



AGENDA ITEM

6.2

QUALITY & SAFETY COMMITTEE

PATIENT SAFETY QUALITY DASHBOARD

Date of meeting	24 th May 2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
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Presented by	Greg Dix, Executive Director of Nursing, Midwifery and Patient Care
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

1. SITUATION/BACKGROUND

This presentation of the Quality Dashboard to Committee provides data from February 2022 to March 2022. The Health Board continues to experience considerable residual challenges during this reporting period following the impact of the Omicron variant of COVID-19 at the end of 2021 and in to January 2022. Quality and patient safety remain the central priority, and that we have robust mechanisms in place to maintain visibility of service to Board assurance.

Key areas to note in this reporting period are:

- Mean reduction in formal complaints received during the reporting period with March 2022 reporting the lowest number of complaints over the past 12 months. In March, 87 complaints were received against a 12-month average of 117. However, top themes for formal complaints received remain unchanged in order of definition as follows: 1. Clinical Treatment & Assessment; 2. Communication; and 3. Appointment issues.
- CTMUHB Complaints response compliance average is at its lowest for the past 12 months at 46%, with a target range of 75%. Reduced complaints compliance has been contributed to by the residual effects of redeployment of staff for Covid vaccination, sickness absence and prioritisation of patient facing activity. Improved systems of complaints triage and early resolution resources should increase patient satisfaction in timely health board response to concerns and reduce the need for formal process. Committee will note that compliance has increased in April 2022 to 64%, although inequity exists in response rates across the three ILG's.
- Compliments have significantly decreased in March 2022. Work is ongoing to effectively capture and report the compliments received within the organisation to allow for improved reporting, and it is recognised that this is an important element of feedback, learning and acknowledgement for colleagues.
- Patient safety incident reporting remains consistent with an increase in severe harm or death incidents in this period. This increase is due to suspected covid related deaths within Prince Charles Hospital. Covid related harms and deaths will be subject to harm review set out within the national framework.
- Although a slight decrease seen in this reporting period, total patient falls continues on an overall upward trajectory over the 12-month period. The average number of falls per month over the past 12 months is 234, reflecting higher than average numbers being reported for February and March 2022.







- Falls categorised as moderate harm has increased over the past 4 months with an upward trend for moderate, severe and death categorisation over the preceding 12-month period. It is important to note that initial reporting and categorisation of harm may be subject to change once the fall has been scrutinised via the ILG falls panel. A report on the Health Boards ambition for falls prevention and improvement is presented to committee today, this also includes data interrogation of high reporting areas.
- There were 195 hospital acquired pressure damage incidents reported in February and March 2022. This represents an increase of 31 incidents when compared to the previous 2 months. Grade 3 and 4 hospital acquired pressure damage incidents demonstrate an inconsistent picture throughout the 12-month period with February 2022 reporting the highest number in this period. Again, it is important to note that pressure damage incidents are subject to ILG scrutiny panels and the classification may be subject to change following review of individual cases.
- Community acquired pressure damage reports remain steady with an average monthly incidence of 162 over the 12 month period. A further update report on the community prevention strategy is available to Committee today.
- Medication prescribing errors continue to decrease although 19 incidents reported in March is in line with the 12-month average of 22. Administration errors remain largely in line with the 12-month average. Medication errors are the subject for a proposed improvement plan supported by the iCTM Improvement Team.
- There has been a decrease in mortality percentages during February 2022; further interrogation is required to understand this change.
- Patient Safety Solutions (PSS) compliance is now accurately reflected within the attached NHS Delivery Unit dashboard. An up to date position will be presented during the Committee meeting as agreed with the Chair.
- The Health Board did not meet the Welsh Government reduction expectations for 2021/22. There has been an increase in C. difficile, Methicillin Sensitive Staphylococcus aureus (MSSA), E.coli and Pseudomonas compared with the same period last year. Infection Prevention and Control (IPC) capacity challenges persist as a result of the pandemic and an increase seen in infections are mostly community acquired. More emphasis must be placed on improvements in primary care to influence a reduction in infection rates presenting to our hospital sites.
- An increased demand for continuing care and end of life care visits remains a trend within District Nursing Teams and primary healthcare services. It is a nationally recognised theme linked with increased numbers of care needs and deaths occurring in the community as a result of the wider impact of the pandemic.

- Apart from Ysbyty Cwm Rhondda, there has been a decrease in average length of stay (LOS) for community and palliative care sites. Despite this, high numbers of patients awaiting residential, nursing care placements or care packages remain. Palliative care have seen decreases in LOS associated with supporting flow in the acute sites and improved discharge planning. Actions to improve discharge arrangements within Ysbyty Cwm Cynon following the DU review are ongoing and being spread to other ILG's.

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



Data run on 07.04.22

Indicator Description	April-21	May-21	June-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	March 2022	Trend
Health Board Wide Quality Metrics													
Number of formal complaints managed through PTR *	144	136	149	106	116	114	132	136	102	94	95	87	
Number of compliments	81	67	109	70	114	85	55	77	51	71	59	25	
Number of never events in month	0	0	2	0	1	0	0	0	0	1	0	0	
Number of serious incidents (SI) Process until to 14.06.21	6	3	6										
Number of Nationally Reportable Incidents New process from 14.06.21			4	4	8	0	4	3	4	3	7	8	
Number of Locally Reportable Incidents			1	7	9	8	22	17	18	9	18	13	

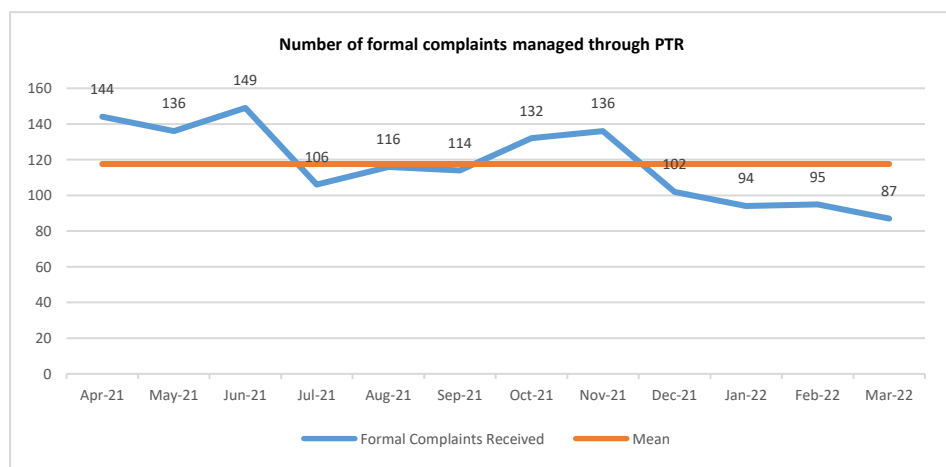
* Calculation of formal complaints received is now run from date first received as of 1st July 2020.

