



AGENDA ITEM

6.4

QUALITY & SAFETY COMMITTEE

PATIENT SAFETY QUALITY DASHBOARD

Date of meeting	15 th November 2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
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Presented by	Louise Mann, Assistant Director Quality, Safety & Safeguarding
Approving Executive Sponsor	Executive Director of Nursing Executive Medical Director Director of Public Health
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Discussions with key individuals in corporate services and within directorates and localities Joint working with Performance and Planning team	Various dates	Choose an item.



ACRONYMS	
CA&QI	Clinical Audit & Quality Informatics
ILG	Integrated Locality Group
CAPU	Community Acquired Pressure Ulcer
NEWS	National Early Warning Score
LFER	Learning from Events Reports
DU	Delivery Unit
RGH	Royal Glamorgan Hospital
PCH	Prince Charles Hospital
POW	Princess of Wales Hospital
CMO	Chief Medical Officer
HCSW	Health Care Support Worker
YCC	Ysbyty'r Cwm Canon
YCR	Ysbyty's Cwm Rhondda
LOS	Length of stay
WAST	Welsh Ambulance Service NHS Trust

1. SITUATION/BACKGROUND

This presentation of the Quality Dashboard to Committee provides data from August 2022 to September 2022. The Health Board is in the process of transitioning to a new operating model, which requires significant change to data alignment, in addition to introducing changes to the quality governance model and arrangements. As key senior leaders prepare and begin to adapt to new roles and responsibilities, the requirement for assurance from the previous Integrated Locality Groups during this interim period has been streamlined and brought together within this document. ILG Dashboards and key matters are contained within **Appendix 1**.

Key areas to note in this reporting period are:

- The average number of complaints over the preceding 12-month period is 94, demonstrating a mean reduction in formal complaints received during August and September. Complaints have risen in the past 3 months, however, they remain on a decreasing trend over the 12 month period. Whilst there is an overall increase in early resolutions, data does not represent a trend and there is no direct correlation with formal complaints. Once the new triage process is fully implemented with the new operating model with centralised complaints, a drive for early resolutions will continue.
- For all complaints received in August & September 2022 the top 3 themes remain consistent with previous themes and relate to Clinical Treatment /

Assessment (231), Communication Issues, including attitude & behaviour (138) and Appointments (108).

- CTMUHB Complaints response compliance average is 61% with a target ambition of 75%. Compliance in this reporting period is 64%. Improved systems of complaints triage and early resolution, should continue to increase patient satisfaction in timely health board response to concerns and reduce the need for formal process. However, the impact of a changed operating and governance model may temporarily affect the ability of clinical teams to complete responses in a timely manner.
- Between August 2022 and September 2022, a total of 4,053 incidents were reported across the Health Board. This is a decrease of 265 when compared to the previous two months. Of the patient safety incidents, which were reported with a severity of severe harm or death, a decrease of 74 when compared to the previous 2 months. Functionality issues implementing Datix Cymru persist during this reporting period, which does not permit downgrading of harm following the initial review to the clinical managers. The Datix team are working with the national team to devise a resolution to the system to accurately reflect harm from patient safety incidents following rapid review.
- There is a slight increase in falls reported in September (273) however the number of incidents which have been reported as moderate/ severe or death has significantly decreased. Falls panels continually occur weekly in each ILG and the formulation of how these will be undertaken within the care groups is being discussed. We have introduced falls per 1000 occupied bed days as an improved measure of benchmarking fall rates, with the next step to set reduction goals for numbers and severity of harm. This also facilitates flexibility in identifying areas of greatest risk and setting reduction targets accordingly.
- During August 2022 & September 22, No falls were nationally reportable.
- During August and September 2022, a total of 875 pressure damage incidents were reported, of which 440 were reported as occurring during the current community case load. The remaining pressure damage incidents were reported as being present before admission to this clinical care area/caseload (435). Of the 440, 239 were identified as being hospital acquired and 201 as community acquired. This represents an increase of 47 hospital acquired pressure damage incidents when compared to the previous 2 months. The locations of the high reported hospital acquired pressure damage incidents were within all 3 ED departments and AMU at Princess of Wales Hospital (10). Work is ongoing with ED and WAST colleagues as an increase in numbers is in relation to those patients who are awaiting offload from an ambulance and adequate turning and monitoring is difficult to achieve. This issue has been put forward to be included in the Community Acquired Pressure Ulcer (CAPU) project as detailed below.

- The number of community acquired pressure damage incidents have reduced since April 2022 although there was a slight increase in June and July, this has since reduced in August and September. The Community Acquired Pressure Ulcer prevention strategy was launched at a stakeholder event on the 29th July 2022, and is now in its second Learning Session phase of the collaborative improvement model. The project has seen each of the 6 Community Nursing teams receive a Quality Improvement Lead & patient safety team member to help support with the project work.
- Medication prescribing errors continue on a downward trajectory overall with a reduction in incidence seen since January 2022. Administration errors remain in line with the 12-month average. Raising awareness of medicines safety was the subject for a weeklong range of public facing activities in line with the global theme for World Patient Safety Day. This was a collaborative endeavour with pharmacy, patient safety and CTM improvement team between the 12th – 16th September 2022. This event also helped to further raise awareness of the 'Your medicines, Your Health Campaign'.
- Crude hospital mortality rates remain positively correlated to Covid prevalence and the volume of hospital admissions in last month's report. Regrettably, the data was not available on completion of this report.
- The Recognising Acute Deterioration and Resuscitation (RADAR) group are in the early stages of forming a cross-organisational programme. NEWS training is also being recorded on the new Clinical Audit and NICE compliance monitoring system, so training figures are now available.
- The Unscheduled Care Nurse Director has now broadened the reporting mechanism of the daily Situation report to include quality metrics reflected as part of the safe to start forums happening on each acute site. This will enable key areas of concern regarding quality, safety and patient experience to be discussed as part of the daily operational meetings.
- An update on our current Patient Safety Solutions position will be presented today. At the time of reporting, further compliance has been achieved in Patient Safety Notice PSN059 since the last report to Committee.
- Infection Prevention & Control (IP&C)_Mandatory surveillance continues nationally for five key organisms including C. difficile, Staphylococcus aureus bacteraemia and E.coli, Pseudomonas and Klebsiella bacteraemia. More than half of the bacteraemia reported since April 2022 are community acquired infections and a scoping exercise is required in primary care to understand the requirements/expectations of the current Infection Prevention and Control Team to provide a comprehensive service.

- The Infection Prevention and Control team continue to work collaboratively with the service groups to improve the investigation procedure and root cause analysis process for C. difficile infection and preventable bacteraemia. Learning is shared with clinical teams to inform and influence practice. Further engagement and support is required to introduce this in the primary care setting.
- An increased requirement for end of life care and visits to Continuing Healthcare patients remains a trend within District Nursing Teams and primary healthcare services. Teams are sharing resources and collaborating with other support services to maintain a quality service as acuity and demand increases.
- Learning from Events reports, (LFER's) continue to be a challenge for the Health Board, with a historic backlog of overdue LFERs. This is included on the corporate risk register as a significant risk due to the potential reputational and financial impact. A detailed improvement plan was undertaken with regular monitoring and supportive meetings with the ILGs. This has resulted in a number of historic cases, which were at risk of permanent deferral being closed. A recent data cleanse and validation exercise has taken place and a data reconciliation of open LFERs with Welsh Risk Pool data correlated for the first time. There remains much work to do in order to clear the backlog, and a shift being realised to ensure current incident management/investigation includes evidence provision on Datix for Learning from Events Reports (LFERs). The new operating model and proposed supporting quality, safety and governance arrangements, places responsibility within the Care Group Governance teams to facilitate the completion of the LFERs.
- **The CTM Listening and Learning Event taking place on 23rd September 2022.** This was a significant opportunity to promote and nurture the learning culture supporting continuous improvement and patient safety across the Health Board. Another event is being arranged for 15th March 2023 which will focus on sharing specific learning from across the health board.



