AGENDA ITEM
6.3

QUALITY & SAFETY COMMITTEE

PATIENT SAFETY & QUALITY DASHBOARD

Date of meeting	16th March 2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Kellie Jenkins-Forrester, Head of Concerns & Business Intelligence Kellie.l.jenkins-forrester@wales.nhs.uk
Presented by	Stephanie Muir, Assistant Director of Concerns & Claims
Approving Executive Sponsor	Executive Director of Nursing, Midwifery & People Services Executive Medical Director
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	Choose an item.

ACRONYMS	
ILG	Integrated Locality Group
CAPU	Community Acquired Pressure Ulcer
NEWS	National Early Warning Score

1. SITUATION/BACKGROUND

This presentation of the Patient Safety & Quality Dashboard to Committee provides data from 01.12.22 to 31.01.23 (where available information is provided to the 28.02.23) taken from systems as on 01.03.23, unless otherwise specified. The Health Board is in the process of transitioning to a new operating model, which requires significant change to data alignment, in addition to introducing changes to the quality governance model and arrangements.

This transition provides an opportunity to review and build upon the structure, format and information contained within the Quality & Safety Dashboard. As a result, this revised iteration will continue to be refined over the forthcoming months to improve data accuracy, enable robust monitoring and provide assurance.

Key areas to note in this reporting period are:

- Approval of CTMUHB Quality & Safety Framework
- Centralisation of Complaints Team with a focus on a robust triage and improving compliance with the 30 working target
- The number of incidents reported has continued the decrease from October 2022 onwards. This is consistent with previous years. The percentage ratio of severe and death incidents has decreased following a rise in November 2022.
- Medication incidents reported increased during January and February 2023
- Patient falls remains relatively consistent over the 12 month period
- Healthcare acquired pressure damage decreased during February 2023
- Number of absconding incidents decreased over the last 3 months
- Significant achievement in relation to compliance with Patient Safety Solutions

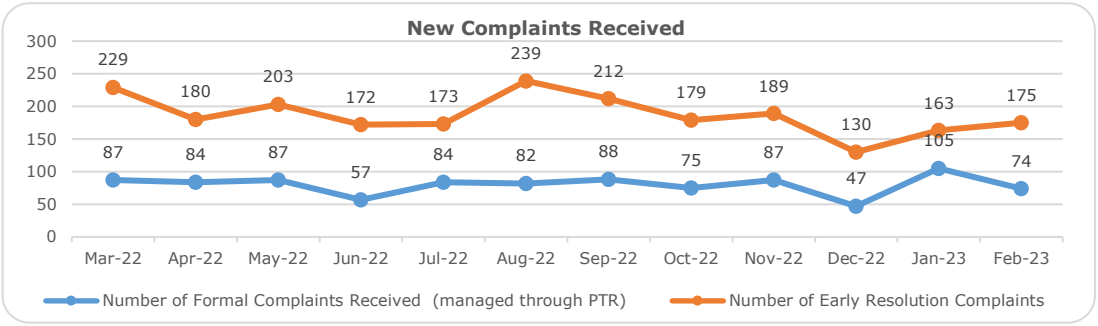
2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Patient / Service User Feedback

Complaints

New Complaints Received

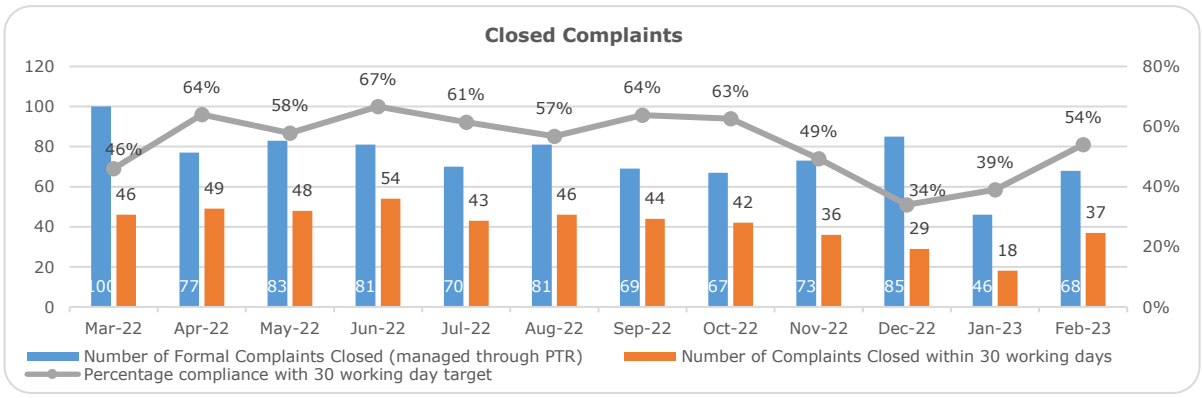
Between the 01.12.22 and 28.02.23 the Health Board received a total of 694 complaints. Of these, 226 were categorised as formal and managed under the Putting Things Right Regulations. Whilst the chart below highlights a significant decrease in the number of complaints received in December 2022, followed by an increase in January 2023, there is no notable deviation from the trend as the number received in February 2023 remains consistent with previous months.



For all complaints received in December 2021, January and February 2023, the top 3 types of complaints received remain consistent with previous months. These relate to Clinical Treatment / Assessment (273), Communication issues including attitude and Behaviour (103) and Appointments (98).

Closed Complaints

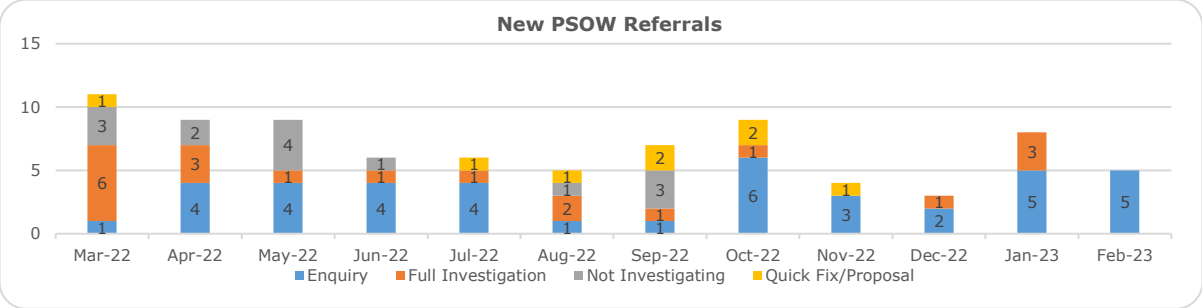
Within the period of 01.12.22 to 28.02.23, the Health Board closed a total of 199 formal complaints (managed under the Putting Things Right Regulations). Compliance with the 30 working day target decreased in December 2022 to 34%. Targeted improvement work has been undertaken which is reflected in the steady increase in compliance during January (39%) and February (54%) 2023.



