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Health Board



Service Groups' Highlight Report for Quality and Safety Committee

Meeting Date:	28 th March 2023
Service Group:	Mental Health and Learning Disabilities Service Group
Author:	Marie Williams Head of Nursing Quality, Governance and Improvement MHL D Service Group
Sponsor:	Stephen Jones Nurse Director MHL D Service Group
Presenter:	Stephen Jones Nurse Director MHL D Service Group

Summary of Quality and Safety issues since last report to the Committee (Reporting period: 1st October 2022 to 28th February 2023)

Serious Incident Position

During this period, there have been a total of 59 deaths of individuals known to Mental Health & Learning Disabilities (MHL D) Services:

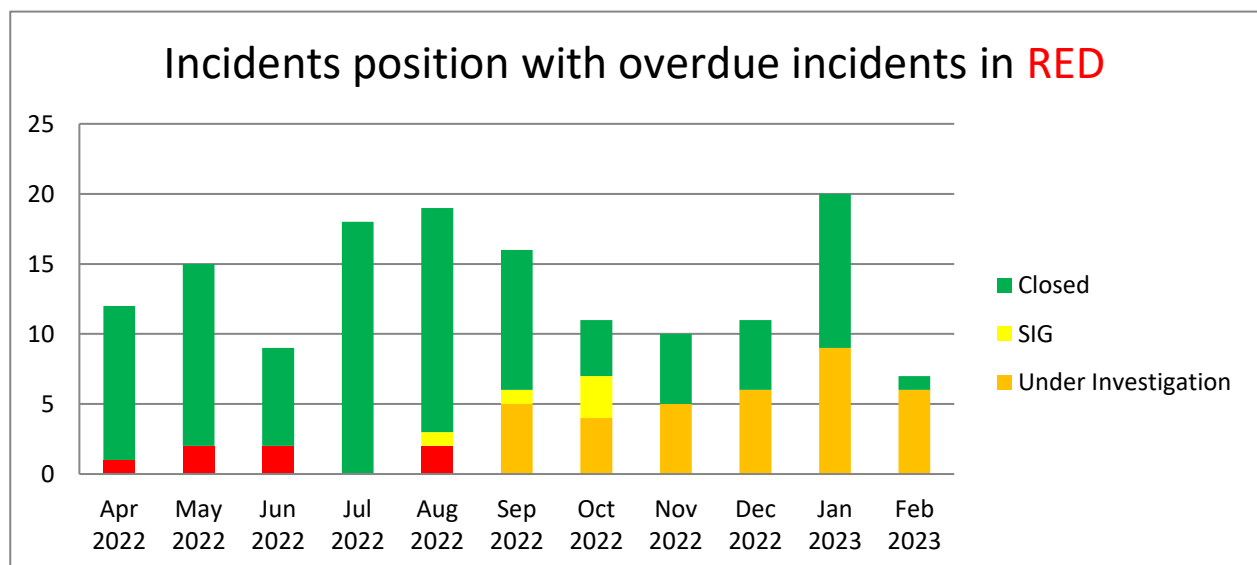
Mental Health (MH) – 43

Learning Disabilities(LD) - 9

Drug related deaths – 7

There is a proportionate investigation carried out in relation to the circumstances of each case. For LD cases, a peer review takes place for all deaths (including natural causes) to identify any learning and for the more complex cases, this would be escalated to full review. A similar process is followed for drug related deaths, both in CDAT and MH. Findings from potentially accidental overdose in these cases can still identify learning for the Service Group.

The current position for the Service Group can be viewed in the graph below:



From this graph you can see that there are 7 cases overdue (outside of the 120-day target) for closure, however the investigations are in progress and nearing completion. There are currently 3 prison deaths waiting for the outcome of the Prison Ombudsman review. There are currently 4 incidents relating to homicides which are being progressed through the homicide review process.

Since April 2022, 101 cases have been proportionately investigated to identify learning for the service group and closed. 5 cases are currently being reviewed by the Serious Incident Group (SIG) panel for closure, whilst 35 remain under investigation.

