



AGENDA ITEM

6.4

QUALITY & SAFETY COMMITTEE

PATIENT SAFETY QUALITY DASHBOARD

Date of meeting	20 th September 2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Louise Mann, Assistant Director Quality, Safety & Safeguarding 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 & Safeguarding
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

CA&QI	Clinical Audit & Quality Informatics
-------	--------------------------------------

1. SITUATION/BACKGROUND

This presentation of the Quality Dashboard to Committee provides data from June 2022 to July 2022. The Health Board is in the process of transitioning to a new operating model, which requires significant change to data alignment, in addition to introducing changes to the quality governance model and arrangements. As key senior leaders prepare and begin to adapt to new roles and responsibilities, the requirement for assurance from the previous Integrated Locality Groups during this interim period has been streamlined and brought together within this document. ILG Dashboards and key matters are at **Appendix 1**.

Key areas to note in this reporting period are:

- The average number of complaints over the preceding 12-month period is 99, demonstrating a mean reduction in formal complaints received during June and July. Continued decreasing trend of formal complaints from January 2022 with June having the lowest number at 57. The organisational drive for Early Resolution has not resulted in continued increase in relation to the decrease in formal complaints seen in the previous report; however, this continues to be the ambition. 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 is 61% with a target ambition of 75%. Compliance in this reporting period is 64%. 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. However, the impact of a changed operating and governance model may temporarily affect the ability of clinical teams to complete responses in a timely manner.
- Patient safety incident reporting remains relatively consistent with an increase of 407 compared to the previous two months. There is also a small percentage increase of incidents reported within the category of severe harm or death when compared to the previous 2 months. Functionality issues implementing Datix Cymru persist during this reporting period, which does not permit downgrading of harm following the initial review to the clinical managers. The Datix team are working with the national team to devise a resolution to the system to accurately reflect harm from patient safety incidents following rapid review.
- There is a slight decrease seen in this reporting period against the 12 month total patient falls average of 267. We have introduced falls per 1000 occupied bed days as an improved measure of benchmarking fall rates, with the next









step to set reduction goals for numbers and severity of harm. This also facilitates flexibility in identifying areas of greatest risk and setting reduction targets accordingly. The national mean rate of falls is 6.6 per 1000 bed days with CTMUHB averaging a rate of **5.1** over a 5-month period. There is some caution required with the use of the data as it incorporates all in-patient hospital beds, including paediatric beds, but it doesn't include other boarding options for example in emergency care.

- Increases in moderate and severe harm categorisation of falls have remained higher than numbers pre April 2022. This is likely attributable to the Datix Cymru issues where downgrading is not permitted following review. Three severe harm incidents were reported during June and July 2022 with 1 of these being nationally reported as an avoidable fall.
- Total numbers of hospital acquired pressure damage incident reports in this period remain in line with the 6-month average of 99. As with falls we are introducing a measure of hospital acquired pressure damage per 1000 bed days to demonstrate improvement over time. It is problematic to use this as comparative data because of the different patient profile and variance in grading of pressure damage. Our current figure is **2.1** hospital acquired pressure damage incidents per 1000 bed days for June and July 2022.
- The number of community acquired pressure damage incidents have reduced since April 2022 although there has been a slight increase in June and July. Community acquired grade 3 and 4 pressure ulcers have increased considerably in this reporting period compared with April and May but are in line with reporting across the 12-month period. Data for April and May 2022 appears inconsistent with the data run. The Community Acquired Pressure Ulcer prevention strategy was launched at a stakeholder event on the 29th July 2022, and is now in its first Learning Session phase of the collaborative improvement model.
- Medication prescribing errors continue on a downward trajectory overall with a reliable reduction in incidence seen since January 2022. Administration errors remain in line with the 12-month average. Raising awareness of medicines safety is the subject for a weeklong range of public facing activities in line with the global theme for World Patient Safety Day. This will be a collaborative endeavour with pharmacy, patient safety and CTM improvement team from the 12th – 16th September 2022.
- Crude hospital mortality rates remain positively correlated to Covid prevalence and the volume of hospital admissions.
- An update on our current Patient Safety Solutions position will be presented today. At the time of reporting, further compliance has been achieved in Patient Safety Notices since the last report to Committee.

- Mandatory surveillance continues nationally for five key organisms including C. difficile, Staphylococcus aureus bacteraemia and E.coli, Pseudomonas and Klebsiella bacteraemia. The Health Board has reported fewer cases of C.Difficile infection and gram-negative bacteraemia compared to the same period in 2021. Local reduction expectations have been agreed with Senior Clinicians, which has improved understanding and ownership of data. More than half of the bacteraemia reported in June and July are community acquired infections and work is underway to secure an infection prevention and control resource for primary care.
- 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 acuity and demand increases.
- The issue for 'Spotlight On' to Committee is to seek assurance within an increased landscape of unscheduled pressures is *Increased Demand within A&E/Emergency Department Improvement Work (Appendix 2)*. This impact of high demand and flow challenges on the safety and experience of patients are also articulated with in the ILG reports.
- Learning from Events reports, (LFER's) continue to be a challenge for the Health Board, with a historic backlog of overdue LFERs. This is included on the corporate risk register as a significant risk due to the potential reputational and financial impact. A number of actions by way of an improvement plan have been taken to improve the position, most recently a focus on the quality of data/information provided to ILG/Care Groups to enable closer local monitoring and responsiveness to deadlines for evidence of learning resulting from events. There remains much work to do in order to clear the backlog, and a shift being realised to ensure current incident management/investigation includes evidence provision on Datix for LFERs. **The CTM Listening and Learning Event taking place on 27th October 2022** will be a significant opportunity to promote and nurture the learning culture supporting continuous improvement and patient safety across the Health Board. There is a balance to strike in the claims team to utilise the scarce resource in managing newly triggered LFERs within Welsh Risk Pool (WRP) timescales whilst clearing the historic backlog. Changes resulting from the re-alignment of resources in the new operating model will further support the focus, resources and capacity to achieve delivery of the plan once all in place, by early 2023.

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



Indicator Description	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	April-22	May-22	June-22	July 2022	Trend
Number of formal complaints (managed through PTR)	116	114	132	136	102	94	95	87	84	87	57	84	
Number of formal complaints closed (managed under PTR)	117	110	114	114	107	67	117	100	77	83	81	70	
Number of Early Resolution complaints	172	175	162	173	117	174	183	229	180	206	168	175	
Number of compliments	114	85	55	77	51	71	59	25	60	182	196	99	
Number of Ombudsman Received	7	5	5	7	5	8	7	11	9	9	6	6	
Number of never events in month	1	0	0	0	0	1	0	0	0	1	0	0	
Number of Nationally Reportable Incidents New process from 14.06.21	8	0	4	4	4	4	7	8	4	5	6	2	
Number of Locally Reportable Incidents	9	8	21	16	18	9	17	13	10	5	5	6	

* Calculation of formal complaints received is now run from date first received as of 1st July 2020.
Data run on 09.08.22



Complaints:

