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Service Groups' Highlight Report for Quality and Safety Committee

Meeting Date:	22 nd February 2022
Service Group:	Mental Health & Learning Disability
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Sponsor:	Stephen Jones, Nurse Director
Presenter:	Stephen Jones, Nurse Director

Summary of Quality and Safety issues since last report to the Committee (Reporting period: October 31st 2021 to January 31st 2022)

Serious Incidents

In 2018 Welsh Government clarified the reporting of serious incidents for patients with mental health and learning disabilities. The clarification was that all patients who had touched mental health or learning disability services in the 12 months prior to their death should be reported as a serious incident and an investigation into their care and treatment undertaken. As a result of the volume of cases generated by this criteria, the Service Group identified the need to increase the number of investigators which was achieved in early 2021 taking the investigation team to 3.4wte.

A meeting with the serious incident team identified a backlog of 122 incidents waiting for closure with the Welsh Government as of 14th December 2020.

In the serious incident meeting of 9th February 2022 we have achieved the position whereby there is only 1 of the backlog cases remaining to be investigated. Closure forms are currently being processed for 15 of the cases for submission to Welsh Government.

Court of Protection Court Cases

The Service Group provides services to individual who by the nature of their illness often lack capacity under the terms of the Mental Capacity Act. The majority of these individuals have Deprivation of Liberty authorisations with the Health Board or the Local Authority acting as the Supervisory Authority with no issues or complexity.

Where the individual does not agree with the capacity assessment or more commonly when the individual supported by their advocate believes the restraints in place do not meet the criteria of least restriction, then a case is raised with the Court of Protection. In addition, there are cases which cannot be authorised by the supervisory body either, because the incapacitated person is living in social care or with carers or because the case is complex and requires a legal judgment.

The Service Group currently has 41 open cases with the Court of Protection. And, each of these will require witness statements, supporting documentation and legal support. The increase in work load for the staff involved in these cases and the cost of legal support has an ongoing impact on the Service Group.

Prescribing valproate to women of child bearing age

The Policy for 'Prescribing & Monitoring Valproate in Bipolar Disorder' has been updated to reflect the current MHRA recommendations regarding usage in females of childbearing potential i.e. only use if no alternative option available and they are on a pregnancy prevention programme. A 'database' of females of childbearing age on Valproate is being developed, which will be utilised within individual CMHTs to ensure annual risk assessments are carried out.

Welsh Community Care Information System (WCCIS)

The patient recording system for all patient contacts; risk assessments, CTPs, assessments and recordings of contacts for all patients under the care of Swansea Mental Health services, including CDAT, recently moved from PARIS to WCCIS. There have been significant issues since the change over which culminated in the system 'crashing' for a prolonged period (Thursday 7th October to Monday 18th October 2021) with reduced capability thereafter. This has resulted in significant clinical risks at that point and ongoing risks that have been identified – these are being actively reviewed with input from the hosting organisation and representation from the Service Group and Local Authority. The Service Group has implemented mitigating actions to ensure continuity of service and to maintain patient safety.

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

Serious Incidents

Serious incidents are now reported via the Welsh Government Delivery Unit rather than directly to Welsh Government as previously. For mental health and learning disability the investigation requirements remain the same, whereby all deaths of patients who had any contact with the service in the 12 month prior to their death, however we are now only required to report those where acts or omissions of the service have contributed to the death.

Training via the Consequence Training: 'Investigating Well' has been completed by all the investigators to support the development of effective reviews. Proportional investigation levels have been agreed for deaths to ensure that the focus is on those where learning is identified.

Court of Protection Litigation Cases

The Service Group has identified support mechanisms for staff involved in complex cases via the Senior Nurses and the Quality & Safety Team to ensure that the collation of relevant clinical information and subsequent court hearings are managed effectively.

Additional training is being developed to ensure that staff are sufficiently skilled in the development of packages of care around the needs of the individual that include explicit consideration of the least restrictive options thereby removing the impact of court reviews.

Prescribing valproate to women of child bearing age

The safe prescribing of Valproate is on the Service Group's Quality & Safety agenda on a monthly basis. For those remaining outside the safe prescribing, in that they have not been assessed under the guidance with the appropriate safety information noted, an individual plan is in place. Monthly reporting shows regular improvements in prescribing safety.