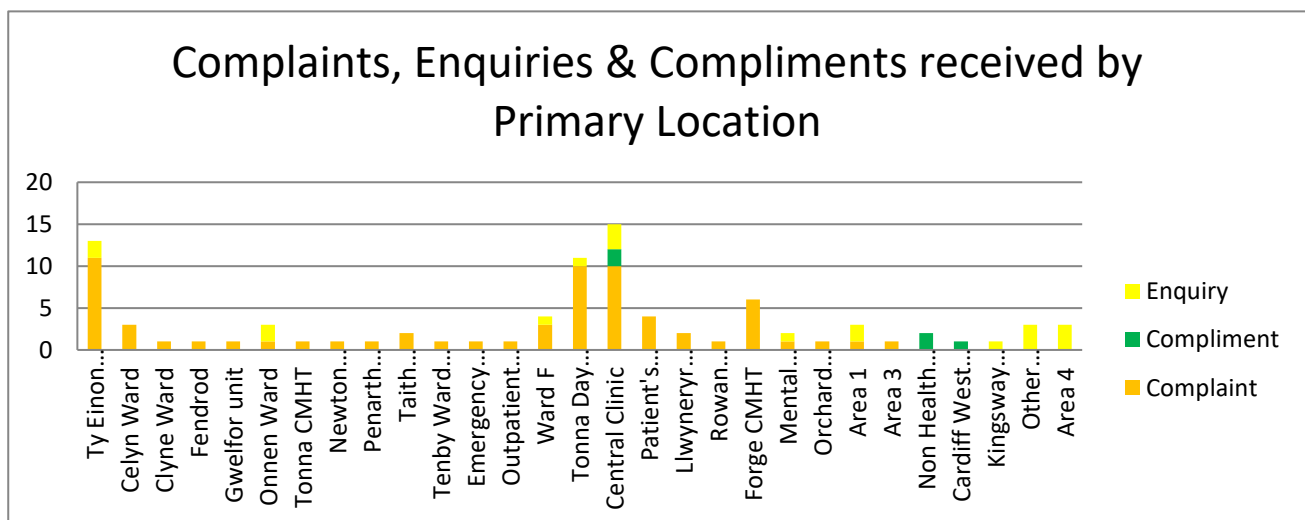
Our Serious Incident processes have also been under review, to align with the new governance structures within the Service Group. A focus has been on establishing strategy meetings for each case, chaired by either the Service Group Medical Director, Nurse Director or a Head of Nursing. The purpose and aim of these is to ensure that any immediate actions or assurances are established, the decision on the type of investigation to be carried out (full investigation, desk top review, CDAT, LD Peer review or outcomes/closure), the terms of reference and scope are agreed and the allocation of an investigator and clinical advisors for the case. The next phase in the review of the SIG processes is around establishing a more robust process for the completion, scrutiny, monitoring and sign off, of the action plans that are drawn out from the learning. This will be overseen by the (Learning) Hub and will report to the Serious Incident Group and the Quality and Safety Committee.