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



Indicator Description	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	April-22	May-22	June-22	July-22	Aug-22	Sept 2022	Trend
Number of formal complaints (managed through PTR)	132	136	102	94	95	87	84	87	57	84	82	88	
Number of formal complaints closed (managed under PTR)	114	114	107	67	117	100	77	83	81	70	81	69	
Number of Early Resolution complaints	162	173	117	174	183	229	180	206	168	175	234	208	
Number of compliments	55	77	51	71	59	25	60	182	196	99	24	80	
Number of Ombudsman Received	5	7	5	8	7	11	9	9	6	6	4	6	
Number of never events in month	0	0	0	1	0	0	0	1	0	0	0	1	
Number of Nationally Reportable Incidents. New process from 14.06.21	4	4	4	4	7	8	4	5	6	2	9	2	
Number of Locally Reportable Incidents	21	16	18	9	17	13	10	5	5	6	7	17	

Data run on 05.10.22



Complaints:

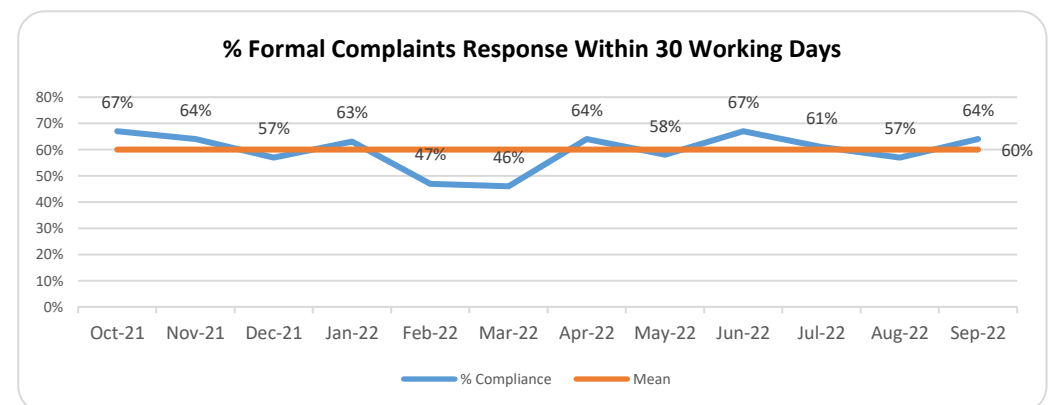
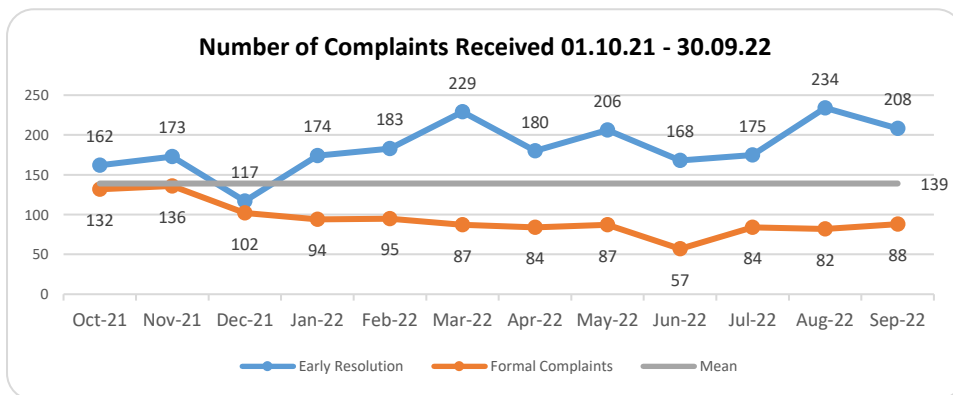
New Complaints Received

During August and September 2022, there were 170 formal complaints received within the Organisation which were managed in line with the Putting Things Right regulations. The number of formal Complaints managed through PTR has remained relatively consistent over the last 3 months. Within the same period (August and September 2022), the Health Board managed 442 complaints under Early Resolution, representing an increase of 99 complaints when compared to the previous 2 months (343). The Health Board are working hard to change the way it manages complaints by implementing a triage process offering early resolution in a responsive and supportive way to try and resolves concerns at an early stage. The trend in relation to new complaints received is reflected in the chart below.

For all complaints received in August & September 2022, the top 3 themes relate to Clinical Treatment / Assessment (231), Communication Issues, including attitude & behaviour (138) and Appointments (108).

Closed Complaints

Between August & September, the Health Board closed 150 formal complaints (managed through PTR). Compliance with the 30 working day response rate decreased slightly in August 2022 when compared to July, but the trend remains the same with the mean average compliance for 12 months being 60%.





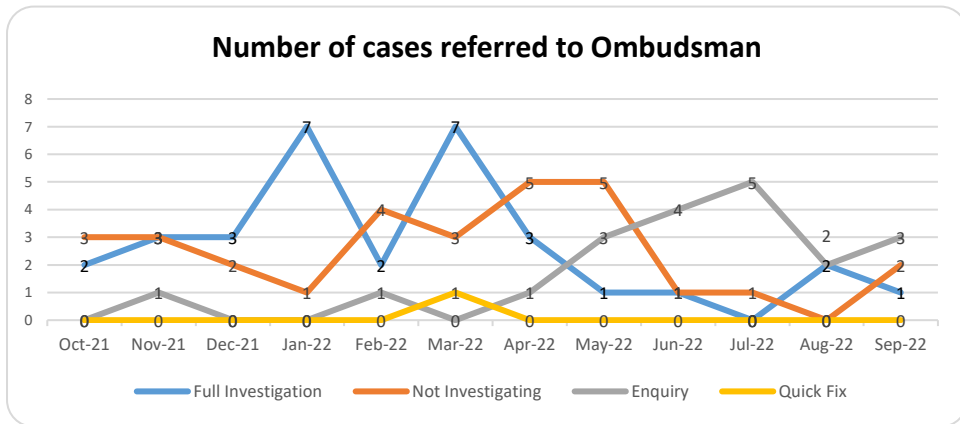
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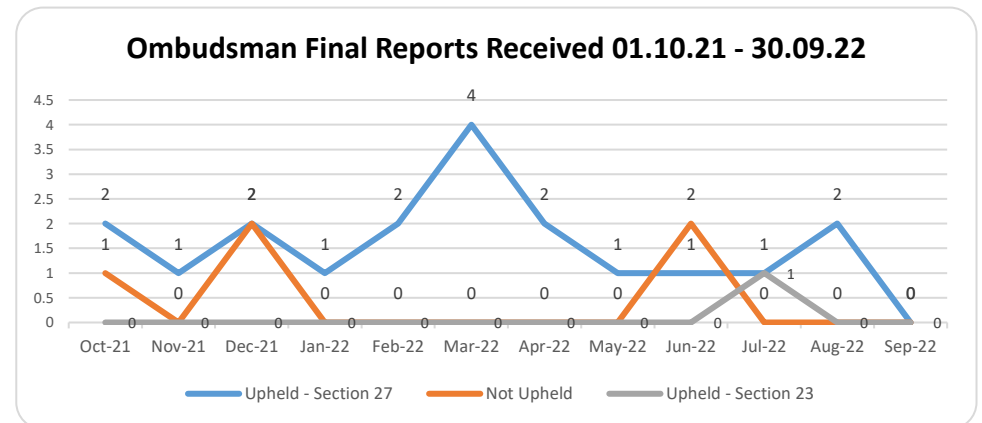
Public Services Ombudsman for Wales

During August and September 2022, the Health Board received notification of 10 Public Services Ombudsman for Wales (PSOW) referrals. This represents a decrease of 2 cases when compared to the previous 2 months. Of the 10 referrals, the PSOW decided not to investigate 2 and 3 were full investigations, with the remaining 5 managed as enquiries.

Between the August & September, the Health board received 2 Final reports from the Public Services Ombudsman for Wales. Both of the final reports received were Upheld (Section 27).



Data run on 05.10.22



Data run on 05.10.22


Compliments

During August and September 2022, there were 104 compliments recorded on the Datix Cymru system, which represents a decrease of 191 when compared to the previous two months (295). The highest number of compliments recorded during August and September 2022 related to Emergency Care (44), Maternity (26) and Paediatrics (10) all within the Merthyr & Cynon Locality. Ongoing support and training is being provided to service areas to improve the capturing of compliments with the Datix Cymru system to facilitate the analysis of all elements of feedback. In Merthyr Cynon in September a total of 47 early resolutions (ER) have resulted in 3 ERs being escalated to a formal concern. A total of 82 compliments have been captured in this period and the PALs are currently producing newsletters with highlights for all the departments.

Patient Experience:

The latest patient experience data is contained in **Appendix 2**.

Patient Safety Incidents:



Between August 2022 and September 2022, a total of 4,053 incidents were reported across the Health Board. This is a decrease of 265 when compared to the previous two months. Of these, 86% (3,494) were reported under the type of patient safety during the two month period. Of the patient safety incidents, 55 were reported with a severity of severe harm (27) or death (28), a decrease of 74 when compared to the previous 2 months. This equates to 1.6% of the total number of patient safety incidents reported, compared to 3.4% in the previous 2 month period.

Nationally Reportable Incidents:

As highlighted in previous reports, following the introduction of the NHS Wales National Incident Reporting Policy on 14th June 2021, the Health Board distinguishes between Nationally Reportable Incidents and Locally Reportable Incidents (those previously classified as serious incidents). The trend for the last 12 months is reflected in the chart below.

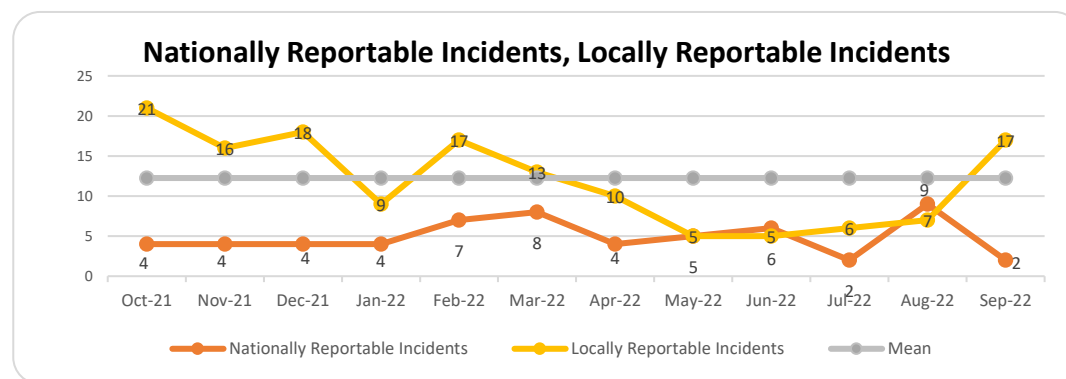
During August 2022 and September 2022, 11 nationally reportable incident notifications were submitted to the Delivery Unit and 24 identified as Locally Reportable Incidents. This represents an increase of 3 nationally reportable incidents when compared to the previous 2 months. During September 2022, 1 Never Event was reported relating to Treatment, Procedure under Trauma & Orthopaedics in Merthyr & Cynon. This incident was in relation to a Right sided femoral component implanted

into the Left knee.