Data run on 07.04.22

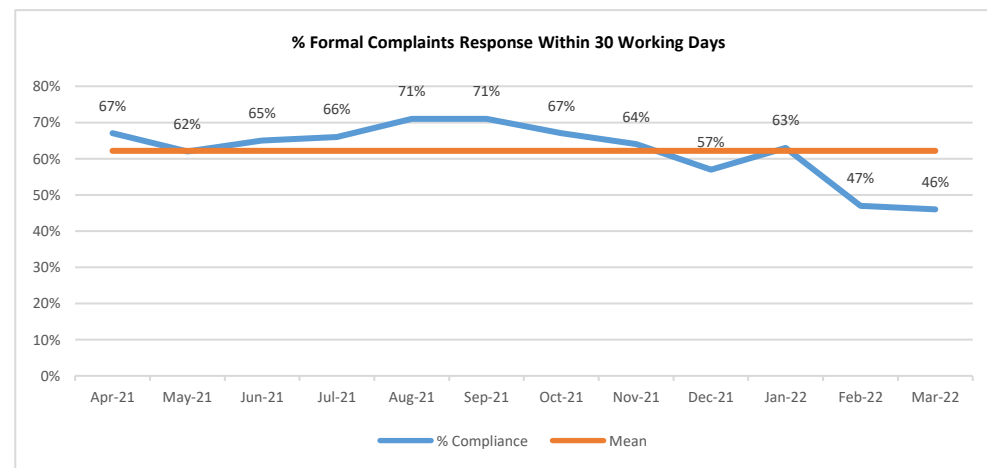


Complaints:

During February 2022 and March 2022, there were 182 formal complaints received within the Organisation and managed in line with the Putting Things Right regulations. The trend in relation to the number of formal complaints received is reflected in the chart below. For those complaints received in February 2022 & March 2022 the top 3 themes relate to Clinical Treatment / Assessment (99), Communication Issues, including attitude & behaviour (41) and Appointments (12). Compliance with the 30 working day response rate has continued with the decreasing trend from October 21 onwards. Compliance is expected to increase with the implementation of a new Health Board wide concerns triage system.



Data run on 07.04.22



Data run on 07.04.22

Compliments

During February 2022 and March 2022, there were 84 compliments recorded on the Datix Cymru system, which represents a decrease of 38 when compared to the previous two months (122). Work is ongoing to effectively capture the compliments received within the Organisation to allow for improved reporting.

Patient Experience:

The latest patient experience data is attached at **appendix 1**.



Patient Safety Incidents:

Between the 01.02.22 and 31.03.22, a total of 4066 incidents were reported across the Health Board. This is a decrease of 161 compared to the previous two months. Of these, 87% (3526) were reported under the type of **patient safety** during the two month period. Of the patient safety incidents, 71 were reported with a severity of severe harm (32) or death (39), an increase of 16 when compared to the previous 2 months. This equates to 2.0% of the total number of patient safety incidents reported, an increase from previous months. The increase in severe harm and death incidents primarily relate to suspected covid related deaths at Prince Charles Hospital.

In line with the changes to national reporting and incident investigation requirements, the health board are launching a new toolkit and training package to support consistent management of incidents, from reporting to investigation and learning from events requirements. Learning from Events reports, (LFER's) continue to be a challenge for the Health Board, with a historic backlog of overdue LFERs and inclusion on the corporate risk register. Without clear evidence of learning from incidents being submitted to Welsh Risk Pool (WRP), reimbursement of any claims or redress values paid out by the Health Board will not be received. A number of actions have been taken in an attempt to achieve the targets set out, including guidance developed, drop in sessions, ILG targets issued and monitored via trackers and regular meetings. However, there is still some work to do in order to reduce the backlog and ensure that current incident management includes evidence preparation for LFER's and that newly triggered LFERs are managed within WRP timescales.

The Safety CTM brand has commenced its patient safety clinics to target support and improve the safety of our services with a view to enabling a safety network and learning culture (**Appendix 2**). The toolkit will be presented to the next committee for approval.

Legacy maternity & neonatal incidents:

Committee will be aware that the health board has completed investigations and closures on the 72 legacy incidents within the maternity and neonatal services. It is anticipated that a final assurance report by the NHS Delivery Unit in relation to this work and the 2019 review into the broader systems and processes for reporting, managing and review of patient safety incidents and relevant concerns will be published this month. A review of the early draft has positively reflected the improvement journey of the health board in these areas and the report will be available to the next Committee meeting.

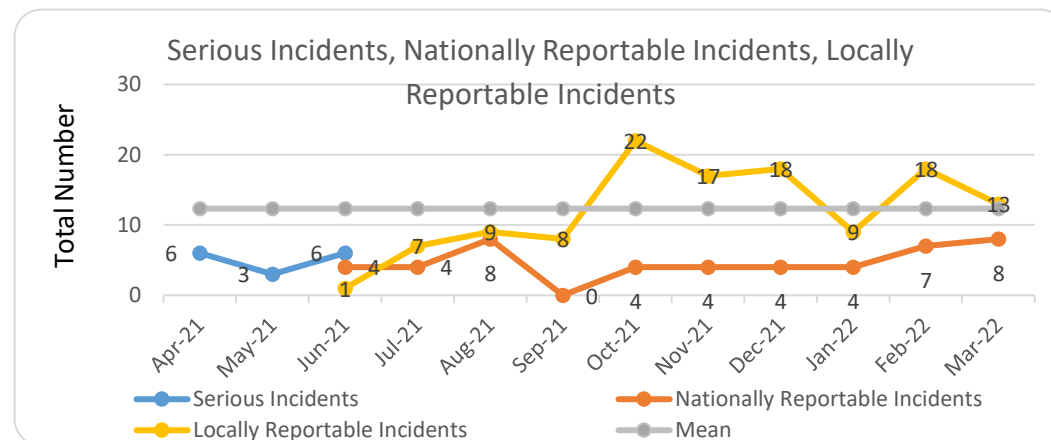
Nationally Reportable Incidents:

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 but are no longer escalated nationally). The trend for the last 12 months is reflected in the chart below.

During February 2022 and March 2022, 15 nationally reportable incident notifications were submitted to the NHS Delivery Unit. This represents an increase of 7 compared to the previous 2 months. A breakdown of the nationally reportable incidents is provided in the table below:

Type Of Nationally Reportable Incidents	Feb-22	Mar-22	Total
Delays	4	2	6
Neo-Natal Event	0	2	2
Slip, Trip or Fall	1	1	2
Unexpected or Trauma Related Death	0	1	1
Unexpected Complications	0	1	1
Maternal Event	1	0	1
Medication	0	1	1
Organisational - Failure to follow Policy/Procedure	1	0	1
Total	7	8	15

Data run on 07.04.22



Data run on 07.04.22

Learning

Our Shared Listening and Learning Forum provides a regular opportunity for organisational learning, explore health board incidents and concerns, horizon scanning, sharing and celebrating excellent practice. Further work on the draft Listening & Learning Framework and the proposed Quality Assurance Group will extend and formalise the ability of the health board to develop a learning and improvement culture. Future dashboard reports will include a summary of the work of the Shared

Listening & Learning Forum and the Quality Assurance Group (Shared Listening & Learning Upward Report from the April 2022 meeting is available on request).



