



**AGENDA ITEM**

7.1

**QUALITY & SAFETY COMMITTEE**

**PATIENT SAFETY QUALITY DASHBOARD**

<b>Date of meeting</b>	18 January 2022
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Louise Mann, Assistant Director Quality & Safety <a href="mailto:louise.mann@wales.nhs.uk">louise.mann@wales.nhs.uk</a> Natalie Morgan-Thomas, Interim Deputy Head for CA&QI & Lead Nurse for Clinical Effectiveness <a href="mailto:natalie.morgan-thomas@wales.nhs.uk">natalie.morgan-thomas@wales.nhs.uk</a>
<b>Presented by</b>	Greg Dix, Executive Director of Nursing, Midwifery and Patient Care
<b>Approving Executive Sponsor</b>	Executive Director of Nursing Executive Medical Director Director of Public Health
<b>Report purpose</b>	FOR DISCUSSION / REVIEW

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

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Discussions with key individuals in corporate services and within directorates and localities Joint working with Performance and Planning team	Various dates	SUPPORTED

**ACRONYMS**

CA&QI	Clinical Audit & Quality Informatics
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## 1. SITUATION/BACKGROUND

This presentation of the Quality Dashboard to Committee provides data up to the end of November 2021. At the time of writing, the Health Board is facing a significant challenge in response to the impact of the very transmissible Omicron variant of COVID-19. This has affected workforce capacity in relation to increased patient activity, employee infections, isolation requirements, in addition to clinical resource deployment to increasing the roll out of booster vaccination for the public. The latest phase of the pandemic has also seen an increased escalation of need at our front door services, combined with winter pressures. It is more important than ever in this unpredictable healthcare landscape that we ensure patient safety first, and that we have robust mechanisms in place to maintain visibility of service to Board assurance.

### Key areas to note in this reporting period are:

- Severe incidents has remained relatively consistent over the 12 last months with the lowest figure reported in November 2021.

In addition to this, the number of moderate incidents reported as resulting in moderate harm has continued to rise over the last 12 months.

- Across our DGH sites, the number of patient safety falls incidents reported has risen over the last 3 months, although the increase is greatest for the Princess of Wales Hospital. For the last 3 month's the figures are relatively consistent across the 3 DGH sites.

The number of falls reported as resulting in moderate harm has continued to fluctuate with the highest numbers reported in November 21. Falls reporting is greatest in areas where there are frail, elderly patients with cognitive complexities. The ambition to measure falls in relation to per 1000 bed days is progressing as an improved indicator of quality, prevention and improvement.

- The number of community acquired pressure damage incidents started to increase in March 2021. With the exception of August 2021 where a significant reduction on numbers were recorded, the numbers have continued on an increasing trajectory. The Assistant Director for Quality and Safety is leading an improvement piece of work around pressure area reduction.
- The total number of medication incidents began to increase in May 21 (highest reported, in the 12 month period). Numbers dipped during October 21, but have remained consistently higher than Quarter 1 data for 2021. In line with this, the number of administration incidents has continued to increase, with the highest numbers reported during June and November 2021.
- There is an increased UHB compliance with National Early Warning Score seen in November 21. Compliance has been audited on a monthly basis since April

21 and use of the tool is associated with improved detection and response to clinical deterioration in adult patients.

- Mortality rates returned to normative levels following the second wave of the pandemic from March 2021, with an increase in October 21 (November data not yet available). Further data will reveal the impact of the omicron variant and winter pressures.
- Top themes for formal complaints received: 1. Clinical Treatment & Assessment; 2. Communication; 3. Appointment issues
- UHB Complaints response compliance average 65.5% - target range 75%
- Centrally managed National & Local Safety Standards for Invasive Procedures agreed.
- Patient Safety Solutions Notices & Alerts:
 

Compliance	3
Non-compliance	8
Compliance not due	2
- IPC capacity challenges persist as a result of the pandemic response and a business case for enhanced community focused resources is in progress.
- On average performance against the 4-hour indicator within our Accident & Emergency Departments is reduced as a consequence of increasing patient presentation activity.
- An increased demand for end of life care involvement is a trend within District Nursing Teams and primary healthcare services as a result of the impact of the pandemic. It is a nationally recognised theme linked with increased numbers of deaths occurring in the community.
- Average Length of stay has increased this period in part due to a high number of patients awaiting residential or nursing care placements. Care homes are experiencing their own difficulties in terms of staffing and covid transmission.



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



Data run on 03.12.21

Indicator Description	Dec-20	Jan-21	Feb-21	Mar-21	April-21	May-21	June-21	July-21	Aug-21	Sept-21	Oct-21	Nov 2021	Trend
<b>Health Board Wide Quality Metrics</b>													
Number of never events in month	0	0	1	0	0	0	2	0	1	0	0	0	
Number of serious incidents (SI) Process until to 14.06.21	21	9	6	8	6	3	6						
Number of Nationally Reportable Incidents New process from 14.06.21							4	4	8	0	4	3	
Number of formal complaints managed through PTR *	104	96	118	159	144	136	149	106	116	114	132	136	
Number of compliments	76	64	66	50	78	66	109	70	114	85	55	77	
Number of medication prescribing errors	8	7	9	21	16	28	28	19	21	27	15	25	
Number of medication administration errors	25	36	30	28	37	36	46	39	39	32	31	42	
Mortality Rate (CHKS)	7.43%	8.33%	4.41%	2.88%	2.62%	2.75%	2.15%	2.69%	2.74%	2.94%	3.50%	N/A	

\* Calculation of formal complaints received is now run from date first received as of 1<sup>st</sup> July 2020.