Complaints Position

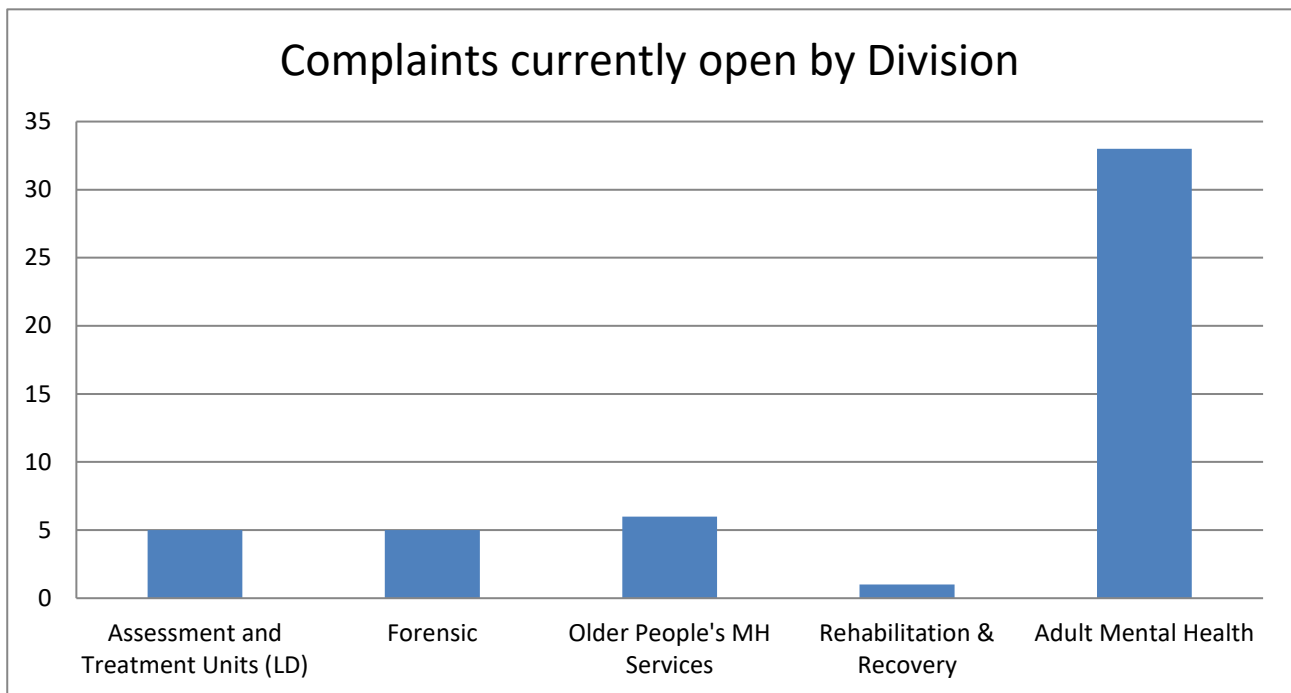
The current position for compliance against the 30 working day target is shown in the graph below:



The Graph below shows the number of complaints per area during this reporting period:



Current Open Complaints



There are currently 37 complaints that are overdue and have breached the 30-day response deadline.

Please see divisional breakdown below:

Division/Directorate	Number of complaints currently open	Number of complaints currently overdue
LD	5	3
Forensic	5	4
OPMHS	6	5
R&R	1	1
AMH	33	21
Total	50	34

It is evident from the target data received for December and the data of the current open complaint cases, that the majority of complaints relate to Adult Mental Health Services. This directorate represents the area of greatest inpatient and community demand within our Service Group. The majority of complaints received across the service are complex in their nature. Consideration is being given as to how Adult Mental Health's capacity can be increased to allow for investigation and response within the required timescale. This has recently been complimented by a 10-hour post for complaints handling, who has been in post since January 2023, but given its infancy, its impact is not noted as yet.

While we are striving to improve the performance with the 30 working day target, our focus has also been on the quality and satisfactory resolution for the complainant with the aim of reducing some of the re-opened cases.

Challenges, Risks, Mitigation and Action being taken relating to Quality and Safety issues noted above (what, by when, by who and expected impact)

Quality Assurance and Nurse Director Unannounced Reviews

During Jan/Feb 2022, the MHL D Service Group ratified their Quality Assurance Framework, setting out the infrastructure for monitoring, assurance and governance. Part of this framework are the Nurse Director's Unannounced Reviews. These reviews are co-ordinated by the Nurse Director's office with a review team of clinicians, senior leaders and relevant specialists who carry out an unannounced review on a clinical area or team per month.

10 reviews have been completed since April 2022.

Findings and learning reports have been provided to all areas reviewed.

External Reviews:

The MHL D Service Group have been subject to the following HIW reviews in 2022 / 2023:

4 HIW Unannounced inspections -

1. Dan Y Deri and Llwyneryr Learning Disability Units March 2022. Report received and action plan implemented.
2. Tawe Clinic - Clyne and Fendrod Adult Mental Health Wards March 2022. Report received and action plan implemented.
3. Bryn Afon – Learning Disabilities in January 2023. Final report received from HIW on 01/03/23. Report has been circulated for accuracy and improvement plan is currently under development. Both have been submitted to the Corporate team for submission to HIW.
4. Swansea HMP - Local review of the Quality Governance Arrangements in place within Swansea Bay University HB, for the Delivery of Health Care Services in HMP Swansea June 2022. The Service Group were alerted that HIW would be revisiting HMP Swansea between the 06/03/2023 and the 09/03/2023. Preliminary verbal feedback outlined that HIW were content with all information shared with them, that there were noted improvements in the recommendations following the previous HIW visit, and good communication and partnership working was noted. The full report will be forwarded in due course.

