AGENDA ITEM
6.3

QUALITY & SAFETY COMMITTEE

PATIENT SAFETY QUALITY DASHBOARD

Date of meeting	19th July 2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Louise Mann, Assistant Director Quality & Safety louise.mann@wales.nhs.uk Natalie Morgan-Thomas, Interim Deputy Head for CA&QI & Lead Nurse for Clinical Effectiveness natalie.morgan-thomas@wales.nhs.uk
Presented by	Louise Mann, Assistant Director Quality & Safety
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	SUPPORTED

ACRONYMS

1. SITUATION/BACKGROUND

This presentation of the Quality Dashboard to Committee provides data from April 2022 to May 2022. The Health Board continues to experience considerable challenges related COVID-19 and subsequent recovery. It is important to note that the implementation of Datix Cymru in April 2022 has had some impact on the reporting and administrative management of incidents within the risk management platform. Locally Reportable Incidents (LRI's) are an internal process of ensuring any incident previously deemed a serious incident within the Putting Things Right regulations continues to be reported centrally. This is to maintain corporate oversight of incidents that may no longer be nationally reportable, but have significance for the quality and safety of our services. Datix Cymru does not accommodate localised incident management measures however solutions are being sought with the national team to ensure accurate, consistent data is available. Quality, patient safety and positive patient experience remain our central priority, 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:

- Mean reduction in formal complaints received during the reporting period with January reporting the lowest number of complaints over the past 12 months. Continued decreasing trend of formal complaints. This may be a result of an organisational drive for Early Resolution, however further trend data is required to correlate this. The top themes for formal complaints received remain unchanged in order of definition as follows: 1. Clinical Treatment & Assessment; 2. Communication; 3. Appointment issues.
- CTMUHB Complaints response compliance average 61% with a target ambition of 75%. Reduced complaints compliance has been contributed to sickness absence, particularly in one ILG, which has considerably affected overall compliance rates. 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.
- The numbers of compliments recorded on the Datix system have significantly increased in May 2022. This is mainly as a result of Merthyr Cynon ILG recording the majority of compliments in May within Datix. Compliment data is reliant on manual entry into the system.
- Patient safety incident reporting remains consistent with a slight reduction on the previous reporting period. There is an increase in severe harm or death incidents in this period and this is likely due to issues implementing Datix Cymru, which does not permit downgrading of harm following the initial review.

The Datix team are working on a resolution to accurately reflect harm from patient safety incidents.

- The Never Event incident reported in May 2022 refers to incorrect intravenous administration of insulin.
- Although a slight decrease seen in this reporting period, total patient falls continues on an upward trajectory over the 12-month period.
- Increases in moderate and severe harm categorisation of falls has increased in April and May are somewhat attributable to the Datix Cymru issues where downgrading is not permitted following review. Two severe harm incidents were reported to be as a result of a fall in the Princess of Wales Hospital; 1 fall reviewed as avoidable and has been nationally reported and the other is subject to further investigation.
- There is an increase in total numbers of hospital acquired pressure damage incident reports this period and a continued upward trend overall. The number of community acquired pressure damage incidents started to increase in March 2021 and continued on an upward trajectory. For April and May 2022, there has been a reduction in incidence and work has commenced on the Community Acquired Pressure Ulcer prevention strategy, which has been presented to previous Committees. It is unlikely the reduction is attributable to this work, as it remains in the early stages however; there has been considerable collaboration with clinical colleagues on the improvement plans, which in itself may impact on practice.
- 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. Medication incidents are the subject for a proposed improvement plan supported by the CTM Improvement Team.
- Mortality rates increased in April 2022 (data not yet available for May 2022). More information is required to establish any trends or correlations.
- An update on our current Patient Safety Solutions position will be presented today. At the time of reporting, further compliance has been achieved in 2 Patient Safety Notices since the last report to Committee.
- The Health Board did not achieve the national reduction expectations for 5 key organisms set for 2021/22 and local reduction expectations are being developed to improve understanding and ownership of data within the integrated locality groups. More than half of the bacteraemia reported in April and May are community acquired infections and work is underway to secure an infection prevention and control resource for primary care. Pathways and processes are in place to contain any presentation of Monkey pox.
- 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 demand increases.

- Average length of stay (LOS) is generally increasing over the twelve-month period; this is in part due to a high number of patients awaiting residential, nursing care placements or care packages. Palliative care at RGH has seen an increase in LOS in May as they support flow in the acute sites through direct admission.
- The issue for 'Spotlight On' to Committee is ensuring safe and high quality care: a report on recent collaborative discussion on mitigating risk during extended ambulance waits at hospital (**Appendix 2**).
- Learning from Events reports, (LFER's) continue to be a challenge for the Health Board, with a historic backlog of overdue LFERs and inclusion on the corporate risk register. A number of actions have been taken to achieve the targets set out, including guidance developed, drop in sessions, ILG targets issued and monitored via trackers and regular meetings. However, there is still some work to do in order to reduce the backlog and ensure that current incident management includes evidence preparation for LFER's and that newly triggered LFERs are managed within Welsh Risk Pool (WRP) timescales. A summary of the current status and planned improvements are included at **Appendix 3**.

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

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

Data run on 07.06.22

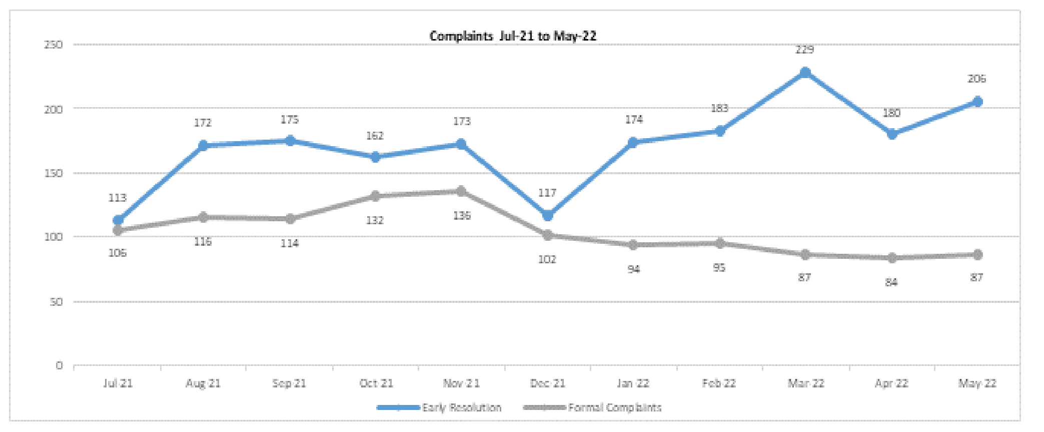
Indicator Description	June-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	April-22	May 2022	Trend
Health Board Wide Quality Metrics													
Number of formal complaints managed through PTR *	149	106	116	114	132	136	102	94	95	87	84	**87**	
Number of compliments	109	70	114	85	55	77	51	71	59	25	60	**182**	
Number of never events in month	2	0	1	0	0	0	0	1	0	0	0	**1**	
Number of serious incidents (SI) Process until to 14.06.21	6												
Number of Nationally Reportable Incidents New process from 14.06.21	4	4	8	0	4	4	4	4	7	8	4	**5**	
Number of Locally Reportable Incidents	1	7	9	8	22	17	18	9	18	13	10	**5**	