An Audit under the RCPsych's Prescribing Observatory for mental health: 'Improving the quality of valproate prescribing in adult mental health services' was undertaken and reported on in 2021 with an action plan guiding the development of safe prescribing.

WCCIS

The developers of the system are part of an All Wales project group who continue to manage and improve the system. The Service Group are linked into the development process and provide feedback on the issues identified and the noted risks.

Problems with records are reported in Datix and referred for Information Governance Team review. On the occasions that significant service failures have been identified temporary work records are created that can be uploaded into the system.

Anti – Ligature work

As an outcome of anti-ligature audits, a program of work has been funded for the wards. Directorate Managers are updated in the Anti-Ligature Progress meeting for the Cefn Coed Hospital sites which met most recently on Tuesday 8th February 2022. The project manager has confirmed that they are currently 6 weeks behind schedule, but are endeavouring to meet the predicted times for each bedroom. Works have been progressing on Gwelfor: two bedrooms have been completed. Works will be commencing on Fendrod now that COVID19 risks have eased.

Work in Taith Newydd, Glanrhyd Hospital, which is managed by CTMUHB, began before Christmas: 26 of the 28 bedrooms have been completed; corridor works and communal areas remain outstanding but are currently on pause. CTMUHB estates have proposed a re-start date, however it is noted that staffing is particularly challenging on the unit at present and due to the nature of the unit the workers require a chaperone as part of the H&S for patients and the workers on site.

A final response to the PSA 013 has been provided: **Appendix1**



28 Report on PSA13
Ligature risks 10 jan

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.

Suicide Prevention – hosted by MH&LD Service Group

Targets have been set against 100-day plan/GMOS & Talk to Me 2 Strategy:

1. Identification of baseline data:

- Discussion in place regarding data currently held and establishing systems to capture real time surveillance - QP Lead has a meeting with digital intelligence 14th February 2022 with Craig Barker/Andrew Jones & Mary Moss
- Parameters & methodology discussions - QP Lead has a meeting planned for 17th February 2022 with Jason Davies & Kimberley Hampton Evans, Care After Death Team to capture research and themes
- Rapid Response – QP Lead engaged with Local Authority Safeguarding and planned engagement with Nicola Edwards (HB Safeguarding) 15th February 2022 – added to task and finish group.

2. Communication /Campaign / Intranet article raising awareness

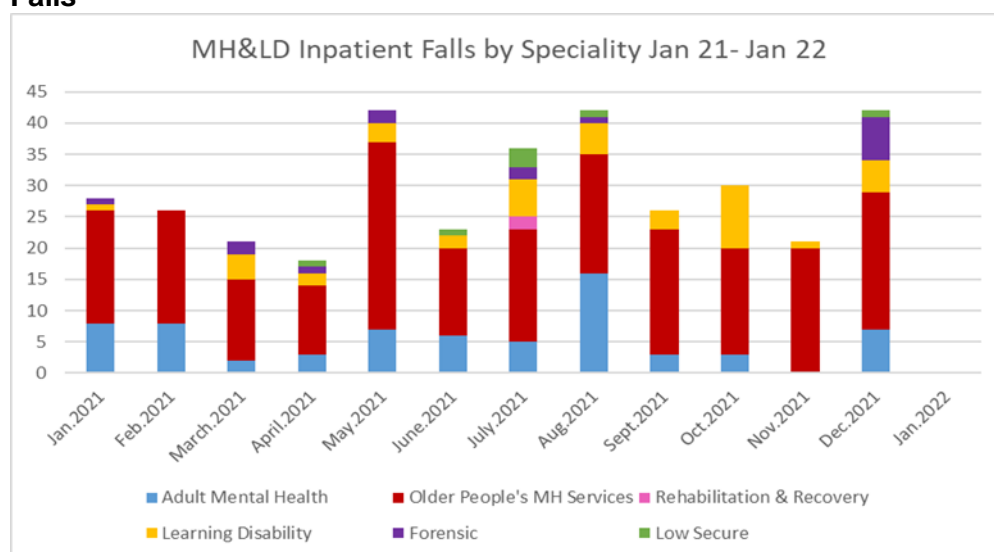
- QP leads introduction campaign in place - Angharad Higgins engaging with HB Comms Team
- QP Lead exploring the use of a blog on Suicide Awareness and is arranging a meeting with Sue Bailey
- Sharing HOPE - Art project: first steering group planned 17th February 2022; digital story to be created to launch project; engagement with other Health Board in using a staff story as a platform to de-stigmatise mental health / suicide amongst the workforce
- Twitter chat on 'safe spaces' to engage staff is planned and key individuals involved safeguarding, social platform influencers & interested parties from SBUHB and neighbouring Health Boards
- Staff Surveys - development of staff survey on mental health is underway and meetings with Staff Experience/Wellbeing scheduled for 16th February 2022