### Patient Safety Incidents:

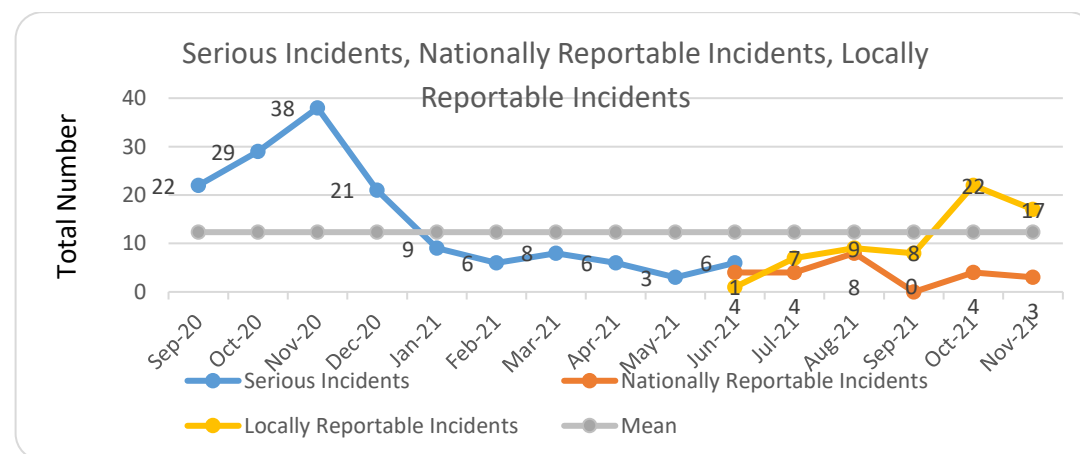
Between the 01.10.21 and 30.11.21, a total of 4319 incidents were reported across the Health Board. This is an increase of 56 compared to the previous two months but is consistent across the quarter. Of these, 86% (3702) were reported under the type of patient safety during the two-month period. Of the patient safety incidents, 79 were reported with a severity of severe harm or death. This equates to 2.13% of the total number of patient safety incidents reported.

### Nationally Reportable Incidents:

Previous reports to Committee have highlighted the implementation of the NHS Wales National Incident Reporting Policy on the 14.06.21. The introduction of the policy changed the terminology from Serious Incident to Nationally Reportable Incident, as well the criteria for reporting. In addition, the Health Board identified those previously classified as serious incidents as Locally Reportable incidents. There is an increase in LRI's during this reporting period mainly due to greater clarification and understanding of LRI reporting requirements, falls, unexpected deaths in the community of individuals known to mental health or drug and alcohol services, in addition to retrospective reports of nosocomial Covid 19 Hospital Care Acquired Infections. This change is reflected in the chart below. During October & November, 7 Nationally Reportable Incident notifications were submitted to the Delivery Unit.

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

Type Of Nationally Reportable Incidents	Oct-21	Nov-21	Total
Pressure Damage	1	2	3
Delays	2	0	2
Neo-Natal Event	1	0	1
Unexpected or Trauma Related Death	0	1	1
<b>Total</b>	<b>4</b>	<b>3</b>	<b>7</b>

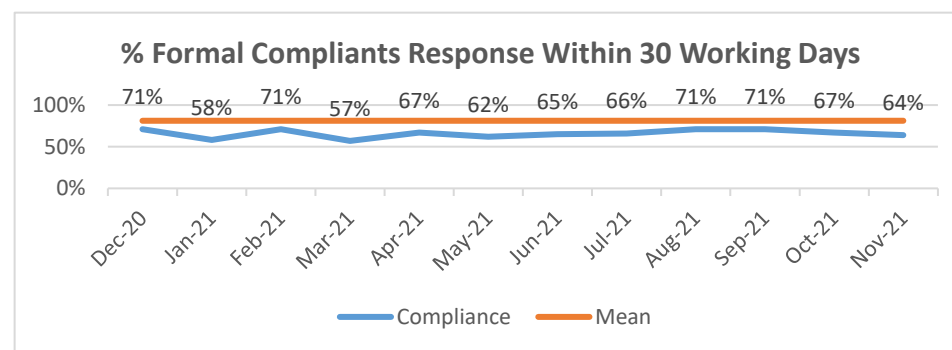
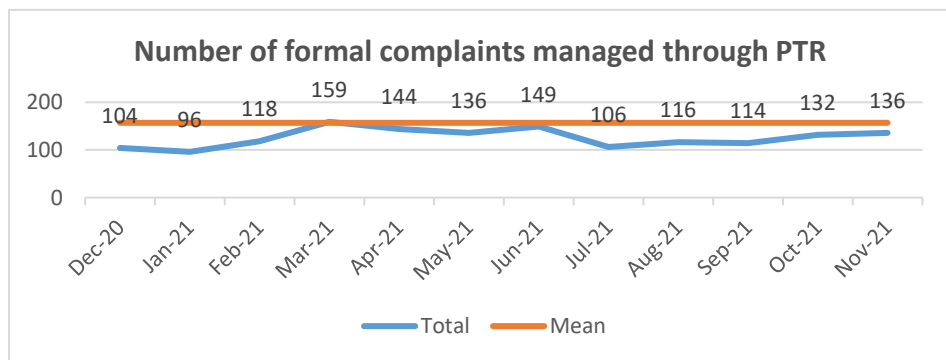




### Complaints:

During October & November 2021, there were 268 formal complaints received within the Organisation and managed in line with the Putting Things Right regulations. The trend in relation to the number of formal complaints received is reflected in the chart below. For those complaints received in October & November 2021, the top 3 themes relate to *Clinical Treatment/Assessment* (121), *Communication Issues, including attitude & behaviour* (64) and *Appointments* (27). The Health Board implemented the new Once for Wales DCIQ Feedback (complaints) functionality within the Organisation from the 05.07.21. A key function of the new system is that more than one subject type can be allocated to a complaint. This will enable more detailed information regarding themes and trends to identify information areas for improvement. In addition, CIVCA will be launched more widely on the 6<sup>th</sup> January 2022 to improve the consistency of patient feedback and a more timely organisational response to areas of concern or good practice.

Compliance with the 30-day complaint response target has remained relatively consistent over the last 6 months, which is reflected in the chart below. The target set for response within 30 working days is 75%.



### Compliments

During October and November 2021, there were 132 compliments recorded on the Datix system; a decrease from the previous two months (199). Greater analysis of compliment data is required to ensure that positive patient/family feedback is used for balance, and greater analysis will provide intelligence for getting things right.



- **Patient Safety Solutions:**

### **National and Local Safety Standards for Invasive Procedures:**

Previously, committees were advised of the Invasive Procedures National Task and Finish Group, which had been formed and is led by the Delivery Unit, supporting health boards to improve and standardise process across Wales. The central Patient Care and Safety Team had delivered a plan of work, implementing the corrective measures required to ensure a robust process for all invasive procedures. This had been supported by the Medical Director (MD) as the Executive sponsor. The lead continues to report health board progress through the national task and finish group and utilise the group to network, sharing good practice.