Patient Safety Solutions:

Summary

Since the last committee, the discrepancies in compliance reporting have been resolved and the Health Board's current position is accurately reflected in the DU dashboard (**Appendix 3**). The Delivery Unit (DU) continue to facilitate the national working group for the review and management of Patient Safety Solutions (PSS). Health boards come together to share their progress and discuss barriers and solutions, which is supporting the ongoing internal work to achieve compliance. The group also offers members an opportunity to raise issues with any specific alerts or notices if required.

RL Datix safety alerts module is currently in its testing phase by Delivery Unit for reporting compliance of safety alerts. Our Health Board have completed the test cases and have provided feedback. It is anticipated that the module will provide a significantly improved system of establishing correct Health Board compliance as well as an audit trail of progress, communication and more narrative around progress of compliance on a monthly basis. Collation of all feedback from neighbouring Health Boards is expected by the 12th April 2022.

The internal management, monitoring and reporting process for Patient Safety Alerts (PSAs) and Patient Safety Notices (PSNs) is now operating a structure of devolved responsibility to the relevant ILG teams with the central Patient Care and Safety Team

providing support, co-ordination and robust oversight leading to compliance reporting. An internal monthly meeting with Heads of Quality and Safety in each ILG manage and maintain traction on patient safety solutions, with an ongoing action log and delegated leads for actions to compliance. Committee will note that brief extensions of anticipated compliance had been added to a small number of alerts / notices.

Compliance on 11th April 2022:

In total, there is **1 alert** and **6 notices** in which CTMUHB are non-compliant.

Since last report:

- ✓ Compliance achieved in PSA014 (01/03/2022)
- ✓ Compliance achieved in PSN051 (01/03/22)
- ✓ Compliance achieved in PSN064 (30/03/22)
- ✓ Compliance achieved in PSN060 (23/02/2020)
- ✓ Compliance achieved in PSN061 (achieved before due date 28/02/2022)

- ☒ Compliance PSN063 due 31/03/22, therefore now reporting non-compliance
- ☒ Compliance PSN057 due 31/03/2022, therefore now reporting non-compliance

Non-compliance on 11th April 2022:

The Health Board currently reports non-compliance in **1 PSA** & **6 PSNs**:

- **PSA008**

Nasogastric tube misplacement

There are 2 other Health Boards across Wales who report non-compliance with this PSA.

All Wales Training for NG Tubes is being established. Update expected in April national meeting (12th) from DU regarding the progress of competency package which will also be part of ESR.

- **PSN030 / 055**

The safe storage of medicines: cupboards.

Progress with this work has been hindered by 2 factors:

- The prioritisation of vaccine storage in the Mass Vaccination Centres
- Access to wards to undertake required audits has been challenged due to Covid-19 and subsequent outbreaks.

This notice is being managed by pharmacy and previously, an Action Log for assurance purposes and to demonstrate planned timescales was provided.

In order to achieve compliance, completion of the clinical areas self-assessment audit tool and recording of results on the AMAT system was required. This was to implement a monitoring and response procedure for ambient temperatures and excursions in medicines storage clinical areas. Both these actions were planned to be fully completed by 30th April 2022. However, roll out has been put on hold due to resource constraints in the audit team. The AMaT system will allow us to have a 'live' understanding of how we are progressing in respect of this PSN.

- Reassurance has been provided that audits have been completed in vaccination centres and no concerns were identified of environment temperatures.
- Update request from Audit team end of April for expected timescale for implementation.

▪ **PSN056**

Foreign body aspiration during intubation, advanced airway management or ventilation

This notice was issued in October 2020, with a compliance due date of 1st July 2021. The management of this notice is now centrally led. Leads have been identified compliance is anticipated by 1st June 2022.

The Health Board currently has partial compliance across the integrated locality groups:

- POW reported compliance 14th March 2022.
- Confirmation from procurement around no further issues with supply of ECG dots.
- Further meetings set up in April 2022 to establish identified anaesthetic leads in departments that are non-compliant and establish timescales.

▪ **PSN058**

Urgent assessment/treatment following ingestion of 'super strong' magnets

This notice was issued July 2021, with a compliance due date of October 2021. Merthyr/Cynon ILG and Bridgend ILG currently report compliance in this notice. Central Patient Care and Safety is supporting Rhondda Taf Ely ILG to achieve compliance.

RTE ILG Head of Quality and Safety to establish outstanding actions and timescales for completion.

▪ **PSN059**

Eliminating the risk of inadvertent connection to medical air via a flow meter

This notice was issued September 2021, with a compliance due date of 16th December 2021. A trajectory for compliance will be established within the monthly meetings and progress reported to DU.

▪ **PSN057**

Emergency Steroid Therapy Cards: Supporting Early Recognition & Management of Adrenal Crisis in Adults and Children


This notice was issued June 2021, with a compliance due date of 31st January 2022. Pharmacy have led the initial phase with partial compliance being met. The ILGs will lead on the remaining actions to achieve compliance. A trajectory for compliance will be established within the monthly meetings and progress reported to DU.

▪ **PSN063**

Deployment of NRFit (ISO 80369-6) compliant devices in Wales

- Leads identified in each ILG
- Compliance reported in some areas in RGH
- Progress made in POW
- Progress made in PCH: radiology have changed over, main theatre and obstetrics are expected to change by end of April
- Meeting to be set up with identified leads who are noted to be non-compliant.

Quality Metrics

Indicator Description	Apr-21	May-21	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	March 2022	Trend
Number of medication prescribing errors	16	28	28	19	21	27	15	25	20	10	13	19	



Indicator Description	Apr-21	May-21	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	March 2022	Trend
Number of medication administration errors	37	36	46	39	39	32	31	42	42	34	35	41	
Total number of inpatient falls	237	244	219	233	237	240	295	300	260	300	254	286	
Number of inpatient falls where harm has occurred (moderate, severe and death)	6	10	8	4	13	7	9	14	9	10	14	14	
Total number of instances of hospital acquired pressure ulcers	76	87	89	96	87	94	134	102	79	85	108	94	
Number of hospital acquired pressure ulcers grade 3 and 4	2	4	1	4	4	6	7	7	0	1	8	3	
Total number of instances of Community acquired pressure ulcers	180	178	158	187	125	151	152	165	168	171	148	172	
Number of Community acquired pressure ulcers grade 3 and 4	27	21	22	21	22	19	18	20	16	19	17	22	
Number of potential Hospital Acquired Thrombosis (HATs)	12	4	3	2	10	12	14	9	6	6	5	13	
% VTE risk assessments documented on the med. Chart	95%	92%	94%	94%	96%	96%	90%	94%	93%	96%	98%	97%	
Hospital Arrests (2222 calls) Adult	38	39	35	27	42	64	47	35	48	42	46	49	
% NEWS audit by site (RGH/YCR/PCH/YCC/PoWH/Ysbyty'r Seren)	82.6%	84.5%	81.1%	87.1%	86.3%	84.5%	84.1%	91.1%	89.5%	89.8%	88.6%	87.3%	
C.difficile Rate/1000 admissions	2.77	1.32	2.29	2.78	4.39	1.41	1.78	1.79	3.07	1.92	2.72	4.30	
MRSA bacteraemia Rate/1000 admissions	0	0.19	0	0	0	0	0	0	0	0	0.23	0	



