AGENDA ITEM
2.2

QUALITY & SAFETY COMMITTEE

A FOCUS ON MENTAL HEALTH HIW INSPECTIONS

Date of meeting	16th March 2023

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

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Presented by	Ana Llewellyn, Nurse 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**
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS USED IN PAPER AND APPENDIX	
CIW	Care Inspectorate Wales
CMHT	Community Mental Health Team
HIW	Health Inspectorate Wales
ILG	Integrated Locality Group
MHLD	Mental Health and Learning Disabilities
PMVA	Prevention and Management of Violence and Aggression
QSRE	Quality Safety Risk and Experience Meeting

RTE	Rhondda Taff Ely

1. SITUATION/BACKGROUND

1.1 This report provides committee members with an overview of recent and legacy HIW inspections of mental health services in the Health Board.

1.2 There are two main inspections applicable to mental health services:

- *Mental Health Service Inspections* – these are usually unannounced and consider the Health and Care Standards 2015 and compliance with the Mental Health Act 1983, Mental Capacity Act 2005, Mental Health (Wales) Measure 2010 and implementation of Deprivation of Liberty Safeguards.
- *Joint CIW and HIW Inspections of Community Mental Health Services* – these are usually planned and consider how services meet the Health and Care Standards 2015 and Social Services and Well-being Act (Wales) 2014 and how they comply with the Mental Health Act 1983 and Mental Capacity Act 2005. These inspections usually require multi-agency services to submit evidence in advance of a planned visit by inspectors.

1.3 In addition to these routine inspections HIW does also undertake national thematic reviews and bespoke inspections of services of concern.

1.4 This report will update committee on three recent inspections and will also provide an overview of legacy HIW action plans.

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

1.5 HIW Discharge Review

1.6 In February 2022 HIW wrote to the Health Board to advise that they would be undertaking a local review of the quality of discharge arrangements for adult patients from inpatient mental health services in CTM. This review was commissioned in response to serious incident intelligence.

1.7 The review included both fieldwork and a review of evidence, including a review of patient records. The proposed timescale for publication was August 2022, however HIW continued to seek evidence from the Health Board through to December 2022.

1.8 In June 2022 HIW identified a number of significant patient safety concerns relating to discharge governance, communication arrangements between teams (including the issue of the lack of a single electronic record), significant limitations in the involvement of patients and carers risk management and discharge arrangements.

1.9 This immediate assurance action plan was initially monitored by the Mental Health Head of Nursing based in Merthyr Cynon ILG and also within RTE ILG, due to the concerns being centred on discharge practices in Royal Glamorgan Hospital. From September 2022 the monitoring arrangements transferred to the MHLD Care Group and this immediate assurance action plan has continued to be monitored by the MHLD QSRE.

1.10 As the review is yet to be published by HIW, the latest version of the immediate assurance action plan is available upon request for the committee to scrutinise separately to this report. It was last updated in preparation for the MHLD QSRE on 1st February.

1.11 As part of their review of discharge arrangements HIW identified concerns relating to the discharge of a small number of patients. Independent reviews have been commissioned of these cases with investigating officers identified from outside the Health Board.

1.12 The discharge review is due to be published on 7th March and includes a further 40 recommendations. At this stage HIW have not requested an action plan for these recommendations although work has progressed within the care group to develop an action plan and to align these actions to the improvement programme workstreams.

1.13 **HIW Mental Health Service Inspection Glanrhyd Hospital: Angelton Clinic**

1.14 HIW undertook a three day unannounced Mental Health Service Inspection 14 -16 November 2022 and identified a number of immediate concerns. The Health Board was required to submit an immediate assurance action plan to address a number of concerns related to record keeping, ward environments, mandatory and statutory training and routine ward checks.

1.15 The Health Board was then provided with a draft report for factual accuracy with a requirement to submit a further improvement plan.

1.16 Both the immediate assurance improvement plan and the standard improvement plan were accepted by HIW and sent for publication.

1.17 At the time of writing the report has not yet been published by HIW. The immediate assurance action plan updated on 1st March 2023 is available on request for committee members for consideration ahead of publication by HIW.

