



AGENDA ITEM

6.5

QUALITY AND SAFETY COMMITTEE

Monitoring and Reporting CHC FNC

Date of meeting	24 th January 2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
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Presented by	Ana Llewellyn, Nurse Director
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
MH&LD QSRE	7.12.22	ENDORSED FOR APPROVAL
Primary Care Communities QSRE	9.12.22	ENDORSED FOR APPROVAL

ACRONYMS

CTMUHB	Cwm Taf Morgannwg University Health Board
SB UHB	Swansea Bay University Health Board
MH	Mental Health

LD	Learning Disabilities
ABI	Acquired Brain Injury
CHC	Continuing Health Care
DHCW	Digital Health and Care Wales
ED	Emergency Department
FNC	Funded Nursing Care
CQC	Care Quality Commission
AWF	All Wales Framework
MAOG	Multiagency Operational Group
SOP	Standard Operating Procedure
LRI	Locally Reportable Incident
NRI	Nationally Reportable Incident

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide members with an update on quality, safety, risk and experience issues in Continuing Health Care services provided across Cwm Taf Morgannwg University Health Board.
- 1.2 This report reflects the QSRE issues for the period of September and October 2022. For the purpose of this report, the scope of Continuing Health Care (CHC) is inclusive of packages of care commissioned by the Health Board for individuals who are eligible for Continuing Health Care, Funded Nursing Care (FNC), S117 Aftercare and other joint health and social care packages.
- 1.3 CHC is provided across a range of settings including in hospitals, care homes and domiciliary care at home.

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

CHC Governance arrangements

- 2.1 Continuing Health Care services are delivered and monitored through the following areas, Adult, Children and Mental Health (MH) and Learning Disabilities (LD).
- 2.2 Adult and Children are responsible to the Primary Care and Communities Service Group and MH&LD through the MH&LD Service Group. Each service group has its respective QSRE meetings held every 2 months to report, discuss and seek assurance on matters relating to CHC in these areas. Each Service Group has a monthly cycle of Clinical Placement Panels whereby individual packages are scrutinised, approved and financed.
- 2.3 A revised structure for monthly Clinical Placement Panels to reflect the new operating model has been implemented. The Clinical Placement Panels monitor the Quality and Safety reviews which are completed 3 months after the care package commences and annual reviews thereafter. More focused reviews are completed in response to changes in individual needs or risk.
- 2.4 There is a regional approach to responding to concerns within the Care Homes and Domiciliary care providers in CTM UHB in line with the national guidance on managing 'Escalating Concerns', known locally as the Multi Agency Operational Group (MAOG). This is a collaboration between Local Authorities (LA), the Health Board, Safeguarding and Care Inspectorate Wales (CIW) established to review the governance of the providers operating in the region.
- 2.5 Services commissioned by CTM UHB that are located outside of CTM UHB will have similar arrangements for the same purpose. All regulated services in Wales and England including hospitals, care homes have a statutory duty to report and investigate concerns within their services. Notifications are required to both the regulatory bodies and commissioners of services to monitor. The All Wales Framework (AWF) for Mental Health and Learning Disabilities provides additional monitoring arrangements of all services commissioned via the AWF and is undertaken by the National Collaborative Commissioning Unit in NHS Wales.

2.6 The National Policy on Patient Safety Incident Reporting & Management has been published for consultation. This Policy includes a dedicated section on 'Incidents occurring to patients in receipt of commissioned services'. The Care Group Governance and CHC leads will meet with the CTM Head of Concerns in January 2023 to consider the application of the Policy and implementation of the Datix Cymru system in commissioned services.

Internal Quality Assurance

2.7 The table below provides an overview of the total volume and cost of CHC packages commissioned by area for September and October 2022. The monthly changes in volume articulated through death/discharges and new packages.

NB: These figures do not include FNC cases.

Care Group	2022/23 Forecast of Current Packages £	Number of Current Packages	D & D	New Packages
September M6				
CYP	139,700	3	0	0
PC&C	13,706,677	222	15	14
MH&LD	36,448,452	570	17	21
Grand Total	50,294,829	795	32	35
October M7				
CYP	139,700	3	0	0
PC&C	13,659,653	217	22	17
MH&LD	36,224,867	574	27	31
Grand Total	50,024,220	794	49	48

2.8 In the report period of September and October 2022 there were no new or open formal complaints under review by the CHC services.