Indicator Description	Apr-21	May-21	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	March	Trend
												2022	
MSSA bacteraemia Rate/1000 admissions	2.57	2.08	1.93	2.22	1.79	1.24	1.07	1.61	2.11	2.13	1.36	2.94	
E. coli bacteraemia Rate/1000 admissions	7.12	6.61	6.33	6.86	7.97	7.6	4.45	5.74	5.76	5.11	6.34	5.43	
% of patients who spend less than 4 hours in A&E from arrival to admission, transfer or discharge	75	70	70	69	67	65	61	66	65	65	63	62	
% of patients who spend less than 12 hours in A&E from arrival to admission, transfer or discharge	90	87	88	86	85	84	81	83	83	82	80	79	
AvLOS overall mean (based on discharges only)	5.2	5.0	4.6	4.9	5.3	4.6	5.1	5.3	5.3	5.6	5.8	5.5	
Mortality Rate (CHKS)	2.62%	2.75%	2.14%	2.69%	2.73%	2.93%	3.46%	3.30%	3.82%	3.54%	2.80%	N/A	

Data run on 07.04.22

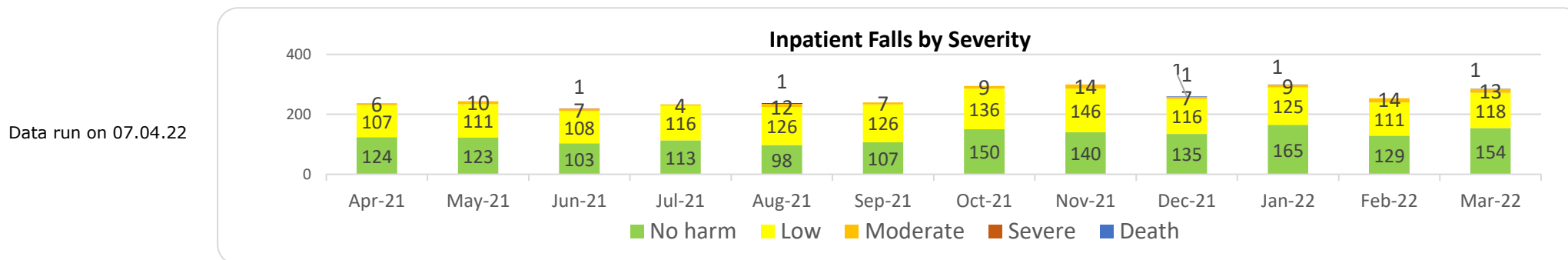
Medication Incidents

A total number of 152 medication incidents were reported between the 01.02.22 & 31.03.22. 96.7% of the incidents were reported as resulting in no (113) or low (34) harm. 4 incidents were reported as resulting in moderate harm, 1 incident relating to the administration of medication in the Emergency Care Centre at Prince Charles Hospital was reported as resulting in severe harm, with no incidents reporting in Death. Of the total number of medication incidents reported 76 related to the administration of medication and 32 to prescribing.

Inpatient Falls

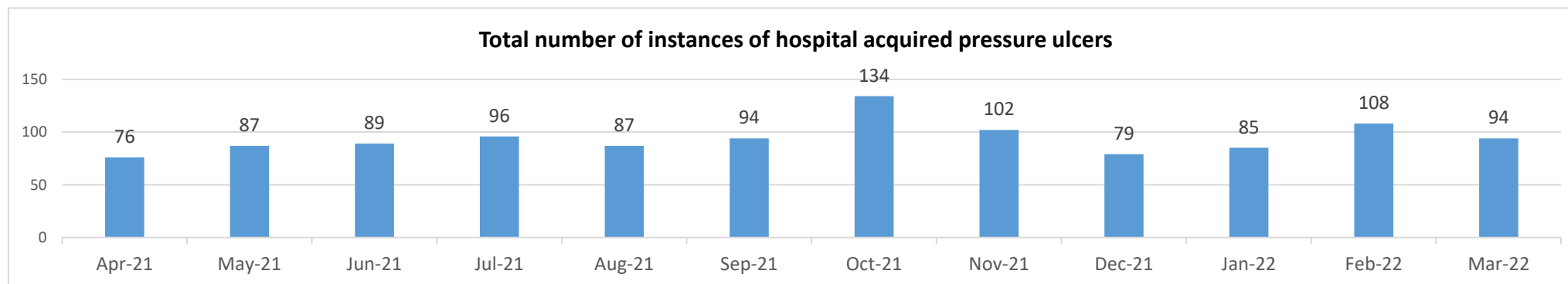
540 falls were reported between the 01.02.22 & 31.03.22, which represents a decrease of 20 in the number of falls reported in comparison to the previous two months. 1 incident was reported as resulting in death during March 2022, which relates to a fall prior to admission. The highest number of inpatient falls occurred in Seren Unit - Royal Glamorgan Hospital (30), Ward 7 - Ysbyty Cwm Cynon (29), Emergency Care Centre - Prince Charles Hospital (20) and Angleton Ward - Glanrhyd Hospital (20).

The Deputy Director of Nursing is leading on the falls prevention strategy for the Health Board and a paper is being presented to this Committee.



Pressure Damage Incidents

During February 2022 & March 2022, a total of 909 pressure damage incidents were reported. The highest number of incidents reported were identified as having developed outside of hospital setting with district nursing input (314). Of the total number of pressure damage incidents reported, 195 were identified as hospital acquired. This represents an increase of 31 incidents when compared to the previous 2 months. The highest reported locations for pressure damage incidents were the Acute Medical Unit at Princess of Wales Hospital (14), the Emergency Care Centre (12) and Ward 8 at Prince Charles Hospital (12). 10 incidents were recorded as Grade 3, in February (8) and in March (2) 2022. There were no hospital acquired Grade 4 incidents reported during the two-month period.



Data run on 07.04.22

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

There were 18 potential HATs identified for February 2022 to March 2022 compared to 12 for the previous reporting period from December 2021 to January 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.

Hospital Cardiac Arrests and NEWS Training:

For February 2022 to March 2022, the number of calls taken were 95 compared to 90 for December 2021 to January 2022. Hospital Cardiac Arrest Calls will remain an important metric, as the ultimate goal is cardiac arrests only to occur in the Emergency Department. This is due to strengthening our pre-arrest reviews and monitoring acute deterioration, as well as improving on our DNACPR processes. NEWS scoring, and therefore a 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. Following the introduction of the NEWS 50 chart from the 1st April 2021 and an associated audit of compliance has been undertaken by the Outreach Team on a monthly basis. 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 has continued to be the focus for the Infection Prevention and Control (IPC) team. The IPC team have continued to support the Health Boards preparedness and response to the third wave of Covid-19 where the variant of concern was identified as Omicron. The incidence of Covid-19 in the CTM population is gradually reducing. However, there are still a number of open outbreaks across the hospital sites that require IPC support and management. The team continues to work closely with the Integrated Locality Groups (ILG's) and Public Health Wales in response to the outbreaks. The IPC team have supported the conversion from Covid-19 colour coded pathways to respiratory/non-respiratory pathways. This is in line with updated national guidance where management includes other respiratory viruses and minimises disruption to health and care services. The shift in pathways will support CTM's Integrated Medium Term Plan (IMTP) and Welsh Government's statement that IPC requirements will revert to business as usual by 1st April 2022. It is of note that the majority of Covid-19 cases identified in our inpatient population are as a result of routine "asymptomatic" screening rather than the presentation of symptoms. Following the updated testing framework from Welsh Government, the Health Board has stopped asymptomatic screening and are only screening patients on admission to hospital, for discharge to a care home and if patients develop Covid-19 symptoms.