A breakdown of the nationally reportable incidents is provided in the table below:

Type of Nationally Reportable Incidents	Aug-22	Sept-22	Total
Behaviour (including violence and aggression)	2	0	2
Delays	2	0	2
Unexpected of Trauma Related Death	2	0	2
Pressure Damage	1	0	1
Diagnostic Testing – Radiology	1	0	1
Records, Information	1	0	1
Treatment, Procedure	0	1	1
Monitoring, Observations	0	1	1
Total	9	2	11

Data run on 05.10.22



Data run on 05.10.22



Patient Safety Solutions:

Summary

There have been no new patient safety notices or alerts issued since previous Q&SC meeting.

The internal management, monitoring and reporting process for Patient Safety Alerts (PSAs) and Patient Safety Notices (PSNs) is now operating in a structure of devolved responsibility to the relevant teams with the central Patient Care and Safety Team providing support, co-ordination and oversight, leading to reporting.

The Safety Alert Broadcasting System Policy is currently under review and is utilising the Delivery Unit (DU) *All Wales Guidance for the Management of NHS Wales Patient Safety Solutions* published in July 2022 for reference. A national working group for safety alerts has been established which aims to support a more standardised approach of managing patient safety alerts/solutions in health boards. This is going to focus on patient safety alerts and solutions in first instance and then focus on wider alerts such as MHRA's in the second phase of the working group.

Compliance:

In total, there is **1 alert** and **1 notice** in which CTMUHB are non-compliant. In both cases the non – compliance relates to an ongoing national issue which is currently being scoped externally; health boards are currently unable to directly resolve these issues, the Delivery Unit are fully aware.

Since last report:

Compliance achieved: **PSN059**

Eliminating the risk of inadvertent connection to medical air via a flowmeter, we have now received the evidence for the action which was outstanding from the estates team therefore, full compliance has been approved by the Executive Director Nursing and reported to the DU as of 20/10/22.

Non-compliance

As noted above the Health Board currently reports non-compliance in **1 PSA** & **1 PSNs**:

PSA008

Nasogastric tube misplacement: Requirement of an All Wales training solution in progress.

PSN063

Deployment of NRFIt (ISO 80369-6) compliant devices in Wales.

Compliance has been reported in some areas within all hospital sites. There is currently a national supply issue. There is currently a national working group for this solution which a number of our anaesthetists attend. A letter has been sent to Medical Directors by the national working group for this patient safety solution to inform them of the national shortages. The letter advises health boards to not to roll out the change over to these devices to further areas at the present time due to the risk of stock not being available. The Delivery Unit have requested health board's to review the notice as compliance may be able to submitted due to a plan in place for all areas to switch, but ensuring the risk is included on corporate risk register. This is currently in progress.

Safety Measure Indicators

Indicator Description	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	April-22	May-22	June-22	July-22	Aug-22	Sept 2022	Trend
Number of medication prescribing errors	15	25	21	10	13	19	14	15	8	8	21	13	
Number of medication administration errors	31	42	41	35	35	41	26	37	32	29	24	26	
Total number of inpatient falls	295	300	260	300	254	292	260	258	262	242	240	273	
Number of inpatient falls where harm has occurred (moderate, severe and death)	9	13	9	10	13	12	22	25	22	25	26	17	
Total number of instances of hospital acquired pressure ulcers	133	98	79	86	105	86	109	100	92	100	119	120	
Number of hospital acquired pressure ulcers grade 3 and 4	7	8	0	1	6	2	1	5	4	2	10	5	
Total number of instances of Community acquired pressure ulcers	153	165	168	170	147	163	105	104	112	116	96	105	
Number of Community acquired pressure ulcers grade 3 and 4	18	20	16	19	16	18	6	5	16	17	8	9	



Safety Measure Indicators

Indicator Description	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	April-22	May-22	June-22	July-22	Aug-22	Sept 2022	Trend
Number of potential Hospital Acquired Thrombosis (HATs)	14	9	6	6	5	13	5	9	7	11	13	10	
% VTE risk assessments documented on the med. Chart	90	94	93	96	98	97	95	91	97	93	97	91	
Hospital Arrests (2222 calls) Adult	47	35	48	42	46	49	44	35	44	45	27	N/A	
% NEWS audit by site (RGH/YCR/PCH/YCC/PoWH/ Ysbyty'r Seren)	84.2	91.5	89.5	89.8	88.6	87.3	88.9	87.2	87.0	87.7	89.8	90.8	
C.difficile Rate/1000 admissions	1.78	1.79	2.87	1.91	2.67	3.56	1.93	1.16	1.6	2.17	2.94	2.94	
MRSA bacteraemia Rate/1000 admissions	0	0	0	0	0.22	0	0	0.19	0.40	0	0	0.21	
MSSA bacteraemia Rate/1000 admissions	1.07	1.61	2.11	2.12	1.33	2.44	3.22	2.72	1.8	3.15	2.94	2.52	
E. coli bacteraemia Rate/1000 admissions	4.46	5.73	5.75	5.1	6.22	4.5	6.22	5.82	6.39	4.92	7.35	8.82	
% of patients who spend less than 4 hours in A&E from arrival to admission, transfer or discharge	61	66	65	66	63	63	62	62	62	62	66	66	
% of patients who spend less than 12 hours in A&E from arrival to admission, transfer or discharge	90	90	91	88	87	88	87	88	88	88	88	88	
AvLOS overall mean (based on discharges only)	5.1	5.3	5.3	5.6	5.8	5.5	6.0	6.0	5.8	5.6	5.6	5.5	
Mortality Rate (CHKS)	3.46%	3.30%	3.82%	3.53%	2.76%	2.62%	3.43%	2.66%	2.82%	3.25%	N/A	N/A	

Data run on 05.10.22

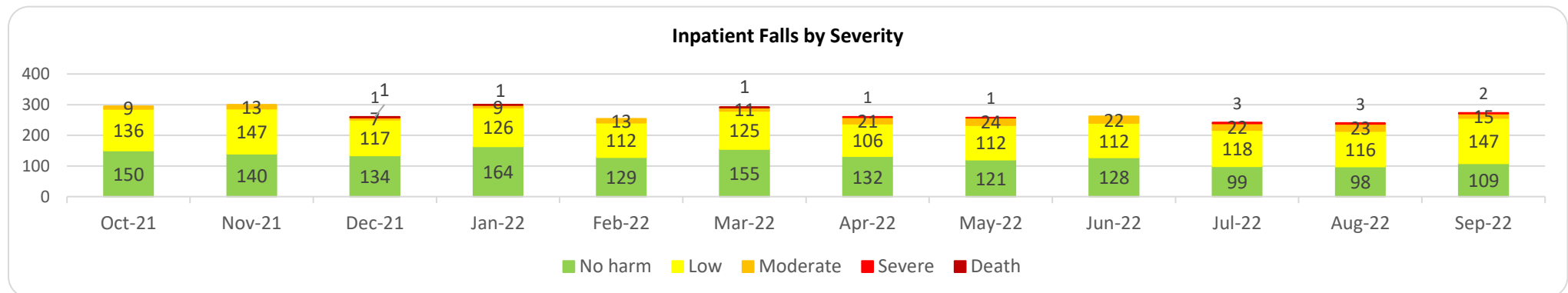
Medication Incidents

A total of 177 medication incidents were recorded during August 2022 and September 2022. 85% of the incidents reported as resulting in no (106) or low (44) harm, with the remaining reported as resulting in moderate harm (16). The introduction of a specific Community Pharmacy form has impacted on data quality for medication incidents as a number of fields are not included for completion. Therefore, for incidents reported during August and September 2022 - 11 incidents do not include the severity of the incident. Pharmacy colleagues have been asked to review this urgently.

Of the total number of medication incidents reported, the top 3 types of medication incidents relate to administration errors (50) Medication supply errors (47) and Medication prescribing (34).

Inpatient Falls

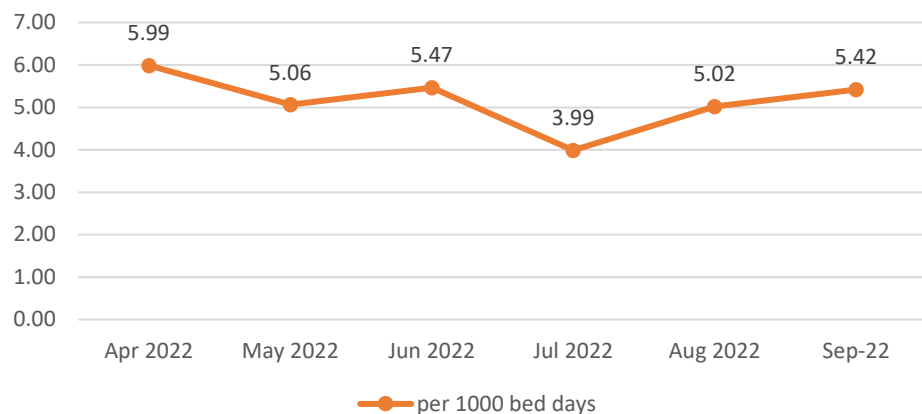
A total number of 513 inpatient falls were reported between August and September 2022, which represents an increase of 9 in the number of falls reported in comparison to the previous two months. Of the falls reported, 92% were reported as no (207) or low (263) harm. The remaining incidents were reported as moderate (38) and severe (5) harm. No incidents relating to inpatient falls were reported as resulting in death. During August and September 2022, the highest number of inpatient falls occurred on Ward 15 at Princess of Wales Hospital (21), Emergency Care Centre at Prince Charles Hospital (19), Ward 7 at Ysbyty Cwm Cynon (16) and Ward 11 at Princess of Wales Hospital (16).