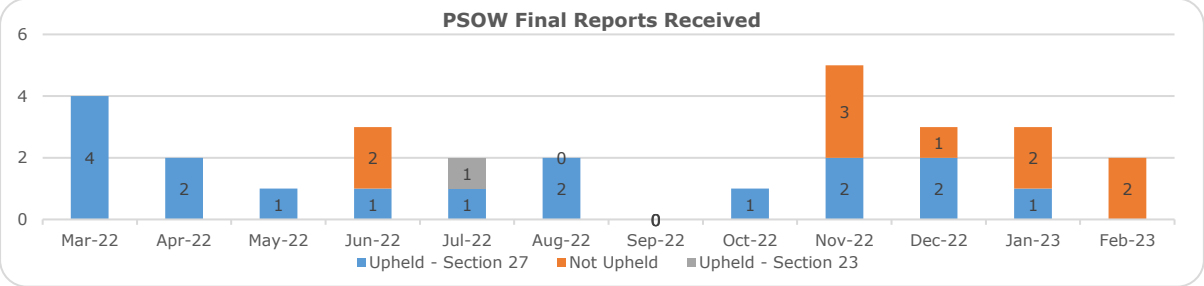
Following the organisational change process, the centralisation of the complaints process took affect from the 13.02.23. Aligned to this, a review of the systems and processes for the management of complaints is ongoing. This includes the standardisation of procedures and templates to ensure a consistent approach is adopted across the Health Board. In addition it is hoped the implementation of a robust triage process will result in a reduction in formal complaints and a rise in early resolutions, giving a better outcome for our patients and their families which directly impact on and further improve compliance with the 30 working day response rate.

Public Services Ombudsman for Wales

The Health Board received notification of 16 new referrals to the Public Services for Ombudsman for Wales (PSOW) between 01.12.22 and 28.02.23. This represents a slight decrease when compared to the previous 3 month period. Of the 16 referrals, 4 were received as full investigations with the remaining 12 managed as enquiries.



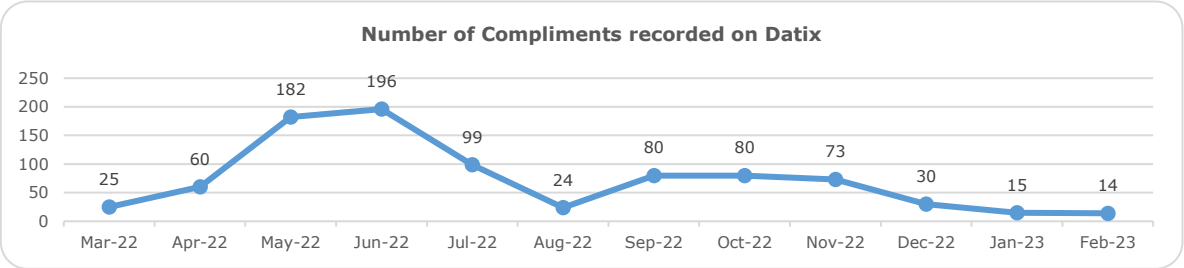
During the same period, the PSOW issued 8 final reports to the Health Board. Of these, 4 were not upheld and 4 were upheld. The upheld reports relate to services provided by Medicine (3) and Mental Health (1).



The Health Board currently has 57 Open PSOW cases, of these 44 are awaiting a response from the PSOW to instigate any further action required.

Compliments

Whilst compliments are received across the Health Board via a number of mechanisms the number of compliments recorded on Datix Cymru has continued to decrease over the 12 month period between 01.03.22 and 28.03.23, this is reflected in the chart below. A total of 59 compliments were recorded during December 2022, January and February 2023, a decrease of 174 when compared to the previous 3 months.



Work is ongoing to review the mechanisms and systems for capturing compliments to ensure a robust process is established to capture, record and report information relating to the compliments received.

Patient Experience Activity

A Patient Experience Activity Report can be found in appendix 1, going forward this information will be integrated into the main body of the report. In addition, a Welsh Cancer Patient Experience Summary in Appendix 2

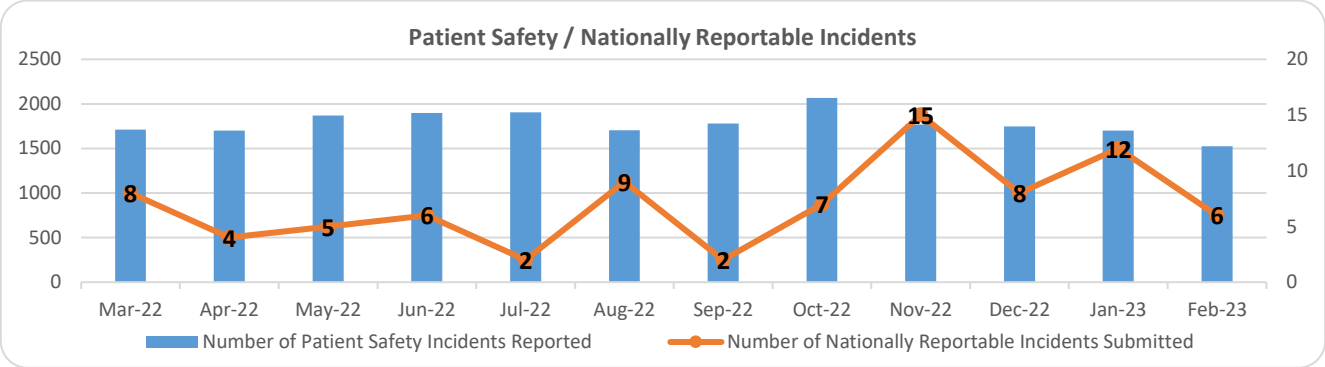
2.2 Patient Safety Incidents

Total Patient Safety Incidents

A total of 5752 incidents were reported between 01.12.22 and 28.02.23, this represents a decrease of 698 when compared with the previous 3 months. The number of incidents reported where the patient is identified as the person affected has continued to decrease since October 2022. Of the 5752 incidents reported, 86% were reported as the patient affected. Of the patient safety incidents, 1.8% (91) were reported as resulting in severe harm (42) or catastrophic/ death (49). It should be noted that the harm is determined the reporter on initial submission of the incident and can be downgraded as further information is obtained and the investigation progresses. This is reflected in that of the 4528 incidents reported between 01.04.22 and 28.02.23, an investigation has been concluded for 2695 incidents and with an outcome severity of severe harm (18) or death (22) determined on 40 incidents. Work is being undertaken on an All Wales basis as part of the implementation of Duty of Candour to capture information in relation to the actual harm caused by incidents in a more robust manner within the Datix Cymru System. This will be reflected in future reports.

Nationally Reportable Incidents

Between 01.12.22 and 28.02.23, 26 nationally reportable incidents were submitted to the NHS delivery unit. No never events were identified in this period. The ratio of Nationally Reportable Incidents to the overall number of patient incidents is demonstrated in the chart below.



It should be noted that Nationally Reportable Incident is presented based on the date the notification was submitted to the Delivery Unit. As a result of this, the increase in both November and January is reflective of the submission of legacy ambulance delays that occurred prior to the reporting period. November 2022 submissions relate to delays that occurred between 28.06.21 and 28.10.22. January 2023 submission relates to delays that occurred between 08.09.22 and 21.09.22. It is anticipated that these incidents will be downgraded following the completion of the review by the Health Board's Multidisciplinary Panel.

