



AGENDA ITEM

6.4.3

QUALITY & SAFETY COMMITTEE

QUALITY AND SAFETY REPORT FOR MERTHYR CYNON LOCALITY

Date of meeting	(24/05/2022)
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Victoria Healey Head of Quality & Patient Safety
Presented by	Richard Hughes, ILG Nurse Director, Merthyr & Cynon
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
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 31/03/2022	ENDORSED FOR APPROVAL

ACRONYMS

CHC	Community Health Council
CTMUHB	Cwm Taf Morgannwg University Health Board
ED	Emergency Department
HIW	Healthcare Inspectorate Wales
HSE	Health and Safety Executive



AmAT	Clinical audit assurance software for quality improvement
ILG	Integrated Locality Group
NRI	Nationally Reportable Incident
LRI	Locally Reportable Incident
OFW	Once For Wales
PHW	Public Health Wales
DoN	Locality Director of Nursing
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 1st 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

- 2.1 The ILG remains committed in supporting the Health Board's Quality Governance Framework in the current and new operating model, developed to address a community focused and clinically led approach. The Governance Framework reflects that quality and patient safety must be the focus in all our activities, and that the ILG triumvirate share the responsibility for the delivery of high quality, safe services at every level.
- 2.2 Challenges in recruiting to the agreed staffing level from the initial calculation mean that the nurse staffing level will remain the same; all posts are out to advert and work continues with the university.
- 2.3 Incidents of Moderate harm and over for Pressure Ulcers and falls are reviewed by quality assurance scrutiny panels. The ILG Director of Nursing (DoN) has requested a brief on improvement work to date to further understand if there is a potential need for a falls reduction improvement group approach.
- 2.4 There has been an increase in 41 pressure damage incidents being recorded, they were identified as developed outside of the hospital setting with district nursing input. 5 hospital acquired pressure damage incidents were reported as grade 3, there were no Grade 4 hospital acquired pressure damage incidents reported during Feb-22 and Mar-22. Falls remain consistent, no inpatient falls reported as resulting in severe harm or death for last Quarter. The highest incidences were recorded on Seren Ward Mental Health. A review is scheduled to take place by the ILG DoN on Seren Ward to understand the baseline risk associated with a clinical unit managing complexities in dependency and cognitive impairment in relation to falls and associated harms.

External quality assurance

- 2.5 To await the final report to be published by the Delivery unit (DU), they undertook a review of patient flow across PCH and YCC. A number of issues have been identified in relation to MCA assessments and evidence of cognitive decline/deconditioning due to absence of robust Home first and D2RA pathways across MC ILG. An improvement plan was developed and weekly meetings are held to discuss actions and progress.

- 2.6 Neonatal Deep Dive report into care and treatment in Prince Charles Hospital (PCH) was published on 10th Feb 2022. Staff briefings held in both PCH and POW prior to the release of this supported by the NNI and CSG management team. Whilst the deep dive was undertaken in PCH the focus of the improvement work is across both sites. Subsequent visits undertaken by IMSOP to Neonatal sites in March 2022.
- 2.7 Internal Audit reviews are being conducted within the Surgery Clinical Service Group with regards to Clinical Governance arrangements and Risk Management processes. Feedback will be provided in future reports.
- 2.8 Welsh Risk Pool has provided CTMUHB with a deadline of 1st June 2022 to complete the historical outstanding Learning From Event reports (LFEs). A huge effort has been made to complete this task however further work is required to meet this deadline. Weekly progress meetings have been set up and further training has been offered to all the CSGs by the claims team.
- 2.9 Maternity services have been supported by the central quality and patient safety team and the Delivery Unit to provide scrutiny and assurance to Welsh Government in the management of Serious Incidents. These have all been completed at the end of March. The focus will now be on feeding back to families and staff, and disseminating the learning amongst staff.

- 2.10 The action plan from HIW's October 2021 inspection of Emergency Department in PCH arrangements continues to be overseen and great progress has made.
- 2.11 HIW contacted the Health Board on 22nd April 2022 regarding concerns raised in relation to the Clinical Decisions Unit (CDU) and ED at PCH. A response was formulated by ILG HoN and DoN and as a result ILG DoN has commissioned a number of visits by an independent professional to strengthen our programme of staff engagement. The ILG DoN is currently working with the independent colleague on the terms of reference and appropriate governance channels for feedback with the aim of commencing week commencing 9th May 2022.

Furthermore, the ILG have reached out to the CHC in seeking to establish a series of visits to further assess our patient experience and clinical services and environment offer. Through triangulating our approach to staff and patient engagement, the ILG DoN is confident of the benefit this will add to the culture and leadership work underway being facilitated by our human resource and organisational development team.