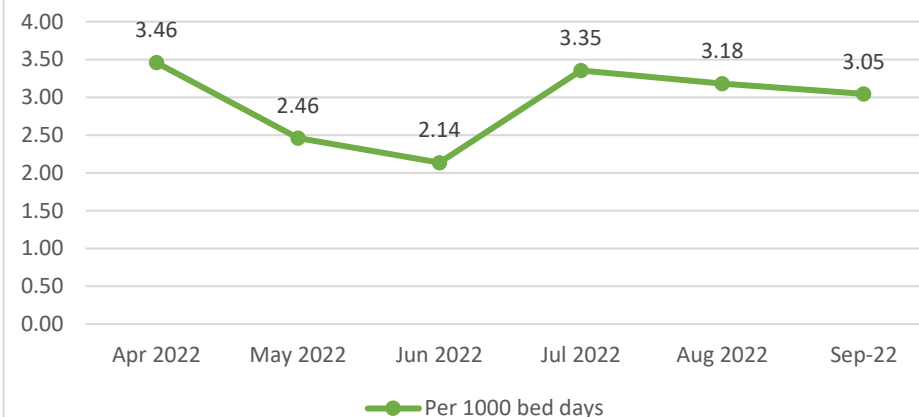
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Inpatient Falls Per 1000 bed days



Pressure Damage Per 1000 bed days



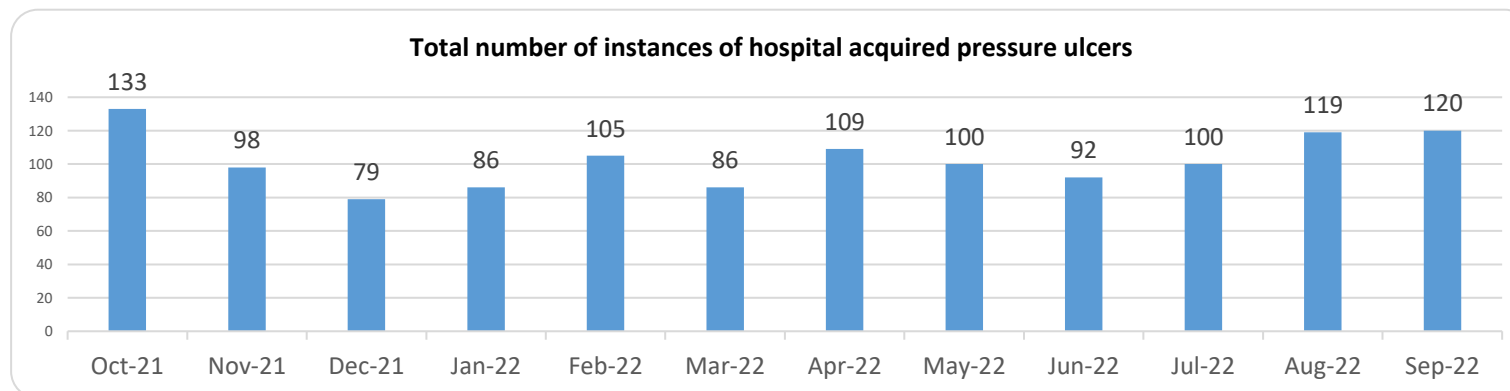
Metrics per 1000 bed days

We have introduced falls and pressure damage metrics per 1000 occupied bed days as an improved measure of benchmarking rates, with the next step to set reduction goals for numbers and severity of harm. This also facilitates flexibility in identifying areas of greatest risk and setting reduction targets accordingly. National figures vary but is around 6 per 1000 bed days for falls with pressure damage much more difficult to average nationally.

Pressure Damage Incidents

During August and September 2022, a total of 875 pressure damage incidents were reported, of which 440 were reported as occurring during the current community case load. The remaining pressure damage incidents were reported as being present before admission to this clinical care area/caseload (435). Of the 440, 239 were identified as being hospital acquired and 201 as community acquired. This represents an increase of 47 hospital acquired pressure damage incidents when compared to the previous 2 months. The locations with the high reported hospital acquired pressure damage incidents were the Emergency Department at Princess of Wales Hospital (27), Emergency Department at Royal Glamorgan Hospital (19), Emergency Care Centre at Prince Charles Hospital (13), and AMU at Princess of Wales Hospital (10). There were 15 hospital acquired incidents reported as Grade 3 in August (10) and September (5) 2022. There was 1 hospital acquired Grade 4 incident reported for Ward 8 - Princess of Wales Hospital during the two month period.

Data run on 05.10.22



Hospital Acquired Thrombosis (HAT) and Venous Thromboembolism (VTE) assessments:

There were 23 potential HATs identified for August 2022 to September 2022 compared to 18 for the previous reporting period from June 2022 to July 2022. It is important to remind Committee that this measure is prior to the investigation of each case to identify if a HAT occurred or not. The ambition is to provide actual HAT's in relation to potential vs actual.

Hospital Cardiac Arrests and NEWS Training:

For August 2022, the number of calls taken were 27 compared to June 2022, 44 calls and July 2022, 45 calls. September 2022 data was not available at the time of this report. Hospital Cardiac Arrest Calls will remain an important metric, as the ultimate goal is for cardiac arrests only to occur in the Emergency Department. Strengthening our pre-arrest reviews and monitoring acute deterioration, as well as improving on our DNACPR processes, NEWS scoring, and training strategy, are integral to this goal.

Recognising Acute Deterioration and Resuscitation (RADAR) group will be expanding metrics to ensure there is a constant review of activities. NEWS training is also being recorded on the new Clinical Audit and NICE compliance monitoring system, so training figures are now available.

Infection Prevention and Control:

The COVID-19 response continues to be at the forefront of the Infection Prevention and Control teams' agenda. COVID-19 continues to cause service disruption across the three acute sites. COVID-19 cases and outbreaks of infection are discussed at the bi-weekly Infection Prevention and Control cell meetings. Service changes and de-escalation of COVID measures have been introduced in order to return to pre-pandemic arrangements but universal mask wearing has been re-introduced in clinical areas. The patient testing framework has been reviewed in line with national guidance. These changes include; stopping routine testing of asymptomatic unscheduled admissions and changes to asymptomatic pre-operative testing. Unvaccinated/partially vaccinated patients will be tested for COVID prior to elective admissions and asked to self-isolate from the test date until admission to hospital. Vaccinated patients will not require pre-operative routine testing.

The ongoing response to the COVID-19 pandemic and staff shortages within the Infection Prevention and Control team has delayed the pace of improvement work but there are arrangements in place to resume and introduce planned work aimed at reducing Health Care Associated Infections (HCAI's).

Mandatory surveillance continues nationally for five key organisms including *C. difficile*, *Staphylococcus aureus* bacteraemia and *E.coli*, *Pseudomonas* and *Klebsiella* bacteraemia. More than half of the bacteraemia reported since April 2022 are community acquired infections and a scoping exercise is required in primary care to understand the requirements/expectations on the current Infection Prevention and Control Team to provide a comprehensive service.

The Infection Prevention and Control team continue to work collaboratively with the service groups to improve the investigation procedure and root cause analysis process for *C. difficile* infection and preventable bacteraemia. Learning is shared with clinical teams to inform and influence practice. Further engagement and support is required to introduce this in primary care.

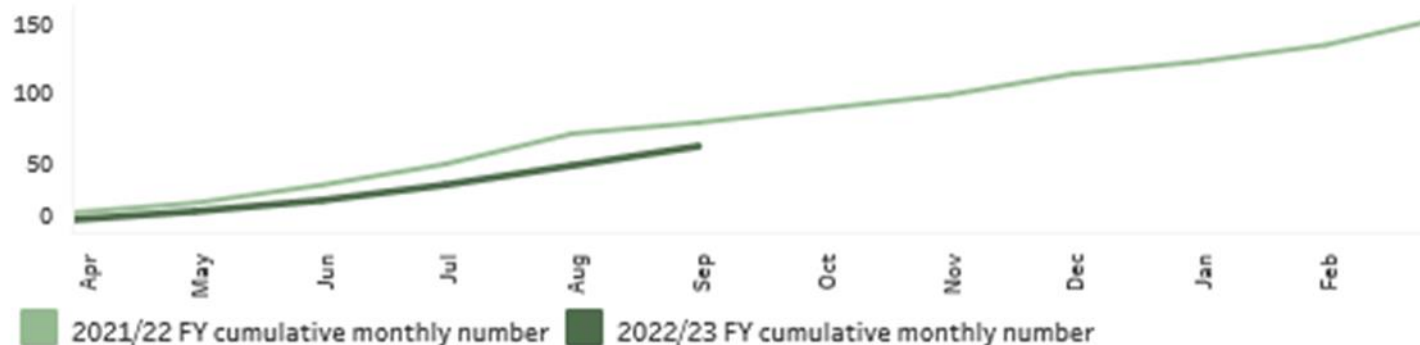
Roll out of Aseptic Non-Touch Technique (ANTT) across Princess of Wales Hospital and workshops in Rhondda Taff Ely and Merthyr Cynon has stalled due to increased workload and vacancies within the Infection Prevention and Control team. Assistance has been requested from the Deputy Medical Director to improve engagement and compliance of Infection Prevention and Control training and ANTT amongst medical colleagues. The Lead Infection Prevention Control Nurse is working with the Head of Professional Standards and Education to standardise the audit tools available on the AMaT system. This will improve benchmarking of information and reliability of results.

