



**AGENDA ITEM**

6.6.2

**QUALITY & SAFETY COMMITTEE**

**QUALITY AND SAFETY REPORT FOR MERTHYR CYNON LOCALITY**

<b>Date of meeting</b>	19/07/2022
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Victoria Healey Head of Quality & Patient Safety
<b>Presented by</b>	Richard Hughes, ILG Nurse Director, Merthyr & Cynon
<b>Approving Executive Sponsor</b>	Executive Director of Nursing
<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>
Integrated Locality Leadership Team	Week commencing	ENDORSED FOR APPROVAL

**ACRONYMS**

CTMUHB	Cwm Taf Morgannwg University Health Board
ED	Emergency Department
HIW	Healthcare Inspectorate Wales
HSE	Health and Safety Executive
AmAT	Clinical audit assurance software for quality improvement



ILG	Integrated Locality Group
NRI	Nationally Reportable Incident
LRI	Locally Reportable Incident
OFW	Once For Wales
PHW	Public Health Wales
MCA	Mental Capacity Act
PCH	Prince Charles Hospital
SI	Serious Incident
WG	Welsh Government

## 1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide the Quality and Safety Committee with an update on Merthyr & Cynon ILG patient quality, safety, risk and experience.
- 1.2 On 1 April 2020 Merthyr & Cynon ILG was created as part of the Health Board's new operating model. MC ILG became responsible for Acute and Mental Health Services within the locality. On the 1<sup>st</sup> April 2021 Maternity, Gynaecology & Integrated Sexual Health, Therapies and Maxillofacial are co-hosted by this locality.

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

### **Quality and Safety dashboard**

- 2.1 The ILG remains committed in supporting the Health Board's Quality Governance Framework in the current and new operating model, developed to address a community focused and clinically led approach. The Governance Framework reflects that quality and patient safety must be the focus in all our activities, and that the ILG triumvirate share the responsibility for the delivery of high quality, safe services at every level.
- 2.2 The new incident management framework was launched on 7<sup>th</sup> June 2022 within CTMUHB and has been disseminated to the Clinical Service Groups and encouraged Nurses and Clinician's to attend the Root Cause Analysis (RCA) training on 18<sup>th</sup> July, 26<sup>th</sup> July and 2<sup>nd</sup> August.
- 2.3 There has been a small decrease in pressure damage incidents being recorded. During April 22 and May 22 a total of 221 incidents were reported. No hospital acquired pressure damage incidents were reported as grade 3 or grade 4 during this period. There has also been a reduction in falls being reported, no inpatient falls reported as resulting in severe harm or death for April and May 2022. The highest incidences continue to be recorded on Seren Ward Mental Health. A review is scheduled to take place by the ILG DoN on Seren Ward to understand the baseline risk associated with a clinical unit managing complexities in dependency and cognitive impairment in relation to falls and associated harms.
- 2.4 Ward 7 and Ward 10 within PCH has had no pressure incidents for the past 8 weeks and certificates are now being formulated by the Lead Nurse and will be disseminated to the wards to celebrate.
- 2.5 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 functionality, 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. These are overseen by the OFW Project Oversight group.
- 2.6 Challenges in recruiting to the agreed staffing level from the initial calculation mean that the nurse staffing level will remain the same; all posts are out to advert and work continues with the university.



## External quality assurance

- 2.7 Final report has been published by the Delivery unit (DU), they undertook a review of patient flow across PCH and YCC. A number of issues have been identified in relation to Mental Capacity Assessments (MCA's) and evidence of cognitive decline/deconditioning due to absence of robust Home first and D2RA pathways across MC ILG. A YCC improvement Group has been implemented, a number of immediate safeguarding make safes were addressed and the group is now moving onto the second phase of sustained culture change focussing on three main themes: Governance, Leadership & Performance; dementia and cognitive decline; active recover and promoting independence.
- 2.8 Following the HIW visit on the 14<sup>th</sup>, 15<sup>th</sup> September 2021 and 18<sup>th</sup>, 19<sup>th</sup> January 2022 a further action plan has been received and returned to HIW in April 2022, with key emphasis on the 'Ambulatory Pathway' being the area of greatest risk for patients due to overcrowding and the ability to provide ongoing monitoring and care delivery. Throughout the latter part of April and in May 2022 there have been a number of concerns raised with HIW directly from a complainant, in relation to the Clinical Decisions Unit (CDU) and staff "whistleblowing" (ED and CDU)-there has been regular contact with the ILG Nurse Director to provide assurances.
- 2.9 Neonatal Deep Dive report into care and treatment in Prince Charles Hospital (PCH) was published on 10<sup>th</sup> Feb 2022. Staff briefings held in both PCH and POW prior to the release of this supported by the Neonatal Improvement (NNI) and Clinical Service Group (CSG) management teams. Whilst the deep dive was undertaken in PCH the focus of the improvement work is across both sites. An action plan has been formulated from the recommendations and the Clinical Service Group Manager is gathering the evidence for the current actions.
- 2.10 HIW have undertaken a National Review of Mental Health Crisis Prevention in the Community. This has resulted in a 19 point action plan, Mental Health services have developed the actions for CTM and this has been signed off at executive level and submitted to HIW.
- 2.11 Internal Audit reviews have been undertaken within the Surgery Clinical Service Group with regards to Clinical Governance arrangements and Risk Management processes. A draft report has been disseminated for comment and has resulted in reasonable assurance in this area.
- 2.12 Welsh risk pool provided CTMUHB with a deadline of 1<sup>st</sup> June 2022 to complete the historical outstanding Learning from event reports (LFERs). A huge effort has been made to complete this task however further work is required to assure there are no permanent deferrals. Weekly progress meetings have been set up and further training has been offered to all the CSGs by the claims team.