The central team took the lead on a pilot, to ensure process was rigorous and robust. Progress was previously reported to committee as being within several clinical procedural areas, which were set up as pilots and were complete. These areas were linked to known patient safety incidents / never events and considered priority areas by the central team and the MD. They included:

- **Respiratory Medicine** – the team produced a pan health board LocSSIP for Chest Drains.
- **Radiology** – the team produced LocSSIPs for both Inpatient and Outpatient procedures.
- **Theatres** – the teams across all three sites completed procedural LocSSIPs.
- **Endoscopy and Maxillofacial/Oral Surgery** – the teams produced a LocSSIP for tooth extraction.

The Clinical Policy Group (CPG) is the oversight mechanism for approval of existing, revised and new LocSSIPs. The CPG have agreed to align the roll out LocSSIPs with Clinical Policies, as and when they are due for review or triggered by a nationally reportable incident. It is also agreed that ILGs will present any known incidents or areas of concern where the implementation of a LocSSIP is a requirement. For those LocSSIPs that are specific to one Clinical Service Group within an ILG, approval can be achieved within their own clinical governance process.

## **Patient Safety Solutions:**

### **Summary**

The Delivery Unit (DU) continue to facilitate the national working group for the review and management of Patient Safety Solutions (PSS). Health boards come together to share their progress and discuss barriers and solutions, which is supporting the ongoing internal work to achieve compliance. The group also offers members an opportunity to raise issue with any specific alerts or notices if required.

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 ILG teams with the central Patient Care and Safety Team providing support, co-ordination and oversight leading to reporting. With the vaccination programme taking precedent throughout December, this has led to some delays in both achieving compliance, and in reporting of the same. Committee will note that brief extensions of anticipated compliance have been added to a small number of alerts / notices.

### **Compliance**

We have recently achieved and reported compliance in the following **3** areas:

#### **PSA012**

**Deterioration due to rapid offload of pleural effusion fluid from chest drains**

#### **PSN052**

**Risk of death and severe harm from ingesting superabsorbent polymer gel granules**

#### **PSN062**

**Elimination of bottles of liquefied phenol 80%**

## **Non-compliance**

The Health Board currently reports non-compliance in **8** PSAs and PSNs:

### **PSA008**

#### **Nasogastric tube misplacement: continuing risk of death and severe harm.**

Interim arrangements put in place by the Health Board are supported by the Delivery Unit and Welsh Government patient safety team until an alternative product is sourced for Wales. In February 2021, the Health Board received a notification on behalf of the Healthcare Safety Investigation Branch advising that initial investigations are now concluded and this work is moving to the next stage of resolution for an All Wales solution. Through the All Wales Patient Safety Solution group, it has been reported that one Welsh health board has formally written to the Chief Medical Officer for Wales, requesting that this notice be withdrawn and re-issued. Pan Wales, we are currently awaiting a decision. There is no change in narrative since the last committee.

**PSA014** (Previously issued by the Delivery Unit as PSN061 but later withdrawn)

#### **Inappropriate anticoagulation of patients with a mechanical heart valve**

This notice was issued on 8th October 2021, with a compliance due date of 28th October 2022. Primary Care services are currently leading on actions to achieve compliance, with oversight by the ILGs and central team.

### **PSN051**

#### **Depleted batteries in intraosseous injectors**

This notice was issued in February 2020, with due date of August 2020. We are partially compliant with 1 action outstanding which relates to training and competency assessment. The Resus Team are leading on this alert and with the recent appointment of a new manager, the training framework and competency assessments will be revised to enable compliance. We expect to achieve compliance by 31<sup>st</sup> January 2022.

### **PSN030 / 055**

#### **The safe storage of medicines: cupboards.**

Progress with this work has been hindered by 2 factors:

- The prioritisation of vaccine storage in the Mass Vaccination Centres
- Access to wards to undertake required audits has been challenged due to Covid-19 and subsequent outbreaks.

This notice is being managed by pharmacy and previously, an Action Log for assurance purposes and to demonstrate planned timescales was provided.

### **PSN056**

#### **Foreign body aspiration during intubation, advanced airway management or ventilation**

This notice was issued in October 2020, with a compliance due date of 1<sup>st</sup> July 2021. The notice was disseminated to ILGs and remains non-compliant in all areas. The management of this notice is now centrally led. Leads have been identified and we anticipate compliance by 1<sup>st</sup> March 2022.

### **PSN058**

#### **Urgent assessment/treatment following ingestion of 'super strong' magnets**

This notice was issued July 2021, with a compliance due date of October 2021. Merthyr and Cynon ILG and Bridgend ILG currently report compliance in this notice. Central Patient Care and Safety is supporting Rhondda Taf Ely ILG to achieve compliance.

### **PSN059**

#### **Eliminating the risk of inadvertent connection to medical air via a flow meter**

This notice was issued September 2021, with a compliance due date of 16<sup>th</sup> December 2021. The notice has been disseminated and a Task and Finish Group has been set up and led by the central Patient Care and Safety Team to progress to compliance. We anticipate compliance by 1<sup>st</sup> March 2022.

### **PSN060**

#### **Reducing the Risk of Inadvertent Administration of Oral Medication by the Wrong Route**

This notice was issued September 2021, with a compliance due date of 20<sup>th</sup> December 2021. This work is being led by Pharmacy with some actions designated to ILGs. Merthyr and Cynon ILG report compliance. We expect full health board compliance by 31<sup>st</sup> January 2022.

#### **In progress and not yet due:**

The health board currently holds **2** PSS that are not yet due, as follows:

### **PSN057**

#### **Emergency Steroid Therapy Cards: Supporting Early Recognition & Management of Adrenal Crisis in Adults and Children**

This notice was issued June 2021, with a compliance due date of 31<sup>st</sup> January 2022. Pharmacy have led the initial phase with partial compliance being met. The ILGs will lead on the remaining actions to achieve compliance.

## **PSN061**

### **Reducing the risk of patient harm – standardised strength of phenobarbital oral liquid**

This notice was issued in November 2021, with a compliance due date of 28<sup>th</sup> February 2022. Pharmacy are supporting with the compliance of this notice.

#### **Patient Experience:**

The latest patient experience data is attached at appendix 1. Health Board wide data will be available once the new national 'Once for Wales' system is introduced, this was planned for April 2020, however there is a delay in progressing the project due to Covid-19. A project lead has been appointed for the UHB.

#### **Medication Incidents**

A total number of 171 medication incidents were reported between the 01.10.21 & 30.11.21. 93.6% of the incidents were reported as resulting no (119) or low (41) harm. No medication incidents were reported as resulting in severe harm or death, with 11 reported as moderate harm. Of the total number of medication incidents reported 73 related to the administration of medication and 40 to prescribing.

