



AGENDA ITEM

6.3.1

QUALITY & SAFETY COMMITTEE

FIRST QUALITY AND SAFETY REPORT FROM MENTAL HEALTH CARE GROUP

Date of meeting	15/11/2022
------------------------	------------

FOI Status	Open/Public
-------------------	-------------

If closed please indicate reason	Not Applicable - Public Report
---	--------------------------------

Prepared by	Ana Llewellyn, Nurse Director
--------------------	-------------------------------

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

AMaT	Audit Management and Tracking
AMHS	Adult Mental Health Services
CAMHS	Child and Adolescent Mental Health Services
COO	Chief Operating Officer
CTM	Cwm Taf Morgannwg
ESR	Electronic Staff Record
HIW	Health Inspectorate Wales
iCTM	Improvement Cwm Taf Morgannwg



LRI	Locally Reportable Incident
MH	Mental Health
MHLD	Mental Health and Learning Disabilities
MHM	Mental Health Measure
NRI	Nationally Reportable Incident
OAMHS	Older Adult Mental Health Services
PMVA	Prevention and Management of Violence and Aggression
PPF	Planning, Performance and Finance
QSRE	Quality, Safety, Risk and Experience
WARRN	Wales Applied Risk Research Network
WCCIS	Welsh Community Care Information System

1. SITUATION/BACKGROUND

- 1.1 This report provides committee members with the first Quality and Safety paper from the Mental Health and Learning Disabilities Care Group.
- 1.2 The focus of this report is solely on the provision of a high-level initial assessment of Adult Mental Health Services and Older Adult Mental Health Services that are delivered in CTM. Committee members already receive regular reports on pan-CTM and regional CAMH services, so for the purposes of this report CAMHS are excluded.
- 1.3 The Care Group is also responsible for the commissioning of Learning Disability services from SBUHB and for the commissioning of individual packages of care. These are also excluded from this initial assessment.
- 1.4 This report has some limitations in that it is an early overview of Mental Health Services set in the context of: well-known Datix challenges, quality governance teams not yet being aligned to Care Groups; and Care Group governance arrangements being in their early stages of development.
- 1.5 It is however informed by Deputy COO and Nurse Director visits to services, triangulated with soft intelligence and other data from internal and external stakeholders and sources.

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

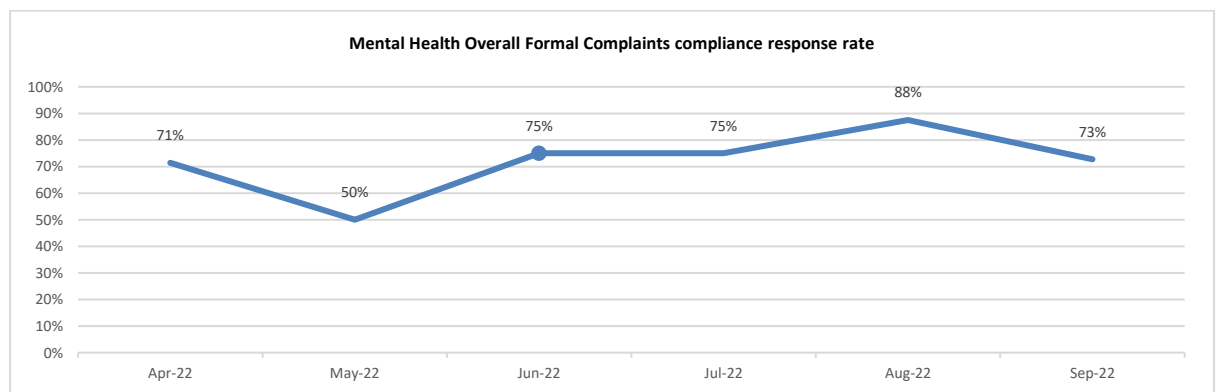
2.1 Update on Operating Model

2.2 The pan-CTM Care Group was formed at the beginning of September 2022 and is comprised of three locality based Mental Health Clinical Service Groups and the CAMH Service.