1 National Review

National Review of Mental Health Crisis Prevention in the Community March 2022.

An action plan is in place and is monitored quarterly by the Quality and Safety Committee.

CHC Reviews

The Community Health Councils for the three respective Health Boards undertook a joint visit to Hafod Y Wennol Learning Disabilities Unit in October 2022. The report of the findings was shared with the Service Group in February and the response and improvement plan are under developments for submission by the end of the month.

Implementation of Duty of Candour

With the regulations for Duty of Candour coming into force on the 1st April, work has been undertaken within the Service group on our preparedness for this.

Nicola Anthony (Assistant Head of Concerns Management) has attended various forums across the Service Group to inform teams of the regulations.

Further training will also be in place once released from Welsh Government. A training needs analysis has been completed summarising the need within the Service Group.

During January and February 2023, there were 68 incidents that were rated as Moderate/Severe/Catastrophic and therefore had the potential to trigger Duty of Candour. This data is included to show a representation of the potential going forward for Duty of Candour activity and reporting for the Service Group.

Please see summary table below:

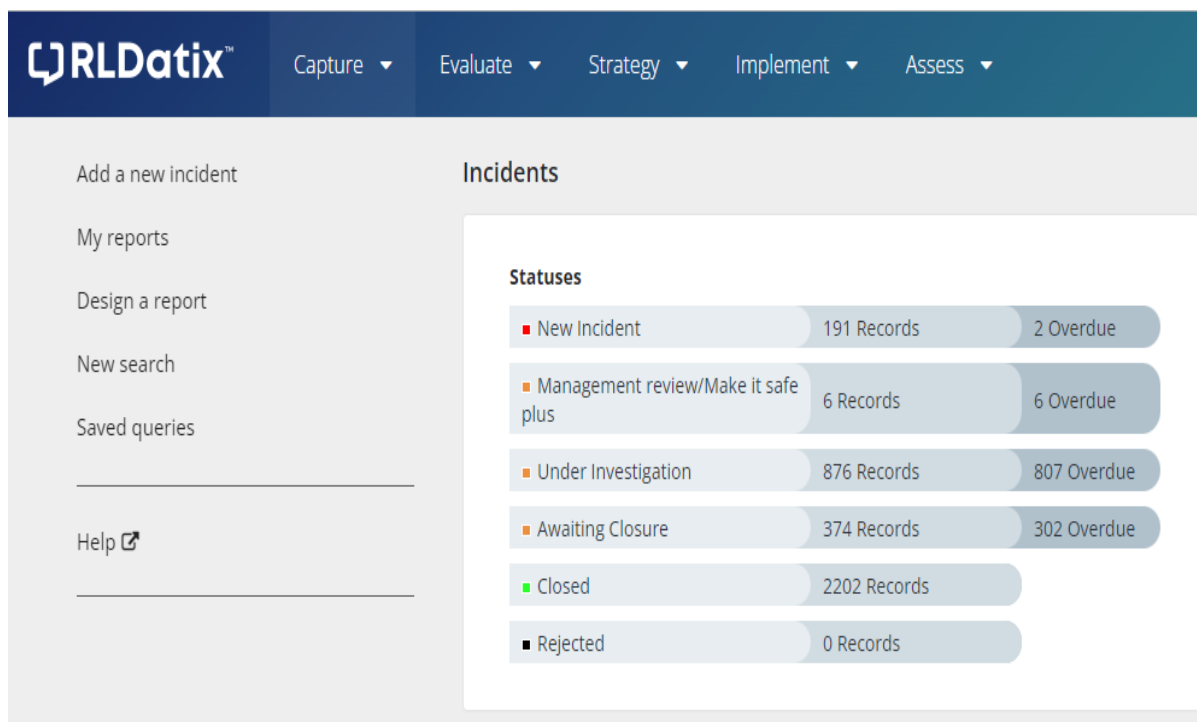
Moderate/Severe/Catastrophic Incidents reported in January/February 2023	68
Managed by SI process	29
Triggered Duty of Candour	6
Did not trigger Duty of Candour	29
Further investigation required	4