3. Training

- Scoping exercise in progress to identify training needs

- Scoping experience in progress relating to self-help/wellbeing programmes already in place across Health Board
- 1st Level training - progress made in combining Suicide Prevention training / React and Trim working with Lesley Bevan & Nicola Derrick - timeline to complete by April and roll out by May 2022
- 2nd Level Training - exploring funding for proposal of pilot study for training with 4Mental Health across HB - seek alternatives and viable training as opposed to STORM with safety planning & safety tools - meeting also with Michael Coffey on data and research on safety planning
- 3rd Level training - meeting with Rhonwen Parry to explore the high skilled training required for mental health professionals via Kate Davidson's training
- QP Lead attending All Wales Digital Platform workshop suicide prevention regarding training and development 10th February 2022
- Engagement with Lynsey Hughes to expand on a collaborative directory resource available for staff to access.

Falls



Total falls: 366 of which

- Moderate: 8
- Severe: 6
- OPMH: 248

In 2021 a thematic review of falls resulting in fractured neck of femur in older people's mental health services identified that falls prevention against the falls policy had high levels of compliance, however each reported fall followed a period of disrupted sleep. The Older Peoples service are therefore focusing on supporting better sleep alongside all other falls prevention interventions to try to reduce the number of falls causing serious injury. The project is in its early stages; actions and outcomes will be reported back via the Service Group's Quality Improvements Board. **Appendix 2.**



FNOF incidents in
MH services Respon

Health Care Acquired Infections

	No. cases Oct '21 – Dec '21	IMTP Profile– Oct '21 – Dec '21	Total number of cases YTD	Number of cases above or below cumulative trajectory ↓ ↑
<i>Clostridium difficile</i>	0	0	0	→
<i>Staph. aureus</i> bacteraemia	0	0	0	→
<i>E. coli</i> bacteraemia		0	0	→
<i>Klebsiella</i> bacteraemia <i>spp.</i>	0	0	0	→
<i>Ps. aeruginosa</i> bacteraemia	0	0	0	→

The Mental Health & Learning Disability Service Group continues to maintain a very low number of reportable infection control issues.

Infection Prevention Control

Percentage of staff compliant with standardised infection precaution training	Oct 21	Nov 21	Dec 21
	92.74%	93.19%	92.44%
Percentage of staff compliant with hand hygiene training	Oct 21	Nov 21	Dec 21
	83.88%	86.01%	87.89%
	Oct 21	Nov 21	Dec 21
Percentage compliance with hand hygiene (WHO 5 moments) (monthly)	94.90%	90.91%	91.64%
Infection Control Monthly Audit scores	95.02%	94.04%	95.27%
Percentage compliance with commode cleaning bundle	100%	100%	100%
Percentage compliance with required level of cleanliness of items on nurse cleaning schedule (weekly)	98.83%	99.28%	98.93%
Percentage compliance with ward / unit cleaning schedule (weekly)	99.57%	99.28%	99.76%
Percentage of Hand Hygiene Trainers received hand hygiene training in the last 12 months	57.58%	90.24%	68.33%
Percentage of staff compliant with Infection Control dress code	99.78%	99.77%	99.75%

Good standards are maintained across the Service Group.

