AGENDA ITEM
6.3

QUALITY & SAFETY COMMITTEE

A FOCUS ON MENTAL HEALTH HIW INSPECTIONS

Date of meeting	24th May 2023

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

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Presented by	Ana Llewellyn, Nurse Director
Approving Executive Sponsor	Executive Director of Nursing

Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS USED IN PAPER AND APPENDIX	
BLS	Basic Life Support
CIW	Care Inspectorate Wales
CMHT	Community Mental Health Team
HIW	Health Inspectorate Wales
ILG	Integrated Locality Group
ILS	Immediate Life Support
MHLD	Mental Health and Learning Disabilities
PMVA	Prevention and Management of Violence and Aggression
QSRE	Quality Safety Risk and Experience Meeting
RTE	Rhondda Taff Ely

1. SITUATION/BACKGROUND

1.1 This report provides committee members with an overview of recent and legacy HIW inspections of mental health services in the Health Board.

1.2 There are two main inspections applicable to mental health services:

- *Mental Health Service Inspections* – these are usually unannounced and consider the Health and Care Standards 2015 and compliance with the Mental Health Act 1983, Mental Capacity Act 2005, Mental Health (Wales) Measure 2010 and implementation of Deprivation of Liberty Safeguards.
- *Joint CIW and HIW Inspections of Community Mental Health Services* – these are usually planned and consider how services Meet the Health and Care Standards 2015 and Social Services and Well-being Act (Wales) 2014 and how they comply with the Mental Health Act 1983 and Mental Capacity Act 2005. These inspections usually require multi-agency services to submit evidence in advance of a planned visit by inspectors.

1.3 In addition to these routine inspections HIW does also undertake national thematic reviews and bespoke inspections of services of concern.

1.4 This report will update the Committee on updates, to the three recent inspections and the legacy HIW action plans, provided to the Mental Health Quality Safety Risk and Experience Board on 12th April 2023.

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

2.1 HIW Discharge Review

2.2 In February 2022 HIW wrote to the Health Board to advise that they would be undertaking a local review of the quality of discharge arrangements for adult patients from inpatient mental health services in CTM. This review was commissioned in response to serious incident intelligence.

2.3 The review included both fieldwork and a review of evidence, including a review of patient records. The proposed timescale for publication was August 2022, however HIW continued to seek evidence from the Health Board through to December 2022.

2.4 In June 2022 HIW identified a number of significant patient safety concerns relating to discharge governance, communication arrangements between teams (including the issue of the lack of a single electronic record), significant limitations in the involvement of patients and carers risk management and discharge arrangements.

2.5 This immediate assurance action plan was initially monitored by the Mental Health Head of Nursing based in Merthyr Cynon ILG and also within RTE ILG, due to the concerns being centred on discharge practices in Royal Glamorgan Hospital. From September 2023 the monitoring arrangements transferred to the MHLD Care Group and this immediate assurance action plan has continued to be monitored by the MHLD QSRE.

2.6 HIW identified 4 areas for immediate assurance, which have been further broken down into 53 sub-actions.

Completed Actions	Number of actions due for completion by next QSRE (May)	Number of actions with later timescales	Number of actions with slipped timescales
43	0	0	10

2.7 The areas of slippage are in 4 main areas:

- Investigation of two identified cases – see update below
- Clinical Records
- Training related to Clinical Records
- Care and Treatment Planning Training

2.8 As part of their review of discharge arrangements HIW identified concerns relating to the discharge of two patients who subsequently died. Independent reviews have been commissioned of these cases with investigating officers identified from outside the Health Board.

2.9 The other areas of slippage are being addressed through the Mental Health In-patient Improvement Programme priorities and will be discussed later in this report.

2.10 The immediate assurance action plan owner will provide revised timescales for the remaining 10 actions and will update on these at the next MHLD QSRE meeting.

2.11 The discharge review was published on 7th March and includes a further 40 recommendations: Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (hiw.org.uk)

2.12 HIW asked the Health Board to submit an improvement plan by 7th April 2023. At the time of writing the Health Board is yet to have confirmation from HIW that this improvement plan has been approved.

