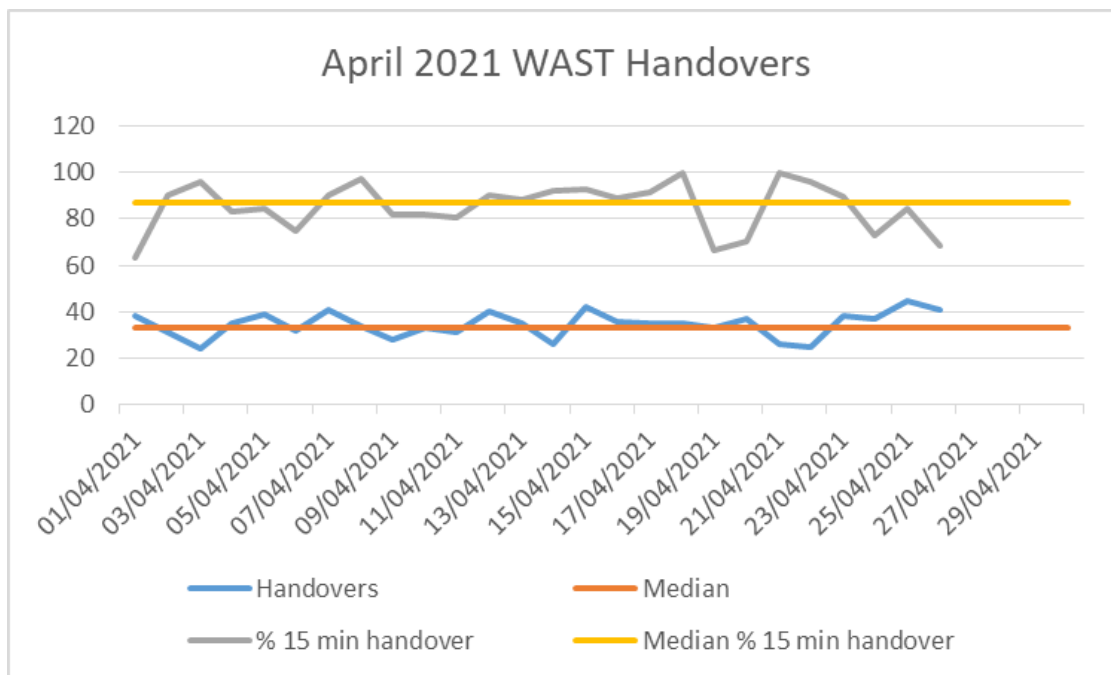
Emergency Department

- 2.6 Despite the diminishing number of covid-19 admissions, the Emergency Department (ED) has remained under pressure. A pilot of an ambulance triage area supported by a nurse has been working well with improvements reported in ensuring patients receive more timely investigative care and subsequent benefits to the flow of patient pathways as some initial interventions such as Electrocardiograms (ECGs) have already been undertaken.
- 2.7 With a central geographical position within the Health Board, RGH is called upon to provide surge support when other acute sites have challenges with capacity and flow. This subsequently impacts on RGH's level of performance in relation to some KPIs and attendance is being analysed in terms of geographical origin to improve our understanding



of which partners we need to work with most, especially where ambulance attendances are concerned.

- 2.8 The ED has contributed fully to the HIW review of Welsh Ambulance Services NHS Trust (WAST) and provided performance and quality data to inform their report.



Clinical Harm Reviews

- 2.9 RTE ILG has now appointed a Clinical Lead for Cancer to drive improvements and innovation in performance and quality of cancer-related care provision. It is anticipated that the Clinical Lead for Cancer will drive engagement from the cancer Multi-Disciplinary Team (MDTs) in the >104 day pathway harm reviews.
- 2.10 Since being suspended during the peak of the pandemic, the RTE Cancer harm review panel is being refreshed and refined to ensure that it can remain fit-for-purpose following changes in hosting arrangements for Urology and Breast services where there are comparatively higher numbers of patients exceeding 104 days on the pathway.

Quality Assurance

- 2.11 The Committee is asked to note the inclusion of the RTE ILG Quality dashboard within Appendix 1.