Sepsis

- No cases in SG in past 12 months
- Key focus on 'recognising the deteriorating patient'
- Training provided on NEWS Cymru to key staff through the Service Group L&D Team, induction programme for new staff, Preceptorship Programmes – 228 staff trained in initial rollout with an expectation to cascade within their clinical areas
- QA approach to monitoring the appropriate use of NEWS Cymru

End of Life Care

Service Group	Number Trained in EOLC	Number booked in for training by end March 2022
Mental Health and LD	0	0

Recognition that improvement is required in this area.

EoLC Introduction days advertising now being targeted to appropriate managers for nominations

Improvement Plan:

- minimum of 2 champion per ward in OPMH (q1)
- 2 champions in all wards (q3)
- 2 champions in community (q4)
- Service Group lead scoping MH&LD SG specific training event(s)

Progress Against Health and Care Standards 2021/22

Health Care Standards completed and submitted for Quarter 3.

Patient Experience Update

Service user/Carer Feedback and Involvement Team

The work of the team is progressing with good levels of contact.

November 2021

The team received 66 referrals from clinical areas / teams. Of the 66 referrals, 41 resulted in telephone / video interviews being conducted. Of the remaining 25 referrals, 14 were dead lines / wrong telephone numbers and 11 unsuccessful attempts, despite answerphone messages being left (the team call back every other day for a response).

There were a total of 36 respondents - 17 service users, 5 carers, 14 Family members.
6 related to admission / discharge from inpatient setting.

- 18 MH Division reviews.
- 18 LD Division.

Any discrepancies with the numbers will be due to referrals rolling over from the previous month.
The ages ranged from 16-75+ with 1 preferring not to say.

- 100% said the service was Very Good/Good

Summary per Question:

- 33 (91.67%) found the area helpful,
- 34 (94.44%) found everyone friendly and caring,
- 34 (94.44%) found staff always listened
- 33 (82.89%) said that they always had choices

With regards to the overall experience 29 (80.56%) stated that they had a very good experience, 6 (16.67%) said that their experience was good, but 1 (2.78%) stated their experience was neither good nor bad.

December 2021

The team received 27 referrals from clinical areas / teams. Of the 27 referrals we achieved 21 completed interviews. 16 resulted in telephone / video interviews being conducted. Of the remaining 9 referrals, 4 were dead lines / wrong telephone numbers and 5 unsuccessful attempts, despite answerphone messages being left.

There were a total of 21 completed respondents - 7 service users, 9 carers, 4 family members

- 6 related to admission / discharge from inpatient setting.
- 2 following CTP reviews in the community

- 7 CMHT reviews in the community
- 5 CLDT reviews
- 1 Memory Clinic

Summary per Question -

- 20 (95%) said the service was very helpful and 1 (5%) said it helped with some things
- 20 (100%) found the staff were always friendly and caring
- 20 (95%) found staff always listened and 1 (5%) said they were listened to most of the time
- 18 (85%) said that they always had choices and 3 (15%) said they had choices most of the time

With regards to the overall experience 20 (95%) stated that they had a very good experience and 1 (5%) said that their experience was good.

Next Steps

Some areas still haven't engaged with the feedback service and we plan to prepare an end of year report showing levels of participation and engagement.

Prison InReach & Criminal Justice Team:

With regards to making our survey available to Prison InReach and the Criminal Justice Team we will be meeting to discuss how we can use a blended approach and make it meaningful for their services.

Training and Development Patient Experience:

Engaged with Time to Change champion with lived experience to collaborate with suicide prevention first level training.

Engaged with LAC to start scoping on lived experience stories to enhance services and understanding aligned with Talk to Me 2 Strategy and priority groups and places.

Any Other Issues to Bring to the Attention of the Committee

Previously, the Board requested a report providing assurance as to patient experience at Tonna Hospital be shared with the Quality and Safety Committee. This report has been used to provide the reassurance required in relation to the the impact of the temporary closure of Ward G, Tonna Hospital and how this has been managed.

In late 2019 the Health Board temporarily closed 14 beds (Suite 4) at Tonna Hospital because of acute staffing problems and started a public engagement on closing the beds permanently in March 2020, although the engagement was paused as a result of the pandemic. The original proposals were withdrawn and new proposals were developed which were engaged upon during the summer of 2021.