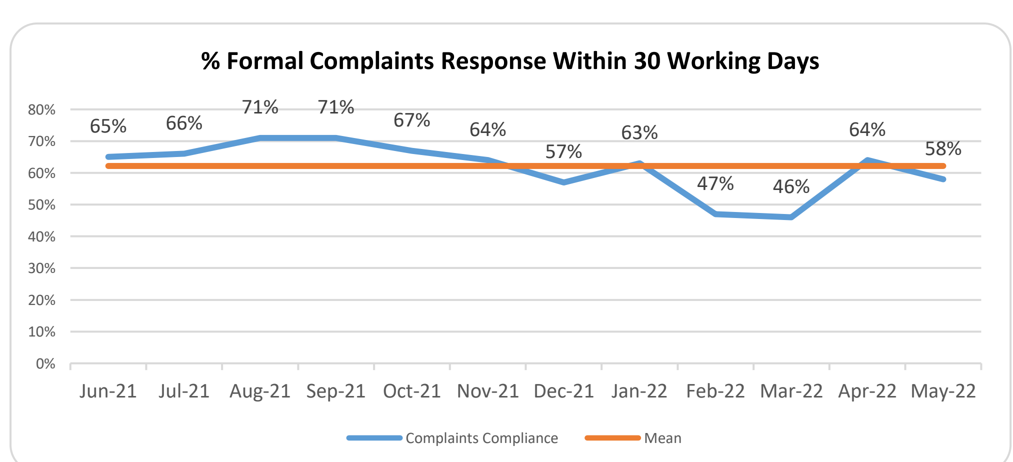
* Calculation of formal complaints received is now run from date first received as of 1st July 2020.

Data run on 07.06.22

Complaints:
During April and May 2022, there were 171 formal complaints received within the Organisation and managed in line with the Putting Things Right regulations. This is continuation in the decreasing trend of formal complaints received by the Health Board, which is reflected in the chart below. For those complaints received in April & May 2022, the top 3 themes relate to Clinical Treatment / Assessment (98), Communication Issues, including attitude & behaviour (25) and Appointments (12). Whilst compliance with the 30 working day response rate decreased slightly in May 2022 compared to April, it remains higher for the two-month period compared to February and March 2022.

Early Resolution
The central concerns team introduced a new triage process at the beginning of this year to look at how we managed concerns within the Putting Things Right Guidance (PTR). As such, the Health Board was able to resolve a number of queries relating to waiting times, appointment queries etc. with the support of the ILG governance teams and PALS teams across the ILG's. This has contributed to a reduction in formal concerns and the HB's ability to support patients/families in our communities at a much more localised and supportive level. The graphs show a steady increase in the number of early resolutions as the teams embedded the process, with the number increasing in March 2022 with the support of the PALS team in Merthyr ILG who were proactively supporting patients at Prince Charles Hospital. It would be expected that the success of early intervention with patients and families at the point of raising their concerns would result in a trend for fewer formal complaints over time.





Data run on 07.06.22

Compliments
During April and May 2022, there were 242 compliments recorded on the Datix Cymru system, which represents an increase of 157 when compared to the previous two months (84). Work continues to be undertaken to improve the capturing of compliments within the Datix Cymru system to support improved analysis of all elements of feedback. This is reflected in the increasing numbers recorded in the system although it is acknowledged that this is a manual entry system dependant on available resource.

Patient Experience:
The latest patient experience data is attached at **appendix 1**.

Patient Safety Incidents:
Between April 2022 and May 2022, a total of 3911 incidents were reported across the Health Board. This is a decrease of 155 compared to the previous two months. Of these, 87% (3397) were reported under the type of patient safety during the two-month period. Of the patient safety incidents, 81 were reported with a severity of severe harm (44) or death (37), an increase of 10 when compared to the previous 2 months. This equates to 2.0% of the total number of patient safety incidents reported, no change from previous months. It should be noted that from the 01.04.22 the Health Board implemented the Incident Functionality within the Datix Cymru system. As part of the introduction of this function, it is no longer possible to update the severity of incidents following initial review, therefore the severity highlighted on reporting may not necessarily relate to the actual harm caused.

Never Events:
One Never Event incident was reported in May 2022 where an insulin pump was commenced instead of intravenous antibiotics. 'Make safes' and safety briefings have taken place and an investigation is in progress.

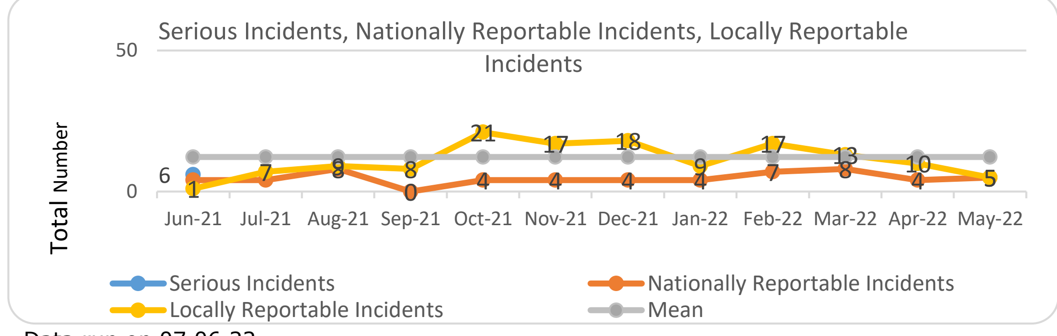
Nationally Reportable Incidents:
Committee will be aware that following the introduction of the NHS Wales National Incident Reporting Policy on the 14.06.21, the Health Board distinguishes between Nationally Reportable Incidents and Locally Reportable Incidents (those previously classified as serious incidents). The trend for the last 12 months is reflected in the chart below. Since the implementation of Datix Cymru, the Health Board is currently unable to accurately record the number of LRIs submitted each month within the

system, as this is a health board initiative to ensure robust oversight of all incidents of significance. LRI's are currently counted manually and work has been undertaken to establish an interim solution, which identifies the number of open LRIs.