#### **Mortality rate:**

Overall mortality rates continued to fall following the second COVID wave from 2.88% in March to 2.69 for July and 2.74% for August 2021. There has been an increase in mortality during the months of September 2.94% and October 2021 3.50%. November data was not available at the time of the report.



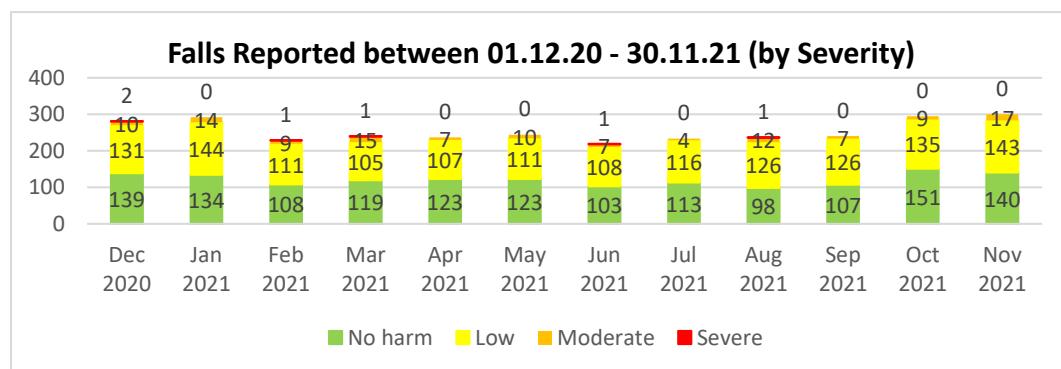
Indicator Description	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov 2021	Trend
Total number of inpatient falls	282	292	229	240	237	244	219	233	237	240	295	<b>300</b>	
Number of inpatient falls where harm has occurred (moderate, severe and death)	10	14	9	15	7	10	7	4	12	7	9	<b>17</b>	
Total number of instances of hospital acquired pressure ulcers	130	120	100	66	80	98	91	98	92	101	148	<b>105</b>	
Number of hospital acquired pressure ulcers grade 3 and 4	7	6	3	3	2	4	1	3	6	5	9	<b>7</b>	
Total number of instances of Community acquired pressure ulcers	127	131	131	153	181	177	159	190	132	157	152	<b>165</b>	
Number of Community acquired pressure ulcers grade 3 and 4	18	11	20	27	28	21	22	23	25	20	17	<b>20</b>	
Number of potential Hospital Acquired Thrombosis (HATs)	11	5	11	8	12	4	3	2	10	12	14	<b>9</b>	
% VTE risk assessments documented on the med. Chart	95%	96%	96%	92%	94%	93%	95%	89%	95%	96%	92%	<b>94%</b>	
Hospital Arrests (2222 calls)	47	52	34	43	38	39	35	27	42	64	47	<b>35</b>	
% NEWS audit by site (RGH/YCR/PCH/YCC/PoWH/ Ysbyty'r Seren)					82.6%	84.5%	81.1%	87.1%	86.3%	84.5%	84.1%	<b>91.1%</b>	
C.difficile Rate/1000 admissions	1.24	1.01	0.76	2.29	2.77	1.32	2.28	2.78	4.41	1.43	1.83	<b>1.83</b>	
MRSA bacteraemia Rate/1000 admissions	0	0.51	0	0	0	0.19	0	0	0	0	0	<b>0</b>	



Indicator Description	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov 2021	Trend
MSSA bacteraemia Rate/1000 admissions	3.21	2.02	1.26	2.29	2.57	2.08	1.93	2.22	1.8	1.25	1.1	<b>1.65</b>	
E. coli bacteraemia Rate/1000 admissions	6.18	4.55	4.28	6.3	7.12	6.61	6.32	6.85	8.01	7.67	4.58	<b>5.86</b>	
% of patients who spend less than 4 hours in A&E from arrival to admission, transfer or discharge	73.67	68.54	78.98	84.58	77.90	75.92	67.08	68.92	67.21	64.77	61.17	<b>65.05</b>	
% of patients who spend less than 12 hours in A&E from arrival to admission, transfer or discharge	89.39	86.25	92.59	96.24	96.20	95.02	94.62	94.51	92.15	92.39	89.88	<b>88.09</b>	
AvLOS overall mean (based on discharges only)	7.5	7.8	7.3	5.6	5.2	5.0	4.6	4.9	5.3	4.6	5.1	<b>5.3</b>	

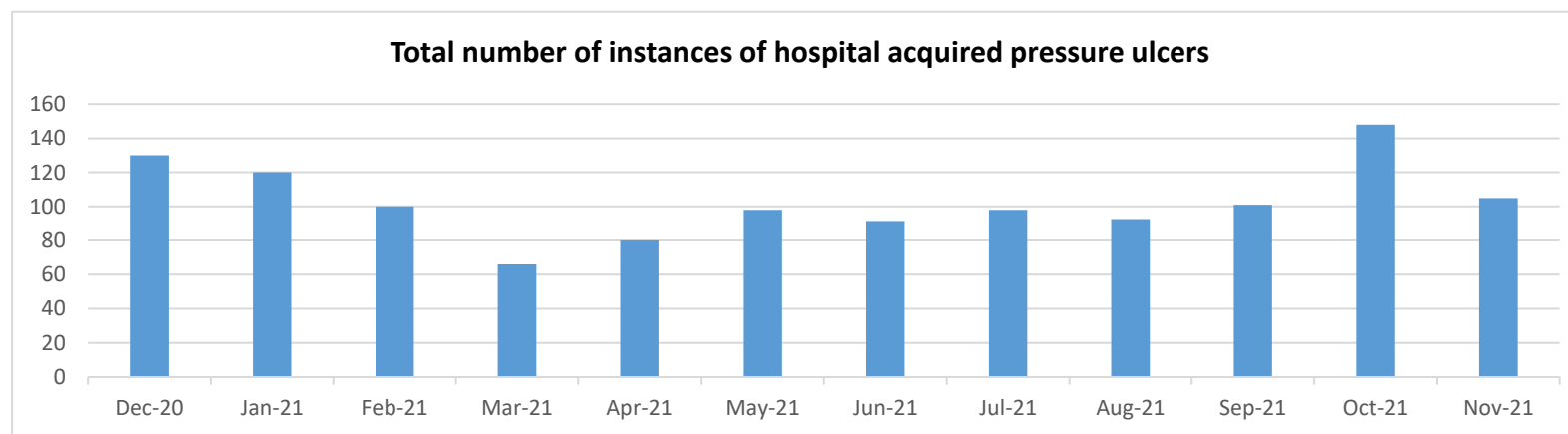
## Inpatient Falls

595 falls were reported between the 01.10.21 & 30.11.21, which represents a continuation of the increase in the number of falls reported. No incidents were reported as resulting in severe harm or death during October and November 2021. The highest number of inpatient falls occurred the within Seren Unit (31) at Royal Glamorgan Hospital and Ward 7 (28) – Ysbyty Cwm Cynon.