2.13 All 40 recommendations and associated actions in the table below have been aligned to workstreams and are in progress as part of the In-patient Improvement Programme, which is discussed further on in this report.

Completed Actions	Number of actions due for completion by next QSRE (May)	Number of actions with later timescales	Number of actions with slipped timescales
1	1	38	0

2.14 **HIW Mental Health Service Inspection Glanrhyd Hospital: Angelton Clinic**

2.15 HIW undertook a three day unannounced Mental Health Service Inspection 14 -16 November 2022 and identified a number of immediate concerns. The Health Board was required to submit an immediate assurance action plan to address a number of concerns related to record keeping, ward environments, mandatory and statutory training and routine ward checks.

2.16 HIW identified 7 areas for immediate assurance, which the Health Board has further broken down into 31 sub-actions.

Completed Actions	Number of actions due for completion by next QSRE (May)	Number of actions with later timescales	Number of actions with slipped timescales
26	0	1	4

2.17 All of the remaining actions relate to training. The national mental health outcome measure trained had an original completion date of end of July and this is unchanged. However 4 other areas of training had earlier completion dates that have subsequently been revised. All of these training requirements relate to face-to-face training where there is limited training availability. In addition the service has to balance the release of staff for training with the requirement to maintain safe staffing levels.

2.18 Revised completion dates for the 4 slipped actions are as follows:

- Dysphagia training – 14th July
- PMVA – 11th July
- ILS and BLS – 31st May
- Evacuation – 31st May

2.19 The risks are mitigated by ensuring that there are trained staff rostered for each shift.

2.20 The final report was published on 15th March: 20230315AngeltonClinicGlanrhydEN_0.pdf (hiw.org.uk)

2.21 The Health Board was noted for doing the following areas well: physical health monitoring; staff, patient and family experience and engagement; and falls quality improvement.

2.22 In addition to the areas of immediate assurance HIW identified 8 additional areas for improvement, which have been further broken down into 33 sub-actions. The table below provides an overview of progress against those actions:

Completed Actions	Number of actions due for completion by next QSRE (May)	Number of actions with later timescales	Number of actions with slipped timescales
22	8	2	1

2.23 The action that has been delayed is the development of a Standard Operating Procedure for staff personal alarms. This should have been completed and presented at the March QSRE meeting. It has a revised timescale and will be presented to the May QSRE meeting with the other 8 actions that are due for completion for that meeting.

2.24 **HIW and CIW Community Mental Health Team Review: Maesteg CMHT**

2.25 HIW and CIW completed an inspection of Maesteg Community Mental Health Team in December 2022. They provided verbal feedback on 14th December 2022. In both the verbal feedback and in the final report the team were commended for their staff and service user engagement; high quality care planning, risk management and physical health monitoring; and cohesive team working and partnership between the Health Board and the Local Authority. This positive practice has been shared across the Health Board in a learning event.

2.26 There were no immediate assurances required.

2.27 The final report was published on 16th March 2023: 20230316MaestegHospitalCMHT-Full-EN.pdf (hiw.org.uk)

2.28 HIW and CIW identified 7 areas for improvement for the Health Board and Local Authority. These have been further divided into 23 sub-actions. The table below provides an overview of progress against those actions:

Completed Actions	Number of actions due for completion by next QSRE (May)	Number of actions with later timescales	Number of actions with slipped timescales
13	6	4	0

2.29 **Legacy Mental Health HIW action plans**

2.30 Prior to the implementation of the new operating model in September 2022 RTE ILG reviewed all mental health HIW inspection action plans dating back to 2016 and found that there were a number of actions that had not been completed.

Date of Inspection		Number of Recommendations	Updated status as of Feb 2023		
			Completed	Partially completed	Not complete
11/07/2016	RGH	27	26	0	1
22/01/2018	RGH adult inpatient	25	23	1	1
08/07/2019	RGH	44	39	1	3

2.31 This review of open actions was handed over to the new MHLD care group and has continued to be monitored by the care group QSRE. As of 1st February 2023 five legacy recommendations incomplete, with 2 other recommendations partially complete.

2.32 These seven recommendations (some of them repeated in each inspection from 2016 onwards) relate to the lack of a single electronic record, mandatory and statutory training and medical and nurse staffing levels.