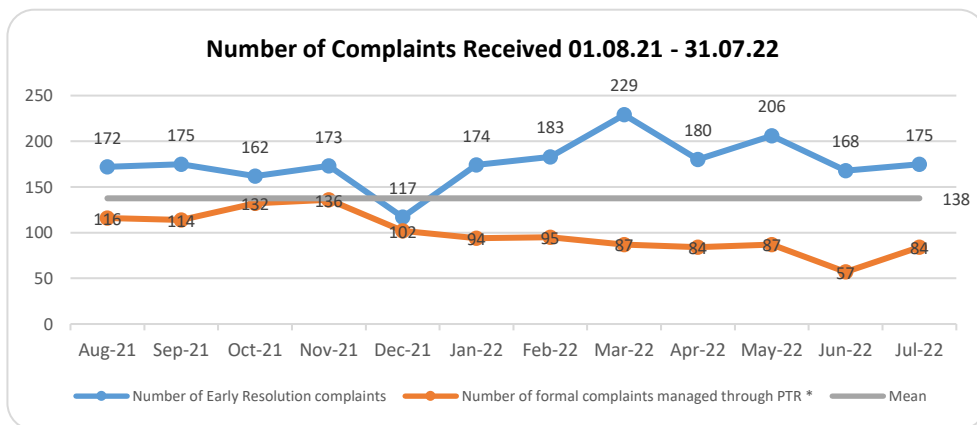
New Complaints Received

During June and July 2022, there were 141 formal complaints received within the Organisation, which were managed in line with the Putting Things Right regulations. Within the same period (June and July 2022), the Health Board managed 343 complaints under Early Resolution, representing a decrease of 43 complaints when compared to the previous 2 months (386). The trend in relation to new complaints received is reflected in the chart below.

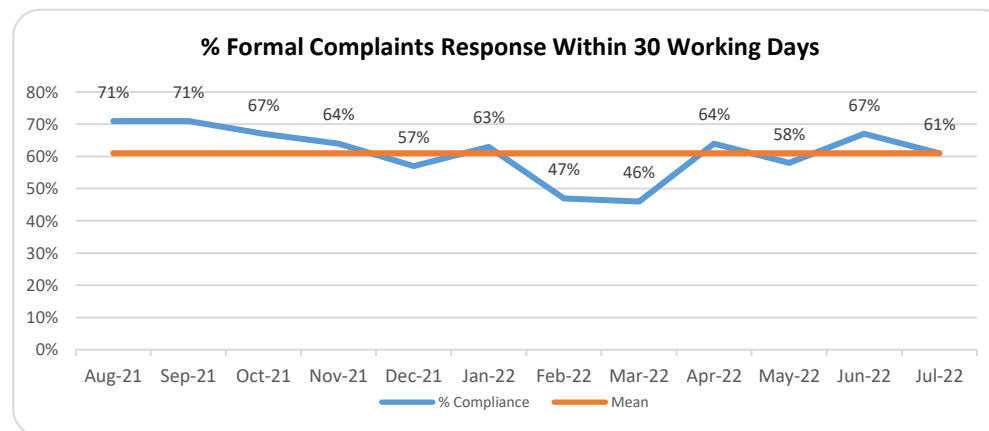
For all complaints received in June & July 2022, the top 3 themes relate to Clinical Treatment / Assessment (189), Communication Issues, including attitude & behaviour (111) and Appointments (75).

Closed Complaints

Between the 01.06.22 and 31.07.22, the Health Board closed 151 formal complaints (managed through PTR). Compliance with the 30 working day response rate decreased slightly in July 2022 when compared to June, but the trend remains the same with the mean average compliance for 12 months being 61%.



Data run on 09.08.22

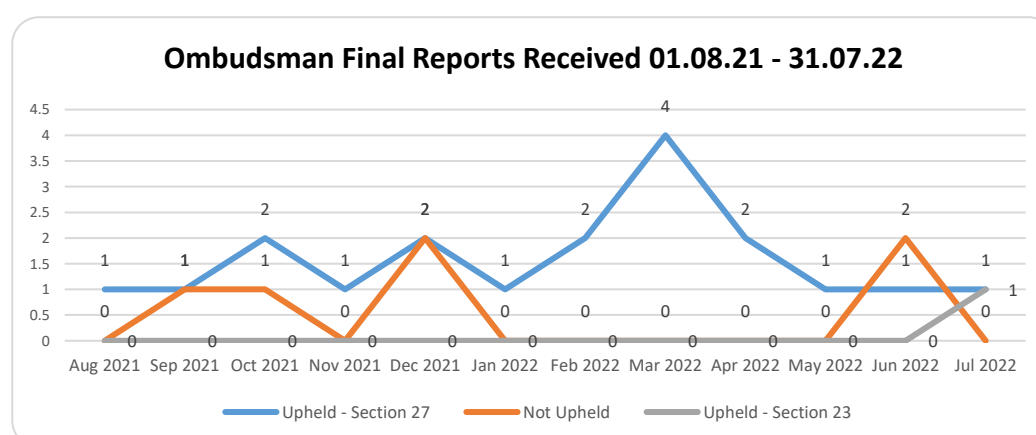
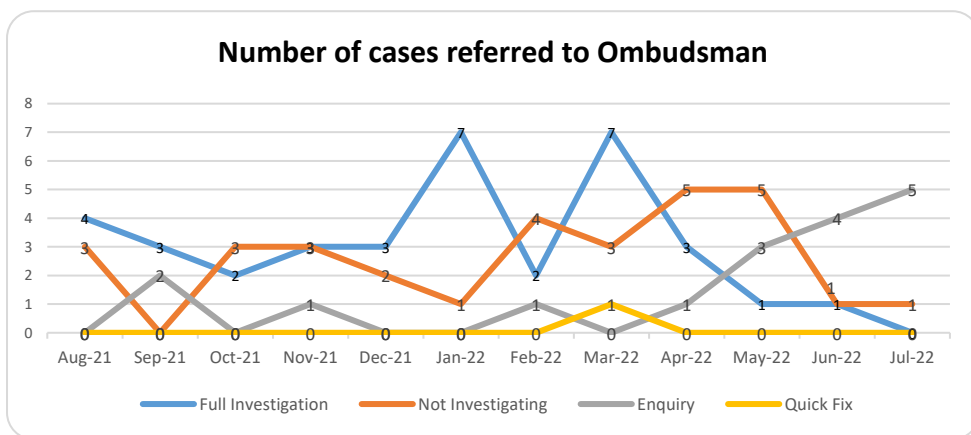


Data run on 09.08.22

Public Services Ombudsman for Wales

During June and July 2022, the Health Board received notification of 12 Public Services Ombudsman for Wales (PSOW) referrals. This represents a decrease of 6 cases when compared to the previous 2 months. Of the 12 referrals, the PSOW decided not to investigate 2 and 1 was a full investigation, with the remaining 9 managed as enquiries.

Between the 01.06.22 and 31.07.22, the Health board received 5 Final reports from the Public Services Ombudsman for Wales. Of the 5 reports, 3 cases were upheld (Section 27) and (Section 21) 2 cases were not upheld.