2.3 The Deputy COO and Nurse Director have responsibility for two care groups – Primary Care Community and Mental Health. The Mental Health quadrumvirate is made up of a Service Director, a Head of Nursing, a Medical Director and a Head of Psychology. The Medical Director and Head of Psychology have been recruited and are in post. The Service Director and Head of Nursing are in the process of being recruited to with interview dates pending for 29th November and 12th December respectively.

2.4 Quality Dashboard

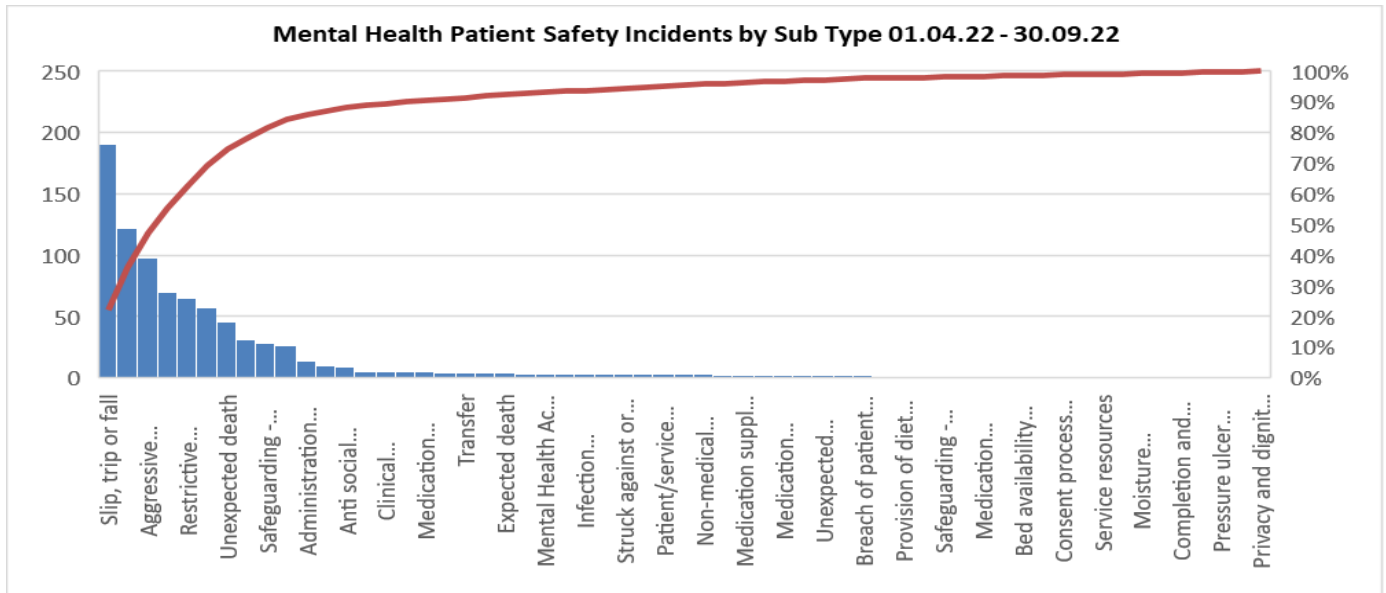
2.5 Complaint closure compliance for the Care Group is as follows:



2.6 Due to the current limitations with Datix, it has not been possible for this report to provide an analysis of the key themes and trends that drive complaints in the Care Group. In September 2022 there were 3 MH cases open with the Public Services Ombudsman for Wales, this will be a key metric to monitor going forward as the Care Group aspiration will be to resolve complaints satisfactorily for people.