Nationally Reportable Incident data is also impacted by the notification of Ophthalmology incidents following completion of the harm review process. As with Ambulance Delays, these cases relate to events prior to the current reporting period but are unlikely to be downgraded.

The type of Nationally Reportable Incident is highlighted in the table below:

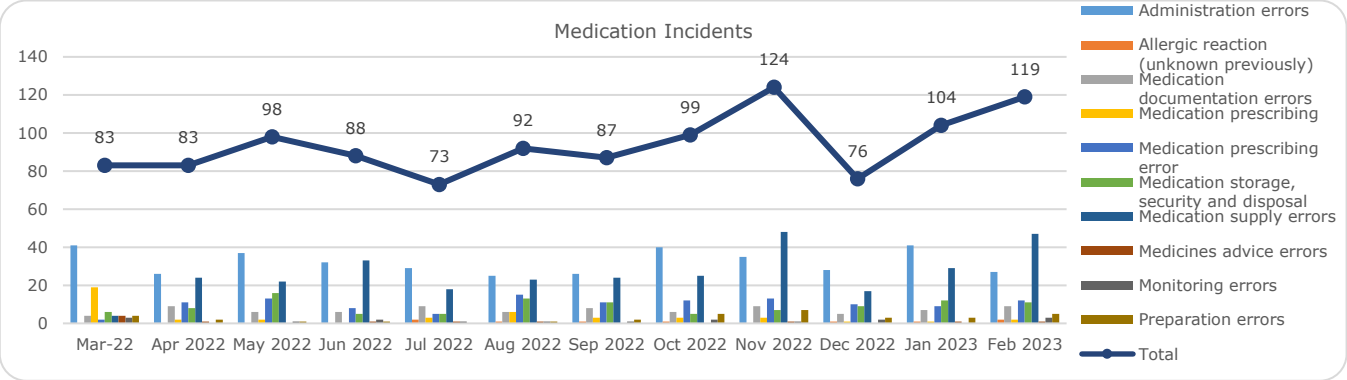
	Dec 2022	Jan 2023	Feb 2023	Total
Access, Admission	1	5	0	6
Accident, Injury	0	0	1	1
Assessment, Investigation, Diagnosis	1	0	0	1
Maternity adverse occurrence	1	1	2	4
Medication, IV Fluids	1	0	0	1
Patient/service user death	0	0	1	1
Pressure Damage, Moisture Damage	2	2	2	6
Safeguarding	1	1	0	2
Treatment, Procedure	1	3	0	4
Total	8	12	6	26

2.3 Specific Quality & Safety Metrics

2.3.1 Medication Safety

Medication Incidents

A total of 299 medication incidents were reported as occurring between 01.12.22 and 28.02.23. This represents a small decrease of 11 when compared to the previous 3 month period. Of the total number of medication incidents reported, the top 3 types of medication incidents relate to administration errors (96) Medication supply errors (93) and Medication prescribing (35).



84% of the medication incidents were reported as resulting in no (175) or low (77) harm, with the remaining reported as resulting in moderate harm (26). It should be noted that the introduction of a specific Community Pharmacy form has impacted on the data quality for medication incidents as a number of fields are not included for completion, including the harm field. Therefore, for the 3 months identified above, the harm was not recorded for 21 incidents.

Controlled Drugs

The management of controlled drugs is outlined in the two procedures:

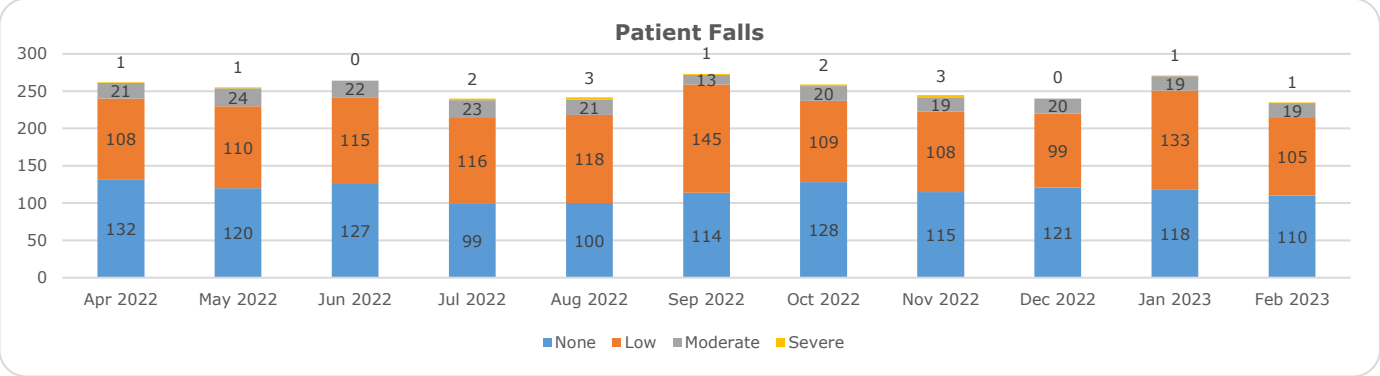
- Management of Controlled Drugs within Wards and Departments
- Management of Controlled Drugs in Theatres and Intensive Care Unit

Implementation of these procedures include the requirement of Nurses to complete a weekly controlled drug check, with areas of high usage (ITU, Theatres, A&E) completing a daily check. In addition, Pharmacy carry out a 3 monthly Controlled Drug audit which includes a full stock take and review of security arrangements which is fed back to the nurse in charge of the clinical area. This is in the process of being digitised, to provide a live document for interrogation to enable improved reporting at relevant Committees.

2.3.2 Patient Falls Incidents

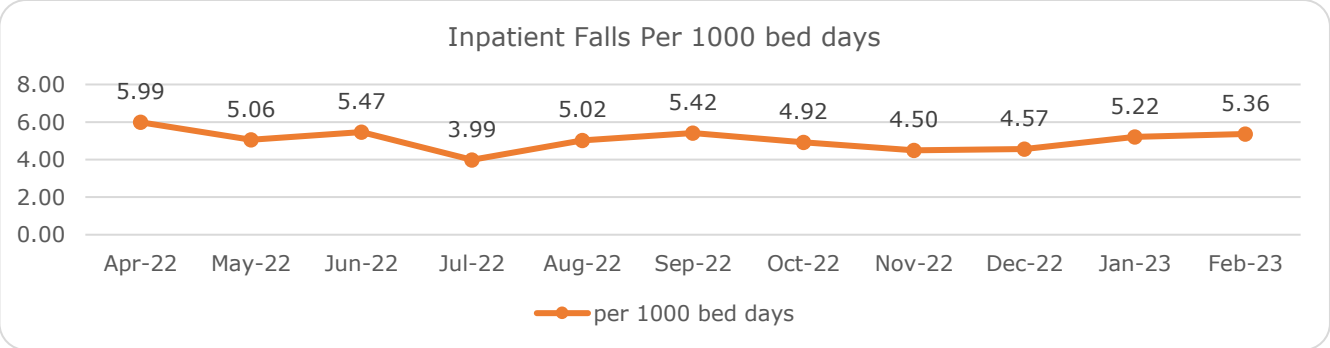
A total number of 746 falls, where the person affected was a patient, were reported during December 2022, January and February 2023. This represents a decrease of 31 in the number of falls reported in comparison to the previous 3 month period. Of the

falls reported, 92% were reported as no (349) or low (337) harm. The remaining incidents were reported as moderate (58) and severe (2) harm. No incidents relating to patient falls were reported as resulting in death.