A CMO alert has been received alerting Health Boards' in Wales to an outbreak of Ebola virus in Uganda. Work is required to ensure hospital sites have clear plans to identify and manage suspected cases safely with access to appropriate Personal Protective Equipment (PPE).

Infection Prevention and Control plan for the next 3 months –

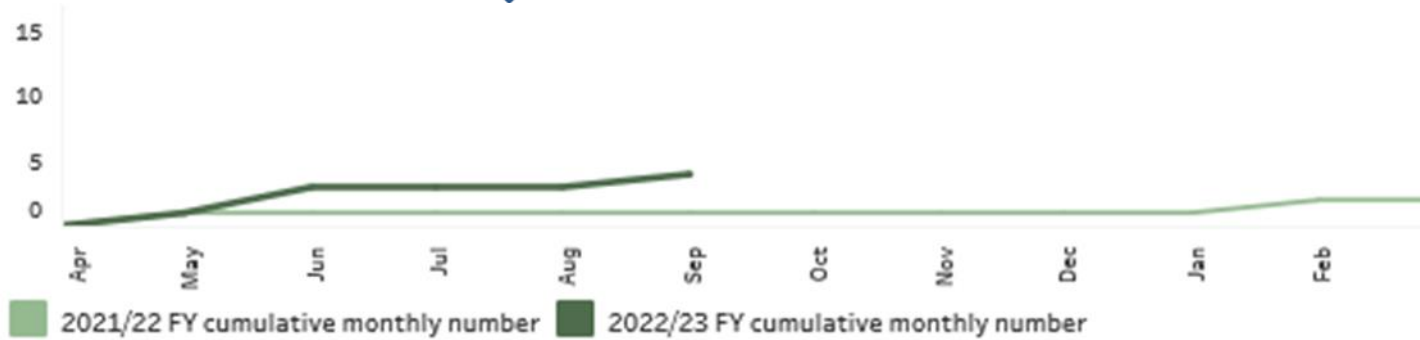
- Review current IPC establishment considering the need for a primary care resource and secure appointments into the IPC Nurse vacancies.
- Support newly appointed IPC Nurses.
- Support Emergency Departments with High Consequence Infectious Disease (HCID) preparedness.
- Support improvement work to reduce health care associated infections.
- Continue to support the respiratory/non-respiratory pathways, testing framework and COVID-19 response.
- Deliver an Infection Prevention and Control service in line with the new organisational structure.

Cwm Taf Morgannwg University Health Board cumulative monthly numbers of C. difficile for April 2022 to September 2022 against the equivalent period in 2021/22



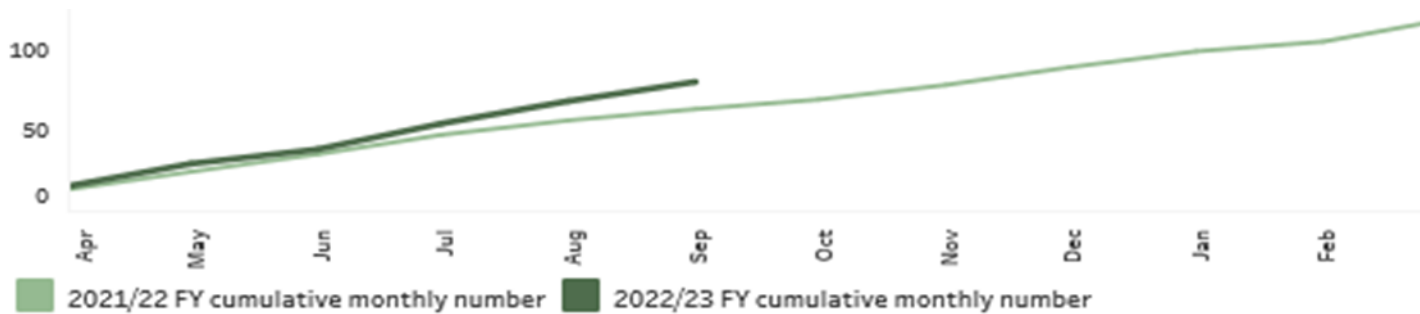
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Cwm Taf Morgannwg University Health Board cumulative monthly numbers of MRSA bacteraemia for April 2022 to September 2022 against the equivalent period in 2021/22



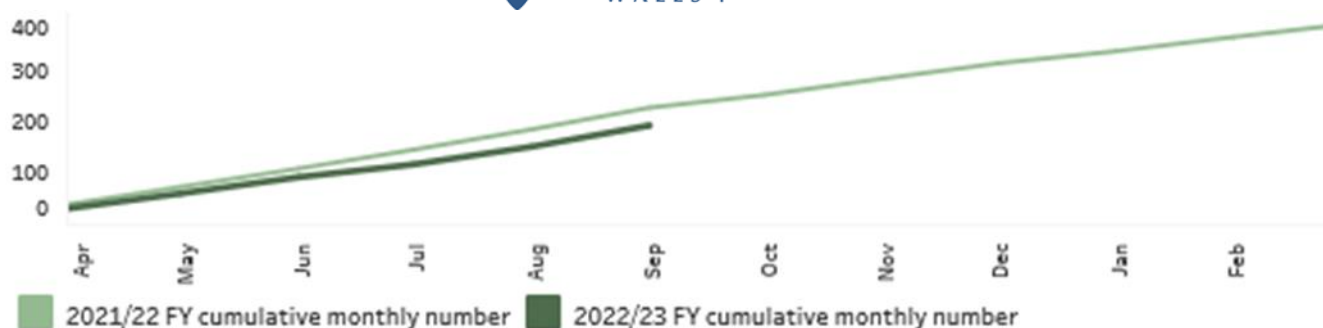
Data run on 5.10.22

Cwm Taf Morgannwg University Health Board cumulative monthly numbers of MSSA bacteraemia for April 2022 to September 2022 against the equivalent period in 2021/22



Data run on 5.10.22

Cwm Taf Morgannwg University Health Board cumulative monthly numbers of E. coli bacteraemia for April 2022 to September 2022 against the equivalent period in 2021/22



Data run on 5.10.22

Emergency Department 4 hour and 12-hour performance:

Compliance with the 4-hour target has increased to 66% compared to the previous reporting period, as front door activity remains high. The 12-hour A&E performance remains comparable with the previous report period at 88%.

Average Length of Stay:

The ALoS has decreased to 5.5 days in September 2022 compared to 5.6 days in August 2022. A full review of COVID cases will be undertaken as part of the National COVID audit and as part of the COVID mortality review process to identify any common themes, trends and learning.

Mortality rate:

There has been an increase in mortality during the months of June 2022, 2.82% and July 2022, 3.25%. August and September 2022 data was not available at the time of this report.

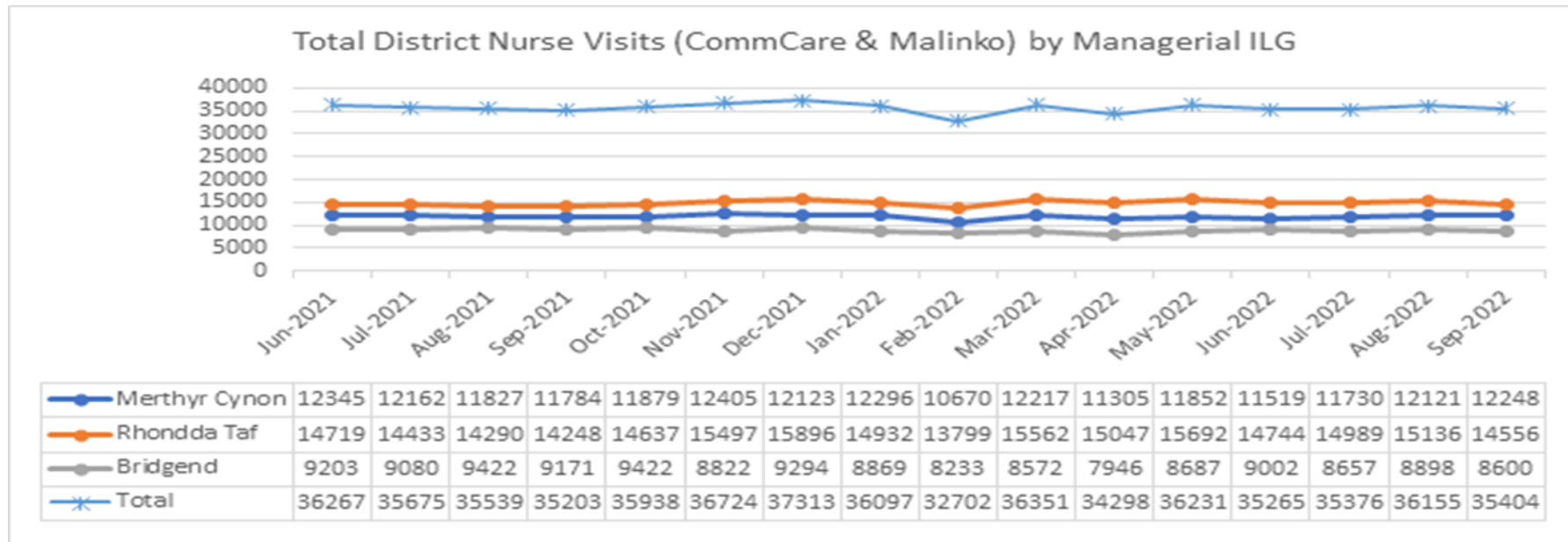
Indicator Description	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	April-22	May-22	June-22	July-22	Aug-22	Sept 2022	Trend
Community Care Metrics													
District Nurse treatments	35938	36724	37313	36097	32702	36351	34298	36231	35265	35376	36155	35404	