- 2.12 The introduction of the OFW Datix system has been further delayed and an implementation date for Complaints, Patient Advice Liaison Service (PALS), Feedback, Redress and Claims modules is awaited. It is acknowledged that for a period of time, data analysis and reporting will be challenging as information will be held across both the existing and new Datix systems.
- 2.13 At the end of April 2021, HIW undertook a virtual inspection of Seren Ward at RGH. Seren ward provides mental health in-patient care to older adults with organic conditions such as dementia. Full feedback is awaited and will be reported on in future month's papers.
- 2.14 Mental Health services will also be participating in a national review of Crisis Care in the Community.
- 2.15 Pathology services are due to undergo the next cycle of assessment for continued UKAS accreditation. The Pathology Quality team have ensured that the service is as prepared as possible however it is recognised that the enormous demands of the CV-19 pandemic, as well as national recruitment and retention challenges, mean that the position is not as assured as previously.
- 2.16 Legacy work associated with Ophthalmology services remains a challenge across the spectrum of quality and governance work. Limited clinical capacity to contribute to the investigation of concerns (incidents and complaints) means that progress is not at the desired pace. RTE and Bridgend ILGs are working closely to try to resolve this.
- 2.17 Scrutiny panels for Falls, Medication Errors and Pressure Ulcers continue across all Clinical Service Groups (CSGs) with work underway to achieve consistency of processes across the Health Board with support from Tissue Viability, Pharmacy, Safeguarding and Redress colleagues.
- 2.18 Mortality Review - Following an increasing familiarity with Mortality Review processes as a sad consequence of Covid-19 deaths, the process is maturing and is now a multi-disciplinary review with nursing, pharmacy and Allied Health Professional (AHP) staff identifying additional opportunities for learning and improvement.

Patient Experience

- 2.19 Recruitment into the ILG Quality and Governance team has been completed and signs of progress in terms of improved PTR compliance

for new cases is noted. Significant work is being undertaken to address a backlog of overdue concerns and a compliance tracker has been implemented to promote future adherence to timescales and enhance our understanding of obstacles to timely issuing of complaint responses. The new team structure, with governance support aligned to each CSG is also beginning to demonstrate benefits, for example by enabling easier identification of concerns 'hot spots' so that targeted monitoring and intervention is undertaken.

- 2.20 The focus on comprehensiveness, empathy and robust improvement actions is beginning to show signs of embedding with tailored support for Lead Nurses and positive feedback from complainants on their experience of our complaints management.
- 2.21 Work to improve the experience of patients with a Learning Disability has been recognized and celebrated nationally by the incumbent Chief Nursing Officer in her retirement speech. The work has also been formally recognized by the Paul Ridd Foundation. With a passion for continuous improvement, RTE will not be resting on our laurels but are now looking to introduce Learning Disability information boards to further improve patient experience in this area.

Learning and Quality Improvement

- 2.22 Mental Health – National benchmarking is driving service improvements with a programme underway to reduce working-age adult inpatient readmission rates. The inpatient mental health unit at RGH compared unfavourably with other similar units across the UK in terms of rates of readmissions. Initial scoping work has identified that this is linked to crisis provision and their role in 'gatekeeping' admissions. The project has therefore expanded to undertake a review of crisis provision as well as inpatient care, looking at model affinity and best practice. Staff and client engagement is paramount and a central part of the project which is clinically led. It is anticipated that service improvements will offer additional pathways for service-users who might otherwise have required admission, enhancing patient choice and experience.
- 2.23 RTE ILG Locality Nurse Director and nursing leads from across the ILG and IP&C team have won an award at a national Celebration Event in the category 'project with the biggest potential impact'. The RTE team was inspired by training from Improvement Cymru on behaviour change and began a project to decrease errors in reading Covid-19 test results. The outcome of the project was a change in formatting & presentation of Covid-19 test results on the national results systems. Since

implementation, there have been no misread test results within RTE and the feedback from staff has been hugely positive.