2.9 There were no new LRI's or NRI's reported in the same period. One NRI for MH&LD remains open subject to safeguarding proceedings.

- 2.10 There have been 5 compliments reported in CHC services during the report period. 3 in Adult CHC services and 2 in MH&LD. No formal complaints recorded in this period.
- 2.11 In response to the EdenField Hospital Panorama documentary which exposed significant failings in secure care NHS England, the CTM MH&LD commissioning team undertook a review of the inpatient population in Independent Hospitals, due to similarities in the provision commissioned by CTM UHB. This review found that there were a number of commissioning reviews that had not been completed within CTM's timescales. All outstanding commissioning reviews were completed by 1st December 2022. No clinical or safeguarding concerns were identified for CTM patients receiving commissioned inpatient care.
- 2.12 Welsh Government, in response to the national report 'Improving Care Improving Lives' (NCCU 2020) commissioned the Delivery Unit to undertake a quarterly review of the national and local population of people with LD receiving specialist MH inpatient care. The CTM audit return completed in September 2022 identified a continued reduction of inpatients in line with the Welsh Government and CTM strategic direction. All patients identified in the audit are receiving inpatient care either in SBUHB beds or in a single independent provider located in South Wales.

External Quality Assurance

- 2.13 **Escalating Concerns** (*multiagency response for commissioned services of concern*)
- 2.14 In the report period, there were 3 Care Homes within the CTM footprint subject to enhanced monitoring under MAOG arrangements, 2 in RCT and 1 in Bridgend. This enhanced monitoring resulted in a temporary embargo with admissions to 2 homes.
- 2.15 A Specialist MH Care Home in Preston resumed normal monitoring arrangements by CQC. CTM have one resident there and last site visit undertaken on 21st October 2022. There were no concerns identified during this visit.
- 2.16 One Nursing Care Home closed in RCT in September 2022 resulting in 31 residents requiring alternative care home provision at short notice. This is the second Nursing Care Home to close in RCT in 2022.

- 2.17 **All Wales Framework (AWF)** (*covers MH&LD hospitals and some care homes across Wales and England*).
- 2.18 In the report period, there are two female secure hospitals subject to enhanced monitoring through the AWF by NHS Wales. CTM currently commissions care for 6 female patients across the 2 sites, 1 in Wales and the other in England. Progress is monitored through weekly Commissioning Clinical Business Meetings and quarterly through intelligence sharing events coordinated by NHS Wales.
- 2.19 Female provision is limited to 1 hospital in Wales located in the CTM UHB footprint and thus alternative provision is very limited.
- 2.20 **Safeguarding** - (*referrals that have met threshold for investigation*)
- 2.21 Given the geographical spread of services across multiple safeguarding teams and joint commissioning arrangements there is no one single reporting method, therefore the total number of referrals is not centrally available.
- 2.22 When CHC services are notified of safeguarding concerns, they participate with its partners through the statutory arrangements. Referral themes in report period include patient safety incidents, staffing levels and allegations of abuse by staff employed by the providers. Individual incidents and themes are reported and monitored through existing MOAG arrangements.
- 2.23 **External Audit**
- 2.24 The last CTM UHB Audit of CHC was undertaken by NHS Wales Audit and Assurance services in 2021 and published in early 2022. CTM UHB Audit & Risk Committee monitors the action plan, which responds to the audit findings. There was 1 red action outstanding which relates to the 'Monitoring and Reporting of CHC' which this report seeks to address. The 4 remaining amber actions are scheduled for completion by February 2023.

Quality Planning and Improvement

- 2.25 A revised CHC Framework for Wales was published in 2022. CHC teams have undertaken a review of the existing documentation to support the new process. Updated documentation has been published via a dedicated SharePoint page to assist with implementation. A CHC training program has been devised and

following positive recruitment delivery has commenced and will be ongoing across the Health Board and Local Authorities.