Compliments

During June and July 2022, there were 295 compliments recorded on the Datix Cymru system, which represents an increase of 53 when compared to the previous two months (242). The highest number of compliments recorded during June and July 2022 related to Maternity (113), Emergency Care (91) and Paediatrics (37) all within the Merthyr & Cynon Locality. Ongoing support and training is being provided to service areas to improve the capturing of compliments with the Datix Cymru system to facilitate the analysis of all elements of feedback.

Patient Experience:

The latest patient experience data is attached at **Appendix 3**.



Patient Safety Incidents:

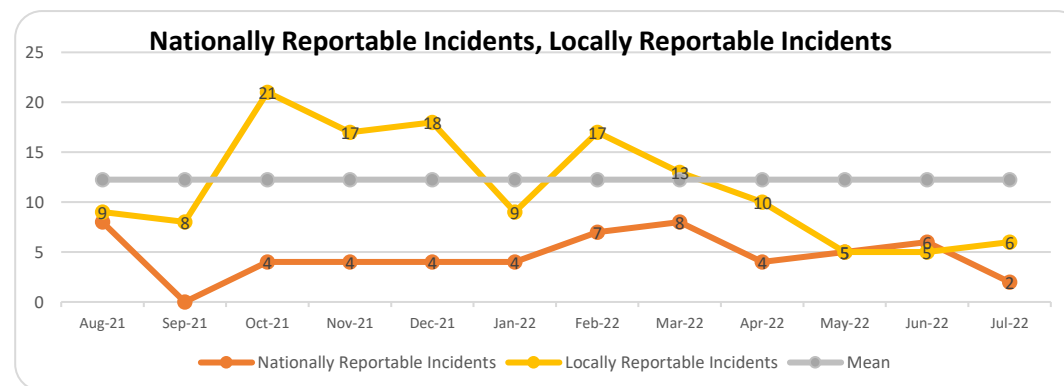
Between June 2022 and July 2022, a total of 4,318 incidents were reported across the Health Board. This is an increase of 407 compared to the previous two months. Of these, 87% (3,743) were reported under the type of patient safety during the two-month period. Of the patient safety incidents, 129 were reported with a severity of severe harm (81) or death (48), an increase of 41 when compared to the previous 2 months. This equates to 3.4% of the total number of patient safety incidents reported, an increase of 1% when compared to the previous 2 months. It should be noted that following the introduction of Datix Cymru on the 01.04.22, services are no longer able to update the severity of incidents following initial review, therefore the severity highlighted on reporting may not necessarily relate to the actual harm caused.

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.

During June 2022 and July 2022, 8 nationally reportable incident notifications were submitted to the Delivery Unit and 7 identified as Locally Reportable Incidents. This represents a decrease of 5 compared to the previous 2 months. A breakdown of the nationally reportable incidents is provided in the table below:

Type of Nationally Reportable Incidents	Jun-22	Jul-22	Total
Pressure Damage	3	0	2
Treatment, Procedure	1	0	2
Behaviour (including violence and aggression)	1	0	1
Monitoring/Observations	1	0	1
Slip, Trip or Fall	0	1	1
Staffing	0	1	1
Total	6	2	8





Patient Safety Solutions:

The Delivery Unit (DU) continue to facilitate the national working group for the review and management of Patient Safety Solutions (PSS). During this meeting health boards come together to share their progress and discuss barriers and solutions, which is supporting the ongoing internal work to achieve compliance.

There have been no new patient safety notices or alerts issued since previous Q&SC meeting. A live update will be provide at Quality and Safety Committee.

Indicator Description	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	April-22	May-22	June-22	July 2022	Trend
Number of medication prescribing errors	21	27	15	25	21	10	13	19	15	15	8	8	
Number of medication administration errors	39	32	31	42	41	35	35	41	24	38	32	29	
Total number of inpatient falls	237	240	295	300	260	300	254	292	259	258	262	242	
Number of inpatient falls where harm has occurred (moderate, severe and death)	13	7	9	13	9	10	13	12	22	25	22	24	
Total number of instances of hospital acquired pressure ulcers	87	95	133	98	79	86	108	86	109	100	92	100	
Number of hospital acquired pressure ulcers grade 3 and 4	4	6	7	8	0	1	8	2	1	5	4	2	
Total number of instances of Community acquired pressure ulcers	124	151	153	165	168	170	147	163	105	104	112	116	



Indicator Description	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	April-22	May-22	June-22	July 2022	Trend
Number of Community acquired pressure ulcers grade 3 and 4	21	19	18	20	16	19	16	18	6	5	16	17	
Number of potential Hospital Acquired Thrombosis (HATs)	10	12	14	9	6	6	5	13	5	9	7	11	
% VTE risk assessments documented on the med. Chart	96	96	90	94	93	96	98	97	95	91	97	92	
Hospital Arrests (2222 calls) Adult	42	64	47	35	48	42	46	49	44	35	44	45	
% NEWS audit by site (RGH/YCR/PCH/YCC/PoWH/Ysbyty'r Seren)	86.3	84.5	84.1	91.5	89.5	89.8	88.6	87.3	88.8	87.2	87.0	87.7	
C.difficile Rate/1000 admissions	4.38	1.41	1.78	1.79	2.87	1.91	2.66	3.55	1.9	1.15	1.61	2.22	
MRSA bacteraemia Rate/1000 admissions	0	0	0	0	0	0	0.22	0	0	0.19	0.40	0	
MSSA bacteraemia Rate/1000 admissions	1.79	1.24	1.07	1.61	2.10	2.12	1.33	2.43	3.16	2.69	1.81	3.23	
E. coli bacteraemia Rate/1000 admissions	7.97	7.60	4.46	5.73	5.74	5.09	6.22	4.49	6.11	5.75	6.45	5.04	
% of patients who spend less than 4 hours in A&E from arrival to admission, transfer or discharge	67	64	61	66	65	66	63	63	62	62	62	62	
% of patients who spend less than 12 hours in A&E from arrival to admission, transfer or discharge	92	91	90	90	91	88	87	88	87	88	88	88	
AvLOS overall mean (based on discharges only)	5.3	4.6	5.1	5.3	5.3	5.6	5.8	5.5	6.0	6.0	5.8	5.6	
Mortality Rate (CHKS)	2.73%	2.93%	3.46%	3.30%	3.82%	3.53%	2.76%	2.62%	3.44%	2.66%	2.82%	N/A	