Indicator Description	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	April-22	May-22	June-22	July-22	Aug-22	Sept 2022	Trend
Community Care Metrics													
Referral to At Home Services (All Referrals)	97	103	102	109	101	141	90	120	122	129	123	123	
Maesteg Hospital (ALOS)	0	0	0	0	0	0	0	0	0	0	0	0	
Ysbyty'r Seren (ALOS)	57	43	39	42	54	96	55	63	0*	0*	0*	0*	
*Princess of Wales Hospital, Ward 21 (ALOS)	-	-	-	-	-	-	-	-	46	63	77	102	
Ysbyty Cwm Cynon (ALOS)	49	55	61	55	74	54	61	63	49	51	64	64	
Ysbyty Cwm Rhondda (ALOS)	70	58	58	82	69	75	67	70	56	67	55	62	
Palliative Medicine, Bridgend (ALOS)	18	13	13	25	27	14	19	14	20	9	10	24	
Palliative Medicine, Pontypridd/RGH (ALOS)	8	7	9	18	11	8	4	19	12	7	8	8	
Palliative Medicine, YCC (ALOS)	23	24	13	9	26	18	16	13	32	16	36	4	

Data run on 17.10.22

District Nurse Treatments and at Home Referrals:



The data is currently collected at Health Board (HB) level.

RTE

There has been approximately 500 less visits during September. The ongoing demand continues to challenge the service's capacity. The main issue for the service is non-housebound patients on the caseload.

M&C

The number of palliative care visits continue to rise due to the palliative care arena developing to include conditions such as Dementia which is on the increase together with a rise in the elderly frail population also classed as palliative care. Although this group of patients has increased, the resources remain the same. Maintaining the quality of care being delivered remains a challenge due to a combination of both an increase in demand and increasing patient acuity. Teams are mitigating against this through collaborative working, both within District Nursing and with supporting services, to share the risk and maintain a high quality service.

Bridgend

The Band 4 Health Care Support Worker (HCSW) development training is nearly complete for Diabetes management, vitamin B12 injections, catheter and bowel care. A Nurse Staffing Acuity pilot has been completed in Bridgend with good results. Teams are continuing for a further month on the Civica Professional Judgement workbook with completion planned for mid-November for every District Nursing Team. There are representatives from District Nursing Teams engaged in HB Community Pressure Ulcer Collaborative work. There are plans in place to implement Civica Scheduling to the Out of Hours District Nursing Team within Bridgend. 8,600 patients were visited by a District Nurse during September. The service is currently carrying 8WTE RN vacancies.

GP

GP referrals continue to account for the majority of the activity, there continues to be some staffing deficits, however, the staff are still managing to provide a timely response to the patients referred to the service.

ACT

There are currently 22 patients on caseload, with 2 patients on the waiting list with a lead time of 3 days. A total of 31 referrals were accepted in September 2022, with no patients being deferred. No patients receiving IV therapy and 6 patients awaiting a falls assessment. Staffing remains an issue with an absence rate of 36% due to sickness, maternity leave and vacancies.

Community Hospitals Average Length of Stay (ALoS):

YCC

There has been an increase in LOS to 64 days in September 2022. There is still a high number of patients on site awaiting placement within Care Homes or awaiting packages of domiciliary care in the community. Actions are being carried out to improve patient flow through YCC following recommendations from the DU review.

YCR

Discharges have decreased by 2 in month, the issue remains with the lack of capacity of required support in the community for discharge. LOS has increased.

Bridgend Community services

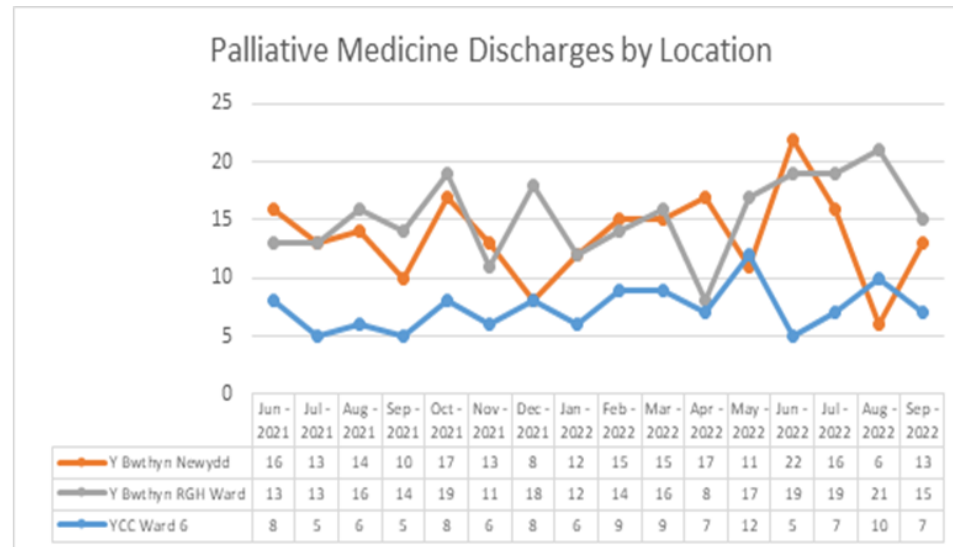
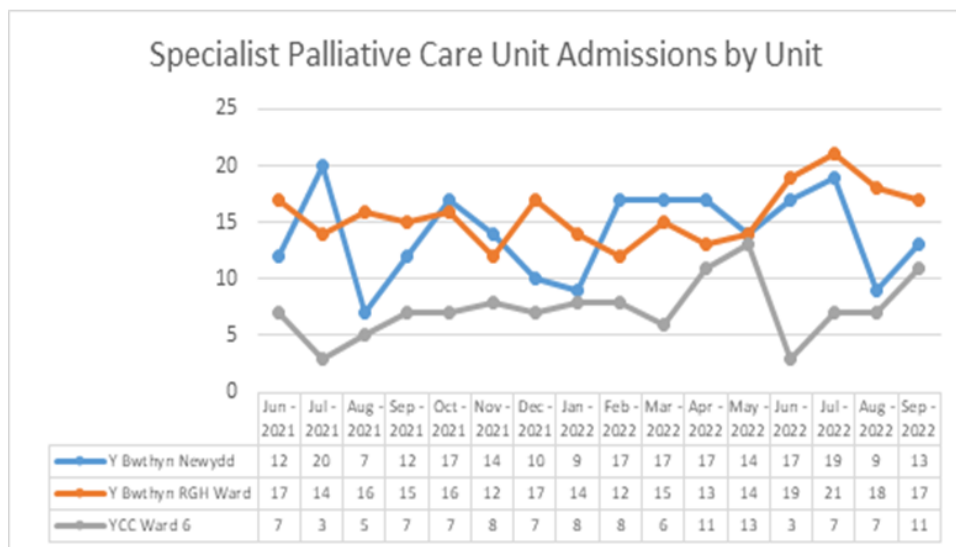
Ward 21 at POWH

Representatives from the Ward Team engaged in CTM Community Pressure Ulcer Collaborative work. The ward have implemented Safe to Start and daily Multidisciplinary board round. Plans in place to pilot the Discharge to Recovery Pathway. Dementia Awareness update training provided for the Ward Team. Pressure ulcer audit findings identified a need for training for bank and agency staff. Nurse Staffing acuity completed daily on the ward. The service is currently carrying 4WTE RN vacancies.

Palliative care inpatient units

Admissions across the 3 inpatient wards have increased from 34 to 41 in September 2022.

Palliative Care inpatient admission data





Indicator Description	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	April-22	May-22	June-22	July-22	Aug-22	Sept 2022	Trend
Mental Health Care Metrics													
Number of 136 assessments in police cells	0	0	0	0	0	0	0	0	0	0	0	0	
Restrictive Practices	4	10	6	9	1	0	3	0	16	22	12	32	
Number absconding from wards (overall not just detained) ****	20	25	21	18	23	25	22	22	21	24	25	17	

Data run on 05.10.22

Number of 136 Assessments in Police Cells:

This number remains 0 and is showing good compliance with the Crisis care Concordat ensuring that those who require mental health assessment are not detained in custody suites. (All Mental Health Localities included).