- 2.26 The care home forums for matrons has been reinstated. This meets on a quarterly basis and is well attended, offering opportunities for guest speakers, sharing support, and good practice across all the homes with CTM.
- 2.27 An enhanced supported living project Elm Rd went live. This was a joint RCT, CTM & SB UHB development, benefiting five people with LD and complex needs. Residents took up tenancies throughout Sept and November 2022, reducing dependence on specialist residential services.
- 2.28 The new operating model provides further opportunities to strengthen existing CHC commissioning arrangements. One of the priority programmes in CTM2030's 'Sustaining Our Future' goals is Contracting and Commissioning. The Deputy COO for MHL, Primary and Communities Care Group is leading on a number of strategic priorities relating to CHC. Some of the key areas to be addressed through this work include:
- demand and capacity of CHC: packages of care and CTM team infrastructure
 - review of existing and new provision
 - review CHC information systems
 - implementation of revised CHC framework
 - joint commissioning arrangements under S117 Aftercare
 - review of the financial scheme of delegation
 - development of alternative approaches for women presenting with complex trauma
- 2.29 There are multiple and complex arrangements for the management of CHC information which impede the oversight of CHC quality, finance and performance and prevent effective future planning of services. A national system, which has significant limitations and is no longer supported by DHCW has resulted in Health Board teams relying on the development of multiple spreadsheets. Addressing this is a priority for CTM as it underpins all of the wider improvement work.
- 2.30 Although national solutions are being sought, in order to avoid further delay the Health Board has commenced work on process mapping the internal arrangements. This work will be completed by

1st March 2023 and will make recommendations on potential information system arrangements for CTM.

Quality Improvement and People's Experience

- 2.31 The CHC Teams in line with The Health and Social Care, (quality and engagement) Act 2020, are undertaking a review of available patient focused outcome measures, with the intention of embedding them into service reviews and the joint contract with the Local Authorities during 2023.
- 2.32 CHC 3 month and annual reviews will include a specific focus on people's experience in 2023, to be able to prove more robust experience data going forward.
- 2.33 Patient stories will be used to highlight areas of practice and learning in CHC services.
- 2.34 Other examples of more specific work to improve patient outcomes are underway including:
 - Working with providers and families to develop crisis contingency plans for people receiving domiciliary care packages during adverse conditions.
 - MHL D Commissioning Team working with RGH ED, Gastroenterology Consultants to review Acute hospital attendance by patients from local Independent Secure Hospital with the aim of devising an 'Attendance and Escalation Protocol' for those requiring emergency department interventions, in response to a 3-fold increase of attendance since 2019.

3. KEY RISKS/MATTERS FOR ESCALATION

- 3.1 There are two risks on the service risk register:
 - the single record system for CHC, that has been detailed earlier in the report
 - CHC team capacity
- 3.2 The capacity of the CHC teams has been challenged over the last two years due to competing demands: supporting patient flow, reviewing compliance and escalating concerns, as well as supporting the implementation of Delayed Pathways of Care and Discharge to

Recover and Assess. More recently additional CHC workload arising from the Court of Protection has affected service delivery and ability to maintain timely compliance with reviews. CHC services have engaged with the Health Board group reviewing the current arrangements. A review of team scope and infrastructure will be completed by the end of February 2023 and will be reported to the CTM2030 Sustaining Our Future Programme Board.

- 3.3 There is an additional risk on the organisational risk register that will be familiar to committee members: the quality and safety impact of national workforce issues and potential financial sustainability on the independent hospital and care home sector. This risk is titled 'Care Home Capacity' (Datix Risk ID 5207) on the organisational risk register and has a risk score of 15.
- 3.4 Committee members are asked to note the risks and the actions underway to address them.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	This report provides an overview of safeguarding issues and the management of escalating concerns in packages of care that are commissioned by the Health Board.
Related Health and Care standard(s)	Safe Care
	Safe and Effective Care
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 required in the box below.
	There is no requirement for an EIA as there are no proposals for new, changed or withdrawn services
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.

	The workload associated with the Court of Protection is referenced 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.
	Commissioned services are resource intensive. There are no additional financial implications referenced in the report. There are workforce references in the report – the capacity of the CTM commissioning team and the workforce challenges in the independent sector.
Link to Strategic Goals	Sustaining our Future

5. RECOMMENDATION

5.1 Members are asked to **NOTE** this report.