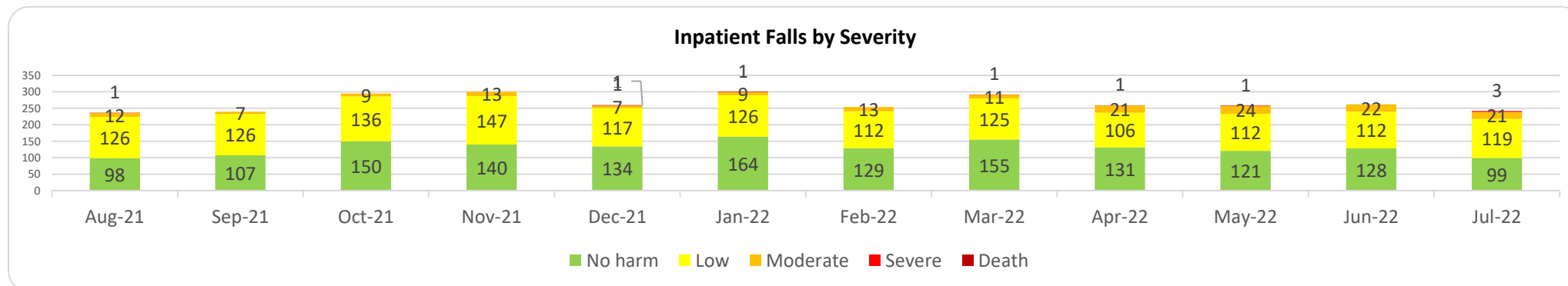
Data run on 09.08.22

Medication Incidents

A total number of 161 medication incidents were reported between June 2022 and July 2022. 83% of the incidents were reported as resulting in no (92) or low (42) harm, with the remaining reported as resulting in moderate (15), severe (2) and death (1). The introduction of a specific Community Pharmacy form has impacted on data quality for medication incidents, as a number of fields are not included for completion. Therefore, for incidents reported during June and July, 9 incidents do not include the severity of the incident. Of the total number of medication incidents reported, the top 3 types of medication incidents relate to administration errors (61) Medication supply errors (51) and Medication prescribing (16).

Inpatient Falls

A total number of 504 inpatient falls were reported between June and July 2022, which represents a decrease of 13 in the number of falls reported in comparison to the previous two months. Of the falls reported, 91% were reported as no (227) or low (231) harm. The remaining incidents were reported as moderate (43) and severe (3) harm. No incidents relating to inpatient falls were reported as resulting in death. During June and July 2022, the highest number of inpatient falls occurred on Ward 7 at Ysbyty Cwm Cynon (20), Ward A1 at Ysbyty Cwm Rhondda (18) and the Acute Medical Unit at Princess of Wales Hospital (15).



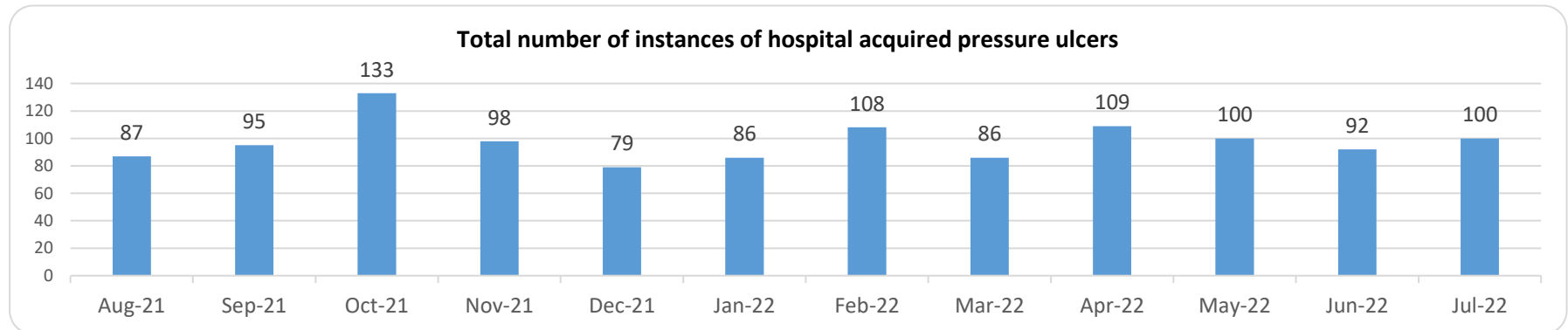
Data run on 09.08.22

Pressure Damage Incidents

During June and July 2022, a total of 851 pressure damage incidents were reported, of which 420 were reported as occurring during the current caseload. The remaining pressure damage incidents were reported as being present before admission to this clinical care area/caseload (431). Of the 420, 228 were identified as being community acquired and 192 as hospital acquired.

This represents a decrease of 17 hospital acquired pressure damage incidents when compared to the previous 2 months. The locations with the higher reporting of hospital acquired pressure damage incidents were the Emergency Department at Princess of Wales Hospital (20), AMU at Princess of Wales Hospital (14), Ward 6 at Princess of Wales Hospital (8), Ward C3 at Ysbyty Cwm Rhondda (8), and Emergency Care Centre at Prince Charles Hospital (8). There were 6 hospital acquired incidents reported as Grade 3 in June (4) and July (2) 2022. There were no hospital acquired Grade 4 incidents reported during the two-month period.

Data run on 09.08.22



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

There were 18 potential HATs identified for June 2022 to July 2022 compared to 14 for the previous reporting period from April 2022 to May 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 June 2022 to July 2022, the number of calls taken were 89 compared to 79 for April 2022 to May 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. As the community prevalence of COVID-19 decreases, a reduction in cases has been reported across our acute and community hospital sites. Significant service changes and de-escalation of COVID measures have been introduced in order to return to pre-pandemic arrangements. 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 whilst 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).

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. Local reduction expectations have been agreed with the ILG Directors, which has improved understanding and ownership of data. More than half of the bacteraemia reported in June and July are community acquired infections and work is underway to secure an infection prevention and control resource for primary care. CTM University Health Board has reported fewer cases of *C.Difficile* infection and gram-negative bacteraemia compared to the same period in 2021.

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.

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

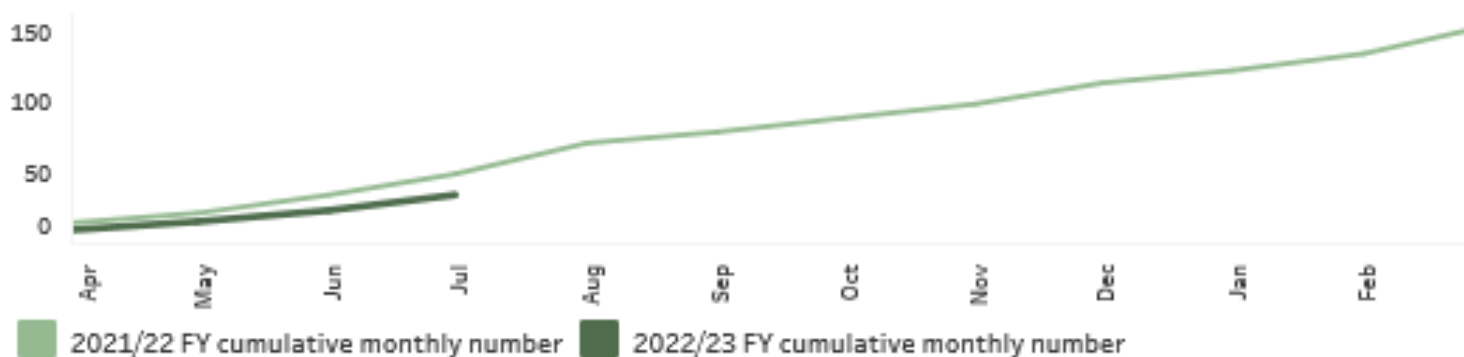
with clinical teams to inform and influence practice. Further engagement and support is required to introduce this in primary care.

