



**AGENDA ITEM**

6.5

**QUALITY & SAFETY COMMITTEE**

**HIGHLIGHT REPORT FROM THE MENTAL HEALTH AND LEARNING  
DISABILITIES CARE GROUP**

**DATE OF MEETING**

24<sup>th</sup> May 2023

**PUBLIC OR PRIVATE REPORT**

Public

**IF PRIVATE PLEASE INDICATE  
REASON**

Not Applicable - Public Report

**PREPARED BY**

Ana Llewellyn, Nurse Director, Primary  
Community and Mental Health Care Groups

**PRESENTED BY**

Ana Llewellyn, Nurse Director, Primary  
Community and Mental Health Care Groups

**EXECUTIVE SPONSOR  
APPROVED**

Greg Dix, Executive Director of Nursing

**REPORT PURPOSE**

NOTING

**ACRONYMS**

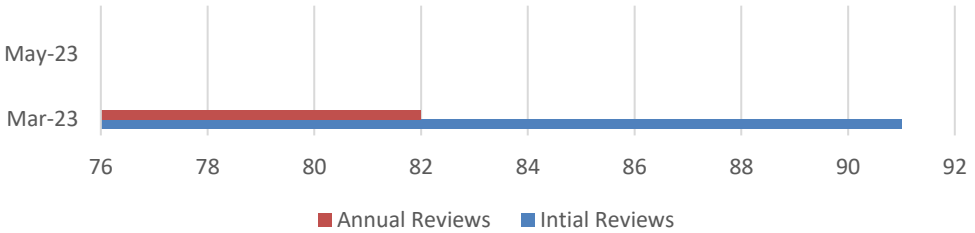
AMAT	Audit Management and Tracking
CTO	Community Treatment Order
CTP	Care and Treatment Plan
DU	Delivery Unit
LRI	Locally Reportable Incident
MHA	Mental Health Act
NRI	Nationally Reportable Incident
PCH	Prince Charles Hospital
WCCIS	Welsh Community Care Information System

**1. PURPOSE**

- 1.1 This report had been prepared to provide the Committee with details of the key issues considered by the Mental Health and Learning Disabilities Care Group at its meeting on 12<sup>th</sup> April 2023.
- 1.2 Key highlights from the meeting are reported in section 2.
- 1.3 The Committee is requested to **NOTE** the report.