The Health Board did not meet the Welsh Government reduction expectations for 2021/22. There has been an increase in C. difficile, Methicillin Sensitive Staphylococcus aureus (MSSA), E.coli and Pseudomonas compared with the same period last year. The majority of infections are noted to be acquired in the community and there will be an enhanced focus in the coming year to

explore further how this specific area can be supported to drive improvements in order to influence a reduction in C. difficile, Staphylococcus aureus and gram negative bacteraemia. There is a need for investment in the primary care arena to support the achievement of these healthcare improvement goals. Health Education and Improvement Wales (HEIW) is coordinating and leading a task and finish group looking at workforce requirements for IPC teams across Wales. The recommendations from this group will outline the “ideal team” in an attempt to build multidisciplinary teams who are appropriately skilled and resourced to drive and deliver the IPC agenda across Wales. The ongoing response to the Covid-19 pandemic and staff shortages within the IPC team has hampered the pace of improvement work aimed at reducing healthcare associated infections.

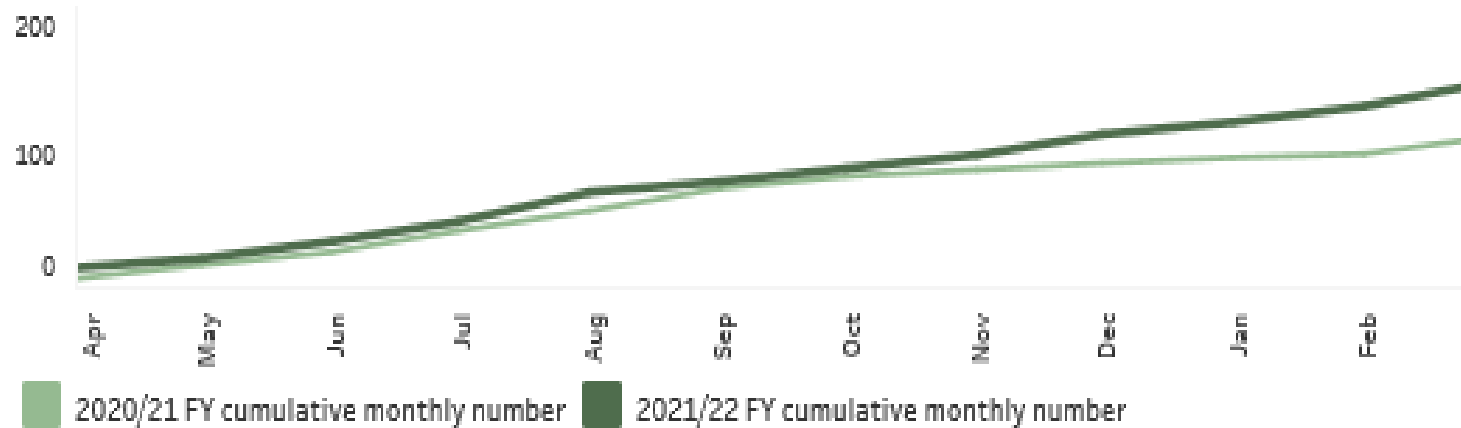
The IPC team is working collaboratively with the ILG’s to improve the investigation and Root Cause Analysis (RCA) process for C. difficile, IV line associated bacteraemia, urinary catheter associated bacteraemia and other documented preventable infections. Learning is shared with clinical teams to inform and influence practice.

The IPC team has reintroduced face-to-face IPC training sessions, which includes donning/doffing Personal Protective Equipment (PPE) in line with national guidance. The IPC team are planning to roll out ANTT across Bridgend ILG and increase the number of Aseptic Non Touch Technique (ANTT) assessors available in RTE and MC ILG. Assistance has been requested from the ILG medical directors to improve engagement and compliance of IPC and ANTT training amongst medical colleagues. Unfortunately, the IPC team did not manage to complete the audit program for 2021/22. Audits were conducted in the majority of inpatient areas and audits that were not completed will be prioritised for the upcoming financial year.

Planned improvements to the IPC services –

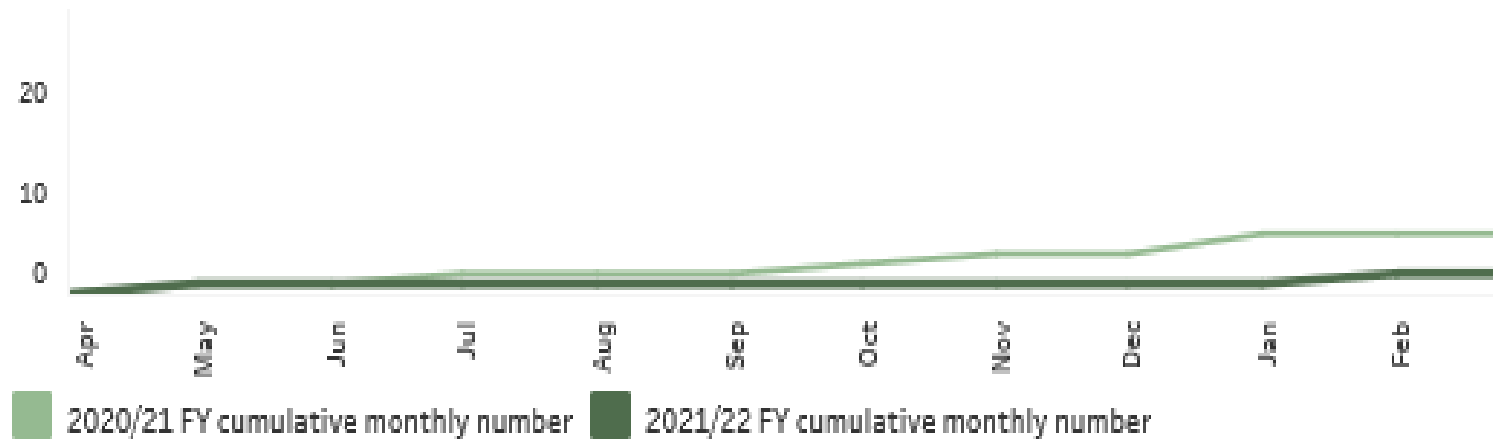
- Develop a business case for a dedicated IPC resource for primary care.
- Initiate improvement work to reduce health care associated infections.
- Develop IPC team structure in line with recommendations from HEIW Task & Finish Group.
- Lead IPC Nurse to meet with the ILG Nurse Directors to strengthen the RCA process.
- IPC team to complete audit program for 2022/23.
- IPC team to roll out ANTT in Bridgend Locality and arrange refresher sessions for Rhondda Taf Ely and Merthyr Cynon.
- Continue to support the respiratory/non-respiratory pathways, testing framework and Covid-19 response.