During April 2022 and May 2022, 9 nationally reportable incident notifications were submitted to the Delivery Unit. This represents a decrease of 6 compared to the previous 2 months. A breakdown of the nationally reportable incidents is provided in the table below:

Type of Nationally Reportable Incidents	Apr 2022	May 2022	Total
Treatment, Procedure	2	0	2
Maternity adverse occurrence	2	0	2
Slip, Trip or Fall	0	1	1
Medication	0	1	1
Pressure Damage	0	1	1
Clinical Assessment, clinical diagnosis	0	1	1
Transport	0	1	1
Total	**4**	**5**	**9**

Data run on 07.06.22



Data run on 07.06.22

Patient Safety Solutions:

Summary

There have been no new patient safety notices or alerts since previous Q&S meeting.
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 issues with any specific alerts or notices if required.

RL Datix safety alerts module went live on 08.06.22 for the reporting of compliance of safety alerts and notices. Additionally, the Health Board also now provides more narrative around progress of compliance on a monthly basis and provides an expected date of completion.

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.

Fortnightly meetings with Heads of Quality and Safety in each ILG to progress the pace to effectively manage and maintain oversight of the patient safety solutions and a rolling action log. Assistant Director of Quality, Safety & Safeguarding reports weekly to executive meeting on progress, any barriers or concerns. Further support has been requested from Senior Medical colleagues as limited responses/replies from clinician leads who were previously identified in ensuring notices were adhered to.

There is commitment to achieving compliance on the remaining 4 notices by the end of July 2022.

In total, there is **1 alert** and **4 notices** in which CTMUHB are non-compliant.

<u>Non-compliance</u>

As noted above the Health Board currently reports non-compliance in **1** PSA & **6** PSNs:

PSA008

Nasogastric tube misplacement

All Wales Training for NG Tubes is being established. Update was expected from DU in the April national meeting regarding competency package, however the meeting was cancelled. DU have advised whether Health Boards to consider putting risk on risk register. To discuss further at national meeting regarding the common narrative of the risk to be added.

PSN058

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

This notice was issued July 2021, with a compliance due date of October 2021. Bridgend ILG & RTE currently report compliance in this notice. Central Patient Care and Safety is supporting MC 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 16th December 2021. A meeting has taken place in May, co-ordinated by the central team. Clinical Engineering have provided all ILG's with inventory of location of all medical flow meters in departments. Estates are in a position to cap off when ready. A number of departments across the ILGs are reporting compliance. Different approaches have been taken in each ILG previously in regards to replacement nebulisers and there has been a stock issue highlighted. Further meeting with Heads of Nursing to further establish barriers to switching over in those departments, which have not yet completed.

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 31st January 2022. Pharmacy have led the initial phase with partial compliance being met. The ILGs will lead on the remaining actions to achieve compliance. Remaining actions require endocrinology service input, which is being progressed.

PSN063

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

Leads identified in each ILG. Compliance reported in some areas of RGH, POW and PCH. Meeting to be set up with identified leads to target departments who remain non-compliant. There is difficulty nationally in procurement. There is currently a national working group for this solution, which a number of our anaesthetists attend. A number of areas have reported compliance with departments having a plan for switching, however being reliant on stock supply. The Health Board have been asked by WAG to provide an update on current stock levels for those areas that have achieved the switch over to establish the position nationally. A number of our key leads leading on this patient safety notice are anticipating this may take until September 2022 for switch to happen if stock becomes available.

Indicator Description	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	April-22	May 2022	Trend
Number of medication prescribing errors	28	19	21	27	15	25	21	10	13	19	15	**15**	
Number of medication administration errors	46	39	39	32	31	42	41	35	35	41	24	**38**	
Total number of inpatient falls	219	233	237	240	295	300	260	300	254	280	275	**264**	
Number of inpatient falls where harm has occurred (moderate, severe and death)	8	4	13	7	9	14	9	10	13	12	22	**25**	
Total number of instances of hospital acquired pressure ulcers	89	96	87	95	133	98	79	86	108	86	104	**104**	
Number of hospital acquired pressure ulcers grade 3 and 4	1	4	4	6	7	8	0	1	8	2	1	**3**	
Total number of instances of Community acquired pressure ulcers	158	187	124	151	153	165	168	170	147	163	111	**110**	
Number of Community acquired pressure ulcers grade 3 and 4	22	21	21	19	18	20	16	19	16	18	6	**7**	
Number of potential Hospital Acquired Thrombosis (HATs)	3	2	10	12	14	9	6	6	5	13	5	**9**	
% VTE risk assessments documented on the med. Chart	94	94	96	96	90	94	93	96	98	97	95	**97**	
Hospital Arrests (2222 calls) Adult	35	27	42	64	47	35	48	42	46	49	44	**35**	
% NEWS audit by site (RGH/YCR/PCH/YCC/PoWH/ Ysbyty'r Seren)	81.1	87.1	86.3	84.5	84.1	91.1	89.5	89.8	88.6	87.3	88.8	**87.2**	
C.difficile Rate/1000 admissions	2.29	2.78	4.39	1.41	1.78	1.79	2.87	1.91	2.67	3.57	1.94	**1.29**	
MRSA bacteraemia Rate/1000 admissions	0	0	0	0	0	0	0	0	0.22	0	n/a	**0.22**	

Indicator Description	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	April-22	May 2022	Trend
MSSA bacteraemia Rate/1000 admissions	1.93	2.22	1.79	1.24	1.07	1.61	2.11	2.12	1.33	2.44	3.24	**3.02**	
E. coli bacteraemia Rate/1000 admissions	6.33	6.86	7.97	7.61	4.46	5.73	5.74	5.09	6.22	4.51	6.26	**6.47**	
% of patients who spend less than 4 hours in A&E from arrival to admission, transfer or discharge	70	69	67	64	61	66	65	66	63	63	62	**62**	
% of patients who spend less than 12 hours in A&E from arrival to admission, transfer or discharge	95	93	92	91	90	90	91	88	87	88	87	**88**	
AvLOS overall mean (based on discharges only)	4.6	4.9	5.3	4.6	5.1	5.3	5.3	5.6	5.8	5.4	5.8	**6.0**	
Mortality Rate (CHKS)	2.14%	2.69%	2.73%	2.93%	3.46%	3.30%	3.82%	3.53%	2.76%	2.62%	3.44%	**N/A**	