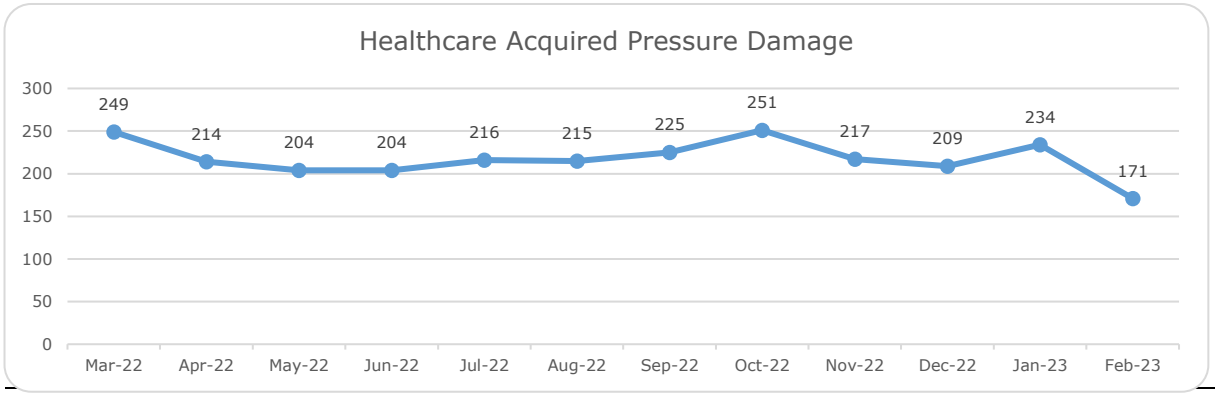
During the time period, the highest number of inpatient falls occurred on AMU at Princess of Wales Hospital (30), Clinical Decision Unit at Prince Charles Hospital (28), and Ward 15 at Princess of Wales Hospital (23).

Work continues to develop and refine safety metrics for areas such as inpatient falls and pressure damage incidents per 1000 beds.



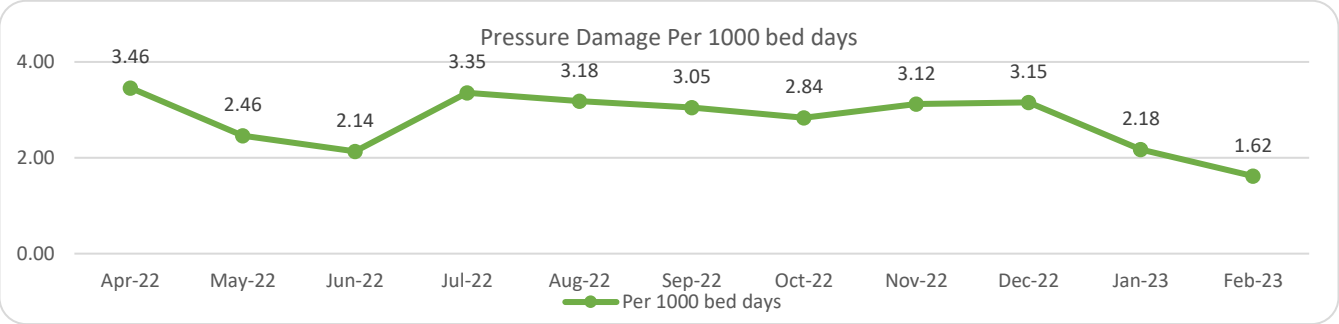
2.3.3 Pressure Damage

Between the 01.12.22 and 28.02.23, a total of 1,364 pressure damage incidents were reported, of which 614 were reported as developing or worsening during the current case load. The remaining pressure damage incidents (750) were reported as being present before admission to this clinical care area/caseload.



Of the 614, 365 were identified as being hospital acquired and 249 as community acquired. This demonstrates a decrease when compared with the previous 3 months.

The locations with the highest reported hospital acquired pressure damage incidents were reported within the Emergency Department at Princess of Wales Hospital (34), Acute Medical Unit at Princess of Wales Hospital (17), and Ward 4 at Royal Glamorgan Hospital (7). There were 32 hospital acquired grade 3 pressure damage incidents reported during December (15), January (13) and February (4). There were 4 hospital acquired Grade 4 incidents reported during the 3 month period.

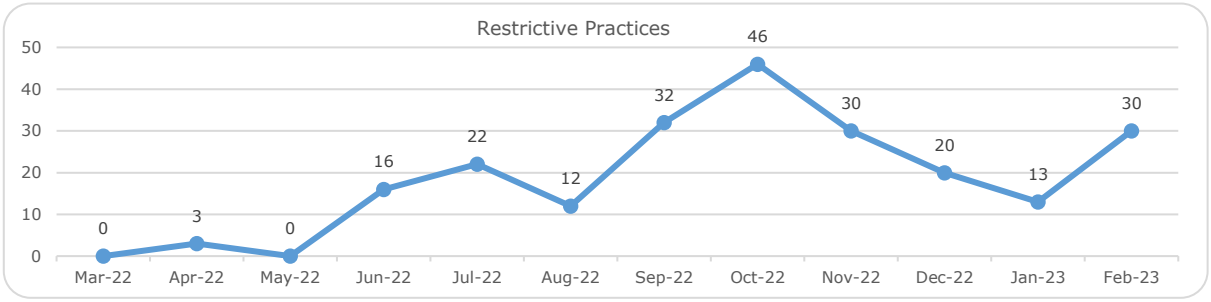


2.3.4 Mental Health Metrics

Number of 136 Assessments in police cells

The number of 136 assessment in police cells remains at 0 (Health Board wide), which demonstrates good compliance with the Crisis Care Concordat, ensuring that those who require mental health assessment are not detained in custody suites.

