AGENDA ITEM
6.4.4

QUALITY & SAFETY COMMITTEE

QUALITY AND SAFETY REPORT FOR RHONDDA & TAF ELY LOCALITY

Date of meeting	(24/05/2022)
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	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 02/05/2022	ENDORSED FOR APPROVAL

ACRONYMS	
CTMUHB	Cwm Taf Morgannwg University Health Board
DHCW	Digital Health and Care Wales
ED	Emergency Department
HIW	Healthcare Inspectorate Wales
ILG	Integrated Locality Group

LRI	Locally Reportable Incident
MHRA	Medicines and Healthcare products Regulatory Agency
PCH	Prince Charles Hospital
PHW	Public Health Wales
PSOW	Public Services Ombudsman for 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 dashboard has been developed to provide standard quality and safety metrics and consistency of reporting across all three ILGs.

1.2 Scrutiny panels are working effectively through pressure ulcer and falls incidents and this is reflected in high numbers of LRI reporting from the ILG.

1.3 The successes in pressure damage prevention on Wards 8 and 20 (both having not had an 'avoidable' pressure ulcer in more than a year) at RGH was shared at RTE QSRE to support adoption and spread of good practice across the Acute site. The 'pressure ulcer champions' on these areas have worked hard to engage staff, obtain specialist support and equipment and celebrate successes.

1.4 The ILG notes the increase in referrals to the PSOW. A deep-dive of the available data is planned once there is capacity in the Central and Datix teams to better understand the final outcomes of these cases and place the referral numbers into context of the number of responses provided.

1.5 RTE ILG will be moving to record compliments onto the new Datix Cymru Feedback module to ensure numbers for future reporting will therefore be accurate. Compliments are always shared directly with the staff and services mentioned and are an important source of positive feedback for boosting workforce morale and recognising excellent care.

1.6 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

1.7 The MHRA undertook a planned inspection of the Blood Bank service at PCH on 31 March 2022. The findings have been communicated to the Health Board and a formal response and action plan developed and submitted which has been accepted by the MHRA inspector. The monitoring of the action plan will be via the ILG Quality and Safety Group with an update included in this report on completion.

1.8 The Health Board received a Regulation 28 report (Prevention of Future Deaths) in regard to the sad passing of a patient following an antibiotic prescribing error. The required actions have been carefully considered and require All-Wales solutions from DHCW. A response from the Health Board has been submitted by the Medical Director to this effect and to provide further assurance on the improvement measures taken.

1.9 No feedback has yet been received on the Internal Audit reviews that took place in relation to ILG Clinical Governance arrangements and Risk Management processes.

1.10 The Cancer Harm review process continues to be completed, although there are difficulties within specialities such as Urology, due to the volume of reviews required and in completing these in a timely manner. A small number of Urology and Breast harm reviews identified Moderate harm cases but on further investigation, the delays were patient initiated and no breaches of duty were felt to have occurred.

1.11 RTE ILG has been selected to host the Health Board's Nosocomial Covid-19 incident management team. A separate paper has been submitted to update the Committee on this work programme.

Internal quality assurance

1.12 There have been no Executive 'walkarounds' since the last Committee however senior clinical and ILG leadership visit clinical areas on a regular basis to monitor standards of care and receive in-person assurance on the quality of services.

1.13 A large number of LRIs relating to unavoidable falls and pressure damage have been submitted as scrutiny panels address backlogs of cases.

1.14 The RTE QSRE group values the shared learning from non-reportable incidents. There is evidence of proportionate approaches to incident investigation being used and this is generating improvements such as changes to the Pathology systems for registering twin births and procurement of coercive control training for Mental Health services as well as improving the Health Board response to patients and families involved in these incidents.

1.15 There is ongoing concern relating to the functionality of Datix Cymru Feedback module which has still not been resolved at national level. These are ongoing issues since its launch in June 2021.

1.16 The Health Board launched the Datix Cymru Incidents module on 1 April 2022. Whilst initial 'teething problems' were anticipated, there is again, a significant loss of functionality in comparison to the previous system. This presents a risk to the organisation in terms of incident management and data availability.

1.17 A specific update was requested by the Committee on how high levels of demand are being addressed in Radiology services. The following measures are all being proactively utilised with signs of gradual improvement in backlogs and maximising all possible resources. This is being done through additional clinics, locum appointments, clinical validation of waiting lists, outsourcing and alternative contracting arrangements and the use of additional mobile scanners. The constraining factor in all of these measures is the availability of a suitably skilled workforce. The ending of double-time enhanced rate payments in early May 2022 presents an additional challenge. The Committee should be assured that all patients requiring Radiology diagnostics as part of the Single Cancer Pathway are closely tracked and not waiting beyond 20 days.

1.18 An overview was also requested in relation to Mental Health waiting times. Within RTE, the Mental Health CSG report concerns over waiting times for psychiatric diagnosis in Memory Assessment Services and for ADHD and ASD. There are also undue waits for psychiatry review in Primary Care Mental Health Services. Local proposals are being developed for these services utilising skill mix adjustments to achieve reductions in wait times. Shortages in the Psychiatric workforce is recognised as a risk for the ILG and was previously escalated to the Organisational Risk Register although recent mitigations have successfully reduced the risk score slightly.

Patient Experience

1.19 The 30 working day complaints response rate continues to be of concern. The number of open complaints in the locality has decreased by 29% since the last meeting but this has adversely affected the 30 working day compliance score which stood at 38% in March 2022.

1.20 The reduced compliance rate is due to the initial impact of introducing a more effective triage function within the ILG. This means that the numbers of Formal complaints logged has reduced significantly over recent months as the teams manage complaints more effectively and promptly through the 'Early Resolution' route. The initial impact is that there are fewer in-date complaints to offset the overdue ones, but in time this will create a more efficient complaints service for those service users wishing to raise concerns. This has been possible due to senior support being allocated to triage and scoping functions and the team structure has been reconfigured to accommodate this arrangement.

1.21 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.

1.22 Civica questionnaires are live for the RGH Heart Failure team with several other clinical areas in discussions with the project team to access and maximise the benefits of the system. The ILG looks forward to receiving valued patient and visitor feedback in future.

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

3.1 The loss of functionality and increased risks associated with the Datix Cymru system across all its modules.

3.2 The recognised need to improve on the timeliness of complaints management.

3.3 The progress being made to recruit to and establish 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 all 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.