Internal quality assurance

- 2.12 Patient Safety checklists have been implemented in the Emergency Department at PCH since 25th October 2021-Intentional Rounding of all major patients (8 in total) the data is collected using AMaT. Compliance on the whole markedly improved with some poor trends identified which are actioned immediately. March 2022 and it was identified that there was an improvement again just above 70%. However, the intention is to ensure the compliance improves to 90% and above.



- 2.13 The Partnership and Dignity visits by our Independent Members and Executives recommenced in November 2021-attending ED providing quality intelligence and a further method of triangulation. A visit was undertaken on the 29th March to CCU, Ward 9 and OPD with positive feedback from both visits. The ILG welcomes the visibility and oversight these provide.
- 2.14 Annual audit programme review group is being devised as requested by the ILG DoN to review incidences of infection, potential trends against best practice guidance and potential causative or contributory factors.
- 2.15 The ILG DoN has requested a collegiate review and report on current provision of sepsis care both at the front door and within the inpatient areas. This will be to understand the dataset available and to seek assurance over a consistent approach to benchmarking attainment against aspects of sepsis care. There is a need to understand at which point in the care for sepsis is deficient in order to take a targeted approach to improvement.
- 2.16 There is ongoing concern relating to the functionality of Datix Once for Wales (OFW) Feedback module which has not been resolved at national level. The launch of the incident module on 1st April 2022 has provided challenges with regards to data and reports. These are overseen by the OFW Project Oversight group.
- 2.17 The Dementia Work in line with Improvement Cymru continues, with the launch of the New Patient's Charter on the 6th April 2022. ED is an area of concern that is requiring intense intervention at present, however this will improve when the Covid-19 pathways change and we are able to re-establish the quiet areas for those patients waiting with a cognitive impairment.
- 2.18 Monthly Senior Nurse Meetings have been restarted which supports the Governance Framework within the ILG. The quarterly Patient Safety and Governance meetings recommenced in January 2022 and include attendances from the CSGM's.
- 2.19 The Cancer Harm Reviews have been commenced in MC ILG, the first meeting was held on the 6th April 2022 and supported by the CSG Manager for Surgery and the Head of Governance.
- 2.20 The ILG are to undertake a new approach to monitor progress and quality of the risk register entries with a development of a risk and compliance group co-chaired by DoN and Director of Operations (DoO). Both the ILG DoN and DoO will be aiming to finalise the terms of reference and define the meeting output over the following days with the aim of launching week commencing 23/05/2022.



Patient Experience

- 2.21 Patient liaison officers (PALS) have been in post since February 2022 within MC with main focus to obtain live patient experience data within all our operating services. In February and March a total of 110 early resolutions (ER) have been managed resulting in no ERs being escalated to a formal concern. We continue to have positive feedback from the CSGs and the PALS presence in the departments has been welcomed. Following the HIW concern received we have now agreed to provide a programme of intensive support within these areas and provide PALS visits on an every other day basis.
- 2.22 The 30 working day complaints response rate has increased to 71% for March 2022 which has been the highest within Merthyr & Cynon ILG since July 2019. This has been largely as a result of collaborative working with the Governance teams and the Clinical Service Groups.
- 2.23 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 Staff wellbeing, embedding CTM UHB's culture and values along with strong leadership across each ward and department is key to our current position. Bespoke Workforce & OD support is currently available to all of the ILG teams to support this element of our work.
- 3.2 There have been recent communication from HIW in relation to care and experience concerns within the ED, CDU and Ambulatory Care Unit, received from relatives. The ILG will continue to focus attentions on staff and patient engagement as well as ensuring clinical quality through audit and visible leadership. Furthermore, the ILG Directors with support from the Executive Director of Nursing will be meeting our HIW colleagues on 5/5/2022 to strengthen our engagement and provide the necessary assurance and reassurance going forward.
- 3.3 The first part of the Ground & First Floor Project in PCH work has to be undertaken within the ED to install structural bracing requirements. This work will start on the 3rd May 2022 and will be in 5 phases over 12 weeks. This work will reduce capacity by up to 17 patients in the department and potentially put both patients and staff at risk of harm due to a reduction in flow and inability to receive monitoring and ongoing treatment in this clinical area. Escalated to Risk Register with a current rating 20.
- 3.4 The ILG DoN is engaged with CTM and Public Health colleagues on the issues pertaining to acute and rehabilitation service availability. The ILG is committed to being an active participant in the development and sustainability of stroke services across CTM.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	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.
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.