Restrictive Practices

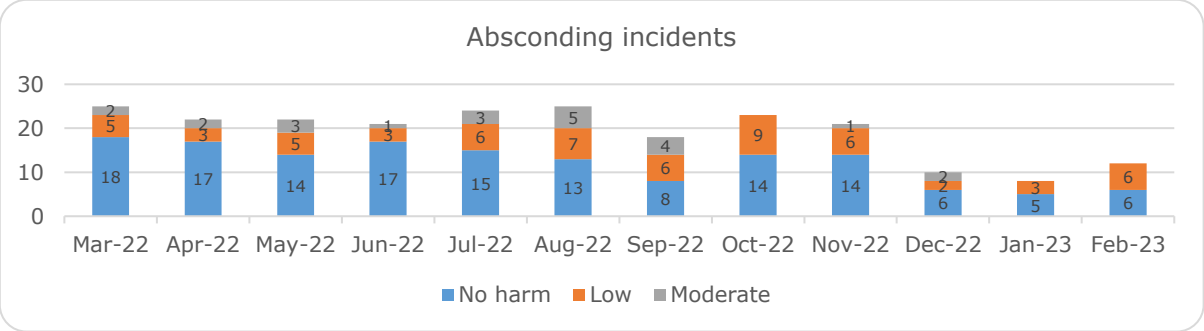


Between 01.12.22 and 28.02.23, a total of 63 incidents relating to using Restrictive Practices were reported within Mental Health. This is a decrease of 45 incidents when compared to the previous three months. Of the 63 incidents, 86% (54) were reported as not care planned and 14% (8) were reported as care planned. Of the 76 incidents, 92% were reported as no (27) or Low (31) harm. The remaining incidents were

reported as moderate (5) occurring on Coity Clinic (PICU) at Princess of Wales Hospital (3), Mental Health Admissions Unit at the Royal Glamorgan Hospital (2) and Ward 14 at Princess of wales Hospital.

Absconding incidents

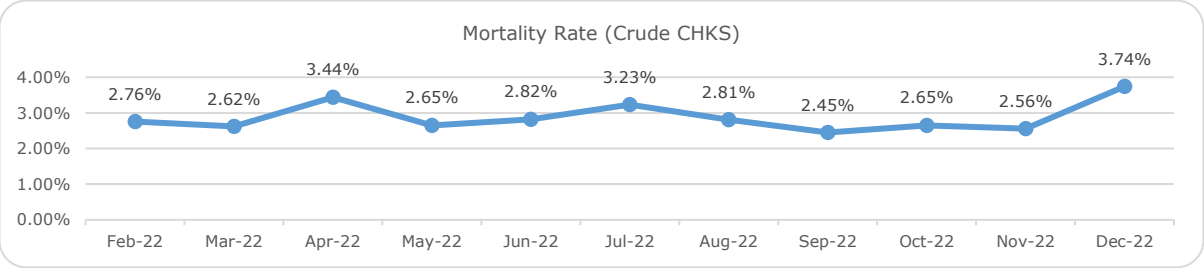
During December 2022, January and February 2023, a total of 30 Absconding incidents were reported. 17 were recorded as actual absconding, with the remaining recorded as missing patient / service user (7) attempted (4), failure to return from authorised leave (1) and other (1).



93% of the absconding incidents reported in the month time period (01.12.22 to 28.02.23) were recorded as No (17) or Low (11) harm, with the remaining incidents reported as moderate harm occurring in the Emergency Care Department and Ward 2 at Prince Charles Hospital.

The highest number of incidents reported were for Emergency Care Centre at Prince Charles Hospital (8) and Ward 22 at the Royal Glamorgan.

2.3.5 Mortality Rate



As highlighted in the chart above, there has been a significant increase in the crude mortality rate during the month of December 2022. At the time of preparing the report, the information was not available for January and February 2023.

It should be noted that the crude mortality rate is an in-month figure extracted from Welsh Patient Administration System (WPAS) based on the number of patients who have an outcome recorded as deceased. The figure is not adjusted for population, co-morbidities or expected deaths i.e. palliative care. Work is currently ongoing to develop and implement a data validation process for mortality information and address

the disassociation between CHKS and WPAS. Updates in relation to this work will be provided in future reports.

2.3.6 Infection Prevention & Control (IPC)

There was an increase in respiratory viruses which peaked during December 2022 and into January 2023 which caused extreme pressure on clinical services. The rise in respiratory infections across the Health Board mirrored the national position and it has been extremely challenging to isolate/cohort patients with the same respiratory virus together due to the increase in cases, demand for hospital beds and the hospital infrastructure with low availability of single rooms in the Royal Glamorgan Hospital and Princess of Wales Hospital.

There were fewer cases for 4 of the 5 surveillance organisms reported April – December 2022 compared to the same period last year (C. difficile, Staphylococcus aureus bacteraemia and E.coli and Pseudomonas bacteraemia). Local reduction expectations have been agreed with the Nurse Directors which has improved understanding and ownership of data. More than half of the bacteraemia reported since April 2022 are community acquired infections and a scoping exercise is planned to identify the infection prevention and control nurse resource required to provide a dedicated comprehensive service in primary care. The COVID response, staff sickness and vacancies within the IPC team has delayed this work.

The infection prevention and control team continue to work collaboratively with the care groups to improve the investigation procedure and root cause analysis process for healthcare associated cases of C. difficile infection and preventable bacteraemia. Learning is shared with clinical teams to inform and influence practice. Further engagement and support is required to introduce this in primary care.

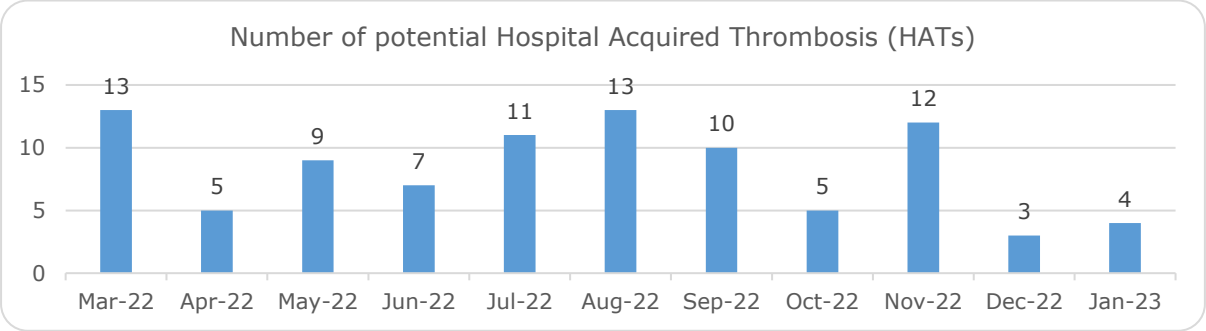
Roll out of aseptic non-touch technique (ANTT) continues and sessions have been planned to increase the number of ANTT assessors across the Health Board. The infection prevention and control team is working with medical colleagues to improve compliance with infection prevention and control and ANTT training.

Infection prevention and control plan for the next 3 months:

- Review current IPC establishment considering the need for a primary care resource and secure appointments into the IPC Nurse vacancies.
- Support newly appointed IPC Nurses.
- Support improvement work to reduce health care associated infections.
- Continue to support the respiratory/non-respiratory pathways, testing framework and COVID-19 response.
- Deliver an IPC service in line with the new organisational structure.