1.18 **HIW Service of Concern Letter**

1.19 In 2021 Healthcare Inspectorate Wales introduced a Service of Concern process for the NHS, used when they identify significant singular service failures, or cumulative or systemic concerns regarding a service or setting. This process is used to identify and highlight any Service Requiring Significant Improvement (SRSI) with the aim to support improvement, ensuring rapid action is taken to ensure safe care. HIW wrote to the Health Board on 2nd February 2023 to advise that they had convened a Service of Concern meeting in response to the patient safety concerns identified in the Angelton Inspection and Discharge Review.

1.20 Having considered these two pieces of work and the concerns they highlighted about the mental health service, HIW determined that it was important to allow the health board the opportunity to respond to the findings and to demonstrate how it intends to drive the necessary improvements. Therefore, they decided not to escalate the service at that time but would continue to monitor the Health Board's response to these two reports.

1.21 **HIW and CIW Community Mental Health Team Review: Maesteg CMHT**

1.22 HIW and CIW completed an inspection of Maesteg Community Mental Health Team in December 2022. They provided verbal feedback on 14th December 2022.

1.23 Although the verbal feedback identified the consistent concern of the lack of a single patient record the regulators highlighted a number of issues of exemplary practice within the CMHT, including standards of care and treatment planning, partnership working and service user involvement. This learning is being shared across the other CMHTs in the care group.

1.24 A draft report has been shared for factual accuracy and a draft improvement plan has been completed by the Health Board. The Health Board is awaiting approval by HIW ahead of publication.

1.25 **Legacy Mental Health HIW action plans**

1.26 Prior to the implementation of the new operating model in September 2022 RTE ILG reviewed all mental health HIW inspection action plans dating back to 2016 and found that there were a number of actions that had not been completed.

Date of Inspection		Number of Recommendations	Updated status as of Feb 2023		
			Completed	Partially completed	Not complete
11/07/2016	RGH	27	26	0	1
22/01/2018	RGH adult inpatient	25	23	1	1
08/07/2019	RGH	44	39	1	3

1.27 This review of open actions was handed over to the new MHLD care group and has continued to be monitored by the care group QSRE. As of 1st February 2023 five legacy recommendations incomplete, with 2 other recommendations partially complete.

1.28 These seven recommendations (some of them repeated in each inspection from 2016 onwards) relate to the lack of a single electronic record, mandatory and statutory training and medical and nursing staffing levels.

1.29 In February 2023 a review of all MHLD care group HIW action plans dating back to 2020 were reviewed. There is a consistent theme of incomplete actions relating to the lack of a single electronic record, mandatory and statutory training compliance and out of date Health Board and mental health policies.

1.30 Care Group Management, Oversight and Improvement

1.31 A Quality, Safety, Risk and Experience governance framework (see Appendix One) led by the Nurse Director has been developed to ensure proactive oversight of issues previously outlined in this paper. The QRSE Board has a standing agenda item for external oversight, which includes HIW inspections. The recent and legacy action plans will be monitored via this board.

