



AGENDA ITEM

6.6.1

QUALITY & SAFETY COMMITTEE

QUALITY AND SAFETY REPORT FOR RHONDDA & TAF ELY LOCALITY

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| Date of meeting | (19/07/2022) |
| FOI Status | Open/Public |
| If closed please indicate reason | Not Applicable - Public Report |
| Prepared by | Carole Tookey, ILG Nurse Director, Rhondda & Taf Ely |
| Presented by | Carole Tookey, ILG Nurse Director, Rhondda & Taf Ely |
| Approving Executive Sponsor | Executive Director of Nursing |
| Report purpose | FOR DISCUSSION / REVIEW |

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

| Committee/Group/Individuals | Date | Outcome |
|-------------------------------------|----------------------------|-----------------------|
| Integrated Locality Leadership Team | Week commencing 27/06/2022 | ENDORSED FOR APPROVAL |

ACRONYMS

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| CTMUHB | Cwm Taf Morgannwg University Health Board |
| DHCW | Digital Health and Care Wales |
| ED | Emergency Department |
| HCAI | Health-Care Acquired Infection |
| HIW | Healthcare Inspectorate Wales |



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| ILG | Integrated Locality Group |
| LRI | Locally Reportable Incident |
| MHRA | Medicines and Healthcare products Regulatory Agency |
| MIU | Minor Injuries Unit |
| PCH | Prince Charles Hospital |
| PHW | Public Health Wales |
| PTR | Putting Things Right |
| QIA | Quality Impact Assessment |
| RGH | Royal Glamorgan Hospital |
| WISE | Wellness Improvement Service |
| YCR | Ysbyty Cwm Rhondda |
| YGT | Ysbyty George Thomas |

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide the Quality and Safety Committee with an update on Rhondda & Taf Ely (RTE) ILG patient quality, safety, risk and experience.
- 1.2 On 1 April 2020 Rhondda & Taf Ely ILG became responsible for the locality Acute and Mental Health Services. From 1 June 2020, Community Services and Primary Care clusters moved into the new Organisational ILG structure. The RTE ILG hosts Clinical Support Services (Pathology, Radiology, Bereavement services and Medical Records) for the whole of the Health Board as well as hosting Urology, Breast, ENT and Vascular services.

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

Quality and Safety dashboard

- 2.1 The prevalence of pressure damage and falls in the ILG continues to be of concern and remains at high levels despite well-functioning scrutiny panels to identify 'avoidable' cases. Consideration is being given to how we capture wider themes and learning, outside of, and in addition to, the PTR and Learning from Events Reports (LFER's) processes. This will include aspirational mission statements, thematic action plans and best-practice self-assessments. An update on this pan-ILG work will be provided in future papers.
- 2.2 There have been no new NRIs, a consistent level of LRI reporting and no Never Events since the last report.
- 2.3 The ILG Quality and Governance team note the poor recording of compliments as a result of the continued absence of a PALS officer and demands on resource within the team. It is anticipated that proposed changes to the Quality and Safety structure in the new operational delivery model will standardise this provision.
- 2.4 The ability to accurately report on the status of LFERs remains an impediment to performance-reporting in this area and it is hoped that national changes to data recording that are due to be implemented in July will assist in oversight of new and existing cases.

External quality assurance

- 2.5 HIW have raised concerns during a Local Review of Mental Health Services Discharge Process. An Immediate Improvement Plan has been developed to address the findings and recommendations and is being overseen by the Director of Primary, Community & Mental Health.
- 2.6 The Pathology service continues to undertake the MHRA PCH Blood Bank inspection action plan. All actions are currently within date and monitored by the senior management team.
- 2.7 The Health Board received a Regulation 28 report (Prevention of Future Deaths) in regard to the sad passing of a patient following a Trimethoprim drug error. A response was provided to HMC in May, outlining that the recommendations would require All-Wales solutions from DHCW. No subsequent correspondence has been received.
- 2.8 The final version of the Internal Audit reviews of ILG Clinical Governance arrangements and Risk Management processes is still awaited.
- 2.9 The Cancer Harm review process continues to be undertaken, with a focus being placed on completion of incidents on the Datix web system ahead of this becoming 'read-only'. No incidents of Moderate harm or above have been reported since the last Committee paper in May.

- 2.10 Y Bwthyn Palliative Care unit at RGH has received the MacMillan Quality Environment Mark. This is an evidence based tool used to assess and endorse the physical environments in which treatment and support are provided to people affected by cancer.

