



AGENDA ITEM

3.2.6

QUALITY & SAFETY COMMITTEE

**SWANSEA BAY UNIVERSITY HEALTH BOARD LEARNING DISABILITY
QUALITY AND SAFETY ASSURANCE REPORT.**

Date of meeting

18/01/2022

FOI Status

Open/Public

**If closed please indicate
reason**

Not Applicable - Public Report

Prepared by

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Group, Swansea Bay University Health
Board

Presented by

Julie Denley, Director of Primary Care and
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Approving Executive Sponsor

Chief Operating Officer (COO, DPCMH)

Report purpose

FOR NOTING

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

Committee/Group/Individuals

Date

Outcome

(Insert Name)

(DD/MM/YYYY)

Choose an item.

ACRONYMS

CTMUHB

Cwm Taf Morgannwg University Health Board.

C-19

Covid-19.

SBUHB	Swansea Bay University Health Board.
IPC	Infection and Prevention Control

1. SITUATION/BACKGROUND

- 1.1 The detail of this report is to provide the CTMUHB Quality & Safety Committee with assurance in regards to key indicators for people experience, workforce and quality.
- 1.2 The Learning Disability Division within the Mental Health & Learning Disability Service Group at SBUHB continues to operate in pandemic response. In line with other Health Boards this has escalated further with the new Omicron Variant response needed. The teams continue to work within a core service function, however support to the vaccine booster programme is likely to impact.
- 1.3 Core services continue to respond to the needs of the learning disability community across the service area. There has recently been a call to provide additional support to the number of unvaccinated people with learning disabilities in Wales and for clarity to be gained regarding their opt-out or vaccine exempt status. We will work together with the vaccine programme and primary care to address this and report next time.

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

2.1 COVID Response

There are currently no patients within LD inpatient areas who have either tested positive for C-19 or are suspected to be infected and displaying symptoms.

2.2 Mass Vaccination Centre

Over recent months our community teams in CTM have been supporting vaccines of some of those with learning disabilities unable to access mass vaccination centres in partnership with CTM vaccination programme. We will continue to provide support to people with learning disabilities to receive vaccinations by making reasonable adjustments and recognising vulnerabilities.

- 2.2.1 Some of our CTM staff have been asked to support the Mass Vaccination Centre's in SBUHB for a limited time. We will be backfilling our inpatient facilities which is being funded by SBUHB from COVID funds.

2.2.3 We continue to work together to meet our priority of protecting those who are most vulnerable within our communities. We anticipate that there may be further challenges in meeting the government set targets for vaccinations and we will endeavour to address these in partnership.

2.3 **Ongoing Infection and Prevention Control related to Covid.**

- Governance and assurance for Infection and Prevention Control (IPC) continues in line with HB processes.
- There have been no IPC incidents for this reporting period.
- Updates for maintaining vigilance in light of new variant and shared concerns regarding possible implications for people with learning disabilities.
- Ongoing support to maintain visiting and contacts where safe to do so, in line with guidance and IPC measures.

2.5 **Healthcare Inspectorate Wales (HIW)/External reviews**

2.5.1 There are no outstanding actions from HIW reviews; current works in Bryn Afon continue to address the environmental challenges.

2.5.2 A recent 15 Step Review in Dan Y Bont highlighted a number of areas of good practice as well as environmental concerns which are incorporated into the Directorate action plan.

2.6 **Performance**

2.6.1 The Learning Disability services are continuing to meet the Welsh Government access target for people in receipt of secondary mental health services under the Mental Health (Wales) Measure 2010 having a valid Care and Treatment plan.

2.6.2 The table below highlights Care and Treatment compliance as of November 2021:

Number in Secondary Care	Current Month	Valid CTP
CTM LD	94	91
Compliance Percentage	Current Month	WG Target
CTM LD	97%	90%

2.6.3 There is an audit programme in place for the sampled monitoring of the quality of care plans across all Directorates.

2.6.4 Within Community Learning Disability Teams there are requests made for assessments and interventions by different professional groups generated by Care Coordinators to meet individual needs. Whilst these are not referrals relating to new patients, we monitor the waiting times related to this activity in relation to timely response.

2.6.5 Over the last 6 months there have been an average of 98 such referrals per month for CTMUHB. The table below shows the waiting times by profession:

CTM CLDT- Waiting Times	Weeks Waiting															
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Total
SLT	8	3		1	2	2										16
OT		2			1	2	1					1				7
Nursing	2	8		1	1	3	2	2			1			1		21
Psychology	4	2		3	2											11
Physiotherapy	3				1							1				5
Total	17	15	0	5	7	7	3	2	0	0	1	2	0	1	0	60

2.7 **Service User Experience** – please note a summary document can be made available if required.