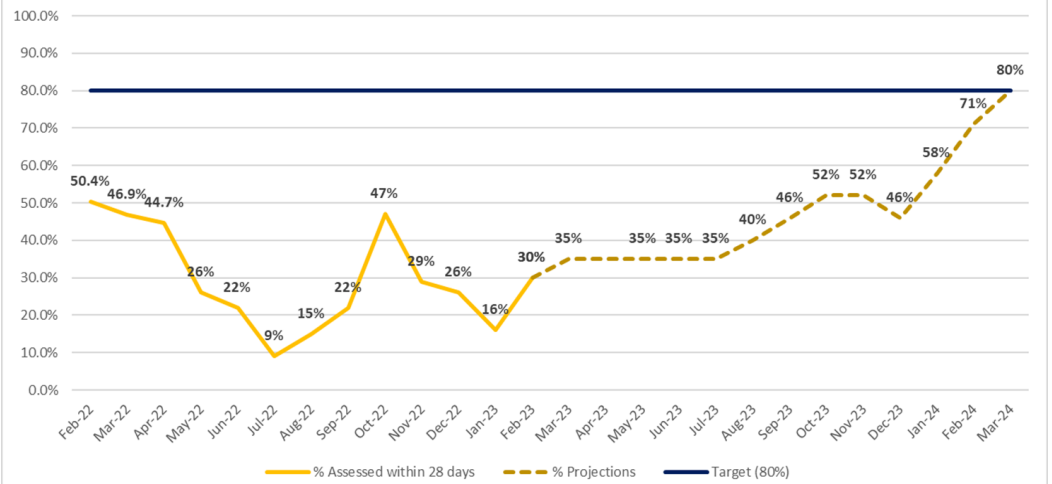
## 2. HIGHLIGHT REPORT

<b>ALERT / ESCALATE</b>	<ul style="list-style-type: none"> <li>Committee is advised of progress towards a <b>Single Clinical Record System</b> (Datix Risk Register ID 3337). The Executive Team and Board have supported the progression toward implementation of WCCIS and an Implementation Board will convene in May, chaired by the Director of Digital.</li> <li>The <b>limited availability of CPR and some other face-to-face training</b> that is outside of the control of the care group is impacting on mandatory and statutory training compliance.</li> </ul>
<b>ADVISE</b>	<ul style="list-style-type: none"> <li><b>New Issues Related to MHLD Commissioned Services:</b> <ul style="list-style-type: none"> <li>Cwm Gelli Lodge Nursing Care Home in Gwent became subject to enhanced monitoring from 3<sup>rd</sup> April 2023. CTM commissions 4 beds at the site which was reviewed last on 31<sup>st</sup> March 2023. Safeguarding Strategy meeting has been held.</li> <li>Gellineudd Locked Rehabilitation Hospital notice of closure received 5<sup>th</sup> April 2023. Pending closure 1<sup>st</sup> May 2023. CTM UHB currently commission 1 female bed and discharge planning underway prior to closure with an Adult Nursing Home placement identified.</li> </ul> </li> <li>There are emerging issues in relation to the process of Section 136 assessments at Princess of Wales Hospital and these issues centre around the local agreements between the police force and the Health Board. The local management team are working in partnership with the police and have developed an escalation process to address some of the misunderstandings that have been evident recently.</li> <li>The <b>Ward Assurance</b> working group has identified an initial core of specialist MH audits and is working on a further shortlist for AMaT inclusion. CTP, CTO and MHA admin audits have been agreed and will go live within the next 4 weeks. AMaT roll out and training across all mental health sites is on track.</li> <li>A Pan CTM review of ESR competencies has been undertaken, with support from the Learning and Development Team. A working excel document will be used for all wards as an interim assurance measure for reporting and maintaining compliance to mitigate some of the challenges identified through this work.</li> <li>The medium term solution for <b>Crisis Assessment Facilities at PCH</b> as part of the ongoing estates improvement at PCH has now</li> </ul>

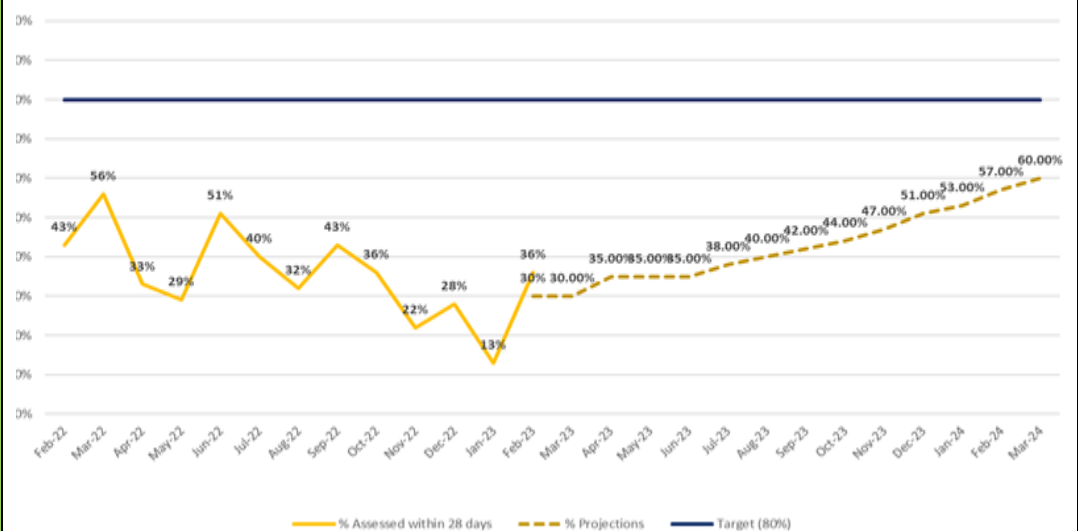
	been resolved. The Mental Health Team commenced using the new facility on 3 <sup>rd</sup> April.									
ASSURE	<ul style="list-style-type: none"><li>• <b>Commissioning Reviews.</b><ul style="list-style-type: none"><li>○ Reviews are undertaken by Commissioning Case Managers at 3-month post placement and annually thereafter.</li></ul></li></ul> <div><p>% of package reviews that are within compliance 2023</p><table><thead><tr><th>Month</th><th>Annual Reviews (%)</th><th>Initial Reviews (%)</th></tr></thead><tbody><tr><td>May-23</td><td>-</td><td>-</td></tr><tr><td>Mar-23</td><td>82</td><td>91</td></tr></tbody></table></div> <ul style="list-style-type: none"><li>○ Compliance with annual reviews is affected by the need to respond to urgent changes in need and concerns over quality raised through statutory processes.</li><li>• A <b>Quality Improvement Programme</b> has been developed for the care group with four main priorities: in-patient services, older adult in-patient falls (as part of the national IHI / Improvement Cymru Safe Care Collaborative), Ty Llidiard Improvement and Reducing Restrictive Practice. An in-person workshop was held on 26<sup>th</sup> April and was well attended. The DU were also invited and the Assistant Director for Mental Health in Wales attended in an observational capacity.</li><li>• The Deputy COO has oversight of a full recovery plan for <b>Mental Health Measure Performance</b> with trajectories for improvement for CAMHS:</li></ul>	Month	Annual Reviews (%)	Initial Reviews (%)	May-23	-	-	Mar-23	82	91
Month	Annual Reviews (%)	Initial Reviews (%)								
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MHM 1(a) Assessments - Time taken from Referral <18yrs