Restrictive Practices

Between August 2022 and September 2022, a total of 44 incidents using Restrictive Practices were reported within Mental Health. This is an increase of 6 incidents when compared to the previous two months. Of these, 50% (22) were reported as not care planned and 50% (22) were reported as care planned. Of the 44 incidents, 91% were reported as no (36) or Low (4) harm. The remaining incidents were reported as moderate (4) occurring on Ward 7 at Ysbyty Cwm Cynon (2), Ward 22 at Royal Glamorgan Hospital (1) and Ward 14 at Princess of Wales Hospital (1). All moderate harm restraints were reported as not care planned.

Absconding Incidents

During August and September 2022, a total of 42 Absconding incidents were reported. The highest number of incidents reported were for Ward 22 at Royal Glamorgan Hospital (8), and Emergency Care Centre at Prince Charles Hospital (5). 79% of the absconding incidents reported in August and September 2022 were recorded as No (20) or Low (13) harm, with the remaining reported as resulting in moderate harm (9). Of the Moderate Harm incidents (5) occurred in Mental Health Services at the Royal Glamorgan Hospital, and 4 in Emergency Care at Royal Glamorgan Hospital (3) and Prince Charles Hospital (1) sites.

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

The following issues/risks have been identified in relation to quality reporting within the Health Board.

- LFERs remain a challenge, however work continues to address the backlog. In addition, new systems and process in respect of learning and capturing learning have been implemented, which will support the timely management of LFERs for the newly triggering cases.
- Post pandemic recovery and increased demand and pressures of unscheduled care, patient flow and discharge difficulties for patients requiring ongoing support, continues to have considerable and ongoing consequences on the experience of patients and the ability of the HB to provide continuity around its core business. The six goals programme board is being launched within urgent and emergency care.
- The health board is working with the Welsh Ambulance Service Trust (WAST) to review how incidences such as patients being unable to receive an ambulance in the community can be reduced, and to mitigate the risk of harm to those waiting extended periods to be off loaded from ambulance in the meantime. The Unscheduled Care Nurse Director and acute sites Heads of Nursing are working through a set of care principles during delays in offloading to Emergency Departments. This will be co-produced with consultants and WAST.
- Prince Charles Hospital is committed to being an active participant in the development and sustainability of stroke services across CTM. If current increase in number and complexity of stroke patients across these sites continues, then the ability of Occupational Therapy, Speech and Language Therapy, Physiotherapy and Dietetics, to respond and provide a quality service to these patients will reduce and not be sustainable without additional resource. A CTM wide, stroke plan is currently in progress to the previously escalated concerns regarding the staffing and the on call rota; furthermore under the six goals framework the 'hyper acute sites' will be moving to a model of ring-fenced 'hyper acute stroke beds' next month.
- The proposals in relation to a changed operating model presents challenges in ensuring the quality, patient safety and people's experience agenda remains well led and managed throughout.

- Ensuring robust implementation of the RLDatix system, which is aligned to the new operating model and progressing the ambition to develop an IT infrastructure to ensure up-to-date high quality data that is readily accessible enable triangulation and is meaningful.
- Gaining health board wide assurance across the breadth of UHB services, especially during a period of significant change in its operations.
- Actions to address these issues and risks are in place in the improvement action plans relating to the targeted intervention areas. Beyond this, the Health Board require ambitious pursuit of quality and safety in all it does to provide excellence in service delivery to the population of CTM.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	This report outlines key areas of quality across the Health Board.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	This report applies to all Health and Care Standards.
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)
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.
	If no, please provide reasons why an EIA was not considered to be required in the box below. <ul style="list-style-type: none"> • Report for information for health board patient safety & patient experience activity • No service or staff impact in direct response from this report, this is considered through improvement work and other reports • Report not requesting proposal for any changes to services or staff



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 Goals	Improving Care

RECOMMENDATION

Members of the Quality & Safety Committee are asked to:

- 4.1 **NOTE** the content of the report
- 4.2 **DISCUSS** the content of the report and flag areas (if not already identified) where further assurance is required
- 4.3 **NOTE** the risks identified
- 4.4 **SUPPORT** the direction of travel in developing a wider reach of quality reporting and locality based assurance reports

APPENDIX 1:

ILG Dashboard Reports

APPENDIX 2



Patient Experience Activity Period August 2022 – September 2022

Understanding how patients/families/carers interact with the services we provide to our community is key to establishing whether we are meeting the needs of our population and how we can improve on these services. This also allows an insight into what is working well to enable shared learning and drives service improvement.

There continues to be engagement with specialty's around patient feedback and the creation of surveys on the Civica system. The team are currently working with the paediatric department to upload surveys in relation to inpatient/outpatient feedback and look at launching a new format webpage with graphics that link into the launch of CTM Children's Rights Charter in November 2022.

To date a total of 2980 responses have been received and a total number of 11595 sms messages have been sent out to patients. The team are presently looking at automating reports via email to staff that have been trained on the system to provide feedback in a format that staff can access more easily. The People's Experience and Volunteer Manager have also put in place a Patient Feedback Volunteer team that is being piloted on Wards 19, 20, 10 and 8, Princess of Wales, to support patients/families/carers in providing feedback to the Health Board, which will be starting in October 2022.

The graph below highlights the surveys that were on the system that have received responses within the last 5 months.

Total Per Month	362	335	454	302	246	
Survey Name	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Total
Maternity- Antenatal - Phase 1	55	39	34	30	29	187
Maternity- Antenatal - Phase 2	59	59	38	45	50	251
Maternity- Labour birth and postnatal care - Phase 3	99	99	64	73	56	391
Maternity- Postnatal community - Phase 4	42	42	42	28	27	181
Maternity- Prem Questionnaire for Birth partners	0	3	0	1	0	4
Maternity- Staff Vision Questionnaire	0					0
Have Your Say	47	12	53	4	4	120
Patient Experience	26	14	21	20	8	89
Heart Failure-PREM Survey	2	1	3	9	16	31
WREM Survey- Platform Experience Outcome Measures			29			29
Paediatrics- Your Time in Hospital - Children's Survey 11 years and upwards	11	3	5	2	1	22
Paediatrics- Your Time in Hospital - Children's survey aged 4-11 Years	14	1	15	8	3	41
Therapies	1	1	1	1	0	4
Frailty Nurse Services	8	1	3	6	2	20
Emergency Department - Prince Charles Hospital	59	44	119	17	9	248
Integrated Cluster Survey	0	0	0	0	0	0
Visiting Survey - Patient	0	0	0	0	0	0
Visiting Survey- Staff	0	0	0	0	0	0
Wellness Survey	1	0	0	0	0	1
Quality of emergency admission patients' experience questionnaire (Infective)	0	0	0	0	0	0
Quality of emergency admission patients' experience questionnaire (Trauma)	1	0	0	0	0	1
Patient / Service User Experience Survey	0	0	0	0	0	0
Parents/Carers Questionnaire	29	9	18	11	15	82
YCC Staff Survey	0	0	0	0	0	0
Patient Safety Culture Snapshot Survey					20	20



HUMA Evaluation Phase 2- July 2022			9	1		10
LymPREM Questionnaire			0	0	0	0
Paediatrics- Evaluation Questionnaire (allergies)			0	0	0	0
RIW Digital Assessments (PREM)		7	0	41	6	54
Wellness Improvement Service (WISE) Questionnaire			0	5	0	5

Examples of some of the comments received are highlighted below:

Your staff are a credit to the Hospital. So helpful. Thank you.

The staff on this ward are doing an exceptionally good job.

Carers

Carer's co-ordinator continues to link with ward managers across the Health Board to encourage nominations for Carers champions.

Seven Agored learners have now completed training and fifteen learners are still working their way through the training. Going forward this carers training will be provided by Carers Trust UK, a one hour training session that will highlight carer awareness.

The second staff Carers network meeting is arranged for October. There are currently 21 staff who are part of this group. Information is regularly sent, which informs them of any Carer support they may benefit from. Initial feedback from the group is positive and guest speakers are invited to intend to discuss topics the group feel would be of support to them.

The first Carer champion meeting was held in September, with good representation from primary care sector. We currently have over 70 Carer champions and are looking at ways staff can be supported to attend these sessions. This will enable discussions to take place to ensure we can support staff and carers with up to date information/support and explore any barriers that are in place to drive service improvement.

Our new 'Carers Guide - when someone you care for is in hospital' has been published. These have been distributed to every ward in PCH and will be available in RGH and POW within the next two weeks. PDF copies have been sent to all carer champions and staff carer network members, GP surgeries, third sector organisations and given to Carers who the Carer's Co-ordinator meets with on a Thursday from Merthyr MIND.

Posters highlighting our Carer's Co-Ordinator contact details and support are also currently being distributed throughout CTM.

Carers steering group meeting was held 2nd August and invites have been extended to guest speakers for the November meeting. Geraint Evans from RPB will discuss the Population Health Assessment and we plan to invite a representative from Merthyr CAB4Carers to give an update on their project.

Due to the change in directive from WAG to ask Health Boards to tailor funding around supporting carers and hospital discharge there will be a discussion to review membership in the next meeting to look at how we can build further relationships and strengthen the strategic approach within the group.