Roll out of aseptic non-touch technique (ANTT) is progressing well 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.

Infection prevention and control plan for the next 3 months –

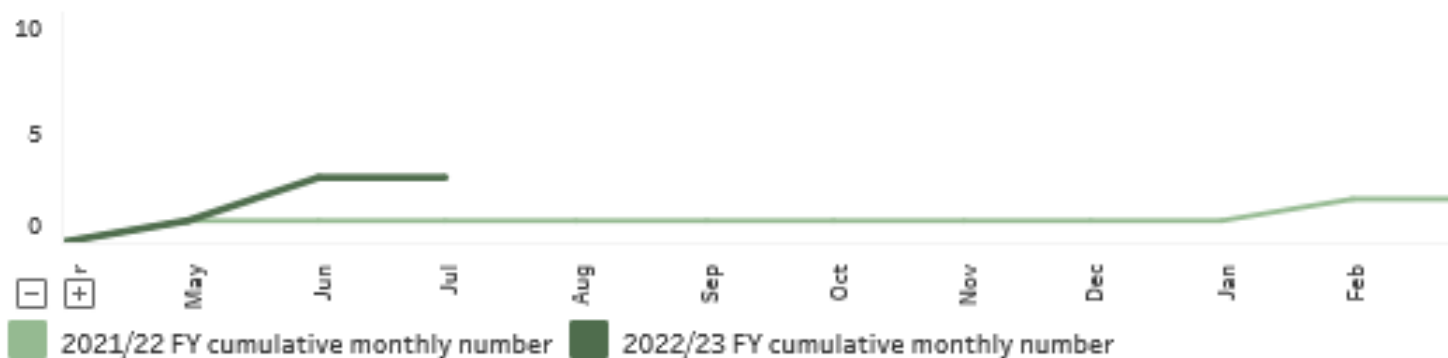
- Review current IPC establishment considering the need for a primary care resource and secure appointments into the IPC Nurse vacancies.
- Support improvement work to reduce health care associated infections.
- Continue to support the respiratory/non-respiratory pathways, testing framework and COVID-19 response.
- Deliver an IPC service in line with the new organisational structure.

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



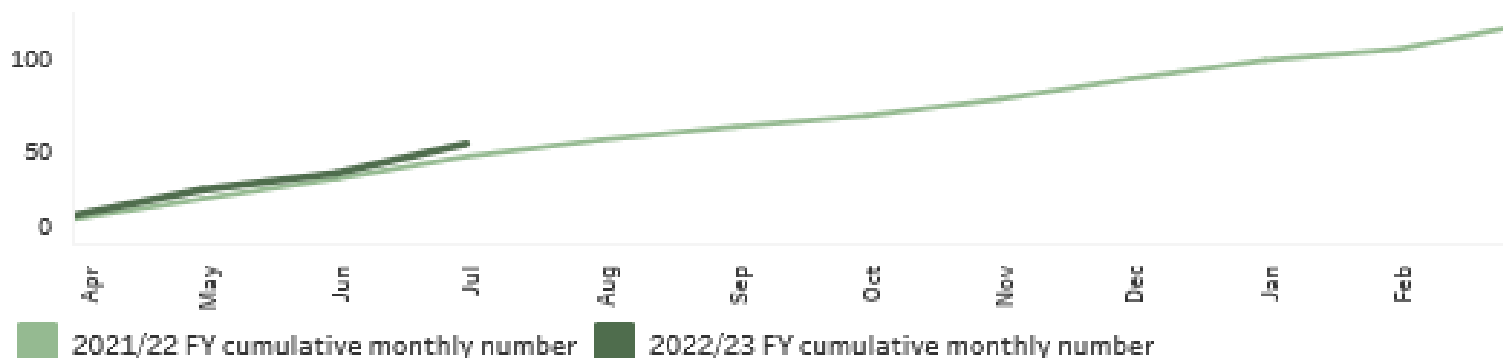
Data run on 8.08.22

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



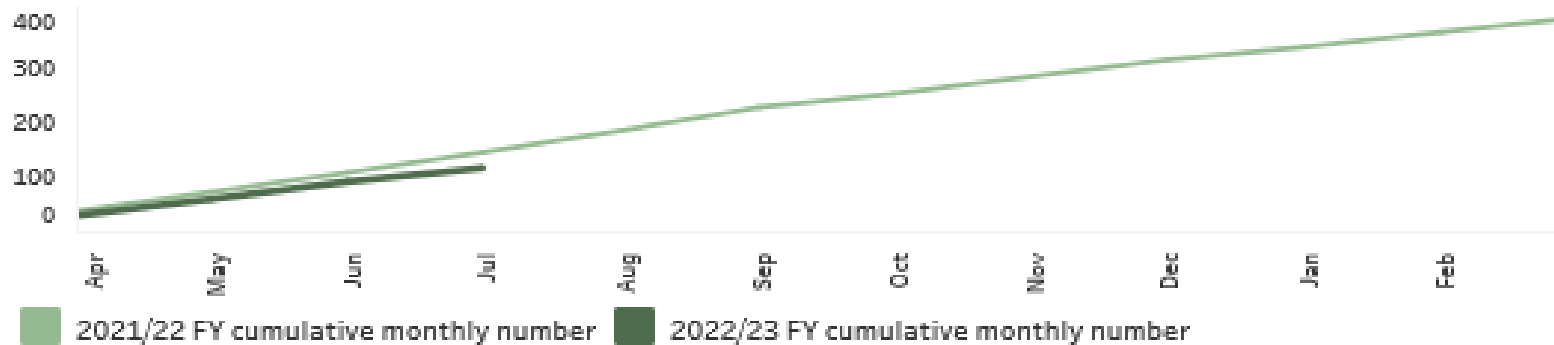
Data run on 8.08.22

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



Data run on 8.08.22

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



Data run on 8.08.22

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 decreased to 5.6 days in July 2022 compared to 5.8 days in June 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:

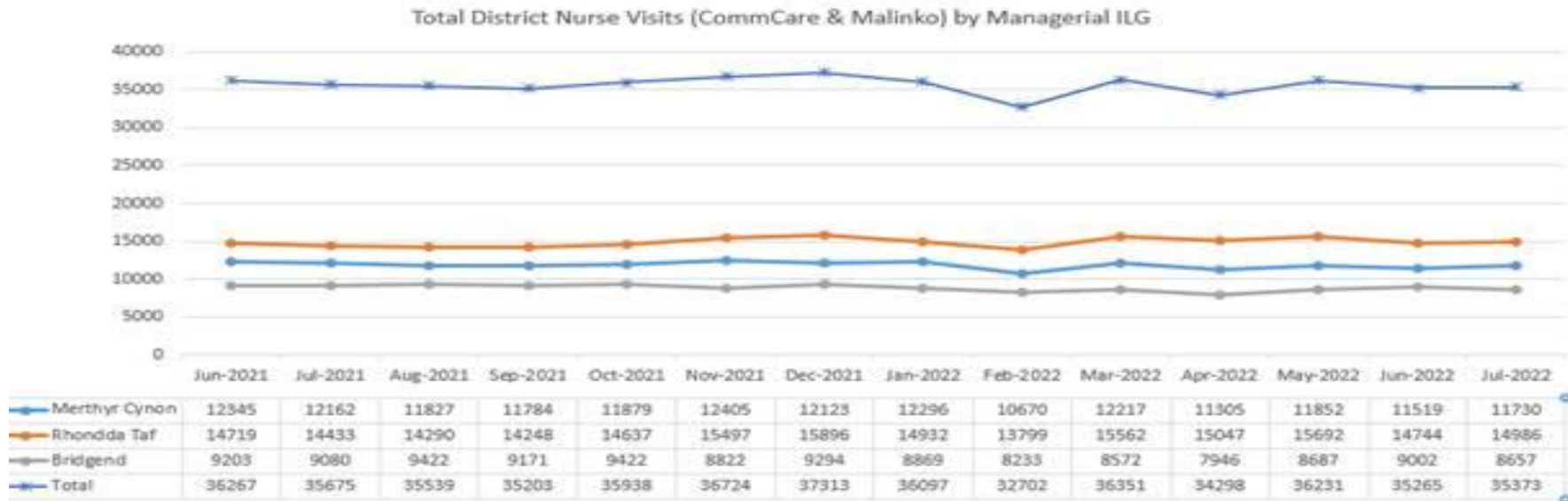
There has been an increase in mortality during the months of April 2022, 3.44% and June 2022, 2.82%. July 2022 data was not available at the time of the report.



Indicator Description	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	April-22	May-22	June-22	July 2022	Trend
Community Care Metrics													
District Nurse treatments	35522	35174	35938	36724	37313	36097	32702	36351	34298	36231	35265	35373	
Referral to At Home Services (All Referrals)	120	98	97	103	102	109	101	141	90	120	122	126	
Maesteg Hospital (ALOS)	0	0	0	0	0	0	0	0	0	0	0	0	
Ysbyty'r Seren (ALOS)	27	32	57	43	39	42	54	96	55	63	0*	0*	
*Princess of Wales Hospital, Ward 21 (ALOS)	-	-	-	-	-	-	-	-	-	-	46	63	
Ysbyty Cwm Cynon (ALOS)	48	46	49	55	61	55	74	54	61	63	49	51	
Ysbyty Cwm Rhondda (ALOS)	66	54	70	58	58	82	69	75	67	70	56	67	
Palliative Medicine, Bridgend (ALOS)	18	18	18	13	13	25	27	14	19	14	20	9	
Palliative Medicine, Pontypridd/RGH (ALOS)	8	14	8	7	9	18	11	8	4	19	12	7	
Palliative Medicine, YCC (ALOS)	22	41	23	24	13	9	26	18	16	13	32	16	

Data run on 09.08.22

District Nurse Treatments and at Home Referrals:



RTE

There has been a decrease in June but another increase in July; this continues to demonstrate the increase in complexities of the patients currently on caseload. It is worth noting that the District Nursing service is continuing to be challenged in supporting all hospital discharge requests; a contributory factor to the size of caseloads would be the number of patients that are not housebound on the caseloads but there are no services in CTM to cover the aspects of care required.

M&C

The number of palliative care visits and visits to continuing healthcare patients have 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. 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.

Bridgend

Quality improvement Planning continues focussing on avoidable Pressure Ulcer reduction, Sepsis Management, End Of Life Care, Infection Prevention and Control, Staff Wellbeing & Development.

Pressure ulcers remain the main quality risk within District Nursing. Whilst considerable quality improvement work is underway to reduce the prevalence of HCA pressure ulcers, we are not yet seeing significant reduction. 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. The CTM collaborative has also commenced with an aim to reduce avoidable pressure ulcers within community settings.

Vacancy factor within District Nursing improving in terms of band 5 registrants, more challenging to recruit to 2 band 7 team leader / deputy senior nurse roles.

Bridgend District Nursing team is piloting Civica including a Welsh speaking patient link with a Welsh-speaking nurse.

GP

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

ACT

Accufuser service commenced which will enable increased capacity to deliver IV medications in the Community as opposed to POWH. No quality data currently available to report.

Community Hospitals Average Length of Stay (ALoS):

YCC

There has been an increase in length of stay (LOS) from 49 days in June 2022 to 51 days in July 2022. There is still a high number of patients 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 the recent NHS Delivery Unit review.

YCR

Whilst the LOS continues to increase this is expected given the number of patients transferring to YCR from other sites. Whilst discharges decreased from 61 (May) to 45 in June it has since again increased to 59 in July 2022. There continues to be a number of challenges in relation to planned discharge destination.

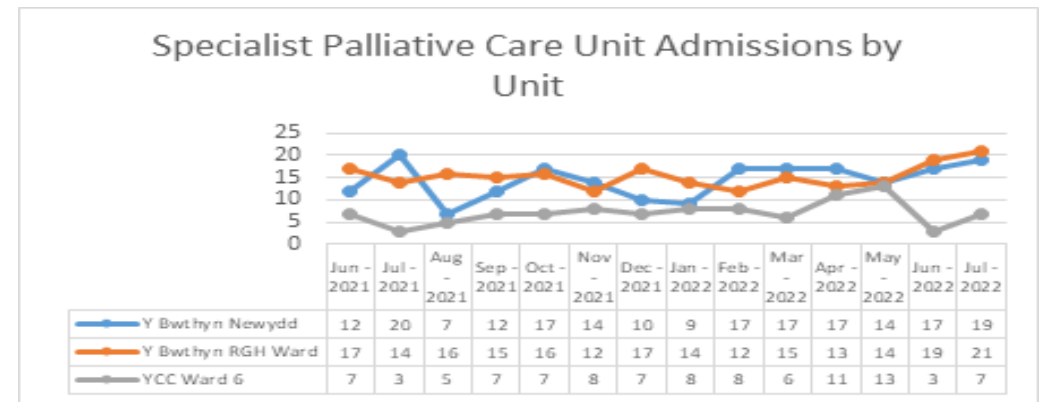
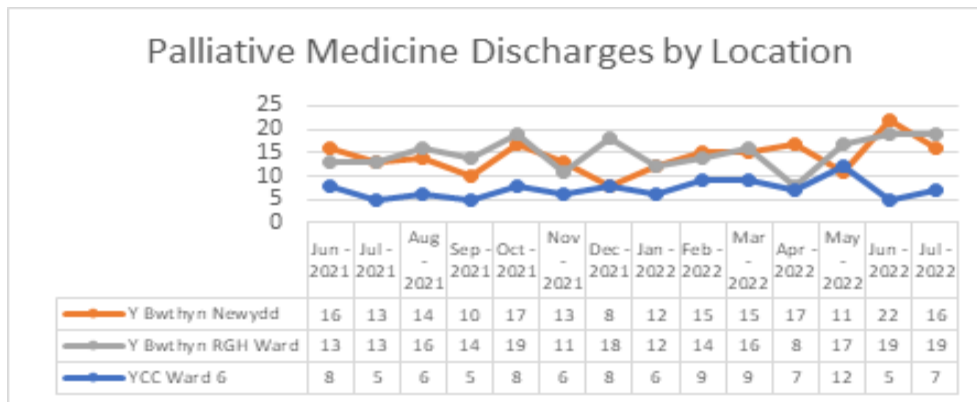
Bridgend Community services

Ward 21 at POWH

Llynfi Ward staff have transitioned well into ward 21 at Princess of Wales Hospital (POWH). Due to escalation pressures on the POWH site, the ward has opened 5 additional emergency pressure beds resulting in a total of 19 beds. Work is underway in line with discharge models to minimise any unnecessary hospital stay for patients, with a focus on promoting patient recovery, independence and wellbeing.