Cwm Taf Morgannwg University Health Board cumulative monthly numbers of C. difficile for April 2021 to March 2022 against the equivalent period in 2020/21



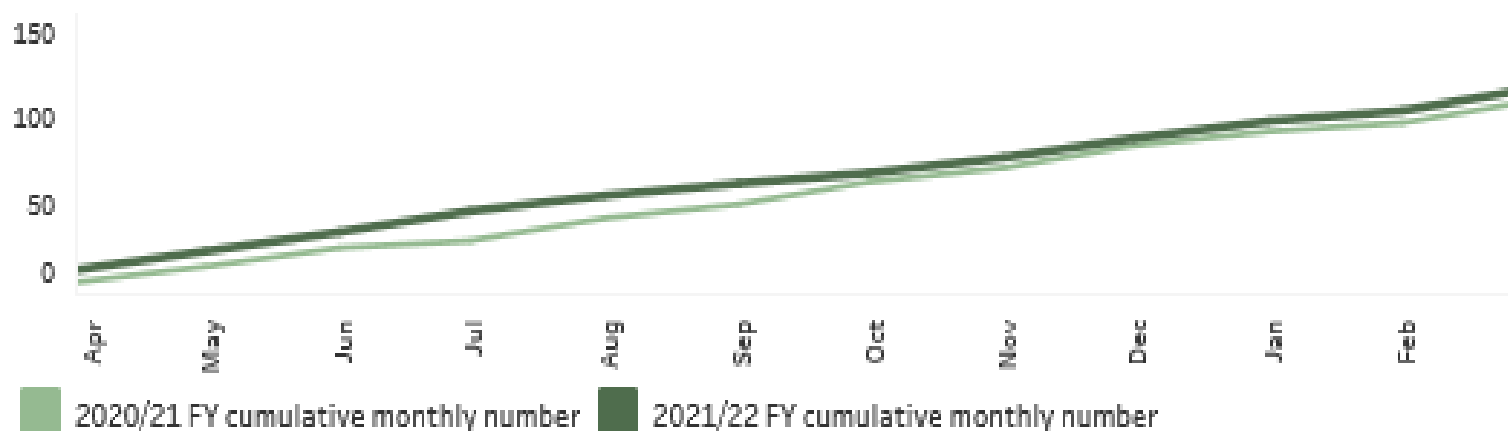
Data run on 07.04.22

Cwm Taf Morgannwg University Health Board cumulative monthly numbers of MRSA bacteraemia for April 2021 to March 2022 against the equivalent period in 2020/21



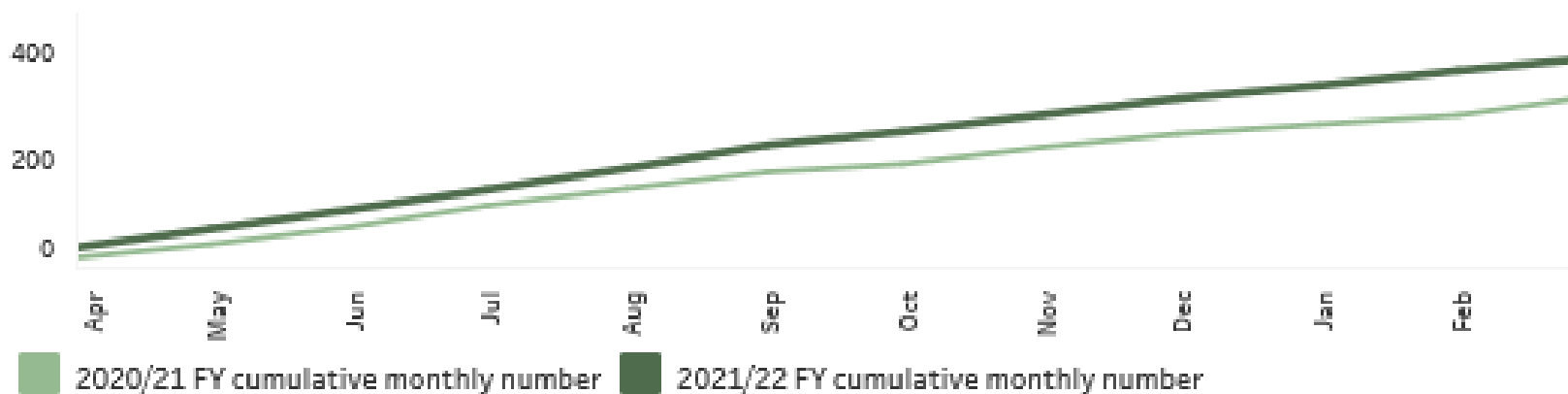
Data run on 07.04.22

Cwm Taf Morgannwg University Health Board cumulative monthly numbers of MSSA bacteraemia for April 2021 to March 2022 against the equivalent period in 2020/21



Data run on 07.04.22

Cwm Taf Morgannwg University Health Board cumulative monthly numbers of E. coli bacteraemia for April 2021 to March 2022 against the equivalent period in 2020/21



Data run on 07.04.22

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 79%.

Average Length of Stay:

The ALoS has decreased to 5.5 days in March 2022 compared to 5.6 days in January 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:

Overall mortality rates continued to fall following the second COVID wave from 2.88% in March 2021 to 2.69 for July 2021 and 2.73% for August 2021. There has been an increase in mortality during the months of January 2022, 3.54% and February 2022, 2.80%. March 2022 data was not available at the time of the report.

Primary Care Metrics

Further work is ongoing to develop meaningful community/primary care data. Primary and community care is central to legislative drive for health improvement and population well-being and this requires more sophisticated indicators of quality, safety and person experience. These are being reviewed and re-designed in conjunction with the three locality Groups and Service Group Directors to attempt parity with the assurance measures of secondary care provision. Covid-19 has significantly impacted on how primary care is working at present however progress is being made in the development of specific subgroups in order to maximise the opportunity for learning, action and continuous improvement of all the services. Monthly Quality Assurance meetings are being put in place for the review of Primary Care contractor incidents and complaints. This will enable themes and trends to be identified, along with building capacity for inclusion and shared learning.



Indicator Description	Apr-21	May-21	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	March 2022	Trend
Community Care Metrics													
District Nurse treatments	34258	35911	36262	35675	35522	35174	35938	36724	37313	36097	32687	36328	
Referral to At Home Services (All Referrals)	124	107	116	116	120	98	96	103	102	108	101	128	
Maesteg Hospital (ALOS)	0	0	0	0	0	0	0	0	0	0	0	0	
Ysbyty'r Seren (ALOS)	39	26	44	22	27	32	57	43	39	42	55	99	
Ysbyty Cwm Cynon (ALOS)	36	40	41	59	48	46	49	55	61	55	74	54	
Ysbyty Cwm Rhondda (ALOS)	43	59	54	59	66	54	70	58	58	82	69	75	
Palliative Medicine, Bridgend (ALOS)	20	13	16	32	18	18	18	13	13	25	27	14	
Palliative Medicine, Pontypridd/RGH (ALOS)	9	9	8	8	8	14	8	7	9	18	11	8	
Palliative Medicine, YCC (ALOS)	32	28	14	28	22	41	23	24	13	9	26	18	

Data run on 07.04.22

District Nurse Treatments and at Home Referrals:

District Nursing Services report an increase in activity and visits in February and March 2022. In line with this general increase, the number of palliative care visits and visits to continuing healthcare patients also increased in number. Maintaining the quality of care being delivered has been a challenge due to a combination of both an increase in demand and increasing staff absence, mainly due to a resurgence in COVID transmission during this reporting period. District Nursing teams are mitigating against this by working closely together to share the risk and continue to deliver a high quality service across CTM.