## Pressure Damage Incidents

During October & November 2021, a total of 1012 pressure damage incidents were reported. The highest number of incidents reported were identified as developed outside of hospital setting with district nursing input (316). Of the total number of pressure damage incidents reported, 246 were identified as hospital acquired, with ITU/HDU and AMU at Princess of Wales Hospital recorded as the highest. 16 incidents were recorded as Grade 3 and 4. ILG pressure damage scrutiny panels determine if hospital acquired pressure damage is avoidable or unavoidable. Avoidable pressure damage requires a safeguarding referral.



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

There were 23 potential HATs identified for October to November 2021 compared to 22 for the previous reporting period from August to September 2021. These case numbers demonstrate the possible HATs and investigations are required to establish if the patient was risk assessed and treated appropriately during their admission. A Root Cause Analysis investigation confirms or rules out potential cases as HATs. It would be of benefit to Committee to have reports of actual HATs; however, investigation and confirmation can take between 3 and 6 months. ***A 'spotlight on...' HAT/VTE deep dive is not available due to clinical leads prioritisation of patient facing activity and vaccination.***

## Hospital Cardiac Arrests and NEWS Training:

The data for cardiac arrests now includes all 3 ILGs from January 2021. For August to November 2021 the number of calls has begun to increase due to the increasing number of critically ill COVID patients. Hospital Cardiac Arrest Calls will remain an

important metric, as the ultimate goal is cardiac arrests only to occur in the Emergency Department. This is due to strengthening our pre-arrest reviews and monitoring acute deterioration, as well as improving on our DNACPR processes. NEWS scoring, and therefore training, are integral to this goal.

Recognising Acute Deterioration and Resuscitation (RADAR) group has met and in the early stages of forming our cross-organisational programme. We will be expanding our metrics to keep a constant review of our activities. With the introduction of the new NEWS 50 chart from the 1<sup>st</sup> April 2021 and an associated audit of compliance has been undertaken by the Outreach Team on a monthly basis. NEWS training is also being recorded on the new Clinical Audit and NICE compliance monitoring system, so training figures are now available from April 2021.

### **Infection Prevention and Control:**

The Infection Prevention and Control (IPC) team have continued to support the Health Boards preparedness and response for the second and third waves of COVID through 2020 – 2021 and managed individual cases/ outbreaks of infection throughout CTMUHB. The Team has worked in collaboration with a range of multi-disciplinary colleagues to develop patient pathways and testing strategies, participate in Health Board and ILG meetings, provided IPC advice based on national guidance to inform practice and supported colleagues to undertake risk assessments to minimise the risk of infection to staff, patients and their visitors.

The IPC team is working collaboratively with the Integrated Locality Groups to reduce healthcare associated infections and monitor progress against the Welsh Government reduction expectations. Fewer cases have been reported between April – October 2021 for 2 of the 5 surveillance organisms. An increase in C.Difficile infection has been reported across Wales and work is ongoing at a national level to determine whether additional use of broad-spectrum antibiotics and sessional use of personal protective equipment during the COVID pandemic has contributed to the rise in cases.

Despite an increase in Aureus bacteraemia and gram negative bacteraemia, a significant proportion are community acquired infections and urgent investment is required to appoint a dedicated IPC Team for primary care. Without investment, the IPC team is unable to introduce and support targeted interventions in primary care to make sustainable improvements to reduce community-acquired infections. The Lead IPC Nurse is part of an all Wales task and finish group looking at workforce planning for IPC.

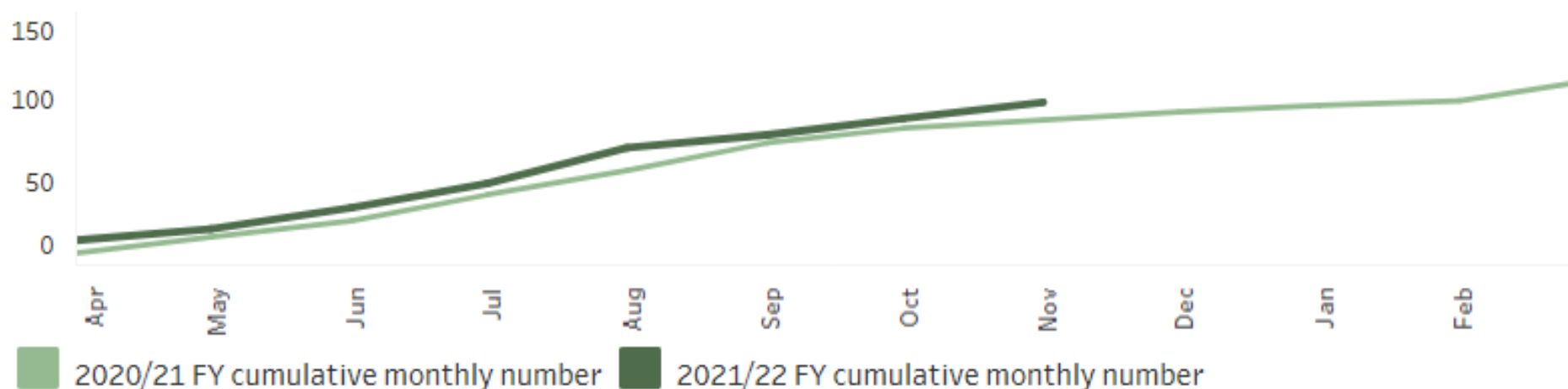
Further engagement is required to strengthen the root cause analysis process in primary and secondary care to learn lessons from incidents and share best practice. Further work is also required to improve antimicrobial stewardship as the antimicrobial pharmacists were redeployed to support the COVID response and have not returned to their substantive roles as yet.

An external review of decontamination in CTM has been jointly undertaken by the Health Board and Shared Services colleagues. A management response is being prepared for discussion at IPC committee.

