



**AGENDA ITEM**

6.4.1

**QUALITY & SAFETY COMMITTEE**

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

<b>Date of meeting</b>	22/03/2022
<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 Patient Safety & Quality Merthyr & Cynon ILG
<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 28/02/2022	ENDORSED FOR APPROVAL

**ACRONYMS**

CTMUHB	Cwm Taf Morgannwg University Health Board
ED	Emergency Department
HIW	Healthcare Inspectorate Wales
HSE	Health and Safety Executive
YCC	Ysbyty Cwm Cynon



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

## 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**

- 1.1 A new dashboard has been developed to provide standard quality and safety metrics and consistency of reporting across all three ILGs.
- 1.2 Incidents of moderate harm and above for Pressure Ulcers and falls are reviewed by quality assurance scrutiny panels. There is a current backlog of cases to be reviewed due to severe operational pressures over the last quarter. Cases of Severe harm and Death have been prioritised for review.
- 1.3 There has been an increase in pressure damage incidents being recorded, they were identified as developed outside of the hospital setting with district nursing input. Falls remain consistent, no inpatient falls reported as resulting in severe harm or death for Quarter 3.
- 1.4 Operational pressures related to staffing shortages, patient numbers and patient acuity are adversely affecting all quality and safety metrics with increases in incident rates and difficulties in timescale compliance for complaints and incident management.

### **External quality assurance**

- 1.5 The Delivery unit (DU), undertook a review of patient flow across PCH and YCC, in September to December 2021, the Health Board is awaiting publication of the final report. A number of issues were identified in YCC in relation to MCA assessments and evidence of cognitive decline/deconditioning due to absence of robust Home first and Discharge to review and assess pathways across MC ILG.
- 1.6 The action plan from HIW's October 2021 inspection of Emergency Department in PCH arrangements continues to be overseen and great progress has been made. Awaiting final report from HIW's second unannounced visit in January 2022.  
Internal Audit reviews are being conducted of ILG Clinical Governance arrangements and Risk Management processes. Feedback will be provided in future reports.

### **Internal quality assurance**

- 1.7 There have been significant challenges in relation to patient flow. Increased numbers of complaints and incidents have resulted from this, particularly in relation to Emergency Medicine and the ED departments.
- 1.8 In conjunction with Improvement Cymru, a focused piece of service improvement has commenced in PCH focusing on real time demand capacity management (RTDC).

- 1.9 The Partnership and Dignity visits by our Independent Members and Executive 'walk rounds' are being reinstated post-Omicron to provide 'soft' quality intelligence and a further method of triangulation. The ILG welcomes the visibility and oversight these provide.
- 1.10 MC ILG has provided assurance information against all current WAST 'Appendix B' incidents referred on to the ILG. The increase of these reports is challenging to manage and the ILG has supported Central colleagues to develop standard investigation proformas and consistent data sources so as to reduce the burden on frontline clinical teams.
- 1.11 MC ILG have now embedded monthly quality assurance closure panels providing a robust process to manage NRIs and LRIs reported in the locality whereby the multi professional team review all RCAs prior to final approval-this is led by Head of Patient Safety and Quality.
- 1.12 There is ongoing concern relating to the functionality of Datix OFW Feedback module which has not been resolved at national level. There are also risks in relation to organizational readiness for the launch of the incident module in respect of training requirements. These are overseen by the OFW Project Oversight group.



## Patient Experience

- 1.13 Patient liaison officers (PALS) have now commenced their roles within MC ILG with main focus to obtain live patient experience data within all our operating services. The Emergency Department at PCH and YCC being the main focus in the next few months.
- 1.14 Positive patient experience feedback following the move of Trauma Clinic from PCH to YCC.
- 1.15 The 30 working day complaints response rate has deviated recently from a relatively static position. This has been largely as a result of staffing absence due to Covid-19, operational pressures within clinical services and Clinical staff supporting the vaccination booster campaign.
- 1.16 Complaints timescales have also been affected by the introduction of a process change to ensure more robust verification of admissions of qualifying liability. The Health Board's legal team is now reviewing all admissions of breach of duty to ensure the appropriateness and accuracy of admissions prior to them entering the Redress or Claims sphere.
- 1.17 Ty Enfys were delighted to be the first Health Board in Wales to gain 'Meaningful Care Matters' Level 1 accreditation. The audit by Meaningful Care Matters (MCM) found the quality of life experienced by day care patients at Ty Enfys was at the highest level, with outstanding care provided by 'loving and engaged staff' who really cared deeply for their patients whilst bringing joy, dignity and meaning to their care.
- 1.18 Civica patient feedback and experience system has been launched although the majority of clinical areas in MC still require training. Additional training and Communications awareness-raising will help to realise the benefits of this system.

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

- 3.1 The difficulties related to ED demand, delayed ambulance offloads, patient flow and low morale of staff across the ILG following a challenging winter period.
- 3.2 The ILG has experienced persistent delays and difficulties in enabling ambulance offloading within the agreed 15 minutes, with some patients being looked after in ambulances for several hours. The leadership triumvirates have been working with clinicians to ensure a triaged approach factoring acuity and dependency whilst also maintaining candour and partnership working with WAST on the mitigation of associates risks.

- 3.3 The ED and theatres improvement plan for PCH has now had executive approval to transition to a new phase in the programme, in recognition that the focus has evolved across the system and towards transformation, this will now have a new identity as the 'Merthyr Cynon ILG Improvement and Transformation programme'. Assurance and Governance will continue via the monthly M&C ILG Improvement Board.
- 3.4 A Trend in incidents in relation to management of stroke patients as a result of them not being able to access specialist acute beds.
- 3.5 Requirement to open YCC Minor Injures Unit by the end of March 2022, will result in an incremental reintroduction of services. The starting provision will be a markedly reduced service being provided until an additional 4.8wte Band 7 Emergency Nurse Practitioners are in post to support the service currently embedded at PCH and now being reintroduced at YCC. Once all posts have been fully recruited to this will enable the ILG to consistently provide a full MIU service (Monday to Friday 9-5) on our YCC site.

#### 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.