From this data we can project that potentially over a 2-month period there would have been a potential for a total of 39 instances where duty of candour may have been triggered. These are broken down by the 29 cases under the SI process – therefore the duty would already have been carried out by the SI team that were investigating these, the 6 identified above and potentially the 4 that require further investigation as to whether the duty would have been triggered.

Quality Assurance in respect of the BBC Panorama Programme

Deputy Nurse Director Kath Hart has prepared a report to provide local assurance as an outcome of the BBC Panorama documentary that raised concerns over the quality of service provision at a NHS medium secure mental health unit in Greater Manchester. The Key findings were themed around environment, culture, professionalism, patient experience, staff support and wellbeing, restrictive practice, and leadership. The conclusion demonstrated that the review process undertaken by the service group provided assurance in some aspects of quality and safety, but also highlighted opportunities of learning and improvement, which are being progressed by the Service Group leads.

Datix Compliance & Learning



As at the 7th March 2023, there are currently 876 incidents under investigation, 807 of which are overdue. There are currently 374 incidents awaiting closure, 302 of which are overdue. Work is currently being undertaken by the Q&S Team to clear the backlog of overdue incidents. Further work is being undertaken into the DATIX Mapping and the Q&S Team will provide an update in due course.

The concern and risk regarding DATIX mapping of incidents to appropriate line managers has been raised at the HB Corporate Patient Safety and Compliance group. Head of risk management (Neil Thomas) has since coordinated a group and has linked in with Welsh Government to raise the issues with the current system. These issues remain unresolved at present

Progress Against Annual Plan Quality and Safety Priorities 2021/22 (as applicable)
Quality Priorities: reduction in healthcare acquired infections; improving end-of-life care; sepsis; suicide prevention; and reducing injurious falls.

Infection Prevention and Control

MHLD Service Group Lead – Paula Hopes (Head of Nursing – Learning Disabilities Division)
 MHLD IPC meetings are held on a bi-monthly basis, with dedicated input from the corporate IPC team.

The HCAI Action plan is being monitored and reviewed by the group, and communicated within the Divisions and Directorates via their Q&S governance structures.

A learning forum supported by the IPC team is being introduced to discuss any immediate IPC advice, identify areas of good practice and an opportunity to identify any learning points.

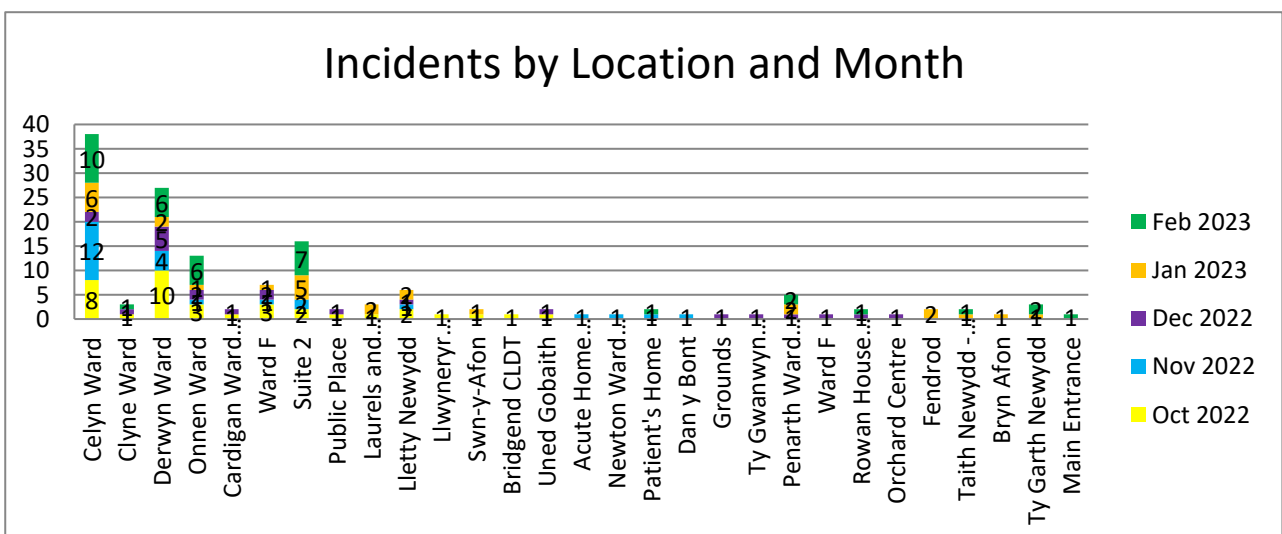
Hand hygiene training has been a key component and following a paper being approved by SMT additional/bespoke training has been secured for the MHLD Service Group to work towards an improvement in compliance.