GP

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

Community Hospitals Average Length of Stay (ALoS):

YCR

The average length of stay for patients in YCR has significantly increased again due to the extremely limited community resources to allow the patients to be discharged i.e. packages of care, care home availability, in particular EMI nursing beds, housing issues, court of protection delays and meeting the complex needs of non-weight bearing patients.

YCC

There has been a decrease in average length of stay from 74 days in February 2022 to 54 days in March 2022. There is still a high number of patients on site 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 a recent DU review.

Palliative care inpatient beds

The average length of stay for patients has decreased, this is reported to be as a result of swifter discharges or unfortunately, patients decease.



Indicator Description	Apr-21	May-21	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	March 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	
Number of restraints	27	37	16	49	35	35	44	46	35	20	12	13	
Number absconding from wards (overall not just detained)	24	16	27	34	23	25	20	25	21	18	23	25	

Data run on 07.04.22

Number of 136 Assessments in Police Cells:

Pleasingly 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).

Number of Restraints:

Restraints for this month remain at the low. No discernible trends noted and all incidents reported and reviewed by the mental health teams. (All Mental Health Localities included).

Absconding Incidents

During February 2022 and March 2022, a total of 48 absconding incidents were reported. The highest number of incidents reported were for Emergency Care Centre at Prince Charles Hospital (13), Ward 21 at the Royal Glamorgan Hospital (6) and Enfys Ward in Ty Llidiard (4). 1 incident was reported as resulting in moderate harm, which related to a patient absconding over night from the Emergency Care Centre at Prince Charles Hospital.



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.

- The organisation has will implemented the RLDatix 'Once for Wales' incident module from 1st April 2022, with the previous Datix system available for a limited period to allow for closure of open incidents entered onto the old system.
- The organisation is preparing for a new operating model and during this time of change, it is important that quality and patient safety remains the priority throughout. Line of sight and assurance on the breadth of services must be maintained through robust reporting systems and triangulation of data.
- A revised Quality Governance and Patient Safety framework will be required to set the standard for quality, safety and assurance of health board services. A Quality Strategy is in draft and will be presented to the next Committee for approval; this will clearly set out the quality priorities for the Health Board and its stakeholders, facilitating high expectations for care and service delivery.
- A new Quality Assurance Group is planned to support the strategic oversight and operational delivery of quality services and facilitate assurance reporting to the Quality and Safety Committee. The purpose of the Quality Assurance Group will be to receive assurance that high standards of care are provided throughout the organisation, and in particular, that adequate and appropriate governance structures, processes and controls are in place. The inaugural meeting is planned for the 29th June 2022 and will interface with the Shared Listening & Learning Framework and Forum to ensure learning, sharing and improvement opportunities are maximised and coordinated.
- Quality strategy and identification of priorities for the Health Board. Suggest that a '*spotlight on...*' a priority thematic area for the UHB such as pressure damage is included Q&S reports. A Falls Prevention report is presented at this committee for noting.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	This report outlines key areas of quality across the Health Board.

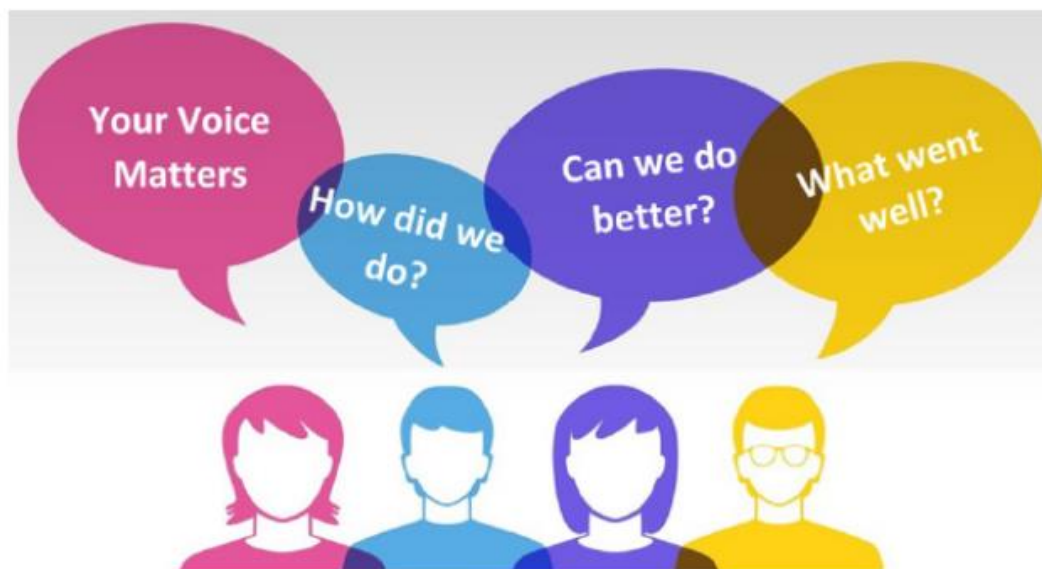


Related Health and Care standard(s)	Governance, Leadership and Accountability
	This report applies to all Health and Care Standards.
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) 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.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	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.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

Members of the Quality & Safety Committee are asked to:

- 5.1 **NOTE** the content of the report
- 5.2 **DISCUSS** the content of the report and flag areas (if not already identified) where further assurance is required
- 5.3 **NOTE** the risks identified
- 5.4 **SUPPORT** the direction of travel in developing a wider reach of quality reporting and locality based assurance reports



Patient Experience Activity Period February 2022 – March 2022

Engagement with our communities and stakeholders remains a key element for the Patient Experience Team and the utilization of a number of different avenues continues to enable the Health Board to support patients, families, carers and staff alike to ensure the services we are providing continue to grow to support our communities.

Patient feedback system (Civica) is an important element of this. Following the launch in January 2022, the feedback received from the public continues to increase. The Health Board has in place various methods of engagement ensuring that the public can have a voice, for example : Have your say posters with QR codes on display across the Health Board, as well as paper format have your say cards in conjunction with electronic surveys. The support within the acute sites continues to grow with the PALS service within some of the acute sites actively sourcing patient feedback to inform the Health Board's service improvement work being undertaken.

Feedback is still received via concerns, incidents, Community Health Council and various third sector stakeholders to ensure we have as detailed a picture as possible.

The Patient Experience Team also encompasses a number of departments that provide support and an overview is detailed below-

Carers

Carer's co-ordinator is currently delivering Agored training to seventeen learners (face to face and online). Four of which have completed the course and waiting for certificates to arrive from Agored. Training was delivered to six learners from Citizens Advice Bureau, Merthyr Tydfil. They are now half way through the qualification. A further six members of staff from the Mental Health Unit, Royal Glamorgan Hospital have also commenced training.

