| AGENDA ITEM |
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# QUALITY & SAFETY COMMITTEE

## REGULATORY REVIEW RECOMMENDATIONS AND PROGRESS UPDATE HEALTHCARE INSPECTORATE WALES (HIW) ROUTINE QUALITY CHECKS

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| **Date of meeting** | 20th September 2022 |
| **FOI Status** | Open/Public |
| **If closed please indicate reason** | Not Applicable - Public Report |
| **Prepared by** | Lydia Thomas, Head of Quality and Patient Safety<br>Louise Mann, Assistant Director, Quality, Patient Safety & Safeguarding |
| **Presented by** | Greg Dix, Executive Director of Nursing |
| **Approving Executive Sponsor** | Executive Director of Nursing |
| **Report purpose** | FOR NOTING |

| **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)** | | |
|---|---|---|
| **Committee/Group/Individuals** | **Date** | **Outcome** |
| (Insert Name) | (DD/MM/YYYY) | Choose an item. |

| **ACRONYMS** | |
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| HIW | Healthcare Inspectorate Wales |

## 1. SITUATION/BACKGROUND

1.1 This report is based on Healthcare Inspectorate Wales activity and correspondence since the last report for committee in July 2022. Due to the bi-monthly nature of these meetings, this report will cover the 6 week period from the previous report.

An overview table has been included below in 2.1 to provide a 'summarised snapshot' of most recent activity.

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

2.1 Quarter 2 (28th June-1st September 2022) HIW activity across Cwm Taf Morgannwg University Health Board included:

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| Number of Unannounced | **0** |
| Number of Announced | **0** |
| Number of patient/staff concerns via HIW | **1** |
| Number of concerns raised through Fieldwork | **0** |
| Number of ongoing improvement plans | **3** |

2.2 **Unannounced Inspections:**

There has been no unannounced inspections in quarter 2.

2.3 **Announced Inspections:**

There has been 0 announced inspection in quarter 2.

2.4 **Public Concerns raised via HIW**

i. The Health Board has received 1 whistleblowing concern regarding the Clinical Decision Unit in Prince Charles via HIW in July since the last report. Assurance was requested from the Head of Nursing & Director of Nursing in relation to the concerns. A summary of the concerns are noted below:

- Limited staff on shift with health care support workers being assigned to other wards to provide 1:1 care.
- Due to limited staffing, patient to staff ratio is high with high risk patients who are susceptible to falls.

- Security being called on a number of occasions due to abuse towards staff.

ii. Assurance was provided with the following:

- ***Staff shortages***: A new innovative approach to managing patient care, safety and flow whilst supporting the nursing workforce positively was introduced into Prince Charles (PCH) Hospital in November 2021. The aim of '*Safe 2 Start'* is a multi-system approach to bring together all of Ward Managers from across the Acute Services to discuss staffing levels, available bed capacity and patient care, quality and safety across the hospital in order to ensure all clinical areas are safe to start. The twice daily meetings are a way for the nurses and other members of the multi-disciplinary team to express any concerns and to ensure positive patient flow both in unscheduled and scheduled care whilst ensuring patient care and safety. As such, any risks are discussed and actions taken including the movement of appropriate staff with the required skill set to areas of greater risk. The rationale is discussed during the meetings to ensure all staff are engaged in the process.
- ***Patient Falls***: An increased trend for inpatient falls has been identified on the CDU over the last three consecutive months with a total of 7 patient falls reported last month all of which resulted in no harm to the patients. The Senior Nurse and Ward Manager are aware that this is an area for review and assessment and were requested to undertake a "deep dive" into the increased number of falls following a recent governance meeting. As a result awareness sessions for all staff around falls prevention is being undertaken and increased monitoring of mandatory risk assessments and documentation is being undertaken. The falls documentation has recently been updated and sessions with staff have concentrated on the development of individualised patient care plans. Compliance in the use of appropriate assessment tools is monitored through monthly audits and these have shown a steady improvement over the past few months. All falls are referred to a weekly scrutiny panel attended by all Senior Nurses, representatives from the Patient Safety and Governance Team and ward and department staff. Each incident is discussed and allows any lessons learnt to be shared widely.

- ***Patient to staff abuse***: There have been isolated incidents where due to a patient's clinical condition that security have been called to assist on the unit when it has been felt that staff safety is at risk. There have been two incidents of this nature this year and both occurred in May 2022 which involved the same patient with very challenging unpredictable behaviour. Both members of staff were offered support and wellbeing checks were made by the ward manager. Following these incidents the patient received 1:1 supervision from agency staff with mental health training.