Palliative care inpatient units

Graphs that show the number of discharges and admission in addition to length of stay demonstrate the overall picture and utilisation of beds.





Indicator Description	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	April-22	May-22	June-22	July 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	
Restrictive Practices	8	4	4	10	6	9	1	0	3	0	16	22	
Number absconding from wards (overall not just detained) ****	23	25	20	25	21	18	23	25	22	22	21	24	

Data run on 09.08.22

Number of 136 Assessments in Police Cells:

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).

Restrictive Practices

Between June 2022 and July 2022, a total of 38 incidents using Restrictive Practices were reported within adult Mental Health. This is an increase of 35 incidents when compared to the previous two months. Of these, 74% (28) were reported as not care planned, and 26% (10) were reported as care planned. Of the 38 incidents, 95% were reported as no (19) or Low (17) harm. The remaining incidents were reported as moderate (1) occurring on Ward 22 at Royal Glamorgan Hospital and as severe (1) occurring in Coity Clinic (PICU), Princess of Wales Hospital. Both restraints were reported as not care-planned.

Absconding Incidents

During June and July 2022, a total of 45 Absconding incidents were reported. The highest number of incidents reported were for Ward 14 at Princess of Wales Hospital (10), Mental Health Adult Acute Admissions Ward Royal Glamorgan Hospital (4), and Cefn yr Afon Rehabilitation Unit (4). 91% of the absconding incidents reported in June and July 2022 were recorded as No (32) or Low (9) harm, with the remaining reported as resulting in moderate harm (4).

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.

- Post pandemic recovery and increased demand and pressures of unscheduled care, patient flow and discharge difficulties for patients requiring ongoing support, continues to have considerable and ongoing consequences on the experience of patients and 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, alignment to the new operating model 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, especially during a period of significant change in its operations.
- Quality strategy and identification of priorities for the Health Board. Suggest that a '*spotlight on...*' a priority thematic area for the UHB 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.



<p>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</p>	<p>No (Include further detail below)</p> <p>If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.</p> <p>If no, please provide reasons why an EIA was not considered to be required in the box below.</p>
<p>Legal implications / impact</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>
<p>Resource (Capital/Revenue £/Workforce) implications / Impact</p>	<p>Yes (Include further detail below)</p> <p>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.</p>
<p>Link to Strategic Goals</p>	<p>Improving Care</p>

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

APPENDIX 3



Patient Experience Activity Period June 2022 – July 2022

Patient Experience feedback is able to shape services to better meet the needs of patients, through their own voices. This also links into more efficient uses of services that allows the Health Board to examine how they can best meet the needs of our communities.

Civica is the Health Board's patient feedback mechanism that is used to capture the opinions of our patients, carers and families alike to allow an insight into how our services are working for the communities we support.

At present, the system holds 38 surveys across a number of specialities such as maternity, heart failure, therapies, PCH ED etc. some of which are sent via SMS messaging to patients/carers/partners. The 'have your say' survey is used as a baseline across services and enables feedback to be left in a qualitative format. The survey was live on the system in January 2022 and up until the end of July, 249 surveys have been completed. Please see below some examples that have been left:

Example of Comments left by patients via Civica.

Staff and Doctors were amazing. Long waiting time, waited 7 hours for doctors but must say staff on the children's A&E were fab brought children snacks and drinks.

Very happy with my care seen very quickly refreshments offered. Lovely staff. I was nervous with my baby's movements and was very reassured by staff and have left feeling so much better.

Very kind, friendly staff who were understanding + empathetic helped me feel less anxious. Their friendliness + kind attitude made a huge difference to an invasive procedure. The movi prep was disgusting such a huge volume to have to take. An alternative would be great!

Fabulous staff- Everyone I encountered was professional, kind, thoughtful. Excellent standards of care.

Excellent Department from reception, to operating room & recovery 1st class attention thank you, Brilliant team.

Very well treated, staff friendly, helpful & professional. Made to feel very welcome. Well done.

Staff were amazing, doctors were great with my son. Cannot fault the service. One thing did upset me was a mother trying to get son to sleep in pushchair. Corridor was very bright, when asked to turn light down was told they no longer have switches! How is that possible?

Tried to walk my child to sleep in his pram down the corridor and waiting room, as ward was very noisy. Not able to turn lights off or down, inappropriate for a children's ward. Lights are needed but terrible they don't turn down or off in the corridors or waiting area.

The civica team are currently working with a number of specialities to support departments with creating surveys and exploring how we can support them in obtaining patient feedback.

Carers

Panel consisting of various stakeholders met to review applications for carers funding from Welsh Government. Three projects were successful:

- Carers Co-ordinator Role – Cwm Taf Morgannwg University Health Board (CTMU HB)
- Merthyr Citizens Advice Bureau.
- Marie Curie

CTM's carer's co-ordinator now has a presence in RGH (Wednesday) and PCH (Tuesday) currently using the MacMillan hub. There are plans for Merthyr CAB to join on these days as well and will enable the Carers Coordinator to introduce herself to the wards and inform staff of the role, encouraging staff to refer to services to ensure support is in place for carers in the acute setting and support on discharge in the community. Plans are currently being explored for a base in POW as well.

A carer's leaflet has been designed to allow CTM to provide guidance and support for carers/patients and families when they are admitted to hospital. WAST have also supported with some information as well. The leaflet is currently being translated into Welsh and easy read but will be printed ready to launch in September 2022. Posters and flyers have also been designed to highlight the carers' co-ordinator service across CTM.

Agored training is still being provided to ensure staff are able to identify and support carers.

July saw the first staff carers network meeting, there were a number of staff that attended and the distribution list is still growing. Representative from Workforce & OD also supported to highlight wellbeing service available to staff who have caring responsibilities. This forum will allow the Health Board an insight into how we can support staff and provide signposting to support in our local communities as well. The next meeting is scheduled for 29th August 2022.

Weekly posts on social media platforms and intranet encouraging staff to become Carer champions in their area are ongoing and the first Carer Champion forum is planned for September.

Carer's co-ordinator has also linked in with a number of specialities across the Health Board to look at how we can support families in a caring role within areas such as learning disabilities, dementia etc.

Chaplaincy Services

Significant Spiritual and pastoral care

Patients	Relatives/Carers	Staff	Religious Rites	Out of hours requests
334	63	278	186	7 hours and 30.50 hrs for R/C's.