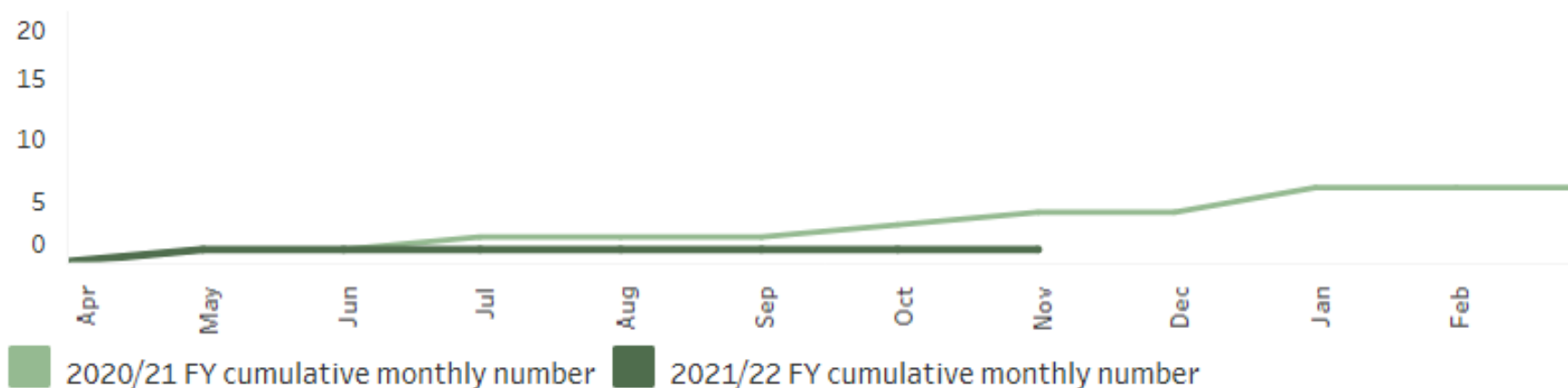
Planned improvements to the IPC services –

- Develop a business case for a dedicated IPC resource for primary care
- Develop a business case for a dedicated Decontamination Officer/Operational Lead for Decontamination.
- Support the ILG to introduce targeted interventions in primary and secondary care to influence improvements
- IPC team to deliver a blended approach for IPC training – face to face sessions and access to ELearning
- Provide guidance and support to introduce and implement revised national guidance for IPC across CTM.

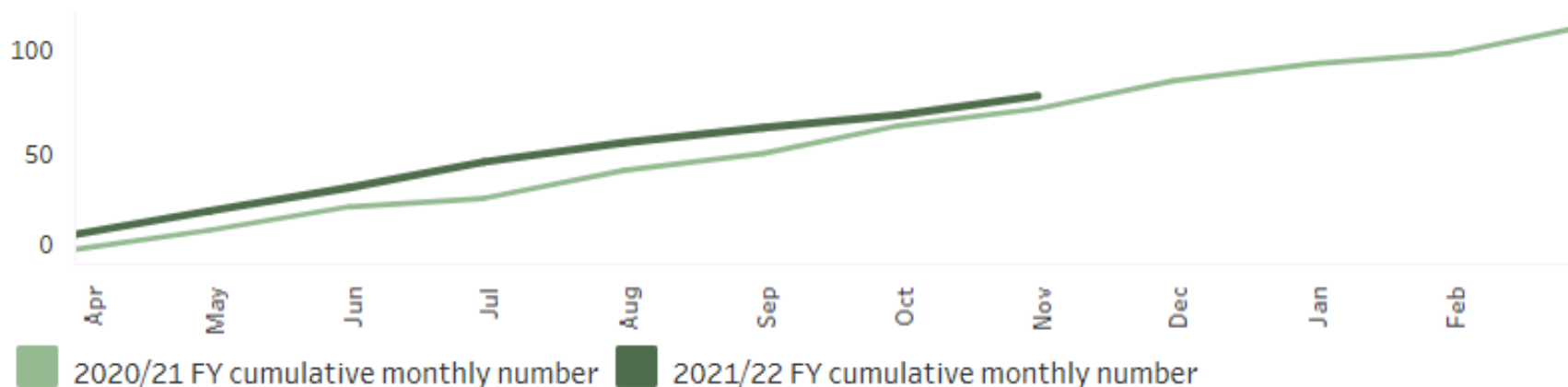
**Cwm Taf Morgannwg University Health Board cumulative monthly numbers of C. difficile for April 2021 to November 2021 against the equivalent period in 2020/21**



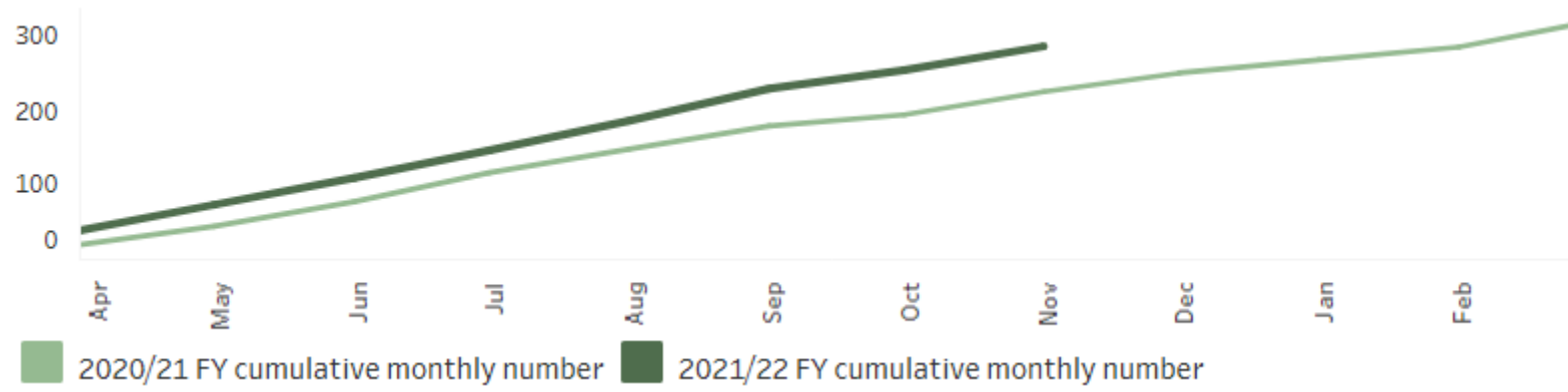
**Cwm Taf Morgannwg University Health Board cumulative monthly numbers of MRSA bacteraemia for April 2021 to November 2021 against the equivalent period in 2020/21**



**Cwm Taf Morgannwg University Health Board cumulative monthly numbers of MSSA bacteraemia for April 2021 to November 2021 against the equivalent period in 2020/21**



**Cwm Taf Morgannwg University Health Board cumulative monthly numbers of E. coli bacteraemia for April 2021 to November 2021 against the equivalent period in 2020/21**



**Emergency Department 4 hour and 12-hour performance:**

Compliance with the 4-hour target has favourably increased to 65.05% for November 2021 compared to 61.17% for October 2021. The 12-hour A&E performance has slightly decreased from 89.88% in October 2021 to 88.09% in November 2021.