Patients on Ward G at Neath Port Talbot Hospital (which has 20 beds for older people with mental health needs) were transferred, with the staff, to the temporarily empty Suite 4 at Tonna Hospital so that Ward G could be used for Covid patients. In addition, Ward G, Tonna Hospital was temporarily closed on 8th September 2020, as a result of low occupancy and significantly reduced nursing staff availability.

The Service Group had worked pro-actively with the staff in Tonna Hospital on both wards on the back of the consultation to ensure that they had early sight of posts that became available across the Service Group so that they could make early applications to secure their futures. There had been an assumption by the workforce that Ward G would be the most likely area to facilitate the overall bed reduction, particularly given its poor condition and increasing under occupancy over a number of months.

The Service Group are committed to providing quality services to the population and as a result of the temporary closure we wanted to ensure that this was maintained for both patients and staff.

Patient Movements:

At the point of closure there were less than 5 patients remaining on the ward that required care in an alternative facility and each of these were appropriately accommodated within the Service Group and there were no issues in regards to the health and wellbeing of the patients who transferred to Suite 2.

Staff Movements:

In respect of the Ward G staff, the full establishment have been accommodated.

Metrics:***Number Reported Incidents:***

Suite 2

2021	Number of Incidents
June	8
July	10
August	16
September	12
October	10
November	15
TOTAL	71

Ward G

2021	Number of Incidents
June	Less than 5
August	
November	
TOTAL	

The above tables demonstrate that there has been no substantial difference or increases in the number of reported incidents resulting from the closure of the Ward G.

Types of Incidents:

The detail indicates that the type and nature of incidents is reflected across both clinical areas in the information below taken from Datix.

Suite 2

- Administration to Patient
- Choking/Inhalation/Aspiration
- Human Resource Availability (includes strikes/work stoppages)
- Inappropriate/Aggressive Behaviour by a Patient towards an Object/Structure (Not self-harm)
- Inappropriate/Aggressive Behaviour towards a Patient by a Patient
- Inappropriate/Aggressive Behaviour towards Staff by a Patient
- Injury of unknown origin
- Prescribing Processes
- Slip/Trip or Fall

- Suspected Slips/Trips/Falls (un-witnessed)
- Witnessed Slips/Trips/Falls

Complaints:

There were less than 5 reported complaints for Neath and Port Talbot during this period (July – November) –

There were less than 5 reported for Swansea –

There have been no complaints received specifically in regards to the temporary closure of Ward G, but there have been complaints in relation to the OPMHS modernisation plans particularly the potential loss of the Ward G Day Hospital facility which is currently located on the NPT Hospital site.

Compliments:

None reported for this period (July – November)

Patient Pathway:

The Service Group continues to offer the same admission pathway for OPMHS that has been in place as a response to the Covid-19 Pandemic which offers a Single Point of Admission through Celyn Ward, Cefn Coed Hospital, which has applied to residents of NPT since this time. The service continues to operate with bed capacity across OPMHS and is also still supporting Adult Mental Health services with less than 5 patients currently in OPMHS beds. The Directorate is still experiencing challenges in regards to discharge pathways as a result of a backlog in the Local Authorities ability to provide packages of care and Care Homes being closed in response to the impact Covid-19.

Outpatient Breaches:

The OPMHS Directorate are currently reporting breaches in the Port Talbot Outpatient Waiting Lists predominantly due to medical vacancies which is anticipated to improve as a result of the appointment of a Locum Consultant to support Outpatient clinics.

Governance & Risk Issues

The detail outlined above demonstrates that the mitigating action taken by the temporary closure of Ward G has alleviated the risks outlined in the original proposal whereby the ward could not be staffed to a level that would ensure that professional standards were maintained for the remaining patients. This action has also had an impact on the temporary staffing needs across the OPMHS and through the redeployment of staff has filled vacancies in other areas of the Service Group which will have achieved a positive impact on staffing resources and associated patient experience.

There are no specific governance or risk issues of note at this stage.

Recommendations

Members are asked to:

- **Note** the contents of the report