Data run on 07.06.22

Medication Incidents

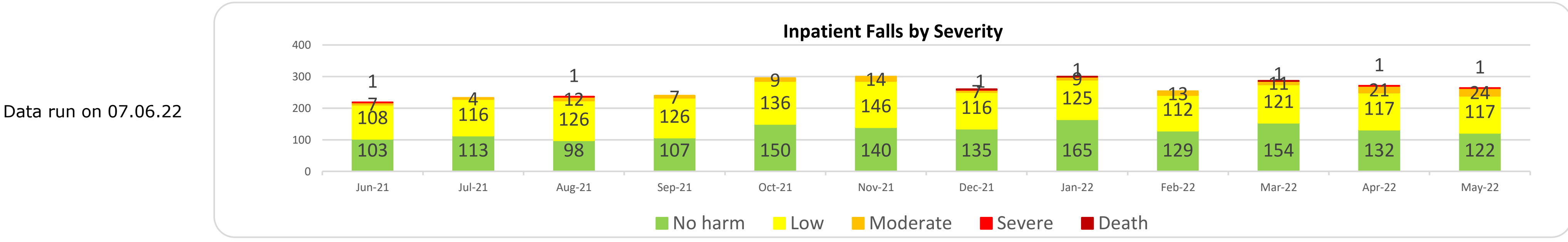
A total number of 185 medication incidents were reported between April 2022 and May 2022. 87% of the incidents were reported as resulting in no (105) or low (56) harm. 10 medication incidents were reported as resulting in moderate harm, 4 of these related to prescribing errors, 3 related to medication supply errors, 2 related to administration errors and 1 related to medication storage, security and disposal. 3 medication incidents were reported as severe harm. These related to administration error (1), prescribing error (1) and monitoring error (1) with no incidents reported as resulting in Death. Of the total number of medication incidents reported - 63 related to the administration of medication and 30 to prescribing.

Inpatient Falls

A total number of 535 inpatient falls were reported between April 2022 and May 2022, which represents a decrease of 6 in the number of falls reported in comparison to the previous two months. 2 incidents were reported as severe during April and May 2022, both of which occurred at the Princess of Wales Hospital (Ward 8 and Ward 20). The highest number of inpatient falls

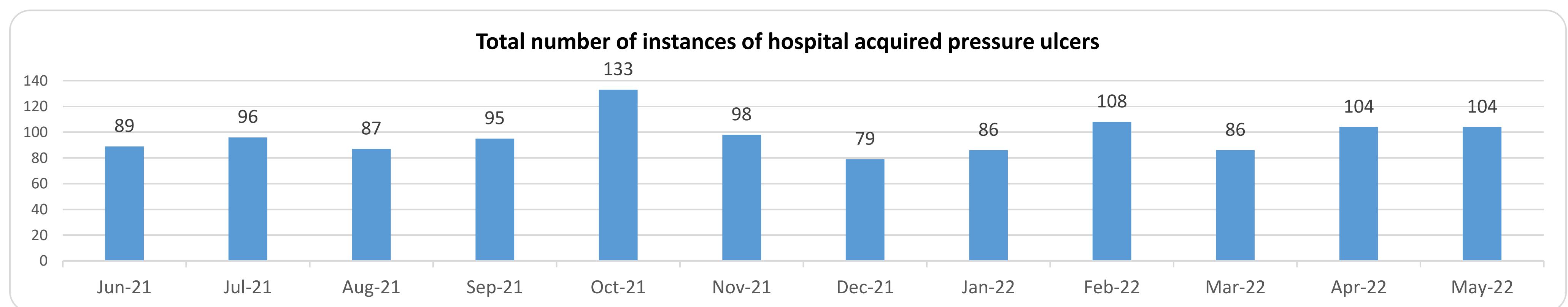
occurred in the Acute Medical Unit (20) at the Princess of Wales Hospital, Ward 4 (17) at the Royal Glamorgan Hospital, Ward 2 (17) and Emergency Care Centre (16) at Prince Charles Hospital.

Data run on 07.06.22



Pressure Damage Incidents

During April & May 2022, a total of 884 pressure damage incidents were reported. The highest number of incidents reported were identified as "Pressure ulcer present before admission to this clinical care area/caseload" (454). Of the total number of pressure damage incidents reported, 208 were identified as hospital acquired. This represents an increase of 14 incidents when compared to the previous 2 months. The highest reported locations were the Acute Medical Unit at Princess of Wales Hospital (12), the Emergency Care Centre at Prince Charles Hospital (12) and Ward 4 at Royal Glamorgan Hospital (10). 4 incidents were recorded as Grade 3 in April (1) and in May (3) 2022. There were no hospital acquired Grade 4 incidents reported during the two month period.



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Hospital Acquired Thrombosis (HAT) and Venous Thromboembolism (VTE) assessments:
There were 14 potential HATs identified for April 2022 to May 2022 compared to 18 for the previous reporting period from February 2022 to March 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.

Hospital Cardiac Arrests and NEWS Training:
For April 2022 to May 2022 the number of calls taken were 79 compared to 95 for February 2022 to March 2022. Hospital Cardiac Arrest Calls will remain an important metric as the ultimate goal is 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 are in the early stages of forming a cross-organisational programme. RADAR 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:
COVID-19 preparedness and response has been at the forefront of the infection prevention and control teams agenda since 2020. In response to a national decrease in the number of patients requiring intensive care despite ongoing community transmission, significant service changes have been introduced. In order to return to pre-pandemic arrangements, some COVID-19 measures have been de-escalated. Introduction of respiratory/non respiratory pathways have replaced the coloured pathways for assessing and managing patients who present with/develop COVID infection. Social distancing requirements and universal mask wearing has ceased in the majority of areas within the hospital sites. Additional infection prevention and control measures remain within the respiratory pathway and when dealing with patients with a suspected or confirmed respiratory infection (including COVID-19). The UK infection prevention and control guidance for COVID-19 has been superseded by pathogen specific guidance, which has been rolled out across the Health Board. Further work is ongoing to review patient testing requirements in line with current guidance.

An increase in Monkey pox has been reported in England with a small number of cases identified in Wales. The infection prevention and control team has supported the Health Boards response and supported the integrated locality groups to develop pathways and processes for managing possible/probable cases.

Mandatory surveillance continues nationally for five key organisms including C. difficile, Staphylococcus aureus bacteraemia and E.coli, Pseudomonas and Klebsiella bacteraemia. The Health Board did not achieve the reduction expectations set for 2021/22 and local reduction expectations are being developed to improve understanding and ownership of data within the integrated locality groups. More than half of the bacteraemia reported in April and May are community acquired infections and work is underway to secure an infection prevention and control resource for primary care.

In order to improve patient care, safety, and influence a reduction in community-acquired infections an infection prevention and control nurse resource is critical. An exercise is underway to identify how the current team can provide support until additional investment is available. A recent project led by Health Education and Improvement Wales (HEIW) looking at workforce requirements for infection prevention and control teams across Wales has ended and a final report is expected.

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 healthcare associated infections.

The infection prevention and control team continues to work collaboratively with the integrated locality 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) has commenced in Bridgend and sessions have been planned to increase the number of ANTT assessors in Rhondda Taff Ely and Merthyr Cynon ILG. The infection prevention and control team is working with medical colleagues to improve compliance with infection prevention and control and ANTT training.