**Average Length of Stay:**

The ALoS has increased to 5.3 days in November 2021 compared to 5.1 days in October 2021. 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 and trends.

**Primary Care Metrics**

Further work is ongoing to develop meaningful community/primary care data. Primary and community care is central to legislative drive for health improvement and population well-being and this requires more sophisticated indicators of quality, safety and person experience. These are being reviewed and re-designed in conjunction with the three locality Groups and Service Group Directors to attempt parity with the assurance measures of secondary care provision. Covid-19 has significantly impacted on how primary care is working at present however progress is being made in the development of specific subgroups in order to maximise the opportunity for learning, action and continuous improvement of all the services. Monthly Quality

Assurance meetings are being put in place for the review of Primary Care contractor incidents and complaints. This will enable themes and trends to be identified, along with building capacity for inclusion and shared learning.

Indicator Description	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	July-21	Aug-21	Sept-21	Oct-21	<b>Nov 2021</b>	Trend
<b>Community Care Metrics</b>													
District Nurse treatments	33488	31620	30783	35354	34258	35911	36262	35675	35522	35174	35938	<b>35925</b>	
Referral to At Home Services (All Referrals)	100	89	86	142	124	107	116	116	120	98	96	<b>93</b>	
Maesteg Hospital (ALOS)	12	0	0	0	0	0	0	0	0	0	0	<b>0</b>	
Ysbyty Seren (ALOS)	12	0	0	63	39	26	44	22	27	31	56	<b>45</b>	
Ysbyty Cwm Cynon (ALOS)	55	84	62	45	36	40	41	59	48	46	49	<b>55</b>	
Ysbyty Cwm Rhondda (ALOS)	55	76	91	56	43	59	54	59	66	54	70	<b>58</b>	
Palliative Medicine, Bridgend (ALOS)	25	27	22	22	20	13	16	32	18	18	18	<b>13</b>	
Palliative Medicine, Pontypridd/RGH (ALOS)	8	19	8	5	9	9	8	8	8	14	8	<b>7</b>	
Palliative Medicine, YCC (ALOS)	47	29	17	19	32	28	14	28	22	41	23	<b>24</b>	

## **District Nurse Treatments and at Home Referrals:**

The activity levels for October/November across CTM combined continues to be higher in terms of treatments and referrals but are starting to stabilise. The increase in patient activity continues to put significant pressure across all district nursing teams. The numbers of referrals for Fast Track end of life care and palliative care in particular continue to be significant following on from the pandemic and the long-term health conditions it continues to affect. In order to manage demand the teams have used their resources efficiently to ensure all patients are seen and have continued to provide safe effective care to a high standard.

### **GP**

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

## **Community Hospitals Average Length of Stay (ALoS):**

### **YCR (LOS)**

The LOS has decreased for YCR in month and this reflective of the increase number of discharges.

### **YCC**

There has been an increase in LOS from 46 in September to 55 in November. In addition, there remains a high number of patients on site requiring placement within Care Homes (for both general and EMI nursing and residential care) or awaiting packages of care in the community. As at 8<sup>th</sup> December 2021 a total of 23 beds were occupied by patients who were able to be discharged but were awaiting placement/care packages. Cynon Locality is also reporting two Care Home closures.

## **Palliative Care inpatient wards**

There has been a decrease in the LOS and this would be reflected in the bed capacity utilised in month.



Indicator Description	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov 2021	Trend
<b>Mental Health Care Metrics</b>													
Number of 136 assessments in police cells	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>	
Number of restraints	19	46	39	27	27	37	16	49	35	35	44	<b>46</b>	
Number absconding from wards (overall not just detained)	7	16	10	29	24	16	27	34	23	25	20	<b>25</b>	

### Number of 136 Assessments in Police Cells:

Pleasingly 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).

### Number of Restraints:

Restraints for this month remain at the low. No discernible trends noted and all incidents reported and reviewed by the mental health teams. (All Mental Health Localities included).

### Absconding Incidents

During the October & November 2021, a total of 45 Absconding incidents were reported. The highest number of incidents reported were from Accident & Emergency Royal Glamorgan Hospital (11), Emergency Care Centre Prince Charles Hospital (10) and Ward 14 – Princess of Wales Hospital (7). 3 incidents were reported as Moderate harm.

### 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.

- As in all public institutions the impact of the Covid-19 variants has had considerable and ongoing consequences on the ability of the HB to provide continuity around its core business.
- Progressing the ambition to develop an IT infrastructure to ensure up-to-date high quality data that is readily accessible and confident preparation for migrating to the Once for Wales risk management model.
- Gaining health board wide assurance of the breadth of UHB services and consideration of the four harms.
- Quality strategy and identification of priorities for the Health Board. A '*spotlight on...*' a priority thematic area for the UHB is suggested by Committee for deep dive investigation and inclusion in the next Q&S report.

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

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	This report outlines key areas of quality across the Health Board.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
	This report applies to all Health and Care Standards.
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)
	<p>If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.</p> <p>If no, please provide reasons why an EIA was not considered to be required in the box below.</p>



<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	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.
<b>Link to Strategic Goals</b>	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



## Patient Experience

### Data period – October to November 2021

Communication is a key element in enhancing a patient's journey through the services we as a Health Board provide and support. However, the Covid 19 pandemic and reduced hospital visiting continue to impact on how we hear our communities, but has also provided an opportunity for the Health Board to utilize a diversity of methods in how we gain this information.

Feedback continues to be received via social media platforms, Community Health Council surveys, incidents, concerns, 'have your say' cards, virtual visiting and the Medical Examiner's Office/Coroner's office. This will allow us an insight into how we look to plan our services for the future and support those who interact with our services in the current pandemic.

### Civica system

The Patient Experience Team have also made progression within the CIVICA system and created an electronic link replicating the 'have your say' cards that will allow patients/carers/family's the opportunity to provide qualitative data relating to their experience. Posters have been created highlighting a QR Code that will signpost them to the survey thus enabling feedback wherever the setting. The link will also be available on the Health Board's internet and social media platforms to encourage feedback from our communities. The launch of this option is being planned for January 2022.

