



AGENDA ITEM

6.3.2f

QUALITY & SAFETY COMMITTEE

**HIGHLIGHT REPORT FROM THE MENTAL HEALTH AND LEARNING
DISABILITIES CARE GROUP QUALITY & SAFETY COMMITTEE**

DATE OF MEETING

16th March 2023

PUBLIC OR PRIVATE REPORT

Public

**IF PRIVATE PLEASE
INDICATE REASON**

Not Applicable - Public Report

PREPARED BY

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Community and Mental Health Care Groups

PRESENTED BY

Ana Llewellyn, Nurse Director, Primary
Community and Mental Health Care Groups

**EXECUTIVE SPONSOR
APPROVED**

Greg Dix, Executive Director of Nursing

REPORT PURPOSE

NOTING

ACRONYMS

HIW	Health Inspectorate Wales
POW	Princess of Wales
SBAR	Situation Background Assessment Recommendations Report
SIF	Service Improvement Fund
WCCIS	Welsh Community Care Information System

1. PURPOSE

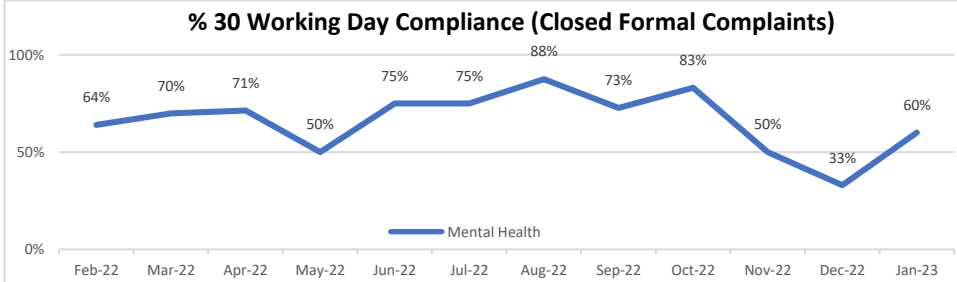
1.1 This report had been prepared to provide the Committee with details of the key issues considered by the Mental Health and Learning Disabilities Care Group at its meeting on 1st February 2023.

1.2 Key highlights from the meeting are reported in section 2.

1.3 The Committee is requested to **NOTE** the report.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	<ul style="list-style-type: none"> • Committee is advised of limited progress towards a Single Clinical Record System (<i>Datix Risk Register ID 3337</i>). A full review of mitigations in place is being undertaken and linked to recommendations in HIW Discharge review. 22/23 new SIF funding enabled operational post and additional quality improvement lead to work on preparation for WCCIS when project of rollout commences. Business case developed and considered by Executive Team but no confirmation of funding source for the project to date. • The limited availability of CPR and other face-to-face training that is outside of the control of the care group is impacting on mandatory and statutory training compliance. • There continue to be Datix Quality and Quality Governance Challenges due to both the implementation of the new datix system and due to operating model changes. The Care Group have been working closely with the central quality and safety team who are progressing alignment of datix hierarchies to the Care Group. The central quality and safety governance team will be aligned to the care group from 1st April 2023. Inaccuracies in data will continue until all of this work is completed.
ADVISE	<ul style="list-style-type: none"> • MHLD Commissioned Services Subject to Enhanced Monitoring <ul style="list-style-type: none"> ○ 2 Low Secure services; Cygnet Kewstoke Milton ward closing with 2 CTM patients with alternative placements identified, Heatherwood Court has Level 2 Performance Improvement Plan monitored by NHS Wales. ○ 2 care homes within CTM; Caerlan Farm LD residential setting and Willows EMI Nursing Home subject to Joint Interagency Management Plan. ○ 1 LD care home Cartref Mynydd residential setting in Cardiff and Vale subject to 'Notice of Improvement' by Care Inspectorate Wales. <p>Progress on these services is monitored through increased site visits (announced and unannounced), participation</p>

	<ul style="list-style-type: none"> Q4 10 70% <p>Part 1b Mental Health Measure CAMHS – Interventions</p> <p>Over 28 days trajectory Performance – intervention started in 28 days</p> <ul style="list-style-type: none"> Q1 160 35% Q2 120 40% Q3 80 50% Q4 40 60% <p>Significant validation process work and the planning of additional sessions for care and treatment planning has been taking place and Part 2 Mental Health Measure CAMHS performance has improved from 37.4% December 2022 to 85.6% in January 2023 with the expectation of achieving and sustaining 90% by March 2023.</p> <ul style="list-style-type: none"> Complaint Closure Compliance is a key priority for the Health Board. Compliance in the MHLDCare Group is currently at 60%. The low volume of formal complaints can artificially skew the reporting and as of 1st March 2023 there are only 2 formal complaints that have not been responded to within 30 days. 																										
	 <table border="1"> <caption>% 30 Working Day Compliance (Closed Formal Complaints)</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>64%</td></tr> <tr><td>Mar-22</td><td>70%</td></tr> <tr><td>Apr-22</td><td>71%</td></tr> <tr><td>May-22</td><td>50%</td></tr> <tr><td>Jun-22</td><td>75%</td></tr> <tr><td>Jul-22</td><td>75%</td></tr> <tr><td>Aug-22</td><td>88%</td></tr> <tr><td>Sep-22</td><td>73%</td></tr> <tr><td>Oct-22</td><td>83%</td></tr> <tr><td>Nov-22</td><td>50%</td></tr> <tr><td>Dec-22</td><td>33%</td></tr> <tr><td>Jan-23</td><td>60%</td></tr> </tbody> </table> <ul style="list-style-type: none"> There are 6 open Nationally Reportable Incidents with 4 of those overdue for completion. These cases are complex and are being actively managed. The data from the central governance team reports that there are 20 open Locally Reportable Incidents. There is further work to validate this figure and monitor the progress against these LRIs. 	Month	Compliance (%)	Feb-22	64%	Mar-22	70%	Apr-22	71%	May-22	50%	Jun-22	75%	Jul-22	75%	Aug-22	88%	Sep-22	73%	Oct-22	83%	Nov-22	50%	Dec-22	33%	Jan-23	60%
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INFORM	<ul style="list-style-type: none"> The 3rd cycle of the LD Inpatient Audit has been completed with CTM returning 25 inpatients at time of the audit, which is an increase of 4 since the previous quarter. Increase is result of revised scope of the audit. Delivery Unit 																										

	<p>plan to undertake a deep dive into 40% of the patients with the longest delayed transfer of care.</p> <ul style="list-style-type: none"> • The repatriation of Community CAMHS to Swansea Bay UHB is progressing as planned and is on track for transfer at the end of March 2023. • The Delivery Unit are currently undertaking a Review of Memory Assessment Services as part of a wider national review. Any recommendations will be monitored via the Care Group QSRE meeting.
APPENDICES	Choose an item.