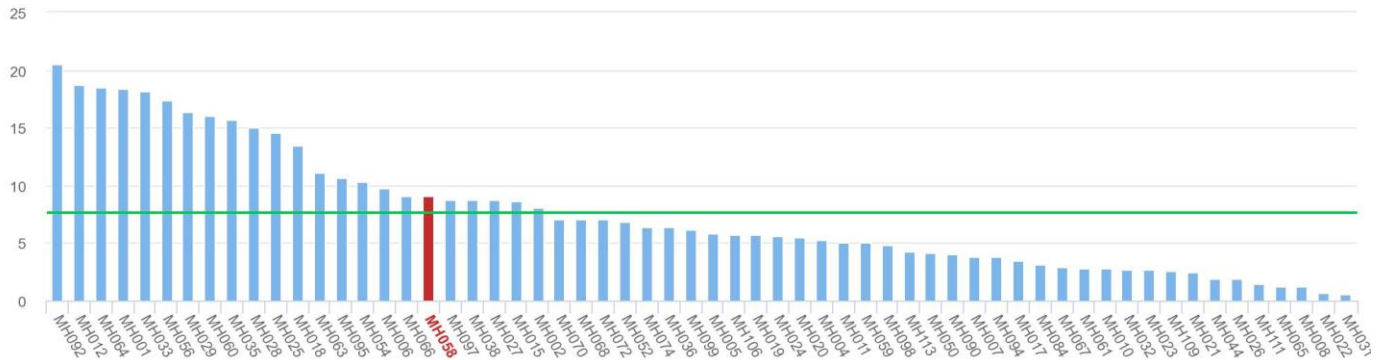
2.7 The following pareto chart is used to demonstrate that the top 7 reported patient safety incidents make up 80% of all MH patient safety incidents from April 2022 to September 2022.



2.8 These top 7 incidents are detailed below. Committee members will note that only 2 of the incident themes (falls and absconding) are included in the CTM quality dashboard and that 1 of the incident themes (unexpected death) will always be subject to LRI / NRI review. That means that 4 remaining incident themes of concern have limited visibility outside of Mental Health Services so will need factoring into the MH & LD Care Group reporting.



Number of incidents relating to patients AWOL (by absconding from hospital) while detained under the Mental Health Act - per 10,000 occupied bed days