Internal quality assurance

- 2.11 The Health Board launched the Datix Cymru Incidents module on 1st April 2022. ILG staff, both at service level and in the quality and governance team, are concerned about risks created by restricted access to data and unallocated incidents. Feedback is regularly shared with the CTMUHB designated Once for Wales lead so that internal or national solutions can be sought.
- 2.12 Following completion of a QIA, in-patients on the Older Persons Mental Health (OPMH) ward 'Seren' have been re-located to Cambrian Ward, YGT on a temporary basis. This is to enable safe upgrading of the environment in the RGH Mental Health Unit. Cambrian Ward is environmentally well suited to the provision of OPMH inpatient services having been used for that purpose previously. Initial feedback from patients and relatives has been positive about the temporary ward.
- Seren ward has been previously identified as having a high number of inpatient falls. The new environment is highly suited to the patient cohort and their needs and it is hoped that this may reduce the number of inpatient falls and incidences of restrictive practice. The service group aim to monitor this data carefully to inform future service provision. Following the introduction of the Datix Cymru system, staff are now reliant on Datix team capacity to support this.
- 2.13 Internal ILG IPC HCAI surveillance targets are due to be set and will be based on the local reduction required to achieve Welsh Government improvement targets.
- 2.14 RGH and YCR hospitals have both experienced significant increases in the number of COVID-19 positive patients in their in-patient populations. As a result, swift action has been taken to close affected wards to new admissions and a decision to return to use of face-masks and social distancing for all clinical and non-clinical staff has been taken with the aim of reducing transmission rates.
- 2.15 RGH has been subject to high demand for beds and ED services. This has resulted in delays in ambulance handovers, long waiting times in the ED and high levels of bed occupancy and patient acuity across the site. Risks are being mitigated where possible by a sharp focus on site flow, liaison with Local Authorities to promote timely discharges and the adoption of the 'Safe to start' safety huddles which have been successful in PCH.

- 2.16 Baseline POINT review audits have been undertaken to map basic standards of nursing care across all RTE ILG in-patient settings, as part of a Health Board wide initiative. Results are currently being entered onto the AMAT system for analysis and the findings will be reported on next time.
- 2.17 The Committee requested an update on the Emergency Department in RGH and the following information has been provided. Phase 1 of the Emergency Department workforce plan was approved and continues to be implemented. There have been 2 tragic losses of key staff members in the past 6 months, which have set the team back both personally and professionally. We would hope to complete recruitment and get back on track by the end of the year. Pressure at the front door is unseasonably high but performance is comparable to the other 2 EDs within CTMUHB. The leadership team have recently started a piece of work that identifies patients with minor injuries that can wait and book them an appointment in YCR. We have increased the use of YCR from an average of 7 patients a day to 25 patients a day. To support this we have increased the opening hours and radiology support. The ILG team are continuing to look at how to relocate the Ophthalmology Macular Clinic so that the Urgent Primary Care Centre in the Primary Care Resource Centre can be moved into the MIU. The WISE team (social prescribing to improve health outcomes) are currently undertaking a pilot in RGH ED to identify and engage with frequent attenders to intervene in non-medical ways where possible and gain an understanding of the psycho-social needs influencing their attendances. In relation to the development of an RGH Paediatric model, the ongoing work of CTM 2030 and the imminent organisational change have meant that this will be a priority for the new Family and Children's Care Group. It is expected that work will begin in earnest on the future structure of paediatric services in CTM in the new year.

Patient Experience

- 2.18 The 30 working day complaints response rate continues to be an area of concern. Effective triage has reduced the number of Formal complaints but competing clinical pressures have adversely affected clinician response times.
- 2.19 The RTE Medicine CSG have agreed to increase clinical involvement when scoping and forwarding complaints internally, with the expectation that this will lead to improved clinician experience and fewer complaints needing to be redirected as a result of difficulties in identifying the treating clinician.

2.20 The CHC monitoring & engagement report for “Inpatient’s experience, Ward C3, Ysbyty Cwm Rhondda Hospital” was received in May. The report was largely positive, emphasising the hard-working and compassionate nature of staff on the ward. The Health Board has provided a formal response on how we intend to address the areas of dissatisfaction identified.

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

- 3.1 The loss of access/functionality and increased risks associated with the Datix Cymru system across all its modules.
- 3.2 The rising numbers of COVID-19 infections among in-patients and staff leading to ward closures, increasing staff absences and nosocomial transmission.
- 3.3 The high levels of demand impacting ED performance and patient experience. The ILG recognises the efforts being made by all its staff to maintain and prioritise patient safety across the RGH.

4. IMPACT ASSESSMENT

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| Quality/Safety/Patient Experience implications | Yes (Please see detail below) |
| | This report covers the Quality and Safety of all RTE ILG services and the subsequent impact for all our patients and residents. |
| Related Health and Care standard(s) | Governance, Leadership and Accountability |
| | If more than one Healthcare Standard applies please list below: Relevant to all Healthcare 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) |
| | Any new or altered services would have their own EIA undertaken. |
| Legal implications / impact | There are no specific legal implications related to the activity outlined in this report. |
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| Resource (Capital/Revenue £/Workforce) implications / Impact | There is no direct impact on resources as a result of the activity outlined in this report. |
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| Link to Strategic Goals | Creating Health |

5. RECOMMENDATION

5.1 The Quality & Safety Committee is asked to **NOTE** this report.