



AGENDA ITEM

6.4.2

QUALITY & SAFETY COMMITTEE

QUALITY AND SAFETY REPORT FOR RHONDDA & TAF ELY LOCALITY

Date of meeting	22/03/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Carole Tookey, ILG Nurse Director, Rhondda & Taf Ely
Presented by	Carole Tookey, ILG Nurse Director, Rhondda & Taf Ely
Approving Executive Sponsor	Executive Director of Nursing
Report purpose	FOR DISCUSSION / REVIEW

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

Committee/Group/Individuals	Date	Outcome
Integrated Locality Leadership Team	Week commencing 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
HTARI	Human Tissue Authority Reportable Incident



ILG	Integrated Locality Group
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
LRI	Locally Reportable Incident
OFW	Once For Wales
PHW	Public Health Wales
PTR	Putting Things Right
RGH	Royal Glamorgan 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 Rhondda & Taf Ely (RTE) ILG patient quality, safety, risk and experience.

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

Quality and Safety dashboard

- 1.1 A new quality & safety dashboard has been developed to provide standard quality and safety metrics and consistency of reporting across all three ILGs, attached as appendix 1.
- 1.2 Incidents of Moderate harm and over for Pressure Ulcers, Falls and Medication errors 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 Cases of healthcare acquired pressure damage appear very high, with the majority noted to occur within the community of under District Nursing care. The Committee should note that these patients are often under District Nursing care for other clinical reasons other than skin integrity and may not have been seen within the time period in which the pressure damage developed.
- 1.4 A large number of incidents concluded as 'avoidable' are due to shortfalls in documentation and note-keeping as opposed to failures in clinical care.
- 1.5 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

- 1.6 The action plan from HIW's October 2021 inspection of IR(ME)R arrangements continues to be overseen and progress made against the small number of improvements that were required.
- 1.7 The ILG has been notified of HIW's upcoming Local Review of Mental Health Inpatient Discharge Arrangements at CTMUHB and the requested data submission will be completed by 23rd March 2022.
- 1.8 The ILG Mental Health services are also participating in an external national review by the Delivery Unit of mental health inpatient suicides.
- 1.9 HSE Microbiology CL3 action plan – this was completed in November 2021 and the Health Board is now considered fully compliant.
- 1.10 Internal Audit reviews are being conducted of ILG Clinical Governance arrangements and Risk Management processes. Feedback will be provided in future reports.

- 1.11 The Cancer Harm review process continues to be conducted, although there are difficulties within specialities such as Urology, due to the volume of harm reviews, in completing these in a timely manner. There has been a small increase in harms being identified within Breast services. All incidents are being investigated under the PTR process.
- 1.12 RTE ILG will host the Health Board's Nosocomial Covid-19 incident management team. The team will review, under PTR, all incidents of hospital-acquired Covid-19 using a proportionate investigation methodology. Recruitment to the team will commence once funding has been confirmed. CTMUHB has been commended on the approach used so far, combining traditional healthcare investigative techniques with PHW expertise in epidemiological science and genomics.

Internal quality assurance

- 1.13 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. Staff morale has been adversely affected and revised well-being pathways have been launched.
- 1.14 Executive 'walkarounds' 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.
- 1.15 RTE 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.
- 1.16 LRI reporting – LRI reporting rates are acknowledged to differ across the ILGs due to the influence of hosted services on this category of incidents. HTARIs, MHRA SHOT and SABRE, IR(ME)R incidents are all reported and overseen through this framework, as well as former 'SI' categories.
- 1.17 There is ongoing concern relating to the functionality of Datix OFW Feedback module that has not been resolved at national level. There are also risks in relation to organisational readiness for the launch of the incident module in respect of training requirements that are overseen by the OFW Project Oversight group.

Patient Experience

- 1.18 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, a vacant Head of Acute Nursing post and staff supporting the vaccination booster campaign.



- 1.19 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.
- 1.20 Civica patient feedback and experience system has been launched although the majority of clinical areas in RTE 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, patient flow and low morale of staff across the ILG following a challenging winter period.
- 3.2 Operational pressures adversely affecting timescales and staff availability for complaint and incident management.
- 3.3 The national profile and volume of the work to be delivered under the Nosocomial Covid-19 incident management programme.

4. IMPACT ASSESSMENT

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

5. RECOMMENDATION

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