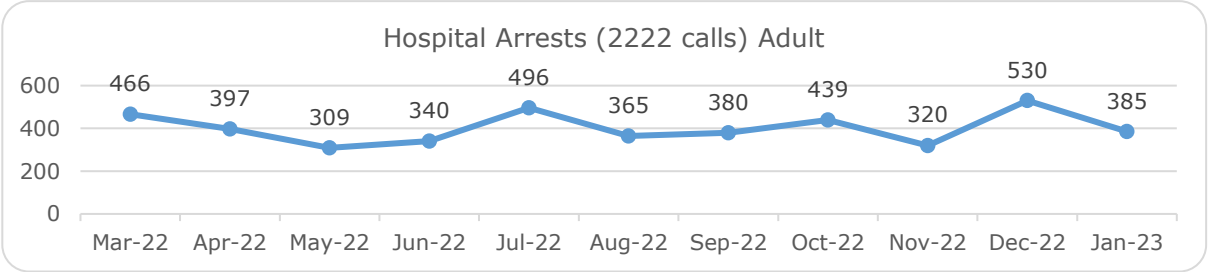
2.3.7 Hospital Acquired Thrombosis (HAT) and Venous Thromboembolism (VTE) Assessments

There were 7 potential HATs identified for December 2022 and January 2023 compared to 17 for the previous 2 month period. It is important to remind the Committee that this measure is prior to the investigation of each case to identify if a HAT occurred or not. The ambition is to provide information that shows potential versus actual HATs.



2.3.8 Hospital Cardiac Arrests and NEWS Training

Hospital Cardiac Arrest Calls (222)



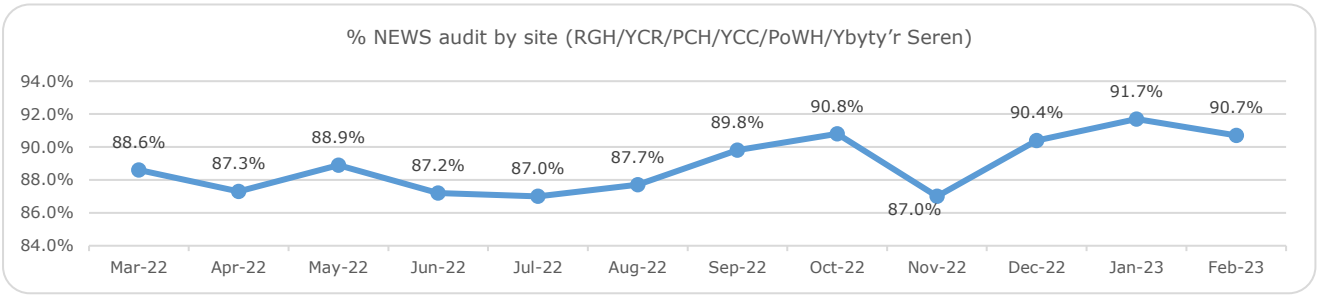
The number of calls taken rose significantly to 530 during December 2022 but decreased to a level consistent with the previous months.

Hospital Cardiac Arrest Calls will remain an important metric for inclusion in this report, as the objective is for cardiac arrests only to occur in the Emergency Department. Strengthening our pre-arrest reviews and monitoring acute deterioration, as well as improving on our DNACPR processes, NEWS scoring, and training strategy, are integral to success in this area.

NEWS Audit

Following a dip during November 2022, compliance with NEWS has increased to above 90% from December 2022 onwards.

Recognising Acute Deterioration and Resuscitation (RADAR) group will be expanding metrics to ensure there is a constant review of activities in relation to NEWS.



2.3.9 Community Metrics

A number of metrics (summarised in the table below) are measured in relation to Community Services including District Nursing treatments which has steadily increased over the 12 month treatment. Average length of stay has continued to rise in Ysbyty Cwm Cynon and Ysbyty Cwm Rhondda, whilst remaining consistent with previous months on other Health Board sites. Further work is required to refine and validate this data.

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
District Nurse treatments	32702	36351	34298	36231	35265	35376	36155	35404	36739	36333	34494	35937
Referral to At Home Services (All Referrals)	101	141	90	120	122	129	123	128	119	125	138	121
Ysbyty'r Seren (ALOS)	54	96	55	63	0*	0*	0*	0*	0*	0*	0*	0*
*Princess of Wales Hospital, Ward 21 (ALOS)	-	-	-	-	16	22	47	22	39	48	33	23
Ysbyty Cwm Cynon (ALOS)	74	54	61	63	49	51	64	64	57	56	72	80
Ysbyty Cwm Rhondda (ALOS)	69	75	67	70	56	67	55	62	80	68	73	72
Palliative Medicine, Bridgend (ALOS)	27	14	19	14	20	9	10	24	19	23	18	16
Palliative Medicine, Pontypridd/RGH (ALOS)	11	8	4	19	12	7	8	8	11	7	6	10
Palliative Medicine, YCC (ALOS)	26	18	16	13	32	16	36	4	25	28	24	25

2.4 Patient Safety Solutions

There has been **1** new patient safety alert and **2** new patient safety notices issued since the previous Quality & Safety Committee meeting.

PSA015: *Safe use of oxygen cylinders in areas without medical gas pipeline systems:* Compliance required by 27th January 2023. Health boards received this compliance notice 20th January 2023. Risk assessments were completed on all sites and assurance provided by the Heads of Nursing to Unscheduled Care Nurse Director. Additional actions have been identified outside of the compliance of this notice, which are being monitored and supported by Pharmacy. Health Board submitted compliance 31st January 2023.

PSN065: *Safe Use of Ultrasound Gel: Compliance required by 28th March 2023.* An initial meeting has taken place with key leads. Procurement have reviewed the status of usage across the health board. An audit is currently being devised by the central team to establish the types of sterile and non-sterile gels used in clinical areas, to establish areas of compliance and non-compliance to support with the changeover.

PSN066: *Safer Temporary Identification Criteria for Unknown or Unidentified Patients*. Compliance required by 29th September 2023. This patient safety notice requires a number of actions from key IT personal & ED colleagues due to the number of patient systems which are currently in place. An initial meeting has taken place, however, further meetings are planned with Head of Information to establish a working group, this is predicted to be large scale project and there is a national working group to support.

Current Compliance

In total, there is **1 alert** and **0 notices** in which the Health Board are reporting non-compliance.

Non–compliance for alert **PSA008 Nasogastric tube** misplacement status is an ongoing issue which is currently being reviewed on an All Wales Level.
An all Wales Training package for NG Tube insertion is being established. The Delivery Unit have advised that the first national meeting took place in September 2022. The Health Board currently provides face to face training for nurses and F1 & F2 doctors. The assessment following the receipt of training is required to be strengthened. Face to face training was not provided during the pandemic, however confirmation has been received to state this has recently been re-established.

Since the last report the Health Board has reported compliance with **PSA015** *Safe use of oxygen cylinders in areas without medical gas pipeline systems.*

Monitoring arrangements

The internal management, monitoring and reporting process for Patient Safety Alerts (PSAs) and Patient Safety Notices (PSNs) was operating in a structure of devolved responsibility to the relevant ILG teams, with the central Patient Care and Safety Team providing support, co-ordination and oversight, leading to reporting. This will be revised through to the Care Group structure with alerts and notices being a standard agenda item in governance meetings.