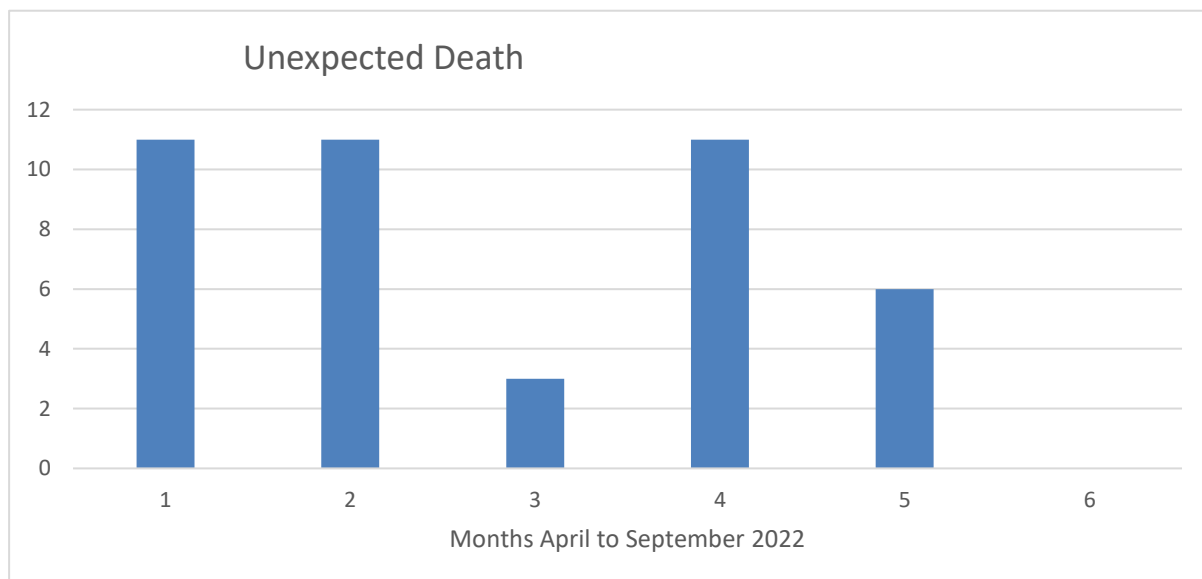


NHS Benchmarking Network

● Number of incidents relating to patients AWOL (by absconding from hospital) while detained under the Mental Health Act - per 10,000 occupied bed days

<https://members.nhsbenchmarking.nhs.uk/outputs/9?tier=57801&group=0>

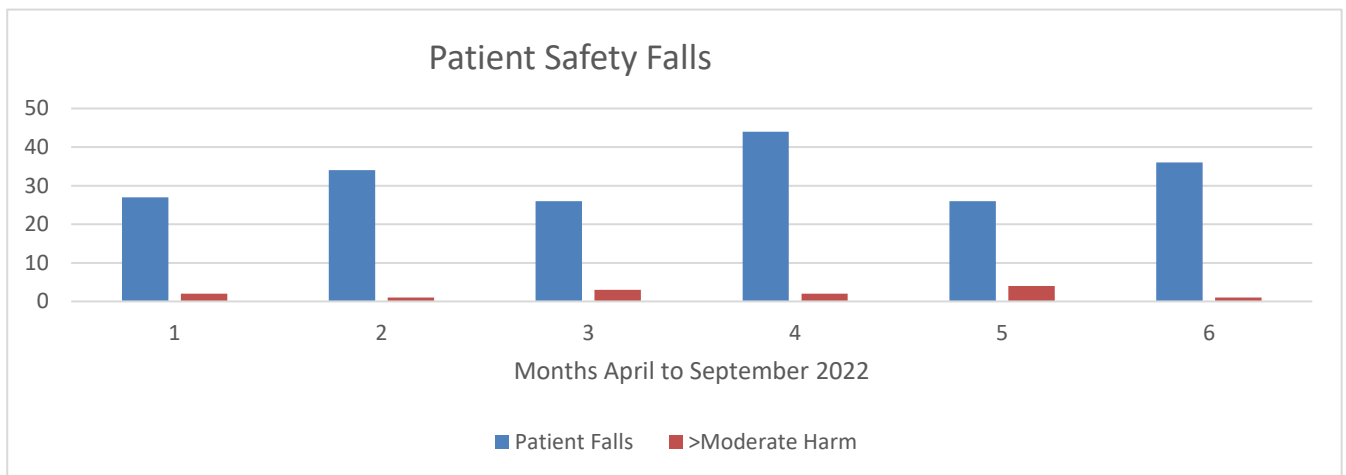
2.10 All Mental Health Services in England and Wales also report and review unexpected deaths. These are classified as deaths of patients within one year of contact with primary or secondary mental health services. Unexpected deaths can include deaths due to the use of substances, suicides and deaths from natural causes. These deaths are also reported to the National Confidential Enquiry for Suicide and Self Harm for wider learning and at a local level will all be subject to either LRI or NRI review. This profile of unexpected death is unfortunately consistent with the English and Welsh profile.



2.11 The recommendations from the annual National Confidential Enquiry into Suicide and Self-Harm form the basis of CTM's approach to reduce patient suicide. Mental Health Services also contribute to wider public suicide prevention work through the regional Suicide Prevention Steering Group.

2.12 Two OAMH wards are in the top 5 across the health board for the reporting of falls. Both of these wards support patients with cognitive impairment who are encouraged to be ambulant. A falls quality improvement programme is underway in one of the wards with the intention that this work is progressed across the care group.