Key achievements

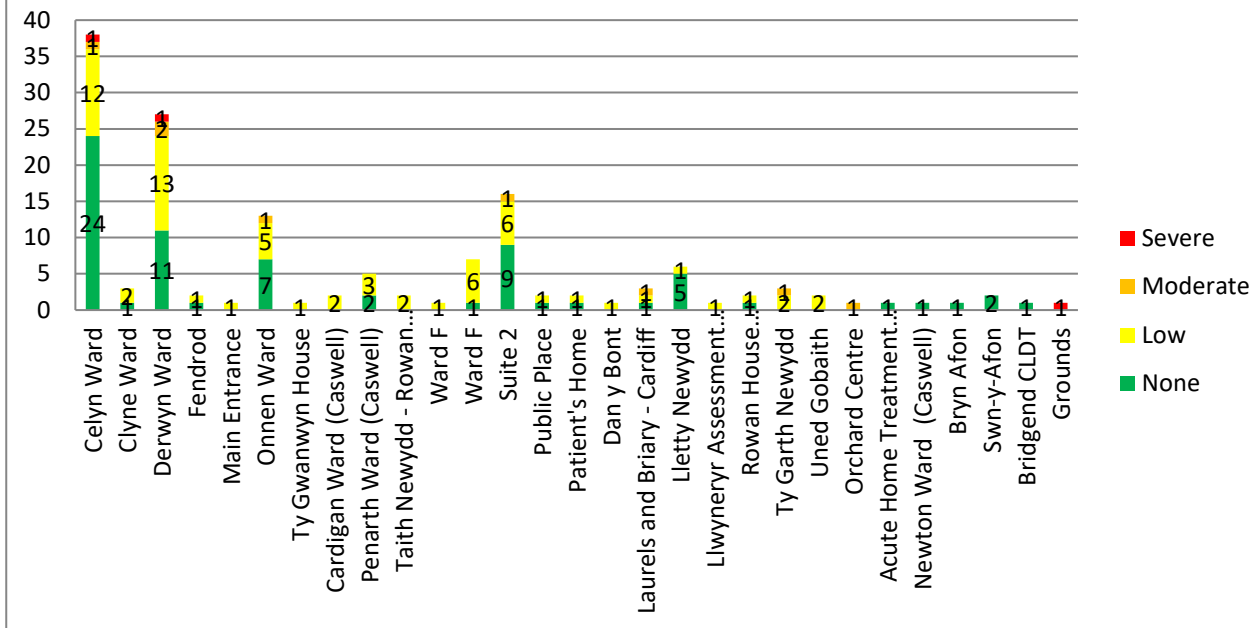
- The service group maintains a low number of reportable infection control issues.
- The Mental Health and Learning Disability Service has an established IPC group, the reporting arrangements and structure are going to be reviewed to reflect the quality and safety reporting map and increase divisional ownership of actions and assurances
- Drugs and therapeutics are taking forward the antimicrobial stewardship work in the service group.