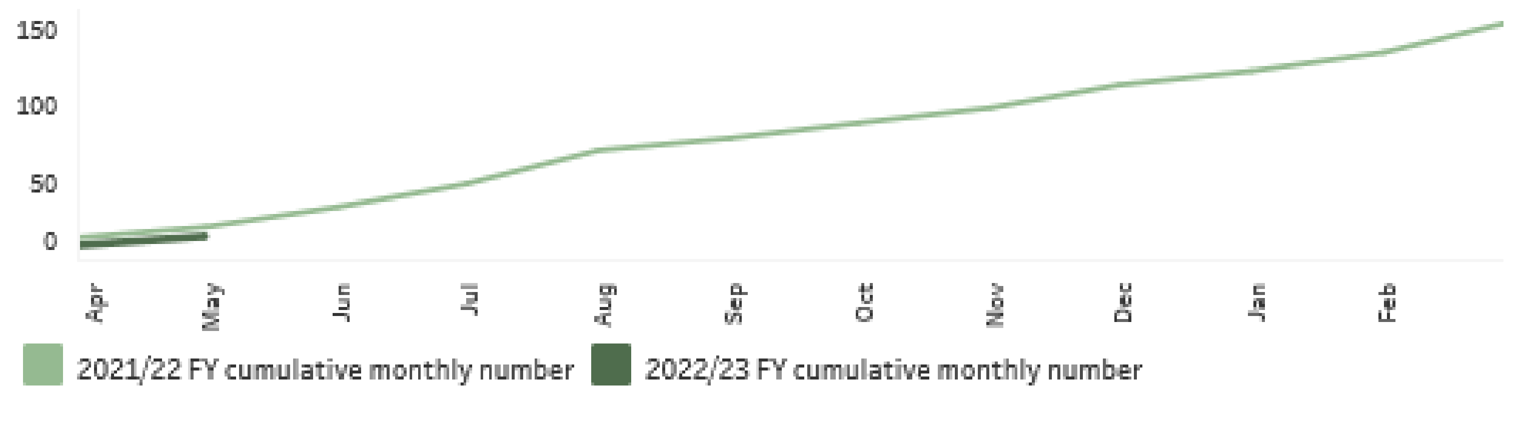
A planned program of audit has been developed for 2022/23 and any inpatient areas not visited last year will be a priority for this year.

Infection prevention and control plan for the next 3 months –

- Review current IPC establishment considering the need for a primary care resource. Develop IPC team structure in line with recommendations from HEIW Task & Finish Group.

- Agree local reduction expectations based on the mandatory surveillance organisms with the ILG Directors
- Support improvement work to reduce health care associated infections.
- Continue to support the respiratory/non-respiratory pathways, testing framework and COVID-19 response.

Cwm Taf Morgannwg University Health Board cumulative monthly numbers of C. difficile for April 2022 to March 2023 against the equivalent period in 2021/22



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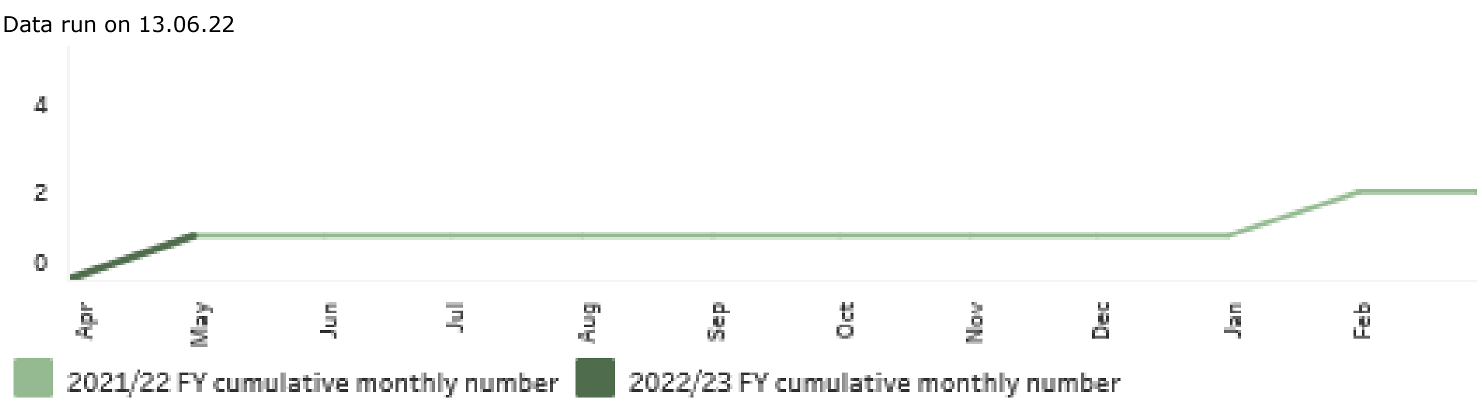
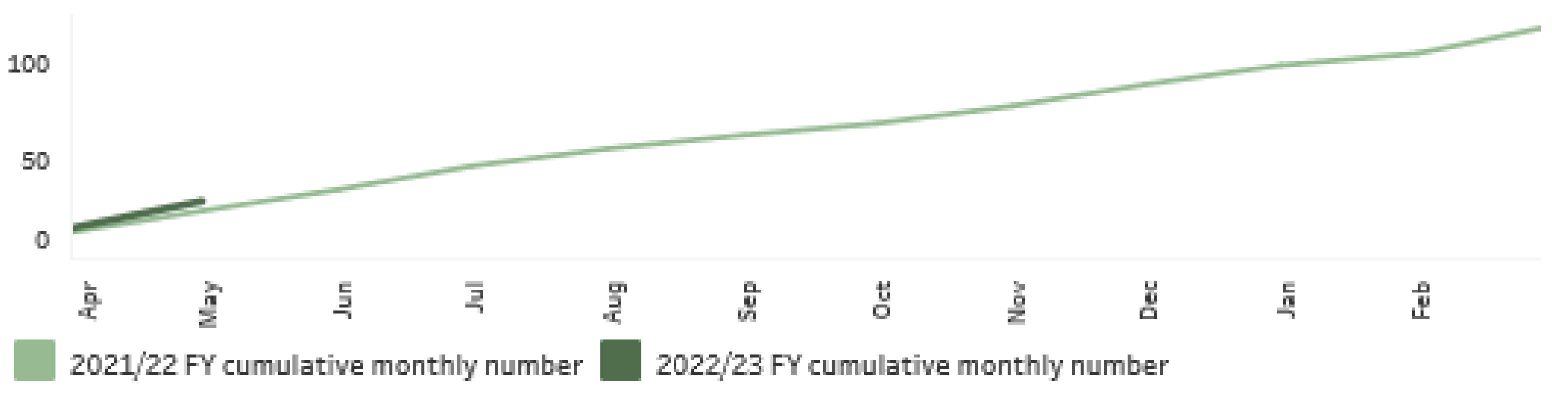
Cwm Taf Morgannwg University Health Board cumulative monthly numbers of MRSA bacteraemia for April 2022 to March 2023 against the equivalent period in 2021/22

