



**AGENDA ITEM**

6.5

**QUALITY & SAFETY COMMITTEE**

**HEALTHCARE INSPECTORATE WALES MENTAL HEALTH INSPECTIONS**

<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>	Phil Lewis, Head of Mental Health Nursing Brahms Robinson, Lead Nurse Mental Health RTE Lloyd Griffiths, Lead Nurse Mental Health Bridgend
<b>Presented by</b>	Julie Denley, Director of Primary Care and Mental Health Phil Lewis, Head of Mental Health Nursing
<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>
(Insert Name)	(DD/MM/YYYY)	Choose an item.

**ACRONYMS**

HIW	Healthcare Inspectorate Wales
ILG	Integrated Locality Group
CSG	Clinical Service Group
PMVA	Prevention and Management of Violence and Aggression

DoLs	Deprivation of Liberty Safeguards
NSA	Nurse Staffing Act
ESR	Electronic Staff Records

## 1. SITUATION/BACKGROUND

- 1.1 In order to ensure good governance, the Quality and Safety Committee have requested a paper detailing themes, risks, successes and opportunities arising from HIW Inspections in Mental Health over the past 12 months.
- 1.2 This paper will also include how learning is shared across the service, how it is monitored as well as how staff and service users provide experience feedback.
- 1.3 This paper will cover all inspections since January 2021

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

- 2.1 Throughout the period of this review there have been 2 HIW inspections in mental health services. One has been in Merthyr Cynon CSG and 1 in Rhondda Taff Ely CSG and none in Bridgend CSG.
- 2.2 Due to Covid restrictions these have all been remote quality checks. HIW's remote quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Health and Care Standards 2015.
- 2.3 Remote Quality checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care.
- 2.4 The work explores arrangements put in place to protect staff and patients from Covid 19.
- 2.5 The reviews have taken place in the following areas
  - Seren Ward RGH – 20<sup>th</sup> April 2021
  - Pinewood House – 20<sup>th</sup> July 2021

- 2.6 From all the inspections there have been no immediate assurance actions.
- 2.7 The total number of actions from the inspections are 7, although one refers to the draft nurse staffing act principles which will not be addressed and will be covered later in this report.
- 2.8 The **themes** identified from the inspections are as follows;

#### Staff Training

It has been identified that staff training is a challenge. Whilst the release of staff time is vital it has also been recognised that the configuration of staff profiles within ESR needs further work. This issue is a priority for the Learning and Development team to ensure accurate reporting figures and consequently identifying an improving trend in supporting our staff to undertake mandatory training. This was picked up in both inspections and is the only issue that crossed both inspections.

Other issues raised were;

- The PMVA policy is overdue for renewal (subsequently reviewed and in the process of MH CSG validation).
- Ensuring that there is timely review of ward incidents.
- Compliance with timely reviews of DoLs.
- Introduction of an audit of mental health act paperwork.

HIW also raised an issue regarding compliance with the draft principles of the Nurse Staffing Act. However this issue was challenged on the basis that the principles are in draft and not under any implementation plan and that the NSA does not cover rehabilitation wards where the issue was raised.

- 2.9 The **risks** identified from inspections are as follows;

With regards to risks one of the key messages is that training and policies need clear processes for regular review. Since the introduction of the ILG model, work has been ongoing to ensure that there is a system to ensure that policies are reviewed in a timely way but also that the service continues to amalgamate policies and procedures with the Bridgend ILG. The impact of Covid 19 on "normal" business has resulted in delays in this work as the waves of Covid have resulted in staffing levels being impacted and staff being utilised to ensure that safe services are maintained.

Equally both the up-take and delivery of training, particularly practical training such as PMVA has been significantly effected.

2.10 The **successes** identified from inspections are as follows;

It is notable that there has been good examples of positive feedback as well as areas where following inspection no recommendations were made.

Seren ward was recognised for its work around managing Covid and patient flow both in terms of the work done to create cohorted areas as well as daily meetings with staff and senior managers to ensure that communication was optimised.

2.11 The **opportunities** identified from inspections are as follows;

Some of the changes to the environment on Seren ward that were brought about as a consequence of Covid have seen some longer term benefits. The change of use to some rooms offering a sensory room has had a positive effect in patients alongside the use of RITA<sup>1</sup>

2.12 Sharing of learning from inspections takes a number of routes. Each CSG has a forum for sharing and learning on a monthly basis. Within the ILG structures action plans are shared with services outside of mental health through the quality and safety committees.

2.13 Across mental health services there are three key mechanisms for sharing;

- On receipt of action plans and reports these are shared with the CSG triumphanters for immediate sharing. This is done electronically
- The Mental Health service has a pan mental health service Analysis, Improvement and Learning Lessons Group. This group consists of senior staff from the CSG's who meet quarterly to discuss and share learning from a range of opportunities such as Serious Incidents, Complaints, adult practice review and inspections.
- Quarterly sessions are identified on the Post Graduate agenda for each CSG to present a case for sharing and learning. In this forum there is the opportunity to invite a wider group of staff to receive the presentation and undertake a Q&A session.

*NB: Whilst these mechanisms have been agreed amongst the CSG's in mental health there has been a challenge sustaining these meetings with the pressures arising from the pandemic. There is a*

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<sup>1</sup> RITA, which stands for Reminiscence Interactive Therapy Activities, is an innovative, evidence-based, state-of-the-art digital therapy system which allows patients to use apps, games and other leisure activities as part of their hospital recovery.

*date set for the next post graduate learning session for the 26<sup>th</sup> April 2022 whilst the next AILLG group sits on the 17<sup>th</sup> May 2022.*

#### 2.14 Progress with Action Plans

Whilst the issues of up-dating policies and staff training are being addressed it is recognised that these are taking longer than usual. Some of the challenges of the ILG model are ensuring that there are processes such as policy review and development that need to include all three CSG's. Given the distraction of Covid 19, this has not developed as quickly as it would be expected outside of these extraordinary times. However work has been ongoing despite the slower progress. It is anticipated that this will accelerate as we move out of the staffing challenges of the pandemic

Similarly with training this has been effected by the pandemic both in terms of releasing staff as well as having face to face training, or the availability of trainers

#### 2.15 Service user and staff engagement

Within the adult inpatient units the use of "Have your say" and community meetings give opportunity for service user feedback, and in addition each MH service user has opportunity to access an Independent Mental Health Advocate (IMHA). Older Persons Mental Health wards place greater focus engagement with families as service users often lack capacity to engage fully. Feedback is provided through "You said, we did" mechanism reported through ward posters and newsletter.

RTE CSG has undertaken a recent program of "rumour café" sessions with senior Leadership team and subsequently had developed a "representative group" for staff and current service users to meet as a group to provide input on issues and concerns that are current.

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

- 3.1 There is work to do to improve compliance with staff training both in regards to releasing staff but more fundamentally to ensure that there is correct alignment with ESR.
- 3.2 Work on review of policy needs to take a priority with the optimism that the major effects of the pandemic have reduced.
- 3.3 There were no immediate make-safes from the 2 inspections.
- 3.4 There are mechanisms to share learning across mental health services although delivery of this has been challenging during a pandemic



3.5 There were positive comments received from inspections especially around the management of patient flow and cohorting at the admission site in RGH.

#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	Choose an item. If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
<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>	Improving Care

#### 5. RECOMMENDATION

5.1 That committee **NOTE** the findings of this paper