Carer's Steering Group continues to meet with stakeholders and Local Authority representation to look at support required within the community setting.

Carer's Co-ordinator has liaised with Head of Nursing in Prince Charles Hospital (PCH) and will be attending the 'safe to start' meetings, this will give an opportunity to explain the role within the Health Board and how staff can refer carers for support.

Funding has been provided for nine creative art sessions, which will be delivered throughout the region to support carers.

Meeting held with Twynyrodyn Community Hub and arranged to deliver five Carer workshops. This will be an opportunity to meet Carers, understand their challenges, offer support and signpost. In conjunction with an opportunity to promote the patient feedback system in place.

Funding has also been agreed to print an additional 5000 GP Carer leaflets and 100 Carer A-Z guides to enable the Health Board to provide up to date information to carers.

Chaplaincy Services

Significant Spiritual and pastoral care

Patients	Relatives/Carers	Staff	Religious Rites	Out of hours requests
202	69	239	115	10:5 hrs

Out of hour's requests

Chaplaincy have continued to work with the ITU family liaison bereavement team to support patient's relatives who have passed away in ITU in Prince Charles Hospital (PCH) and Royal Glamorgan Hospital (RGH). We officiated for the Health Board's hospital contract funerals and two foetal collective cremation services.

Follow up from our Bereavement through Art workshop for staff has taken place 'in person', for the three Integrated Locality Groups to ensure ongoing support.

We have continued to deliver 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 in order to help their wellbeing and enable them to know how to look out for spiritual distress within our patients. This has been given to student nurses working within CTMU HB during this time frame.

The department offered support to staff within one department due to a death in service, this included officiating at the virtual funeral service shown on site. We led a minutes silence on each acute site as we raised the Ukrainian flag to show support to our colleagues, patients and community that have been personally affected by the war. Two chaplains played a part in the dedication service for COVID remembrance services on RGH and POW sites.

During this time frame our chaplains were invited to support and officiate an emergency wedding on one unit. Unfortunately the patient became too unwell to complete the paperwork required for a legal marriage so the Chaplain's, and unit, adapted quickly to provide the couple with a wedding blessing of intent. We also had a request to sit with a patient, in a ward manager's office, and give support as we watched the livestream of their spouse's funeral. It is such an honour to be invited into such difficult, emotional moments for those in our care, and it is wonderful to see how the staff in our Health Board go above and beyond to give much needed spiritual care at such times.

Volunteer Service

Our previous reports have showcased the innovative ways in which our volunteers have offered their support and continue to be extremely enthusiastic, committed and dedicated to the volunteer service.

The following provides an overview of current volunteer service activity during February - March 2022.

Current activity

- During February – mid March 2022 volunteers continued to provide meet & greet support to 4 vaccination centres across CTMU HB. Undertaking 2 -3 shifts per day and over a 5 – 7 day period dependent on the weekend clinic situation. Since the closure of 2 of the centres on 18th March 2022 volunteers continue to provide support to the centres at Bridgend and Merthyr Tydfil along with cover for 2 of our drive through sites. Volunteers are recognised for the incredible contribution they make, which is integral to the success of the vaccination programme and to date have around 77 committed and dedicated active volunteers.

Appendix 1



- The volunteer service continues to regularly meet (virtually) with the All Wales Volunteer Managers Network which provides an opportunity to share current volunteer activity. Networking with other Health Boards is vital in terms of sharing individual Health Board activity and projects. Recent discussions have been around the End of Life Companions Volunteer project, the introduction of hospital volunteers and government guidance regarding covid restrictions.
- The volunteer service continues to support active volunteers to become more digitally minded by holding catch up/information sessions. The live sessions cover a variety of topics from wellbeing, Arts, crafts & communication.
- We continue our joint digital work with primary and secondary care in terms of the Education Patient Programme (EPP) and Dietetics & Nutrition Teams. Health Board volunteers have been instrumental in offering additional support for attendees with advice and guidance on the use of technology and to ensure participants are able to attend on line courses.
- Discussions are ongoing with the Primary Cares Wellness Improvement Service (WIS). The initiative forms part of the NHS post COVID-19 Planned Care Recovery programme and objectives defined by CTM'S Integrated Medium Term Plans. The purpose of the project involves volunteers providing support to the coaches with setting up of rooms, handing out course materiel, scribing and supporting participants whom may be struggling with sections of the course. Over the past, few weeks volunteers have attended mock virtual sessions delivered by wellness coaches and feedback evaluation forms have been completed and shared with the team. Plans are to launch the WIS project over the next few weeks and currently awaiting confirmed dates and venues for classroom sessions and additional virtual sessions.
- The success of our digital support work and involvement with Digital Communities Wales (DCW) has allowed volunteers to take part in annual reviews requested by Welsh Government. Moving forward discussions have taken place during February and plans are in place for DCW to deliver additional training for volunteer service staff and volunteers including Teams, Microsoft abilities and on line security. Our continued partnership working with DCW has been integral in terms of delivering additional and relevant bespoke training opportunities.
- Fortnightly arts and crafts sessions have continued to take place following strict covid 19 guidance. The sessions offer an opportunity to

learn new skills and share ideas on how we will be able to support, stimulate and enable patients through various arts and crafts for future projects. Discussions have taken place with Ysbyty Cwm Cynon and Ysbyty Cwm Rhondda and delivery of twiddle muffs and blankets will be taking place during May 2022.

- A number of volunteers have continued to take part in supporting the chaplaincy team with creative well-being sessions held virtually and at sites across CTM around 'Loss' with the focus being to support staff with mental health wellbeing during the pandemic. Discussions will be ongoing to review potential future dates for these sessions
- Several meetings have taken place (virtually) with the site manager at DSHP and a tour of the new health park has been undertaken. Expressions of interest were sent out in March 2022 and several volunteers have responded and are keen to support the meet and greet project. During April 2022, an induction session will be undertaken with potential health board volunteers and discussions will be on going to confirm shifts in order to provide a Monday – Friday 9am – 5pm front of house cover.
- Meetings have been on going with the chaplaincy team and senior nurses regarding the launch of the end of life companion volunteer project and additional training has taken place during March 2022, which includes spiritual care and end of life support. Plans are to confirm additional training dates for additional volunteers interested in the project and finalising details for the launch in May 2022 during dying matters week. Discussions will be arranged during April to plan ahead regarding PR and Comm's support in terms of promoting this unique project.
- Plans for the proposal and timeframe of restarting work experience have still not been confirmed. This has led to the volunteer service receiving a constant stream of enquiries from people looking for work experience and educational placements. Invites will be sent again to establish the current position in terms of work experience and appropriate contact details.
- We continue to engage with our local community volunteer centres (CVC's) and other third sector organisations to explore current activity and opportunities to work in partnership moving forward. Plans are in place to meet with Interlink during April 2022 to discuss the situation in terms of their current volunteering opportunities and to provide an update on CTMUHB volunteering activity.

Veterans

Patient Experience Manager continues to maintain a presence on the Cwm Taf Armed Forces Covenant Panel to ensure engagement with the community the Health Board supports.

The Health Board is reviewing the processes in place to look at how we facilitate referrals to services in line with the Armed Forces Covenant.