Data run on 13.06.22

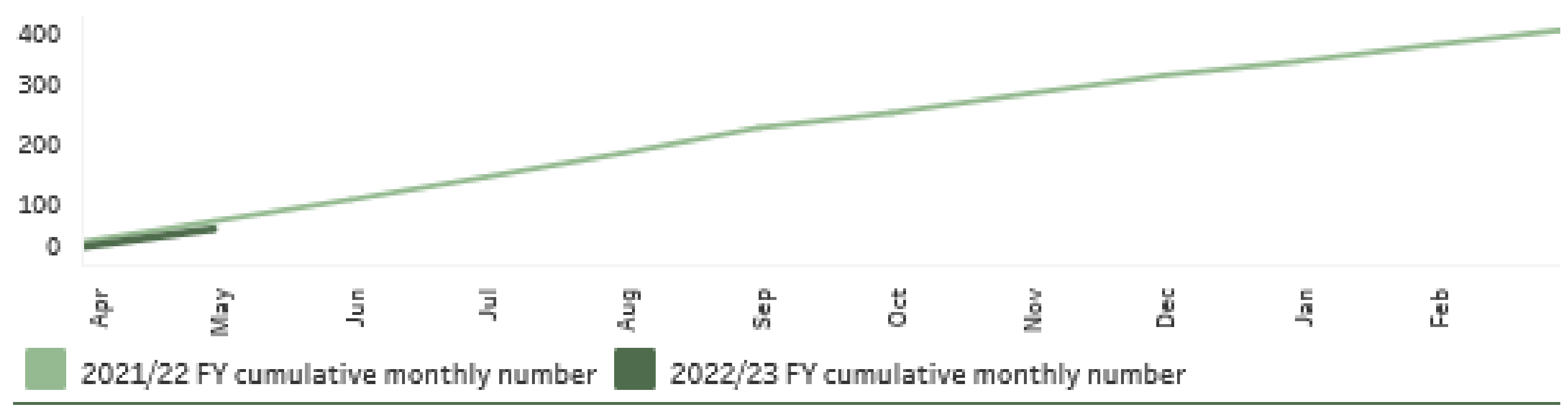


Cwm Taf Morgannwg University Health Board cumulative monthly numbers of MSSA bacteraemia for April 2022 to March 2023 against the equivalent period in 2021/22



Data run on 13.06.22

Cwm Taf Morgannwg University Health Board cumulative monthly numbers of E. coli bacteraemia for April 2022 to March 2023 against the equivalent period in 2021/22



Data run on 13.06.22

Emergency Department 4 hour and 12 hour performance:
Compliance with the 4 hour target has remained at 62% 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 increased to 6.0 days in May 2022 compared to 5.8 days in April 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:
Overall mortality rates continued to fall following the second COVID wave from 2.88% in March 2021 to 2.69 for July 2021 and 2.73% for August 2021. There has been an increase in mortality during the months of February 2022, 2.76% and April 2022, 3.44%. May 2022 data was not available at the time of the report.

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 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	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	April-22	May 2022	Trend
Community Care Metrics													
District Nurse treatments	36262	35675	35522	35174	35938	36724	37313	36097	32702	36351	34298	**36231**	
Referral to At Home Services (All Referrals)	117	117	120	98	97	103	102	109	101	140	89	**109**	
Maesteg Hospital (ALOS)	0	0	0	0	0	0	0	0	0	0	0	**0**	
Ysbyty'r Seren (ALOS)	44	22	27	32	57	43	39	42	54	96	55	**64**	
Ysbyty Cwm Cynon (ALOS)	41	59	48	46	49	55	61	55	74	54	61	**63**	
Ysbyty Cwm Rhondda (ALOS)	54	59	66	54	70	58	58	82	69	75	67	**70**	
Palliative Medicine, Bridgend (ALOS)	16	32	18	18	18	13	13	25	27	14	19	**14**	
Palliative Medicine, Pontypridd/RGH (ALOS)	8	8	8	14	8	7	9	18	11	8	4	**19**	
Palliative Medicine, YCC (ALOS)	14	28	22	41	23	24	13	9	26	18	16	**13**	

Data run on 07.06.22

District Nurse Treatments and at Home Referrals:

District Nurse activity remains consistently high across Cwm Taf Morgannwg. Escalation status of moderate pressure most days due to demand & capacity. Demand & Capacity meetings daily to ensure priority calls are met.

In line with this general increase, the number of palliative care visits, and visits to continuing healthcare patients, also increased in number. Maintaining the quality of care being delivered remains a challenge due to a combination of both an increase in demand and increasing patient acuity. Our 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. On a positive note, the workforce is more stable with less absence due to the reduction in community COVID-19 transmission.

WG funding received to support fixed term band 4 HCSW model, band 8A Senior Nurse Peer Coach and Band 7 Diabetes Nurse Specialist to progress neighbourhood nursing, auto-scheduling (Malinko), caseload management and District Nursing workforce modelling.

Pressure ulcers remain the main quality risk within District Nursing. This is associated with the increased number of patients who require end of life care, those that have complex health & social care needs and those that have multiply comorbidities. Whilst considerable quality improvement work is underway to reduce the prevalence of HCA pressure ulcers, we are not seeing significant reduction, the organisational plan and collaborative to prevent and reduce the incidence of community acquired pressure damage is to be launched on the 29th June and will focus on sustainable improvements.

ACT

ACT – Accufuser service has commenced which will enable increased capacity to deliver IV medications in the Community as opposed to hospitals, which reduces pressures on sites, and provide an enhanced patient experience.

Community Hospitals Average Length of Stay (ALoS):

YCC

There has been an increase in LOS from 54 days in March 2022 to 63 days in May 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 a recent DU review.

YCR
LOS continues to increase in relation to the impact of specific patient conditions transferring to YCR, i.e. vascular patients (which are delayed due to housing issues), the Stroke rehabilitation patients for RTE and M&C, and ongoing small numbers of court of protection patients. The discharge profile for the period has significantly increased from 42 to 61 inpatient discharges.

Bridgend Community services

Ysbyty'r Seren (YS)

YS closed 31st May 2022. All 40 patient were safely discharged over the course of a few weeks with only 2 patients transferred to POWH. A thank you event was hosted by the YS Management Team to thank all colleagues from Health, Local Authority and 3rd Sector for their invaluable input over the last 2 years. An Arts workshop was held, whereby all colleagues who attended participated in producing a bespoke piece of art which reflects personal experiences at YS. The artwork will be framed and will be a longstanding reminder of our YS experience. Despite immense challenges, YS provided safe care to over 750 patients since it opened its doors in October 2021.