We officiated for two hospital contract funerals and two foetal collective cremation services were officiated. For the Llwydcoed cremation parents of one of the babies again came to the crematorium and asked to be present in the service, the family were very grateful to be present at a 'funeral' service for their little one and support was given to them following the service in the crematorium baby memorial garden.

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. Four sessions were delivered for our new cohort of overseas nurses and newly registered working within CTMU HB during this time frame.

The department offered support to staff members in one department due to death in service, this included support to staff at a livestream of the funeral itself in one of our sites lecture theatres. A condolence book was given to this department.

With Covid restrictions lifting we have been able to provide services for our patients again. Weekly services resumed in Glanrhyd for patients and staff on a ward, these are always well attended. A celebration service for the Queens jubilee was also held in Glanrhyd. We are still awaiting clearance to use the chapel again, this will make the service more accessible for the patients on the site, at present patients from other wards cannot attend the service which is currently held in a day room.

Chaplaincy was present and led the Covid heart remembrance garden at PCH.

We have begun to offer spiritual care to the paediatric and Neo Natal unit in PCH upon request of the wards. Our honorary chaplain and honorary student chaplain have been introduced to the staff and are visiting both wards weekly. This is the first time consistent spiritual care has been given to the paediatrics service in this way in our Health Board. We hope to begin offering the same care to the wards at POW as soon as we are able to.

Bereavement care continues to be given through the department and one of the team is overseeing the necessary requirements/procedures to begin a bereavement support group 'café style' for our staff and patients. This same chaplain is working with a palliative staff member and the Health Board Arts coordinator to explore design of art work in the corridor to Y Bwythyn in RGH.

Volunteer Service

Meet and Greet Volunteers

The meet and greet volunteer role provides a wayfinding service for those attending our sites across CTM in supporting with signposting and a resource for advice and information. The following provides an overview of the current situation in terms of this service.

- The meet and greet volunteers at Dewi Sant Health Park provide a Monday to Friday service. To date there has been positive feedback from volunteers and there are a few afternoon shifts available, which we will be hopefully filling over the coming weeks and months in order that we can fully cover.
- During July, we reintroduced the meet and greet front of house volunteers at Princess of Wales Hospital. There was a very enthusiastic response from volunteers who had undertaken this role prior to covid who were keen to return, along with volunteers who had initially been recruited to support the vaccination centres across CTM.
- During July meetings an assessment of the meet and greet service at Royal Glamorgan Hospital was undertaken. Staff who were initially involved with the meet and greet volunteers prior to covid are extremely keen to get the volunteers back. With this in mind, we initially contacted the volunteers who supported this service and work is on-going in terms of expressions of interest, covid score assessments and refreshing checks and training. The plan is to reintroduce volunteers at the front desk at RGH in the coming weeks and work will be on going in terms refreshing checks and training.
- The management and Senior Nurse at YCC are keen to reintroduce their meet and greet volunteers and discussions have been undertaken in terms of risk assessments and any mitigating factors. However, once

the meet and greet service at DSHP, POW and RGH has been established and embedded the plan is to move forward with this service at YCC.

- Since 2020, our vaccination centre volunteers have been providing meet and greet support at sites across CTM. To date meet and greet volunteers continue to support staff at Ravens Court, Bridgend and the volunteer service is involved with the vaccination work stream operational meetings in order that they are in a position to pre-empt the future plans and able to provide volunteer support over the next few months and over the winter period. There are a number of volunteers recruited since lock down who are keen to remain on the volunteer register in order that any future vaccination clinics and pop up centres will benefit from their cover.

The End of Life Companion Volunteer Service – POW & YCC

The end of life companion volunteer project is a joint initiative between the volunteer service, chaplaincy and clinical staff. Much work has been undertaken to enable us reach a point of launching this project, which was an extremely proud moment to be able to offer this service to support patients/families on 1st August 2022. There are monthly supervision meetings planned over the coming months and referrals are now open for staff within the identified ward areas. Due to the sensitivity and uniqueness of this new service, volunteer feedback along with patient and staff feedback will be reviewed and monitored over the coming weeks and months and any changes or improvements, to ensure this is a robust and effective project will be considered and made. Plans are still in place to train the next 7 volunteers interested in the EOL companion project which is hoping to commence during September 2022.

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 on line courses. Several discussions have taken place during June and July and due to the newness of this scheme it has taken time to be at a point of our volunteers being able to start. However, due to the success of this programme and the number of referrals coming through. Meetings will take place during the early part of August 2022, to plan and arrange volunteer courtesy calls to participants, volunteers to shadow wellness coaches and forthcoming dates will be confirmed for the next few months.

1. 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.

2. Pets as Therapy Volunteers

Pets as therapy have previously been extremely popular and to date there are several volunteers and pets available for specific areas across CTM, which includes Mental Health, Children's and Mental Health services, POW. Current discussions around agreements and memorandums of understanding are ongoing and dates for volunteer inductions are arranged for August 2022, in addition to local orientations.

3. 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.

4. Organ Donation Family Support Volunteer

Our organ donation family support volunteer continues to be on call for our three DGH sites across CTM (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 comms over the coming weeks in order to raise awareness of the role.

5. Introduction of ward volunteers at wards in YCC

Several conversations have taken place with the 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 such as the RITA system. We are also working with Digital Community's Wales and our volunteers have been attending on line courses to update their skills and explore new apps and software. We previously agreed on having a volunteer trolley on each ward the volunteer visits, which will only be two in the first instance and have asked our volunteers for their suggestions in order to compile a wish list of different activities and 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.

6. 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 utilising our own volunteers, many of which are still registered with us, have been very enthusiastic and supported other projects since 2020 and for others are keen to return. However, contact for our planning and partnership details have been forwarded to the Macmillan Lead to explore as to whether there are opportunities for their volunteers to support. Expressions of interest are still being gathered and explored in terms of in house/existing volunteers. Moving forward discussions will take place during August with our Arts in Health Manager to ensure we have a rota in place for volunteers to maintain areas in question.

7. Arts and Crafts Volunteers

We continue to hold workshops with our arts and crafts volunteers with many of the items being donated across our wards and community settings. 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 implement these skills into our clinical areas. During August our arts and crafts volunteers have supported with the making of scrub bags for the end of life companion volunteers and continue to review and assess items of importance that could benefit our patients and local community

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. However, due to the number of volunteering projects being reintroduced which includes our existing volunteers, we are pleased that we have been in a position to include those volunteers who have been waiting in the wings and eager to return. Plans are in place to continue to assess the possibilities to reintroduce our volunteers but still need to consider the need to ensure that covid is still at the forefront of any decision making and considered at every aspect of the recruitment process and during the initial set up of any volunteer projects. Furthermore, that we set aside ample time to ensure that each and every projects is implemented and embedded in a safe and productive manner.

Veterans

This work is ongoing and the Patient Experience Manager is working with the Information Systems Manager to look at how we capture the referral details on our systems and proactively manage any that encompass time in service with our waiting lists in line with the Armed Forces Covenant.

There is a meeting due to be held with all the Health Boards to discuss the systems used and how we capture this on an All Wales basis. Patient Experience Manager is also in contact with colleagues in the third sector to see if they are able to support regarding invigoration of the Covenant in Health settings.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