Falls

During this reporting period the number of falls by locations, can be seen in the first graph and the location of incident and actual harm can be seen in the second graph below:



Incidents by Location and Severity



MHLD Service Group Lead – Clare Taylor (Head of Nursing – Forensic Division)

- Health Board Quality Priority Lead for Falls Eleri Darcy attending the MHLD Service Group Falls Meeting and the SI (Serious Incident) Falls Scrutiny meetings to support the identified learning and sign off.
- MHLD Service Group are participating in the National Audit for Falls.
- Links made with the All Wales Falls Task Group, which is focusing on quality reviews and learning from falls incidence
- The use of Falls Champions in clinical areas has been reinvigorated with the support from the QP Lead
- Baseline data is being captured around the multi-factorial risk assessment and its efficacy
- Baseline data also being captured on training compliance with the e-learning module on ESR with a view of an improvement plan

End of Life Care

MHLD Service Group Lead – Marie Williams (Head of Nursing – Quality, Governance & Improvement)

- Leads for the Quality Priority identify – Marie Williams (Lead) Dawn Griffin (Deputy) and Dr Roy (Medical lead)
- Emma Smith (Corporate QI Team) has provided the leads and other members of SMT within the service group a demonstration of the EOL Dashboard. It is recognised that the level of data available for the service group is limited at present
- Medical examiner role now in situ across our OPMH areas

SEPSIS

MHLD Service Group Lead – Clare Taylor (Head of Nursing – Forensic Division)

- Links made with the Health Board Resuscitation Team in relation to identified learning from Serious Incidents.
- Benchmarking audit on the recognition and care of the deteriorating patient, has been carried out across the MH division of the service group.
- Findings have been summarised in an action plan, which requires ratification through the MHLD Physical Health Subgroup.

- A Service Group Lead and Deputy will be identified for the RADAR meetings

Suicide Prevention

MHLD Service Group Lead – Marie Williams (Head of Nursing – Quality, Governance & Improvement)

- Ligature assessments and environmental risk assessments for all clinical area remain a focus and reported to the Ops team. All are currently in compliance with review dates
- Training for the suicide awareness and prevention, react, time to change Wales, and MH Awareness for managers continue to be promoted across the service group and monitored via the Quality Priority Lead
- MHLD learning and development team, including our Practice Development Nurses support the facilitation of the training programmes
- TRiM – given the nature of our work within the Service Group, TRiM processes have been instigated as required. It has been recognised the need to increase the resource to meet the demand and need for this approach. SBAR produced and agreed by SMT to train a further 3-4 TRiM practitioners to support ND TRiM manager for the SG.

Progress Against Health and Care Standards 2021/22

Data continues to be captured across the Service Group, in line with the Health Care Standards.

Patient Experience Update

Bespoke Mental Health and Learning Disability Feedback Survey

Within MHLD Service Group we have a bespoke survey to capture feedback from Service Users and Carers.

Type of Feedback	Total number of feedback requests	OPMH Surveys	Referrals from Wards	Drop in session
October	69	46	13	10
November	35	0	13	19
December	21	0	15	5
January	40	0	27	14
February	39	0	9	30
Totals	204	46	77	78

During this reporting period there were 46 surveys for the OPMH Survey conducted for the NHS DU. The NHS DU approached the Service User Feedback and Involvement Team to support the survey. This was an all Wales initiative, which ran during the autumn of 2022. The feedback survey was sent to 67 individual and the team managed to complete 46 interviews from this with service users and family members. Awaiting analysis and feedback report from the DU.

During this reporting period there were 204 requests for feedback using the bespoke MHLD survey. From these requests, 201 interviews were conducted. 77 of these were direct referrals from the wards and resulted in telephone interviews. During this period the team have also been facilitating drop in sessions in some of the areas and these have resulted in 78 face to face interviews.

When Service users were asked about their overall experience the results showed:

Month	Very Good	Good	Neither	Poor	Very poor	Did not answer
October	46.67%	26/67%	20%	Nil	Nil	6.67%
November	60%	31.43%	2.86%	2.86%	2.86%	2.86%
December	71.43%	14.29%	14.29%	Nil	Nil	Nil
January	94.29%	2.86%	Nil	Nil	2.86%	Nil
February	80.65%	19.36%	Nil	Nil	Nil	Nil

Friends and Family Test

The Nationally recognised Friends and Family Test continues to be available for individuals who chose to provide feedback via the external facing Health Board website. During this reporting period October 2022 to February 2023, 21 online feedbacks were received via this platform. 16 reported an overall experience of “Very Good”, which equates to 76%, 1 reported “Good”, 1 reported “neither good nor poor”, 1 reported “Don’t Know” and one reported “very poor” which all equate to 5% each.