Ward 21 at POWH

Following an engagement process, as of the 31st May 2022, all Llynfi Ward staff were deployed from YS to ward 21 at POWH, which provides 14 community beds. Priorities will be focused around supporting the team's transition, instilling SAFER principles and using the learning from YS to promote patient recovery, independence and wellbeing.

Palliative care inpatient beds

Ward 6, YCC LOS and YB, POW
There has been a slight decrease in LOS, due to number of discharges or deaths

YBN, RGH
LOS has increased significantly this is due to bed capacity being utilised.

Indicator Description	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	April-22	May 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**	
Number of restraints	16	49	35	35	44	46	35	20	12	13	18	**39**	
Number absconding from wards (overall not just detained)	27	34	23	25	20	25	21	18	23	25	22	**22**	

Data run on 07.06.22

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:
Numbers of restraints in adult mental health provision are low. No discernible trends noted and all incidents reported and reviewed by the mental health teams. (All child and adult Mental Health Localities included). The increase in numbers in May 2022 is attributed to the tier 4 Child and Adolescent in-patient Unit.

Absconding Incidents
During April and May 2022, a total of 44 Absconding incidents were reported. The highest number of incidents reported were for Ward 21 at Royal Glamorgan Hospital (6) and Ward 14 at the Princess of Wales Hospital (4). 5 incidents were reported as resulting in 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 pandemic continues to have considerable and ongoing consequences on the ability of the HB to provide continuity around its core business.
- 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 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 of the breadth of UHB services.
- Quality strategy and identification of priorities for the Health Board. Suggest that a '*spotlight on…*' a priority thematic area for the UHB such as pressure damage is included 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

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.
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

Patient Experience
Activity Period April 2022 – May 2022

Inclusion of a patient's voice via a number of different avenues is a key component to how Cwm Taf Morgannwg University Health Board (CTMUHB) understands patient's feelings and perceptions. Awareness improves clinician-patient communication and services, resulting in increased patient satisfaction and colleague wellbeing/engagement.

CTMUHB have in place a patient feedback system that they are continuing to embed across the Health Board, engaging with the communities we support to ensure these voices are heard. 'Have your say' continues to be promoted via the Health Board's social media and internet/intranet pages and the number of surveys on the system are increasing, as specialities see the benefit

in this approach. Posters are on display across sites and patients/families/cares are able to provide comments via QR codes, have your say cards and sms links (limited via some surveys - maternity). There are also planned drop in sessions for staff in the following few months across the acute sites to continue promotion of engagement with colleagues to highlight the benefits of the system and engagement with the public.

Example of Comments left by patients via Civica.

Everyone has been helpful and kind even with staff shortage thank you so much for making time at the hospital relaxing and stress free. Nothing was too much trouble for any of you and you were all approachable.
Very helpful & caring staff. All aspects of procedure explained very well. Helped to make feel very relaxed.

Wonderful staff pleasant, knowledgeable, felt safe and cared for and at ease with the procedure. Well done thank you all.

All staff were absolutely amazing. I was made to feel at ease at every part of the appointment. Many thanks to all.

From the minute I arrived I was made to feel at ease. The procedure was explained thoroughly. All the staff were so kind. Making sure I was ok all the time. I was especially made to feel relaxed during the procedure. Keep up the good work and a big Thank you! Enjoyed the tea and biscuits!

I wanted to give the highest praise for the staff carrying out the laser treatment. Throughout the course they have always been very professional, friendly and made it such a pleasant experience. The provision of the laser treatment has changed my life and is such a wonderful service.

Feedback continues to be received by various other methods to ensure the Health Board has a rounded understanding of the views of the communities we support, be these via concerns, incidents, third party stakeholders, CHC monthly reports/visits.

Example of Comments left by patients via CHC

A patient said about their treatment in Royal Glamorgan Hospital, "They have been amazing throughout the lockdown with a number of my ongoing health issues.

A patient said about their visit to A and E in Rhondda Cynon Taf "Arrived in department by car was seen immediately and discharged with medication within 1hr"

A patient said about their visit to the vaccination centre in Bridgend "Amazing!"

A patient said about their visits to the early Rheumatology clinic "My local GP referred me to the clinic due to results. Consultant and clinic staff have been fantastic, thorough, on time, adaptive with telephone appointments and routine bloods. Cannot fault this service or staff."

Carers

End of year reports have been submitted and endorsed by Cwm Taf Carers Steering group.

End of year reports submitted providing an overview of the actions taken throughout the year to support carers in readiness for CTM Management Board to endorse before final submission to Welsh Government.

Agored training continues enrolling new learners and those who are currently working through the programme continue to be supported and all workbooks are up to date. Agored training material has been submitted for IQA visit.

In conjunction with Twynyrodyn Community Hub, arranged Carer cafés to run every other week for a trial period of six weeks to support carers in the community setting and signpost to third party stakeholders.

Continued presence within CTM Carers steering group meeting to look at how we support carers with colleagues within Local Authority/third sector organisations.

Co-ordinated the submission of application for funding bids from third sector/local authority colleagues from Carers funding allocated to the Health Board via Welsh Assembly.

Chaplaincy Services

Significant Spiritual and pastoral care

Patients	Relatives/Carers	Staff	Religious Rites	Out of hours requests
421	79	271	180	26:5 hrs

We have continued to work with the ITU family liaison bereavement team to support relatives who have passed away in ITU in PCH and RGH; 47 calls were made. We officiated for one hospital funeral, witnessed scattering of ashes and two cremation services were officiated.

We 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 to help their own wellbeing and enable them to know how to look out for spiritual distress within our patients. This was also offered to our new cohort of overseas nurses working within CTMUHB.

The department offered support to staff members within five departments due to death in service, this included support as a funeral cortege drove past one sites entrance. Condolence books were given to each department.

With Covid restrictions lifting we have been able to provide services for our patients again. Weekly services resumed in Glanrhyd Chapel for patients and staff, these were well attended but sadly have had to be paused while we await repairs to the chapel roof. At the end of May singing services with patients were resumed in St David's ward at RGH.

Dying Matters Awareness Week took place in the UK between 2nd and 6th May, various resources were placed in the multi faith rooms to start conversations. During this week an open day was held in Glanrhyd chapel for patients and staff to come and see the renovation work that estates has undertaken there, resources and conversations were incorporated regarding dying matters (as below). It was very well attended by both patients and staff.

At POWH, a Lego house was put on display with some leaflets "Putting Your House in Order" and some Conversation Cards with questions or statements such as "What brings you joy?"; "What are you most anxious about?"; "Who would you like to give your eulogy?" to initiate and encourage conversations.

Volunteer Service

As covid restrictions continue to lift the volunteer service is reviewing the support that can be provided to staff and patients across the Health Board and detailed below are some of the new services they are supporting and those that are still ongoing.