A national working group for the development of the safety alerts functionality within Datix Cymru has been established with an aim of in supporting a more standardised approach to the management of alerts in NHS Wales. The initial focus is on patient safety alerts and solutions in the first instance and before considering wider alerts such as MHRA's in the second phase of the working group.

2.5 UK Covid-19 Inquiry Update – Group Core Participant Status (Module 3)

The Health Board has been informed by the Inquiry team that the group application to be a Core Participant has been granted for Module 3. The 'Group' of Welsh NHS Bodies includes:

- Aneurin Bevan University Health Board;
- Betsi Cadwaladr University Health Board;
- Cwm Taf Morgannwg University Health Board;
- Hywel Dda University Local Health Board;
- Swansea Bay University Health Board; and
- Velindre University NHS Trust (excluding NHS Wales Shared Services Partnership)

The list of Module 3 Core Participants in the UK Covid-19 Inquiry is available here:
List of Module 3 Core Participants - UK Covid-19 Inquiry (covid19.public-inquiry.uk)

Greg Dix, Executive Nurse Director is the Senior Responsible Officer (SRO) for the Health Boards preparedness response supported by the Assistant Director of Governance and Risk. Greg Dix as SRO is a member of the Steering Committee which has been established for the above Group of Welsh NHS Statutory Bodies, with the purpose of facilitating each member having the benefits of Core Participancy status in Module 3, at minimal cost to the public purse, by working together to ensure efficiency.

The Group will work together in preparing for the public hearings with the Module 3 legal team. Each member of the Group has, and will continue to have, a separate legal team which will continue to advise and support the individual member, respond to all requests made to it under Rule 9 of the Inquiry Rules 2006 for documents and witness evidence, whether these requests are made directly to the Group member or via the Group legal team.

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.

- Maintenance of robust quality governance arrangements during the transition to a centralised function is paramount. The implementation of OCP in relation to Quality and Governance arrangements is currently in the final stage.
- The transition to the new operating model poses a challenge in relation to the extraction and presentation of data. Work is underway to align the Datix Cymru System to the Care Group Structure and ensure up to date information is accessible across the Health Board on a range of metrics.
- Learning from Events continues to be a challenge for the Health Board, with several deferred cases awaiting further information and submission.

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. • Report for information for health board patient safety & patient experience activity • No service or staff impact in direct response from this report, this is considered through improvement work and other reports • Report not requesting proposal for any changes to services or staff
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

RECOMMENDATION

Members of the Quality & Safety Committee are asked to:

4.1 **NOTE** the content of the report

4.2 **DISCUSS** the content of the report and flag areas (if not already identified) where further assurance is required

4.3 **NOTE** the risks identified

4.4 **SUPPORT** the direction of travel in developing a wider reach of quality reporting and locality based assurance reports

Appendix 1

People's Experience Activity Report (December 2022 – January 2023)

Patient centred care remains the focus of service delivery and improvement across the Health Board and the Patient Experience Team continue to engage with patients, families and carers alike to enable their voices to be heard within this.

This is undertaken through a variety of methods and in terms of receiving first hand qualitative data from patients, the Health Board utilises Civica – patient feedback system. The system continues to be embedded across services with more bespoke surveys being created as further departments come on board. The project team is currently working with the three acute ED departments to create a survey that meets the needs of the service. The SMS texting system requires improved IT infrastructure to enable activation of this service throughout CTM UHB.

Patient feedback received February 2023.

The nurses are very helpful and the food is very good.

My wife has terminal cancer and was brought in to control her pain medication. The ambiance was perfect for my wife. There was a calmness about the place and the staff were very welcoming and attentive. The nurses couldn't do enough for us. It is such a pleasant place. Well done for providing such a facility.

Liaison with family members began in an extremely open and warm hearted way. After months and months have worn on, this now seems to be at a premium and communications are somehow cooler, and the family feel held at arm's length with our very real grief around our relative's condition overlooked. We feel like inconvenient numbers rather than humans, with communication policies being inaccessible and no opportunity for meetings with the family and the key staff after the initial three months.

I want to thank all of the staff at the EPU for their service during such a difficult time. I was offered telephone support after attending A&E with vaginal bleeding. When the bleeding became worse I attended EPU who gave me an ultrasound. There was no heart beat. The staff were incredibly sensitive and understanding at such an awful time for me. I was treated with dignity, respect and was given time. Everything was explained to me in a sensitive way and I am truly grateful.

All staff have been very helpful and informative. Would be helpful if there was a shelf in the shower for belongings. Students were brilliant.

Many services manage to have lunch and keep the service running, I do not understand how you need to close the department for staff to have a lunch break while an eight-month pregnant patient is told to go for a walk. Terrible.

Carers

The Carer's co-ordinator continues to engage with carer's, patients, families and staff alike to raise awareness of the unpaid carer and the need to ensure their voice is heard within the discharge planning process to enable signposting where needed. The weekly information carer stands in the 3 acute hospitals continue to identify and support unpaid carers in a hospital setting. Posters have been displayed throughout the hospital, information booklets provided to emergency departments, discharge liaison services, outpatients departments and the acute wards.

Chaplaincy

Significant Spiritual and pastoral care provided (December 22- end Jan23)

- 663 Patients
- 204 Relatives/carer's
  364 Staff

The Bereavement and Loss Workshop was presented to CTMUHB 2030 Leaders and the response from community leaders was overwhelmingly positive, which has resulted in subsequent offers for venues to hold more workshops and 'At a loss Cafes' across the Health Board have been provided.

The annual memorial service, in collaboration with County Bereavement services, was held at Llwydcoed Crematorium and live streamed for those who could not and/or felt unable to attend. Carol services resumed at RGH, YGT and YCR and were very well attended, patients and families were pleased these had resumed. Comments below were provided by those attending POW service:

It was a lovely time together singing carols and sharing some of the Christmas readings from the New Testament. At the end one of the hospital volunteers asked to sing a Christmas song "It's the most Wonderful Time of the Year" and one of the patients from Angelton who had previously been a member of a male voice choir joined in with her.

Most people stayed for tea/ coffee and mince pies / biscuits. The hot drinks were especially welcome as it was very cold and as one of the patients with dementia remarked loudly "it's freezing in here!"

It was a joy to catch up with a patient from Caswell who chaplaincy had regular contact with prior to the HB transfer in 2019 and who now has accompanied leave from the ward. He hopes to be able to come to some of the Thursday morning services that are held in the chapel.

Volunteers

Meet and Greet Volunteers

The meet and greet volunteer role provides a wayfinding service for those attending our sites across CTM UHB. The following provides an overview of this service across the organisation.