Since August the Carers Co-ordinator has a presence in two of the three acute sites. Based in the MacMillan hub in PCH on a Wednesday and RGH on a Tuesday. There are ongoing discussions required to secure a desk in the discharge liaison office at POW possibly every Thursday.

Carer's Co-ordinator also has a seat in a number of forums with staff and third sector colleagues within the Health Board to enable a voice from a carer's perspective to drive communication and service improvement.

Chaplaincy Services

Significant Spiritual and pastoral care

Patients	Relatives/Carers	Staff	Religious Rites	Out of hours requests
595	145	258	185	12.5 hrs

The Chaplaincy team officiated at two hospital contract funerals, one patient's funeral, and three foetal collective cremation committal services were held. Following a number of discussions, the collective cremation in Coychurch Crematorium (POW patients) now has an officiated service, taken by a Health Board chaplain, in line with PCH and RGH sites.

The team continues to deliver classroom training to raise awareness of the department and what they do, with a focus upon spirituality and how staff can discover their personal spirituality to help their own wellbeing and enable them to know how to look out for spiritual distress within our patients.

The department offered support to staff members in a number of department's due to death in service, a condolence book was given to each unit. Condolence books were opened in each multi faith room in memory of Her Majesty Queen Elizabeth II. Many conversations have taken place with staff and patients during our Nations mourning period.

Glanrhyd chapel has been opened and services have resumed here, this makes the service more accessible for the patients on the site.

Financially our vacant posts have been approved, we will be undertaking the recruitment process over the next few weeks. Appointment into these roles will enable more 'presence' on our wards. One of our chaplains, Fr Haydn at YCR, summed up this vital aspect of our work during his appraisal and he has given permission for this to include to highlight some of his thoughts in this report and demonstrate the support this service provides.

"To be a visible presence enables us to extend a ministry of unique pastoral care within the hospital. It is unique in as much as it embraces all members of staff, patient's families and of course the patients themselves, whether individuals have a faith or not. Patients value the reality that chaplains will spend time with them as they know how busy staff are on the wards. Whether religious or not, patients will often open up about aspects deep within themselves that they feel unable to tell anyone else. Many benefit from the rites of passage administered by chaplains and those who practice a faith appreciate prayer and sacramental acts whilst under our care."
Fr Hayden England-Simon YCR chaplain.

Volunteer Service

Volunteer service continues to be a valuable support to our services across the Health Board and as the effects of Covid dissipate, the volunteers are returning to reflect a presence on our hospital sites. The below provides an insight into the number of services they are currently supporting:

Meet and Greet Volunteers

The meet and greet volunteer role provides a wayfinding service for those attending our sites across CTM in supporting with signposting and a resource for advice and information, the following provides an overview of the service.

- The meet and greet volunteers at Dewi Sant Health Park provide a Monday to Friday service. To date there has been positive feedback from volunteers who more recently have been providing signposting to

the on-site vaccination centre. Recruitment of new volunteers to support in this area is currently in discussion.

- Over the past few weeks we have a strong team of volunteers supporting the meet and greet service at the Princess of Wales Hospital. The feedback to date has been positive and we currently have morning and afternoon shifts covered over a Monday – Friday period
- During September, we have been reintroducing the meet and greet service at the Royal Glamorgan Hospital. We currently have cover Monday to Wednesday and Friday mornings, but the aim is to open up recruitment for this role to ensure it is up to capacity over the next few weeks. To date feedback has been very positive and the volunteers are very much appreciated by staff in the area including switchboard who provide support for the volunteers on a daily basis.

Vaccination Programme

Since 2020, our vaccination centre volunteers have supported the work stream across CTM and have been invaluable to the delivery of services. More recently, the vaccination sites have moved to clinical venues and our volunteers continue to offer meet and greet support.

The End of Life Companion Volunteer Service – POW & YCC

The end of life companion volunteer project is a joint initiative between the volunteer service, chaplaincy and clinical staff and was launched on 1st August 2022. There are already monthly supervision meetings planned over the coming months and referrals are now open for staff within the identified ward areas. Up until the end of September, however, no referrals had been received due to no patients requiring this support on the wards currently involved in the pilot. Patient Experience Manager has a meeting set up next month to discuss how we can extend the pilot across all wards in POW with the support of the end of life team in identifying patients that could be supported by this role. In the meantime, the Chaplaincy Service are keen to reintroduce volunteers across CTM and meetings will be arranged to review the current covid situation in terms of green areas and refresher training for volunteers who are not part of the EOL Companion project.

Wellness Improvement Service (WISE) Volunteers

Discussions and planning have been undertaken over many months with the potential for volunteers to support the WISE project work stream and in particular volunteering alongside the Wellness Coaches with classroom and on

line courses. Since the 5th September 2022, volunteers have supported classroom based sessions at Bridgend Leisure Centre and Pontyclun Rugby Club. There are future dates in the pipeline for sessions at St Fagan's Church, Aberdare. To date feedback from coaches and volunteers has been extremely positive. In addition, moving forward the sessions will be evaluated and we are hoping to have feedback over the coming weeks which will be incorporated into the bi-monthly volunteer service activity report.

Pets as Therapy Volunteers

Pets as therapy has previously been extremely popular and to date there are several volunteers and pets available for specific areas across CTM, which includes Mental Health and CAMHS services at POW. During September one of the Pet Therapy Volunteers and his companion, Ozzy has undertaken his local orientation session on the Palliative Care Ward at Y Bwythyn Newydd. There is another local orientation session planned for our second volunteer and his companion Toby on 11th October 2022 at the CAMHS Unit at Ty Llidiard. There has been further expressions of interest from the Dementia Ward at YGT which will be moving back to RGH nearer Christmas and discussions are being undertaken with Cariad Pet Therapy regarding identifying a volunteer for this particular area.

Breast Feeding Peer Support Volunteers

Breast Feeding Peer Support Volunteers in conjunction with the research team and infant leads continue to support new mothers with virtual enhanced breast feeding peer support for pregnant ladies from 30 weeks to post-natal care up to 6 months. The BFPS volunteers are also active offering information and support under the supervision of the infant leads and during September a further three BFPS Volunteers were recruited and inducted in order to support this project.

Organ Donation Family Support Volunteer

Our organ donation family support volunteer continues to be on call for our three DGH sites across CTM (RGH/PCH/POW). This project was set up in conjunction with the Specialist nurse/Specialist Requester' in Organ Donation and the Health Boards Lead Chaplain, our volunteer continues to support the organ donation project and work stream at a local and national level.

Arts, Crafts and Gardening Volunteers

We continue to hold workshops with our arts and crafts volunteers with many of the items being donated across wards and community settings. The Arts and Crafts Group are keen to continue the workshops and over the coming

weeks will have a plan of specific themes that our volunteers can support from an arts and crafts perspective. Over the past few weeks some of our arts and crafts volunteers have been supporting with gardening projects across CTM, including memorial gardens at RGH and YCC and the plan moving forward is to look at volunteers supporting the garden at Y Bwthyn RGH. The good to grow project at Y Bwythyn Newydd POW, has been running for some months and the project is going from strength to strength.

More recently to enable our service users to benefit from the good to grow project a number of our existing volunteers offered to support with the volunteer driver initiative, to transport service users from home to the unit and back again. Checks are currently being undertaken in terms of insurance, tax, MOT's and driving licences in line with our volunteer driver handbook.

Patient Feedback Teams

A number of volunteers have been recruited to support patient feedback via the civica system. Volunteers have orientated themselves on wards within POW (Wards 19, 20, 10 and 8) with the support of the ward managers and the pilot is planned to start in October 2022.

Going forward

Over the past few weeks and months we have been privileged to be able to reintroduce our existing volunteers in a number of roles identified in this update report. Moving forward we have a number of initiatives that we will be working on, alongside supporting projects up and running which include:

- Possibility of opening up recruitment to support current projects and future projects
- Introduction of meet and greet and ward befrienders at YCC and continue to support the Dementia Task and Finish Group
- Introduction of ward befrienders at YCR
- Recruiting to cover meet and greet shifts at sites across CTM
- Increase volunteer presence in terms of Pet Therapy and organising information sessions in conjunction with Cariad Pet Therapy to encourage interest in order to recruit additional volunteer
- Further ways in which the Volunteer Service and our in-house hospital volunteers can support with CTM's 2030 plan in terms of reducing our carbon footprint

Veterans

The first meeting was held this month with representatives on an all Wales basis to explore the systems in use and to look at how we can record and track referrals to ensure that we are meeting the requirements of the Armed Forces Covenant.

Patient Experience Manager has linked in with RCT Armed Forces Liaison Officer, as they are currently offering training to staff across different sectors to highlight the mechanisms of the covenant and how these translate within the NHS. Discussions are ongoing as to how we can promote this with staff with the support of the communications team.

Bereavement

The Health Board has appointed a new Bereavement Clinical Lead to drive the new All Wales Care of the Bereaved standards and pathways. She will be commencing her role in October 2022.

Scoping exercise continue within CTM Bereavement Steering Group regarding support/processes that are in place across for the bereaved across the Health Board. This will ensure parity and consistency across all sectors and staff have the necessary information to support this. A draft Care After Death Policy is being reviewed and updated at present to support this with the view that this information will contain all the necessary details for staff to support families when they lose a loved one.

The new Bereavement Lead will also maintain a presence on the All Wales National and Local Bereavement Steering Groups.





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board