- 2.13 The ILG Director of Nursing has written a summary 'spotlight paper' following the participation in a workshop with HIW and WAST on the quality of care of patients experiencing extended delays in being transferred to the emergency departments. This was a collegiate event with all health boards and WAST as a way of looking at immediate mitigations to potential harm whilst improvements are made in reducing the time patients are waiting on ambulances before being transferred into the emergency department.

### **Internal quality assurance**

- 2.14 The Partnership and Dignity visits by our Independent Members and Executives commenced in November 2021-the latest visit was the 16th May 2022 with the Chief Operating Officer (COO) and Independent Member to Ward 2, Ward 10 and CCU, the feedback from the visit was again very positive. The Health Minister attended ED and Theatres on the 12th May 2022, accompanied by the COO, again the visit was very positive.
- 2.15 The Head of Nursing chaired the first Medicine Scrutiny Meeting for PCH on the 27<sup>th</sup> May 2022 and this proved positive, identifying an increasing trend with Clexane errors. The Pharmacist is in the process of putting an alert together, this will be cascaded across the site and UHB and further reiterated in the monthly Scrutiny and Focus Group meetings.
- 2.16 The ILG is undertaking a new approach to monitor progress and quality of the risk register entries with a development of a risk and compliance group co-chaired by the ILG Nurse Director and Director of Operations (DoO). Currently there are weekly meetings with the ILG Nurse Director, DoO and Head of Quality & Safety (HoQ&S) to review the risk register and focus on the mitigating actions and risk ratings.
- 2.17 The monthly Focus Group remains a positive and focused arena to operationalise the governance agenda. To date the forum has been successful in learning lessons from clinical incidents, concerns, serious incidents and the ability to evidence for actions plans for Welsh Risk Pool, Safeguarding, Ombudsman and the Medical Examiner. On the 24<sup>th</sup> May 2022, the meeting was attended by a patient's son. There was a fantastic attendance from all of the wards and departments and the "patient's story" was so powerful and emotional. The son was assured of the progress and improvements currently being made across the PCH site and thanked us as a team for our openness and honesty.

## **Patient Experience**

- 2.18 Patient liaison officers (PALS) have been in post since February 2022 within MC ILG with main focus to obtain live patient experience data within all our operating services. In April and May a total of 118 early resolutions (ER) have been managed resulting in no ERs being escalated to a formal concern. A total of 235 compliments have been captured in this period and the PALS are currently producing newsletters with highlights for all the departments. We continue to have positive feedback from the CSGs and the PALS presence in the departments has been welcomed.
- 2.19 The 30 working day complaints response rate has increased to 79% for May 2022 which has been the highest within Merthyr & Cynon ILG since July 2019. This has been largely as a result of collaborative working with the Governance teams and the Clinical Service Groups.
- 2.20 Following an increase in family meetings we have identified numerous patients and families that would like to work with the ILG to produce patient stories which can be delivered within CSG governance meetings and the listening and learning forum group.
- 2.21 A series of independent and anonymous listening events as commissioned by the ILG Director of Nursing has now concluded. The initial feedback has demonstrated a number of areas for focus over the next several months with both areas of improvement and opportunities to improve. The ILG DoN is to write to the team in thanks for their candour and to acknowledge the end of the series of listening events where there will then be a series of posters to outline the themes and proposed actions in response to the feedback provided.

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

- 3.1 Due to insufficient Emergency Nurse Practitioners (ENP's) YCC MIU has been closed for the past 12 months. Following discussions with the UHB, M&C ILG, WG and the CHC the MIU opened from the 24<sup>th</sup> May 2022 on Tuesday and Thursday morning 09:00-11:00 hours, progressing to a Wednesday morning by mid-June and re-opening fully by mid-July with the positive recruitment of trained ENP's-this is currently being monitored very closely.
- 3.2 Neurodevelopmental Disorder services do not have capacity to achieve Welsh Government assessment targets of 80% of assessments to commence within 26 weeks of referral and to follow up in a timely way. There are currently 1260 patients waiting with the longest wait 114 weeks, compliance with WG target currently 38.8% with 771 patients waiting over 26 weeks. This has had an increase prevalence in formal concerns being raised.

- 3.3 Patients' are experiencing extended waits on ambulances prior to being transferred to the emergency department. This is not specific to PCH but is a recognised risk to safety and experience of those patients waiting to be transferred and those waiting for ambulances in the community. The ILG and health board is working with WAST as to how such incidences can be reduced and to mitigate the risk of harm to those waiting extended periods to be off loaded in the meantime.
- 3.4 As the ILG continues the Risk and Compliance Group meeting with the ILG Director of Operations and ILG Director of Nursing, it has been discovered that there is an emerging trend of risks not being appropriately scored when taking in to account the documented mitigation and other factors. There is also a concern of consistency in how actions are documented and managed as well as the impact of capital investment parameters potentially affecting how risks have been scored in the past. As there is an emerging number of risks being demonstrated as described, the ILG is concerned of this being a systemic issues to risk approach as opposed to a local issue.

#### 4. IMPACT ASSESSMENT

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

#### 5. RECOMMENDATION

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