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

- 3.1 Examples of innovation and quality improvement, in spite of the challenges of the pandemic, are indicative of a resilient and dedicated workforce.
- 3.2 There is strong local-level commitment to undertaking Covid-19 investigation work but there are resource implications for continuing this and developing the full investigation framework, including contact with relatives. There remains an element of uncertainty at national level about how best to approach this significant programme of work and a temporary pause has been put on further family contacts until the way forward is identified.
- 3.3 Significant waiting times are adversely affecting patient experience across numerous specialties. Mitigations are in place wherever feasible. Completion of demand and capacity modelling is awaited to inform service provision and insourcing and outsourcing options. Where these options are utilised, robust governance arrangements and a focus on quality and patient safety within contract monitoring will need to be in place.
- 3.4 The Cancer harm review process remains challenging due to the increasing number of people breaching 104 days as a result of Covid-19 related service restrictions. The acquisition of Urology and Breast services has increased the number of cases that the ILG will need to review and the panel arrangements are being reviewed in light of this.

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:



	Relevant to all Healthcare Standards
Equality impact assessment completed	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below) The requirements to deliver safe, high quality care impact on resources including workforce. The new operating model will support delivery of safe, high quality care.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

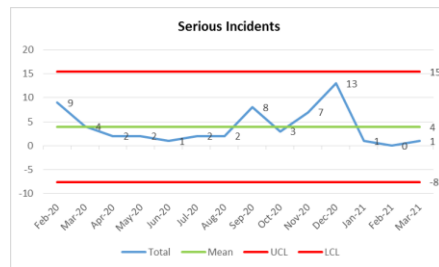
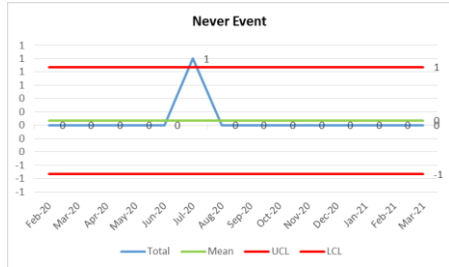
- 5.1 The Quality & Safety Committee is asked to **NOTE** this report and the progress made so far.



Appendix 1

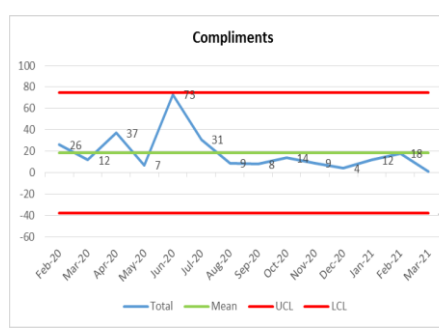
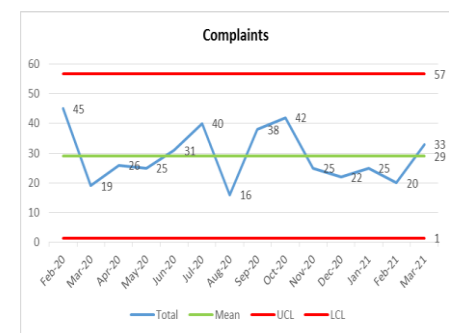
Rhondda ILG Quality Dashboard – March 2021

NE & SI	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Never Events	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Serious Incidents	9	4	2	2	1	2	2	8	3	7	13	1	0	1



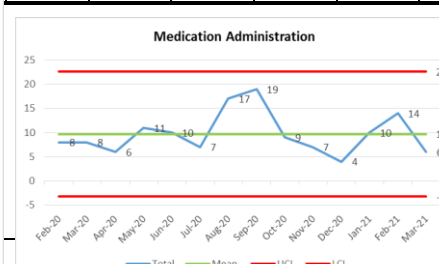
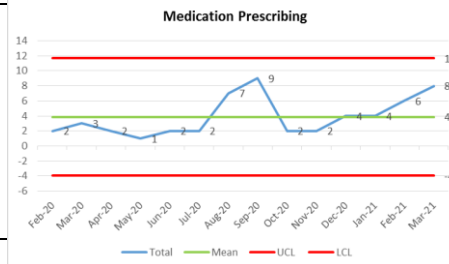
Never Events and Serious Incidents: Reduced reporting requirements to the Delivery Unit for SIs mean that this data is not available for the reporting period. Incidents that meet the SI threshold have been subject to proportionate investigation and completed in accordance with the standards required by PTR, internal assurance and HMC Inquest process.