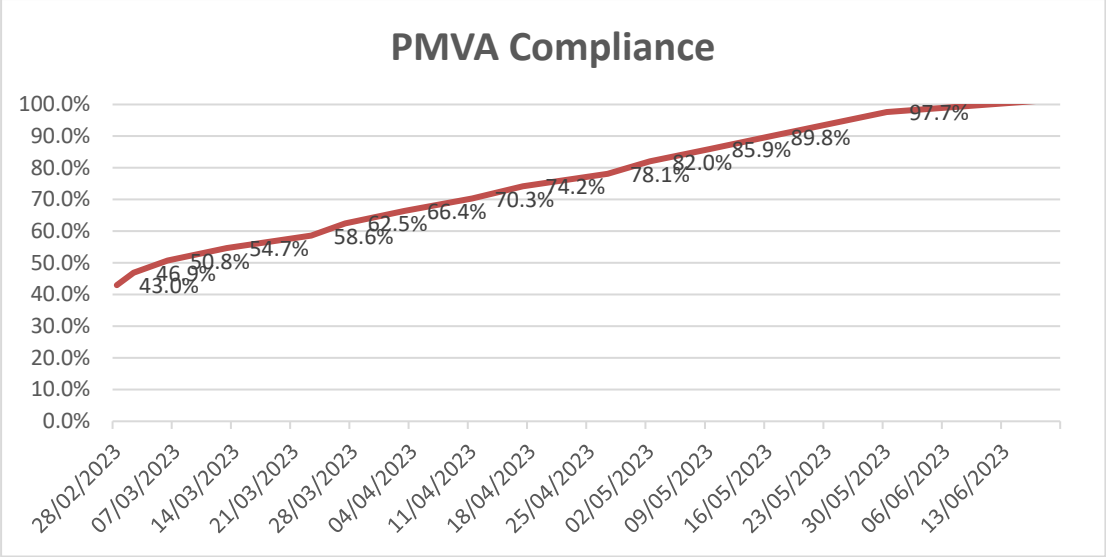
1.32 The care group has identified 4 main priorities: Ty Llidiard improvement, adult in-patient services, older adult in-patient falls and reducing restrictive interventions. Ty Llidiard improvement is monitored via a separate improvement board. The three other priorities will be monitored by a MHLD improvement board (again evidenced in Appendix One).

1.33 An initial virtual workshop was held in February (having been delayed by industrial action in December) to consider adult in-patient improvement. Leads were identified for all of the workstreams with HIW actions being aligned to each workstream.

1.34 A further in person in-patient improvement workshop is planned for 26th April to support and monitor the progress for all of the workstreams.

1.35 The key themes that are evident across the HIW inspections are also being monitored via QSRE: mandatory training, policies and clinical records.

1.36 ***Mandatory and Statutory Training:*** PMVA and Wales Applied Risk Research Network (WARRN) training is the responsibility of the care group to provide. A focus on PMVA training improvement, including securing external training sessions, will result in 100% compliance by June 2023.



1.37 A multi-agency group is progressing WARRN training. To date 355 staff have been trained with a training team of 11 practitioners providing an ongoing monthly programme of initial and refresher courses.

1.38 In addition mental health specific training is being added to the Electronic Staff Record for completion by end of March 2023.

1.39 The limited availability of some face-to-face training, such as CPR, provided corporately will impact on compliance.

1.40 ***Policies:*** A care group policies group has been convened and is currently scoping all MH specific policies. A policy improvement plan will be reported to the QSRE in April 2023. The Health Board arrangements for ratification and management of clinical and operational policies is being reviewed by the Executive Medical Director and the Assistant Director of Corporate Governance.

1.41 ***Clinical Records:*** The executive team have considered a business case for the implementation of Welsh Community Care Information System (WCCIS) but to date no funding source has been secured.

1.42 Operational and clinical leads have been identified to process map the existing systems and will make recommendations for improvement in order to mitigate and manage the patient safety risks associated with the existing complex arrangements ahead of the implementation of a single electronic record.

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

3.1 The progress to implement WCCIS is being escalated to committee for further support. This risk is recorded on the organisational risk register with a Datix Risk ID of 3337. Committee members will also recall that the lack of a single electronic patient record was the subject of a Prevention of Future Deaths Notice from the Coroner in 2022.

3.2 The availability of some face to face training is also escalated to committee as this will continue to impact on mandatory and statutory training compliance.

3. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The quality and safety of care for people in receipt of mental health services is central to this report.
Related Health and Care standard(s)	Choose an item.
	If more than one Healthcare Standard applies please list below: Safe Care Individual Care Timely Care Governance, Leadership and Accountability Dignified Care Effective Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	No new, changed or withdrawn policies or services outlined

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)
	There are resource implications for the additional workforce proposed to underpin the internal oversight of mental health services. New posts are funded from recurrent the Mental Health Service Improvement Fund,
Link to Strategic Goals	Improving Care

4. RECOMMENDATION

3.3 Members of the Committee are asked to consider, discuss and note this initial assessment of CTM Mental Health Services set in the context of a developing Care Group.

3.4 Members are asked to note the priorities for improvement and the plans in place to address them.