Digital Stories

The Service User Feedback and Involvement Team have been working with service users and carers to produce digital stories. Five service user/carers stories have been completed over recent months, with a staff story too under development. It is the aim of the service group to be able to have a bank of stories in order to present one at each of the Quality and Safety Committee meetings from April 2023 onwards.

The team have also been working on team stories as part of the staff recognition item for the MH/LD Service Group Management Board. This item also allows for the welcome of new members of staff to the service group and acknowledgement for the dedication of staff leaving the service group.

Experts by Experience Apprenticeship

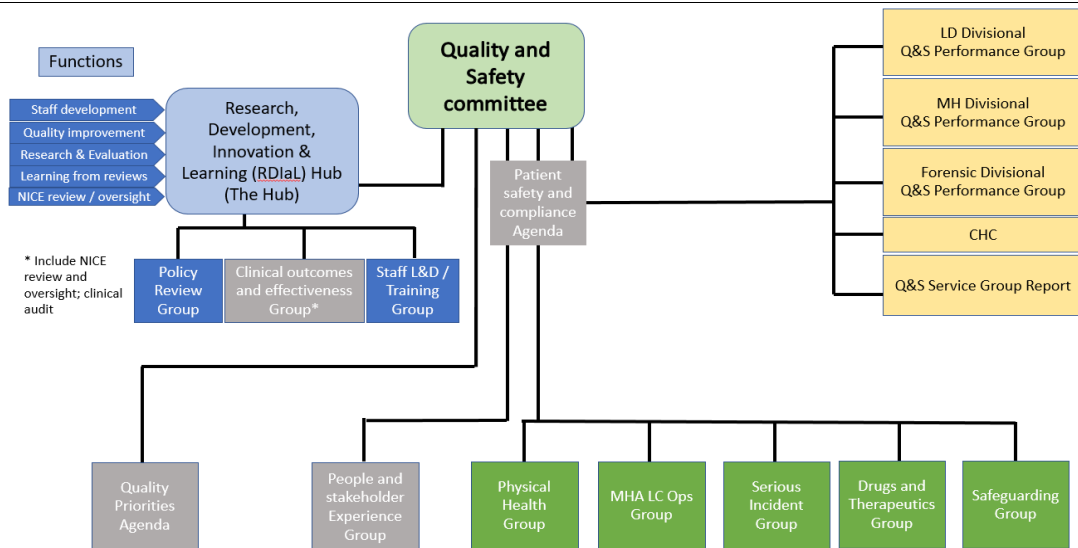
We have successfully recruited to our 2 posts (0.4 WTE each) for Experts by experience apprentices. The successful candidates will hopefully be joining the Service User feedback and involvement team from April (recruitment processes pending) and supporting the Service group with support for meetings, recruitment and training of staff and become part of the Nurse Director Unannounced visits reviewing team.

Any Other Issues to Bring to the Attention of the Committee

Aligning Quality and Safety agenda with the Corporate Patient Safety Group Structures:

The updated paper has been submitted and accepted by the Health Boards Quality and Safety Committee, which has been previously reported on to Management Board. During this quarter, the MHL D Quality and Safety Committee has met for the first time under the new structures/framework and reports submitted from the Divisions, subgroups and corporate Q&S function. This demonstrated improved Divisional ownership of the quality and safety agenda across the service group. From the committee, the focus has been to ensure that the current terms of reference and scope for each area are reviewed this month, with a view of sign off within the March Q&S committee. The Research, Development, Innovation and Learning Hub met for the first time on 23rd February, with the exception reports from the Q&S committee forming the main agenda and discussion.

The revised structure is illustrated in the diagram below:



Recommendations

Members are asked to:

Note the content of this report