1. **Meet and Greet Volunteer Service – Dewi Sant Health Park**

After several months of discussions the volunteer meet and greet service was launched on 16TH May 2022. Volunteers will be located at the reception

desk on the ground floor and in terms of shift cover we are hoping to be at full capacity by June/July 2022.

2. Vaccination Centre Meet and Greet Volunteers

Since 2020, our vaccination centre volunteers have been providing meet and greet support at sites across CTM. However, due to the closure of 4 of our 6 sites these numbers have decreased, nonetheless, many of these have expressed an interest in staying on the volunteer register for potential future opportunities.

3. End of Life Companion Volunteer Service – POW & YCC (PILOT)

The end of life companion volunteer project is a joint initiative between the volunteer service and chaplaincy. It has been under discussion since 2021, with much work required due to its sensitivity and uniqueness. However, we are at the final stages and hoping to launch this with 4 of our Health Board volunteers in the next few weeks and an additional 7 volunteers are planned to have their training in June 2022.

4. Wellness Improvement Service (WISE) Volunteers

Discussions and planning have been ongoing for many months regarding volunteers supporting the WISE team and in particular the wellness coaches with classroom and online courses. In relation to online, our volunteers will be offering advice around how to join sessions and the technology behind this. The WISE service was officially launched on 13th May 20202 and referrals are open, we are hoping to have dates confirmed by the wellness coaches in June 2022.

5. Digital Meet and Greet Volunteer Service

We continue to work in partnership with other services and our Health Board Volunteers continue to support the EPP, Dietetics & Nutrition Teams supporting participants to attend online courses. To date our volunteers have digitally supported over 100 participants, enabling them to join and take part with the online sessions.

6. Pets as Therapy Volunteers

Pets as therapy has previously been very well received at specific areas within CTMU HB. Due to the covid situation we have not actively sought potential volunteers within our areas. However, more recently there has been expressions of interest from volunteers registered with (PATS) and Cariad Pets as Therapy. A meeting is planned in June with Cariad Pets due

to this being an organisation that we have not worked with before. During April further conversations took place regarding updating risk assessments which are currently under review, we have also received notification from IPC that the pets in hospitals policy has been updated and approved, we are just awaiting final sign off from executive committee to start exploring further support around this.

7. Bliss Volunteers

Bliss volunteers have previously been involved in supporting neo natal unit at POW and in May we received contact from the Senior Nurse wishing to re-establish this support and a meeting was arranged involving Bliss and plans are in place to reintroduce a Bliss volunteer hopefully during June / July. In the meantime risk assessments are under review and agreements being updated for final sign off

8. 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 lead and we are also in the process of recruiting a further two BFPS volunteers by July.

9. Organ Donation Family Support Volunteer

Our organ donation family support volunteer continues to be on call for our 3 DGH sites across CTMU HB (RGH/PCH/POW) This project was set up in conjunction with the Specialist nurse/Specialist Requester' in Organ Donation and the Health Board's Lead Chaplain. Due to this being the first of its kind in both the UK and Europe we will be liaising with our Comms Team over the coming weeks in order to raise awareness and spread the word.

10. Introduction of ward volunteers at wards in YCC

Several conversations have taken place with nursing team in YCC and a draft plan has been agreed regarding how we take this forward. We previously had ward befriender volunteers at YCC and YCR, however, we are keen to ensure that the role description is fit for purpose. We have held discussions regarding ways in which we can improve the interaction between volunteers and patients in order to ensure the patient is benefiting from the activities and how these are delivered. We are looking into the

use of digital devices and the ways in which these can be used and we are hoping to pilot dementia friendly and patient friendly platforms. We are also working with digital community's wales and our volunteers have been attending on line courses to update their skills and exploring new apps and software. We previously agreed on having a volunteer trolley on each ward to allow storage of items to assist in these activities and we asked our volunteers for their suggestions in order to compile a wish list of different activities/items that could be used. To date trolleys are on order and items are being procured. We have agreed to roll this volunteer support out wider and will be looking at reintroducing a replicated service in YCR over the next few months.

11. Gardening Volunteers Palliative care RGH and YCC ward 6

We received contact from a Business Manager at Macmillan regarding the advice on the possibility of utilising one of our third sector organisation to maintain the garden area at Palliative Care Unit at RGH and outside of ward 6 YCC. In response we put forward the potential of actually utilising our in-house volunteers, many of which are still registered with us and have been very enthusiastic and supported other projects since 2020 and for others who are keen to return. Expressions of interest have been sent out to our volunteers and a meeting is planned with the Manager at Macmillan on 7th June 2022. We are hoping to get this initiative up and running in the coming few weeks to take advantage of the summer months.

12. Reintroduction volunteer drivers at Y Bwythyn Newydd POW

Discussions were held in April with OT at Y Bwythyn Newydd regarding the potential to reintroduce 3 – 4 volunteer drivers. During May and June volunteer drivers guidelines will be updated to reflect the need for tighter restriction due to the covid situation. During this time expressions of interest will be sent out to existing volunteers still registered with CTMU HB, in order to speed up the process, as checks and training will need to be up to date.

13. Arts and Crafts Volunteers

We continue to hold workshops with our arts and crafts volunteers with many of the items being donated across wards and community. The Arts and Crafts Group are keen to continue the workshops and the next meeting in June is to plan what items will be made in line with particular topics and themes in health. We have had discussions with volunteers and nursing managers regarding the possibility of transferring these skills onto ward areas and feedback to date has been positive. We are hoping that for those

with particular arts and crafts skills including music that this will form part of the generic ward befriender role, however, much work will be required in order to raise awareness with staff and ensure that there is time put aside for patients wishing to join, having the nursing staff available to support if required.

Going forward

Due to the sheer number of projects that are currently on going we have put recruitment on hold for the time being, we are mindful that we have to consider the volunteers still registered, many of which have supported other projects since March 2020 and their dedication is commendable. We also have a number of volunteers who were unable to get involved with alternative projects but have supported virtually and other volunteers that due to restrictions were unable to commit but are still keen to return.

Due to the sheer number of projects the team have currently we have agreed that we need to concentrate on the projects in hand for the time being to ensure that these are embedded and feedback is positive before moving onto other projects or further recruitment. However, we have agreed to engage and support the new Civica patient feedback system and are currently gauging expressions of interest with existing volunteers to ensure that this is done in a timely manner. During this time we will be meeting with the Patient Experience Manager to identify areas and confirm named contacts within ILG's in order to ensure the volunteers have day to day support and supervision.

Veterans

Patient Experience Manager continues to work with the colleagues across the Health Board to ensure there is awareness of the Armed Forces Covenant guidelines and how these are managed within the Health Board.

Presence is also maintained within the Armed Forces Steering Group, which includes representation from third party stakeholders/local authority members to ensure there is a voice for veterans in the community settings the Health Board supports.

Appendix 1