2.13 Although the numbers of reported falls are high, the numbers of falls that result in moderate harm is low.



2.14 Internal Quality Assurance Assessment

2.15 A pan-CTM mental health shared learning group was in place prior to the formation of the care group but other than CTP audit there were limitations to the proactive internal oversight of the quality of mental health services in CTM.

2.16 The management of quality is reported to be predominantly a nursing matter with limited engagement from the wider therapy and medical workforce, other than some notable and well-engaged exceptions.

- 2.17 The CTM ward assurance development using AMaT has to date focussed on audit questions that pertain more to acute hospital environments rather than mental health services. This is being addressed with mental health specific audits in development.
- 2.18 There is good engagement in some of the national mental health work streams, such as dementia standards and the development of community mental health standards. However, there are other key work streams such Person-centred Safety Planning and Patient Reported Outcome Measures where opportunities have been missed to engage fully.
- 2.19 Visits to mental health adult in-patient services during September and October highlighted significant challenges to mental health environments, variance in models and approaches and multi-disciplinary therapeutic programmes. Notwithstanding the extensive ligature programme which is currently underway, the mental health estate (most notably at Royal Glamorgan Hospital) is both tired and untherapeutic and is not conducive to modern mental health care.
- 2.20 The capacity to have oversight of Mental Health specific policies and procedures is limited and as such there are out of date policies requiring update.

External Quality Assurance

- 2.21 There are no external regulatory reports published for consideration by Committee in this report.
- 2.22 A HIW action plan lookback commenced by RTE ILG has highlighted some key issues from reports dating back to 2016 that are still not fully addressed: progress to develop an integrated single patient record (WCCIS) and a robust programme of PMVA and WARRN training that is recorded on ESR – both essential to the safety of both staff and patients.

2.23 HIW are currently undertaking a review of adult in-patient discharge and it is anticipated that this will be published in January. An immediate assurance action plan was submitted prior to the formation of the Care Group and highlighted concerns in relation to patient risk management, management of safe discharge and the absence of a single patient record.

2.24 **Quality Improvement**

2.25 There are pockets of quality improvement practice in CTM Mental Health Services, most notably in OAMHS with an established falls project in Angelton Clinic in Bridgend that is supported by iCTM. In addition the Head of Psychology is engaged in quality improvement within psychological therapies.

2.26 There are significant opportunities for the introduction of a strategic approach to quality improvement for the Care Group and this is considered as part of the development of the Care Group Quality and Safety Framework further in this report.

2.27 **People's Experience**

2.28 Patient concerns are currently the main way in which the Care Group is able to determine the experience of people using CTM Mental Health Services. Advocacy services are also available to patients subject to detention under the Mental Health Act and support individual patients to engage with services, although this provision was disrupted somewhat during the pandemic. Thematic reporting of advocacy feedback will be important to address through the Care Group's quality governance arrangements.

2.29 The Health Board is committed to the CIVICA patient experience system to obtain feedback from people. The MHLDCare Group leaders plan to engage with iCTM colleagues who are leading this work to ensure that the CIVICA questions are suitable for people who use mental health services.

2.30 A CTM strategic programme for service user, carer representation, engagement and involvement is being progressed and is aligned to the 2021 Wales Service User Engagement Best Practice Guidance. The CTM Together for Mental Health Partnership Board have published a review and the CAMHS Head of Nursing will support the implementation for the Care Group to ensure that lived experience is central to service delivery.

2.31 **The Development of a Care Group Quality and Safety Framework**

2.32 A quality and safety workshop was held with MHL D clinical leaders and a Head of Quality and Safety on 4th October in order to shape the Care Group's approach to QRSE.

2.33 A draft Quality, Safety, Risk and Experience framework has been developed and will be led by the Nurse Director and proposes proactive oversight of issues previously outlined in this paper. This draft framework will be ratified at the first formal meeting of the QSRE Board on 7th December. The expectation is that there will be full multi-disciplinary engagement in the QRSE agenda and professional leaders are planning a programme of engagement with their colleagues.