- The meet and greet services at the Princess of Wales & Royal Glamorgan Hospitals were reintroduced several months ago providing wayfinding, signposting and information. In addition, the volunteers encourage feedback from service users by handing out or supporting the completion of the "Have Your Say" cards.
- In December 2022 recruitment for new volunteers was re-opened and promoted via our local community volunteer centres and the volunteer service intranet and internet sites, which included additional volunteers for YCC, DSHP and RGH.
- Since 2020, our vaccination centre volunteers have supported the work stream across the Health Board and have been invaluable to the delivery of services, during the busiest times with over 120 volunteers supporting with meet and greet, wayfinding and signposting.

Wellness Improvement Service (WISE) Volunteers

The Wellness Improvement Service was officially launched on 5th September 2022. During December and January wellness sessions have continued to take place with volunteers supporting wellness coaches and participants.

Pets as Therapy Volunteers

The Pets as Therapy service is a positive and a welcomed form of alternative therapy, which benefits patients, service users and staff. The volunteer service has been working jointly with the Cariad Pet Therapy Organisation to explore expanding their services more widely across CTMUHB.

To date we currently have the following volunteers and therapy pets at clinical sites which include:

- Palliative Care Unit (RGH) and Dementia wards (RGH)
- Y Palliative Care Unit (POW)

- CAMHS, Ty Llidaird (POW)

Cariad Pet Therapy has been instrumental in supporting CTM UHB with this initiative and has recently won an ITV Wales Wellness award. The Pet Therapy project was presented to the Quality and Safety Committee on the 24th January 2023, which was warmly received and hugely supported, the volunteer service has been invited back to the Quality and Safety Committee at a later date in 2023 to provide a presentation on volunteering from a broader aspect.

Arts, Crafts, Good to Grow and Volunteer Drivers

The Arts and Crafts Group are keen to continue their workshops and plans will be made during 2023 with the aim to make items to donate to our wards and departments, with planned themes. Some of our arts and crafts volunteers also support other projects including WISE, meet & greet and digital support volunteers. To date we have 2 volunteer drivers supporting with transporting participants to Y Bwythyn Newydd to enable them to get involved with the good to grow project which is also supported by volunteers under the guidance of the Occupational Therapist, with a volunteer driver handbook being developed and currently awaiting approval.

Veterans

Work continues to highlight the Armed Forces Covenant and how this affects the service we offer veterans/serving/territorial personnel who have associated medical conditions as a result of their time in service.
The ESR system has been updated to reflect a training package that staff can access to highlight the responsibilities of the NHS organisation.
The exploration of WPAS systems on an all Wales basis is still being undertaken to review how links can be inputted into the system to track patient referrals that can be expedited under the Armed Forces Covenant.

Bereavement

The Clinical Bereavement Lead continues to liaise with staff, third party stakeholders, patients to embed the Once for Wales Care of the Bereaved Framework across the Health Board. This involves a number of facets which are detailed below:

- The Care After Death policy and bereavement checklist has been updated.
- A new Pregnancy Loss under 16 weeks policy has been produced. This policy means that patients who experience pregnancy loss are supported and the procedure they encounter is sensitive and appropriate for their circumstances. A newly created Pregnancy loss

under 16 weeks information booklet produced has also been written to accompany this policy.

- Delivery of bereavement training to bereavement link nurses within clinical areas on pregnancy loss and care after death has commenced.
- Set up regular forums with contracted funeral directors within CTM UHB to share wider vision for bereavement services across the Health Board.

PALS service

The Head of People's Experience and the PALS team in POW are updating processes & procedures to ensure maximising engagement with patients/families/carers and staff. As the service has recently transferred into the People's Experience portfolio this will support the planned expansion of the service across the Health Board enabling visible 'front of house' service supporting people's experience and feedback to support service improvements and shared learning. The Care to Share clinics have been reinstated across the wards in PoW to gain real time patient feedback.

Appendix 2

Welsh cancer patient experience summary

Background

The WCPES is designed to measure and understand patient experiences of cancer care and treatment in Wales to help drive improvement both nationally and locally.

This is the third Wales Cancer Patient Experience Survey (WCPES), it was conducted by IQVIA on behalf of Macmillan Cancer Support and the Wales Cancer Network. Whilst some of the responses are comparable to previous surveys, many questions have been changed. Responses were collected from October 2021 to February 2022.

COVID context

The WCPES includes the experiences of those who received treatment from 1st January to 31st December 2020, during the height of the COVID-19 pandemic. This significantly impacted on how care was delivered. Whilst this was done in order to comply with national guidance around infection prevention and control, this will have affected experiences.

Survey

There were 6259 responses across Wales, and over 800 responses from patients in CTM (a response rate of 60.5%). It is worth noting that overall, across Wales there is very little variation in results and this is a testament to how closely the Health boards worked together throughout the pandemic to deliver cancer services.

Despite the pandemic, there is very little difference in the overall satisfaction score compared to previous surveys. The overall rating of care for CTM was 8.76 slightly higher than the All Wales average 8.67.

CTM Strengths

- 85% of respondents had trust in all their health professionals, this was the highest in Wales.
- 83% of patients only saw their GP once or twice before being referred for cancer (a 4.5% improvement from previous surveys) and second highest in Wales. This is partly due to the implementation of the Rapid Diagnostic clinic.
- 92% of respondents said hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital.
- 70% of patients were given information about how to get financial help, we were the highest performing HB and reflects that our Welfare benefits advice service is embedded within the HB.

- 97% of patients felt they always had privacy as an inpatient. This was the highest in Wales and an increase of 4%
- 94% of respondents said they were given all the information they needed about their operation

Areas for improvement

- 28% of respondents said after leaving hospital, they were definitely given enough care and help from their GP. A 24% reduction from the previous survey and worst in Wales. The pandemic is likely to have significantly affected this.
- 88% of patients said they had access to a CNS, a 5.4% improvement on previous surveys, but lower than nearly all the other HBs. As a HB we have a smaller CNS workforce than the other HBs.
- 55% of patients were able to easily contact other health professionals, poorest performing HB. As a HB we have a smaller AHP workforce than other HBs.
- As a HB we scored lower on several of the information provision questions. On further investigation this is because we have a larger number of people responding that they did not understand the information provided
- 40% of respondents said their family or someone else close to them definitely had enough opportunity to talk to a healthcare professional. However, this is likely to be as a result of COVID and the requirement to attend hospital alone.

We are waiting for the qualitative data to be released as this will be rich source of information and will allow us to understand the impact of COVID compared to the ongoing pathway challenges.

Actions

The Wales Cancer Network are writing a Wales wide action plan.

Areas of focus locally will be;

- Reviewing information and support pathways; ensuring our information is simple, easy to understand and accessible. We are currently working on Cancer internet site.
- Continuing to work with cancer site teams on the provision of a point of contact, holistic needs assessment and signposting to support services.
- Supporting the Wales Cancer Network and Health Education Improvement Wales (HEIW) to review the CTM Nursing and AHP workforce to assess gaps and needs including the appropriate skill mix to support cancer patients.
- Improving secondary care communication with primary care through standardised pathways.

These actions will be led by the Macmillan Lead Cancer Nurse and the Macmillan AHP Lead for Cancer in conjunction with the appropriate service or care group. They will be monitored via the Cancer Steering Group.