MHM 1(b) Interventions - Time taken from Assessment <18yrs



Significant validation process work and the planning of additional sessions for care and treatment planning has been taking place and **Part 2 Mental Health Measure CAMHS** performance has improved from 37.4% December 2022 to 85.6% in January 2023. This improvement has been sustained during February and March with performance falling just short of the 90% target.



	<ul style="list-style-type: none"><li>• <b>Complaint Closure Compliance</b> is a key priority for the Health Board. Compliance in the MHLDCare Group is currently at 40%. The low volume of formal complaints can artificially skew the reporting and as of 23 April 2023 there are 7 formal complaints that have not been responded to within 30 days.</li></ul> <table border="1"><caption>% 30 Working Day Compliance (Closed Formal Complaints)</caption><thead><tr><th>Month</th><th>Compliance (%)</th></tr></thead><tbody><tr><td>Apr-22</td><td>71%</td></tr><tr><td>May-22</td><td>50%</td></tr><tr><td>Jun-22</td><td>75%</td></tr><tr><td>Jul-22</td><td>75%</td></tr><tr><td>Aug-22</td><td>88%</td></tr><tr><td>Sep-22</td><td>73%</td></tr><tr><td>Oct-22</td><td>83%</td></tr><tr><td>Nov-22</td><td>50%</td></tr><tr><td>Dec-22</td><td>33%</td></tr><tr><td>Jan-23</td><td>60%</td></tr><tr><td>Feb-23</td><td>100%</td></tr><tr><td>Mar-23</td><td>40%</td></tr></tbody></table> <ul style="list-style-type: none"><li>• There are 6 open <b>Nationally Reportable Incidents</b> with 4 of those overdue for completion. These cases are complex and are being actively managed. The data from the central governance team reports that there are 12 open <b>Locally Reportable Incidents</b>. There is further work to validate this figure and monitor the progress against these LRIs.</li></ul>	Month	Compliance (%)	Apr-22	71%	May-22	50%	Jun-22	75%	Jul-22	75%	Aug-22	88%	Sep-22	73%	Oct-22	83%	Nov-22	50%	Dec-22	33%	Jan-23	60%	Feb-23	100%	Mar-23	40%
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INFORM	<ul style="list-style-type: none"><li>• The <b>repatriation of Community CAMHS to Swansea Bay UHB</b> was completed as planned and all services transferred at the end of March 2023.</li><li>• The Delivery Unit are currently undertaking a <b>Review of Memory Assessment Services, a Review of Psychology Services and a Review of Older Adult Crisis Services</b> as part of a wider national review programme. Any recommendations will be monitored via the Care Group QSRE meeting.</li><li>• The <b>Perinatal Service</b> was subject to a Royal College of Psychiatry peer review during April. The formal response is awaited.</li><li>• <b>RCN Nurse of the Year Awards</b> – Three nominations shortlisted with Learning Disability Acute Liaison Nurses shortlisted further to finalists – Award Ceremony scheduled for June 2023.</li><li>• A 16 hour 'soft roll out' of the <b>111#2 direct access to mental health advice and triage</b> commenced on 4 April in anticipation of 24 hour service from 1 May.</li></ul>																										
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