2.7.1 The Service User Feedback Team report (Sep-Nov 2021) highlights a number of areas where service users and their families have given feedback on Learning Disability services across the Health Board areas. This covers the region but can give a good degree of confidence in relation to service experience in CTMUHB.

2.7.2 The numbers are currently small as this is an evolving approach; areas are asked to support people to engage with the team in a variety of ways at different points during their assessment and intervention. The team have developed a range of approaches to gathering feedback and there have been some virtual and face-to-face opportunities to discuss the service user experience.

2.7.3 Within the report we can see positive comments and feedback related to how people feel they are listened to, treated and involved in their care. This has also been reflected informally in communication with families and carers via e-mail or thank you cards, etc.

2.7.4 CTM Lead Nurse has engaged with Rhondda Cynon Taff People First, they have also met with Hafod Y Wennol unit in Llantrisant in exploring the staff recruitment processes and providing Self-

Advocacy support. People First will be providing a link (via IPADs) for inpatient engagement into Community People First Meetings. They will also be supporting with further development of accessible information and meaningful engagement.

2.8 Safeguarding

2.8.1 There have been no safeguarding referrals for the CTM area for this reporting period.

2.8.2 Where an Adult at Risk report is made by a non-SBUHB staff member (member of the public, Independent Sector or other HB) we are reliant on the relevant Local Authority communicating with us, usually via the Corporate Safeguarding Team who will make us aware of the report.

2.9 Complaints

2.9.1 There are no open complaints for this reporting period.

2.10 Workforce

2.10.1 Challenges remain across recruitment in nursing, therapies and medical workforce. As in previous reports, various strategies are in place to improve recruitment and retention. This includes:

- Apprenticeships are being explored with Gower College Swansea to look at HCSW roles in Learning Disability services
- Rolling HCSW adverts for each HB area
- Creative ways of delivering services with medical workforce in partnership with the MDT
- Exploring roles with a 'grow your own' approach as psychology have taken forward.

2.10.2 Monthly roster scrutiny panels are established for all Learning Disability Division inpatient areas providing peer support and learning across areas; these are chaired in CTM by the Lead Nurse and assurance of exceptions relating to Nurse Rostering practices in the Learning Disability Division are provided. Divisional workforce meetings are in place monitoring the use of agency.

2.10.6 There is evidence of staff learning within the Division, although in areas where there are higher levels of unavailability due to staff sickness etc. this is less frequent. Across the Division adherence to mandatory training is above target sitting at 91% with regular monitoring and support provided to hot spots to understand the reasons behind any underperformance.



2.10.6 PADR compliance is positive demonstrating ongoing support for staff support, learning and development. The table below provides the current position as of November 2021.

130 T017 Community Health Team - Bridgend	3	3	100.00
130 T020 Community Health Team - RCT North	5	5	100.00
130 T021 Community Health Team - RCT South	8	6	75.00
130 T022 Community Health Team - Merthyr	1	1	100.00
130 T031 Psychology LD CHT Central Hub	4	4	100.00
130 T040 Special Services - Meadow Court	18	17	94.44
130 T041 Special Services - Dan-y-Bont	20	19	95.00
130 T042 Special Services - Ty Garth Newydd	26	25	96.15
130 T043 Special Services - Bryn Afon	12	11	91.67
130 T060 Special Services - Hafod-y-Wennol	21	21	100.00

2.10 Good news stories.

2.8.1 Learning Disabilities Physiotherapists: Cardiff & Vale Team.

- Won the Living Our Values award for the COVID 2020: Cardiff CLDT's physiotherapy response. Developing an Exercise-themed Video Channel. Early in lockdown one, community patients lost their access to physiotherapy, as isolation and shielding were mandated. The Cardiff/Vale physiotherapists maintained input by creating a YouTube channel that supported client with their fitness, mobility and wellbeing whilst at home. ([Physiotherapy Cardiff Learning Disability Team - YouTube](#)).

2.8.1 Practice Supervisors/Practice Assessors Awards:

2.8.2 Six staff members have been recognised for their achievements at the Health Board's Practice Supervisors / Practice Assessors Awards.

2.8.3 A number of staff have been nominated from the CTM area in the Great British Care Awards for leadership and as employers. The event will take place in February 2022.

2.8.4 Two CTM Acute Liaison Nurses recently presented to the Board of Cwm Taf Health Board placing Learning Disabilities on the agenda and raising the profile of the liaison service and MDT support. Thank you for this opportunity.

2.8.5 We have also successfully appointed into the nursing post with emphasis on primary care work, which will continue the good work that our colleague, who sadly recently passed away had started.

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

3.1 There are no specific risks or other matters for escalation in relation to the detail of this report.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below: Safe Care Individual Care Dignified Care Timely Care Effective Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Choose an item. Not Applicable
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 Goals	Improving Care

5. RECOMMENDATION

5.1 To **Note** and **Support** the content of this report.