2.33 There is a dedicated action plan for the legacy HIW actions that is monitored at every MHLD QSRE meeting. The In-patient Improvement Programme, which is discussed later in this report, also includes the oversight of the outstanding actions.

2.34 **Care Group Management, Oversight and Improvement**

2.35 A Quality, Safety, Risk and Experience governance framework led by the Nurse Director is in place to ensure proactive oversight of issues previously outlined in this paper. The QRSE Board has a standing agenda item for external oversight, which includes HIW inspections. The recent and legacy HIW action plans are on the agenda for every meeting and are actively monitored via this board.

2.36 The key themes that are evident across all HIW inspections are:

- Clinical records
- Statutory and mandatory training
- Policies
- Ward assurance

2.37 These four improvement themes are monitored via QSRE but also through the monthly integrated performance meetings with Clinical Service Groups and an update is provided below:

2.38 ***Clinical Records:*** The executive team and board have given approval to progress the implementation of WCCIS during 2023 / 2024. The Director of Digital and Deputy COO will co-chair an Implementation Board.

2.39 In the interim, operational and clinical leads have process mapped the existing systems and have introduced a number of actions to mitigate the current risk. 'High Quality Clinical Records' is also priority workstream in the In-patient Improvement Programme.

2.40 ***Statutory and Mandatory Training:*** A Pan CTM review of ESR competencies has been undertaken, with support from the Learning and Development team. A working excel document will be used for all wards as an interim assurance measure for reporting and maintaining compliance. This will enable the development of robust trajectories. Trajectories are in place for PMVA training with a plan to achieve 85% compliance by July. Trajectories are nearing completion for WARRN training. There are however significant challenges with corporately provided resuscitation and manual handling training. There are limitations in the availability of face to face training.

2.41 ***Policies:*** A care group policies group has been convened and has completed a scoping exercise of all MH specific policies. An outline policy improvement plan was reported to the QSRE in April 2023 and is progressing the prioritisation of policies for updating. The Health Board arrangements for ratification and management of clinical and operational policies is being reviewed by the Executive Medical Director and the Assistant Director of Corporate Governance.

2.42 **Ward Assurance:** A working group has identified an initial core of specialist MH audits and is working on a further shortlist for inclusion in the Health Board electronic audit system. Once this is complete the group aim to develop a programme of peer review. A programme of director level visits is also being developed.

2.43 A Mental Health In-patient Improvement Programme has been developed with a number of workstreams. The HIW actions and the four improvement themes referenced above are aligned to these workstreams.

2.44 The Executive Director of Therapies and Health Sciences has recently been identified as the executive lead for the In-patient Improvement Programme.

2.45 A further in-person in-patient improvement workshop was held on 26th April. Workstream leads were given the opportunity to share their improvement driver diagrams and to seek further support and improvement ideas from attendees. These ideas will be further developed and will form an aggregated improvement plan for in-patient services.

2.46 The Assistant Director of Mental Health in the Performance and Assurance arm of the NHS Wales Executive (formerly known as The Delivery Unit) attended the workshop as an observer.

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

3.1 The progress to implement WCCIS is a priority for the Health Board. This risk is recorded on the organisational risk register with a Datix Risk ID of 3337. Members will note the updates on the development of an Implementation Board.

3.2 The availability of some face to face training is also escalated to committee as this will continue to impact on mandatory and statutory training compliance.

4. IMPACT ASSESSMENT –

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The quality and safety of care for people in receipt of mental health services is central to this report.
Related Health and Care standard(s)	Choose an item.
	If more than one Healthcare Standard applies please list below: Safe Care Individual Care Timely Care Governance, Leadership and Accountability Dignified Care 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)

	No new, changed or withdrawn policies or services outlined
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)
	There are resource implications for the additional workforce proposed to underpin the internal oversight of mental health services. New posts are funded from recurrent the Mental Health Service Improvement Fund,
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 Members of the Committee are to **note** the progress on HIW inspection action plans and the mitigating actions in place for areas of slippage against timescales.

5.2 Members are asked also ask to **note** the ongoing progress of the In-patient Improvement Programme.