2.34 A corresponding draft Planning, Performance, Finance Board has been developed and will be led by the Deputy COO. The draft governance arrangements for both QRSE and PPF can be viewed here: [Mental Health Care Group Governance - Draft Structure.pptx](#)

2.35 There will also be a Quality Improvement Board for MHL D, with two priorities for improvement in 2022/2023: adult in-patient services and older adult in-patient falls.

2.36 A Quality Improvement workshop is planned for 20th December to launch the adult in-patient quality improvement programme with the expectation that work streams will be developed focussing on:



- Admission Pathways
- A Skilled Workforce
- Therapeutic Interventions
- Therapeutic Environments
- Restrictive Interventions
- Discharge Arrangements

2.37 A MHLD specific quality dashboard will be developed with the aim of gaining oversight of the key MH quality metrics, informed both by the most reported incidents in CTM and the standard NHS Benchmarking MH quality metrics.

2.38 A programme of weekly patient safety visits by the Deputy COO and Nurse Director has also commenced and will be further progressed.

2.39 The Mental Health Service Improvement Fund will be utilised to create a learning and improvement team who will lead the proactive oversight of MH specific issues: PMVA, WARRN, MHM audit, MHLD policies and internal quality assurance / peer review. The available resource is being considered in order to determine the optimum skill-mix for this team. These new posts will progress to recruitment in December 2022.

2.40 A proposal to address the protracted absence of an integrated patient safety record is being progressed to the Executive Team for consideration in conjunction with the Digital Director A priority for the MH Learning and Service Improvement Team will be to further develop risk mitigation approaches until an electronic system is fully implemented.

2.41 **Performance Oversight and Planned Care Recovery**

Having assessed key areas of core business delivery and consequences on patient experience as part of developing the new MH & LD Care Group, to provide further oversight and assurance against key areas of performance a Mental Health & Learning

2.42 Disabilities Performance Oversight and Planned Care Recovery Board has been established. The first meeting was held on the 24th October.

- 2.43 Key areas for improvement on initial assessment are set out below. Recovery plans have been received and schemes to improve the performance and critically the experience for people awaiting a service agreed. The schemes are funded through the WG Service Improvement Fund 2022-2023.
- 2.44 The waiting list/ time recovery schemes agreed are as follows:
- Local Primary Mental Health Support Service – Merthyr & Cynon
 - Local Primary Mental Health Support Service – CAMHS
 - Local Primary Mental Health Support Service - Part B Interventions Adult
 - Psychology waiting list pan CTM
 - Out-Patients Modernisation, Bridgend
 - Memory Assessment Service – Diagnosis
 - Memory Assessment Service – Assessment.
- 2.45 The next meeting will also focus on Care and Treatment planning in CAMHS as another area most struggling to achieve national targets.
- 2.46 At each meeting, recovery scheme leads will provide an update against an agreed plan and trajectory and any risks to achieving delivery. In addition, the Board reviews the Mental Health Performance Dashboard to highlight any areas, which are below target or with a deteriorating position so that actions are agreed to drive improvement.
- 2.47 The Board provides a scrutiny and onward assurance function on behalf of Mental Health Care Group and a full report is scheduled for the Planning, Performance and Finance Committee in December.

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

- 3.1 The report outlines a number of areas for improvement and the emerging plans to address them.
- 3.2 In this early stage in the Care Group's development, two matters outside of the direct control of the Care Group require escalation to the Board for oversight and support: the long-standing absence of an integrated patient record and the implications of this on patient safety and also the poor condition of the mental health estate and the

impact of this on both patient experience and patient outcome. Both are on the Organisational Risk Register.

4. 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

5. RECOMMENDATION

- 5.1 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.
- 5.2 Members are asked to note the priorities for improvement and the plans in place to address them.