## Chaplaincy Services

### Significant Spiritual and pastoral care

Patients	Relatives/Carers	Staff	Religious Rites	Out of hours requests
233	49	267	115	14 hours (October figures only available).

### Out of hour's requests

The team continue to work with the ITU family liaison bereavement team to support relatives who have passed away in ITU in PCH and RGH. Whilst also officiating for the Health Board's hospital contract funerals and two foetal collective cremation services. Our Bereavement through Art workshop for staff, has continued to take place both virtually and 'in person', at Dewi Sant and Glanrhyd sites. The feedback received was very positive. The chaplain overseeing this will be writing up a report over the December period and we have advertised workshops for early 2022, which will be held via TEAMS due to the COVID situation at present.

We have delivered classroom training to raise awareness of the department and what we do, with a focus upon spirituality and how staff can discover their personal spirituality in order to help their wellbeing and enable them to know how to look out for spiritual distress within our patients. This has been given to new employees, graduate and student nurses working within CTMU HB.

The department offered support to staff during Mental Health week by providing worksheets to discover personal spirituality and encouraging gratitude. A virtual service for Armistice Day was created to allow all across CTMUHB to pay their respects as only one site was able to accommodate two minutes socially distanced silence.

With the help of the Patient Experience Manager, we have finally established the use of the residential hall in POW for our Muslim staff to hold socially distanced Jumma (Friday) prayer. The staff concerned are very grateful.

### Volunteer service

Our previous reports have showcased the innovative ways in which our volunteers have offered their support and continue to be extremely enthusiastic, committed and dedicated to the volunteer service.

The following provides an overview of current volunteer service activity.

### Current activity

- Volunteers continue to support vaccination centres across CTMU HB offering a meet and greet service. It is recognised that their dedication and commitment has been integral to the success of the programme so far. The expansion of the vaccination programme has led to many demands on them, however they have stood up to the challenge and battled on. Recruitment for additional volunteers

resumed in October and has resulted in a steady stream of new recruits joining us over recent weeks.

- Monthly meetings are now held with the lead vaccination sites manager to ensure our volunteers are being supported and kept up to date on plans etc. It is a good opportunity to share feedback and make adjustments to our services as and when needed.
- Regularly meeting (virtually) with All Wales Volunteer Managers Network discussing recent information, updates and sharing best practise on current volunteer activity e.g. reintroduction of volunteers in clinical areas, EOL Volunteer Champions and Covid 19 Volunteer declaration forms amongst other things
- Continue to support our registered volunteers to become digitally active by holding catch up/information sessions. The live sessions cover a variety of topics from wellbeing, arts, crafts & communication.
- Our Volunteers continue to support the EPP, Dietetics & Nutrition Teams by supporting participants to attend on line courses. They offer digital guidance and support on accessing the TEAMS sessions along with hints and tips on safety and privacy etc. It gives people the confidence to join the courses and benefit from the support they offer
- The success of our digital support work and involvement with Digital Communities Wales (DCW) has led to us (Volunteer Coordinator and several volunteers) being interviewed again this year as part of the annual review requested by Welsh Government of the services and support that DCW offer.
- We continue to work with the Infant Feeding Coordinators and research team in order to offer on line support for new mothers as part of a research pilot project
- Fortnightly arts and crafts sessions have taken place at Glanrhyd Hospital following strict covid 19 guidance. The sessions are an opportunity to learn new skills and share ideas on how we will be able to support, stimulate and enable patients through various arts and crafts in the future. The focus more recently has been to support the well-being of those volunteers who are patiently awaiting a return to face-to-face contact with our patients. It has

resulted in a stronger team spirit, involvement and a great sense of achievement.

- A number of volunteers have also been involved in taking part/supporting the creative well-being sessions held by the chaplaincy team around 'Loss'
- Several meetings have taken place (virtually) with other teams, to review plans going forward and how volunteers can support in specific areas such as meet and greet at Dewi Sant
- Meetings have been held with chaplaincy to discuss the introduction of end of life companions and additional training for existing chaplaincy volunteers
- Plans for the proposal and timeframe of restarting work experience have still not been confirmed. This has led to the volunteer service receiving a constant stream of enquiries from people looking for work experience and asking us for advice.
- We are in regular communication with the local community voluntary service bureaux throughout the Cwm Taf Morgannwg region
- The volunteer service team have undertaken counter fraud awareness training in order to be able to include this as part of the on-going training for volunteers

### **Planned Activity – Moving Forward**

- Arrange site visits to review current situation and usage of previous project e.g. meet and greet at YCC, POW and RGH. Linking in with Health and Safety representative in order to undertake environmental risk assessments and review potential areas to reintroduce when appropriate
- Complete risk assessments in readiness for ward / departmental managers to complete actions and consequences to eliminate risk, when appropriate to reintroduce volunteers onto low risk green areas. One of the priority areas/services that we hope to resume volunteers is to support patient feedback. This service had proved very successful in the past at POW and with more technology and equipment at hand we will be able to expand the service to gain important information on whether we are delivering the best patient experience possible.

- Review Volunteer agreements to reflect covid 19 restrictions and guidance and potential to include disclaimer in order to protect volunteers and CTMUHB
- Review volunteer request pro-forma to ensure supervision and responsibility is paramount in order to protect those volunteers going into hospital settings when safe to do so
- Continue to network with Volunteer Services across other Health Board's in Wales to share updates and good practice

## **Carers**

Our Carer's co-ordinator continues to highlight the support available for our unpaid carer's across CTMU HB and has undertaken a number of activities highlighted below:-

- Continues to raise awareness around AGORED training.
- Met with Cynon Link and Merthyr MIND to understand the support available and impact of Covid 19 on carers.
- Attended workshop around 'Increasing accessibility to health and social needs', allowing an insight into care providers from alternative sectors.
- Attended Hay Festive with Merthyr Young Carers. This gave them an opportunity to listen, meet authors, and also see the book they had written during lockdown.
- Deliver monthly carer awareness training for Mental Health Unit, RGH

The Carers Steering Group continues to meet and explore different opportunities with colleagues in the third sector.

## **Veterans**

The Health Board has updated its information leaflets and posters to ensure that veterans have updated contact details to direct any queries around treatment, referrals. These have been distributed to Primary care colleagues and via colleagues through the Cwm Taf Armed Forces Covenant Panel.