2.5 **Ongoing HIW activity**

i. *Prince Charles Hospital ED & CDU:* HIW accepted the improvement plan sent at the end of March. Factual accuracy comments from the Health Board were reviewed and updated by HIW in early April. Full report has been published on HIW website 20th April 2022. The improvement plan is monitored through the Integrated Locality Group (ILG) governance arrangements and has become part of '*everyday business'* with robust internal monitoring by the ILG triumvirate.

ii. *Ty Lydiard Concerns*: Following the unannounced inspection in Ty Lydiard in November 2021, a populated Improvement Plan was submitted to HIW and subsequent Factual Accuracy was received and approved from HIW. An update on the progress of the Improvement Plan was submitted to HIW in June. Some of the evidence submitted included:

- *Documentation audits*
- *Environment audits/checklists*
- *Information leaflet*
- *Health & Safety policy*

No feedback has been received to date from HIW regarding the quantity or quality of evidence submitted. Our health board continue to monitor the ongoing improvement plan, led by the Executive Director of Therapies and Health Sciences.

iii. ***Maternity Services: POW***

Following the unannounced inspection in Maternity services in the Princess of Wales Hospital in March 2022, the service provided an improvement plan in May with an expected date of completion for actions end of August 2022. As above, the improvement plan is monitored through the ILG governance arrangements and has become part of '*everyday business'* with robust internal monitoring by the ILG triumvirate.

2.6 **Local Reviews:**

i. Discharge Arrangements for Adult Mental Health Patients:

HIW are conducting a local review of mental health services across CTM UHB as part of HIWs annual review programme for 2021-22 to assess *'Do the current arrangements for the discharge of patients from inpatient mental health services into the community support the delivery of safe, effective and timely care?'*

It was highlighted in July's report a summary of concerns were raised during the fieldwork. Written assurance was provided by the Director of Mental Health and an improvement plan is in progress. A full report from HIW was expected in August 2022, however to the date of completion of this report, this has not been received.

2.7 **National Reviews:**

i. **National Review Patient Flow (Stroke Pathway)**

A National Review is underway, reviewing patient flow with a focus to gain a greater understanding of the challenges that health care services face in relation to how patients flow through healthcare systems. In addition, it will test if arrangements for patient flow are robust. As part of the test process, HIW will focus on patients travelling through the stroke pathway. Leads have been identified and work is underway. HIW had an onsite visit to the Princess of Wales Hospital for 3 days from 23-25 May 2022. Fieldwork concluded at the end of June. No feedback has been provided since the onsite visit or field work to date.

2.8 HIW Improvement Plans for each ILG are reported to the ILG Quality, Safety and Patient Experience Groups. These are reviewed, monitored and reported against for assurance of compliance and lessons learned. Where there are any themes or trends, the ILGs share this learning through their governance groups.

2.9 Further work is still being scoped to use the AMAT system to capture the actions arising from HIW activity to allow themes and trends to be identified and allow one dedicated space to capture oversight of HIW actions/ recommendations across the Health Board. This is also part of the HIW/HEIW improvement plan.

All HIW Summary Findings can be accessed via the following link: https://hiw.org.uk/

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

That governance, monitoring, scrutiny and oversight of ongoing action plans in relation to HIW service reviews is maintained without interruption within the new Care Group Model.

## 4. IMPACT ASSESSMENT

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| **Quality/Safety/Patient Experience implications** | Yes (Please see detail below)<br>Subject to the findings and outcomes of the HIW reviews. |
| **Related Health and Care standard(s)** | Staff and Resources<br>All of the Healthcare Standards Governance, Leadership & Accountability Staff & Resources Staying Healthy Safe Care Individual Care Timely Care Dignified Care Effective Care |
| **Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.** | No (Include further detail below)<br>If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.<br>If no, please provide reasons why an EIA was not considered to be required in the box below.<br> |
| **Legal implications / impact** | There are no specific legal implications related to the activity outlined in this report.<br> |
| **Resource (Capital/Revenue £/Workforce) implications / Impact** | Yes (Include further detail below)<br>Subject to the findings and outcomes of the HIW reviews |
| **Link to Strategic Goals** | Improving Care |

## 5. RECOMMENDATION

5.1 There are no specific recommendations or requirement for endorsing in this report. The Committee are asked to **NOTE** the report.