Complaints and Compliments	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Complaints	45	19	26	25	31	40	16	38	42	25	22	25	20	33
Compliments	26	12	37	7	73	31	9	8	14	9	4	12	18	1



Complaints and Compliments: An increase in complaints has been driven by visiting restrictions remaining in place after the end of national lockdown arrangements and increasing numbers of people affected by treatment delays due to Covid-19.

Medication	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Medication Prescribing	2	3	2	1	2	2	7	9	2	2	4	4	6	8
Medication Admin	8	8	6	11	10	7	17	19	9	7	4	10	14	6



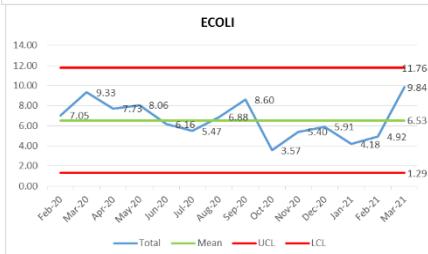
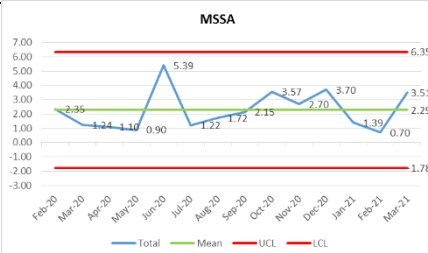
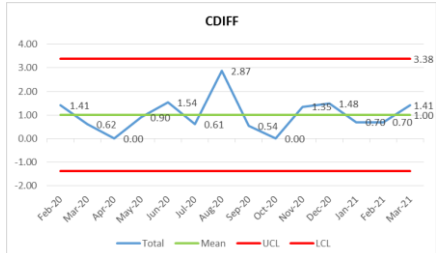
Medication: Early trends relating to increased prescribing errors are being addressed through 'Druggles' – medication scrutiny panels.



Falls	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Inpatient falls	97	88	75	98	87	89	86	105	88	85	94	83	84	92
>Moderate Harm	3	5	0	3	5	5	3	4	2	3	6	6	4	3
										Falls: Falls rates continue around the normal baseline for RTE ILG. The Lead Nurse for Unscheduled Care and Head of Nursing for Community are representing RTE ILG on the National Inpatient Falls Improvement Programme.				
Pressure Areas	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Hospital Acquired	37	29	24	33	24	28	28	38	34	29	36	33	29	21
Grade 3/4	1	3	0	0	4	1	2	1	0	1	3	2	0	1
										Pressure Areas There is a pleasing downward trend in relation to hospital acquired pressure incidents. Educational work around incident reporting has been helpful in this regard. The high number of hospital acquired incidents apparent early in the year was largely driven by Covid-19 and the necessity to prone patients and lengthy periods of time with breathing apparatus.				
Absconding from Wards	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Absconding	12	7	9	8	9	11	8	5	6	10	3	7	3	11
										Absconding: An uptick in numbers of absconding incidents has been driven from within Mental Health and the Acute site. This will be carefully monitored but has not resulted in identifiable patient harm.				



Infection Control	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Cdiff/1000 admiss	1.41	0.62	0.00	0.90	1.54	0.61	2.87	0.54	0.00	1.35	1.48	0.70	0.70	1.41
MRSA/1000 admiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MSSA/1000 admiss	2.35	1.24	1.10	0.90	5.39	1.22	1.72	2.15	3.57	2.70	3.70	1.39	0.70	3.51
Ecoli/1000 admiss	7.05	9.33	7.73	8.06	6.16	5.47	6.88	8.60	3.57	5.40	5.91	4.18	4.92	9.84



Infection Control:

There has been a noticeable increase in infection rates during March. This will be attentively monitored to ensure that wards are alerted to these risks and strategies to remedy this swiftly will be addressed in the upcoming RTE ILG IP&C group. It is expected that by working closely with our IP&C colleagues, we will have our improvement trajectories in place by the end of May 2021 for all hospital acquired infections.