



Quality and Safety Assurance Report

Quality, Safety and Experience Committee

October 2024



The purpose of this report is to provide the Quality, Safety and Experience Committee (QSEC) with an overview of quality and safety across the Health Board.

The Health Board uses a number of assurance processes and quality improvement strategies to ensure high quality care is delivered to patients.

This report provides information on:

- Patient safety incidents including nationally reported patient safety incidents
- Duty of Candour
- Infection, prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- NHS Wales Nurse Staff (Wales) Act

Patient Safety Incident Reporting



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Patient Safety Incidents by month of occurrence

As at 31/08/2024

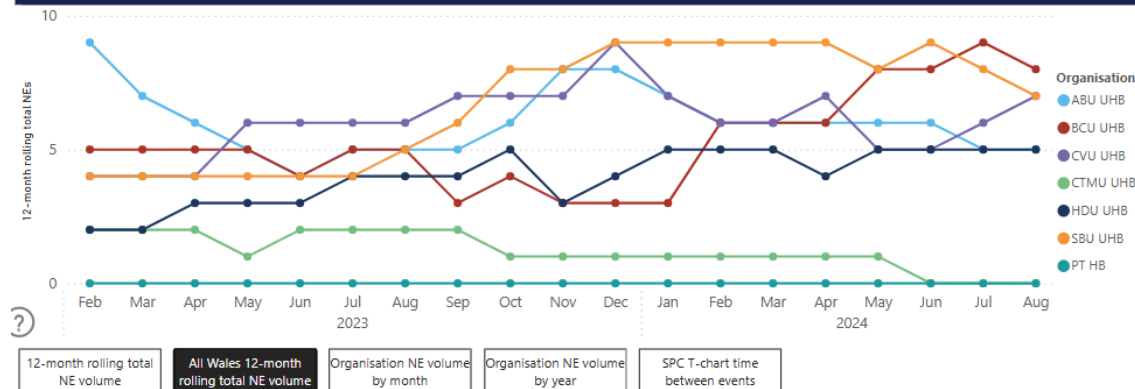


There were **13,741 Patient Safety Incidents** reported on Datix Cymru in Hywel Dda UHB between **1st September 2023 – 31st August 2024**.

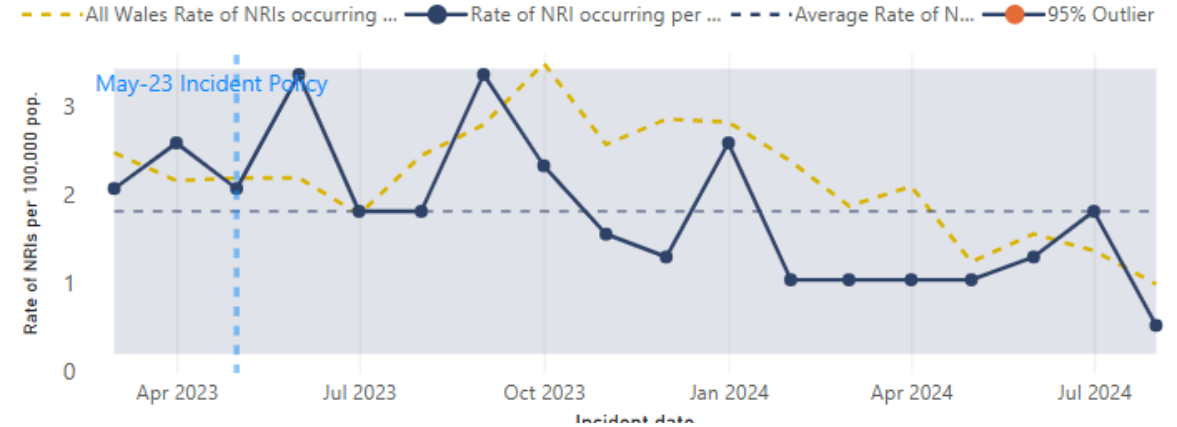
Of the 13,741 patient safety incidents reported, 10,342 have been closed. 1.5% were closed as moderate, severe or catastrophic harm.

Work continues to remind investigators that the grade/severity of an incident should reflect whether the investigation identified any acts or inactions by the Health Board that led to a negative outcome for the person affected e.g. an expected death in the community was closed as catastrophic by the service and on review no acts or inactions were identified.

All Wales 12-month rolling total Never Events occurring (by incident date) as of 05/09/2024



HDU UHB rate of NRIs occurring (by incident date) per 100,000 population as of 05/09/2024



HDU UHB Never Events occurring (by incident date, Feb-23 to Aug-24) as of 05/09/2024

Year	2023												2024							
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
Administration of medication by the wrong route	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	
Retained foreign object post procedure	0	0	1	0	0	1	0	0	0	0	1	1	0	0	0	0	0	1	0	
Wrong implant/prosthesis	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	
Total Never Events	0	0	1	0	0	1	0	0	1	0	1	1	0	0	0	1	0	1	0	



Diogel
Safe

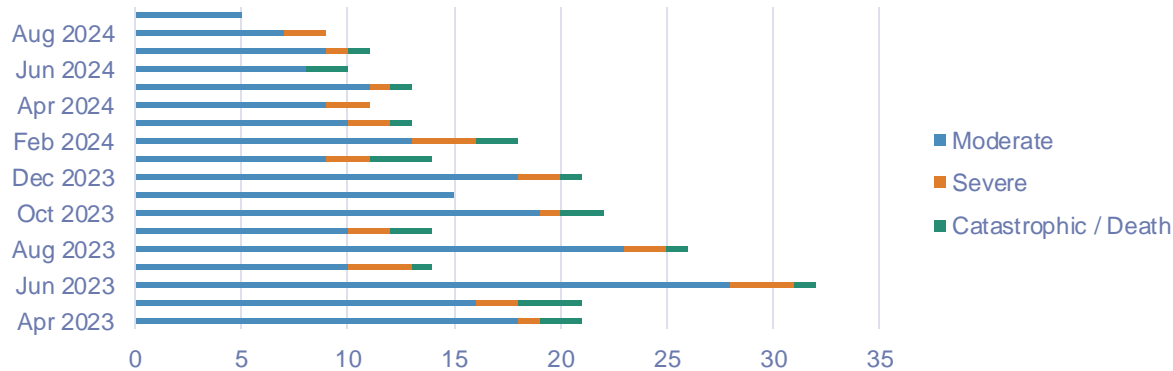
Duty of Candour



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Incidents by Incident date (Month and year) and Manager's interim harm assessment



Top 5 themes



- Accident, Injury
- Assessment, Investigation, Diagnosis
- Maternity adverse occurrence
- Pressure Damage, Moisture Damage
- Treatment, Procedure



Between 01/07/2024 and 30/09/2024, 43 incident records were closed where duty of candour had been triggered during the manager's initial assessment.

For each incident where the duty has been triggered the investigator/duty of candour lead is asked to provide a reason for why the duty has triggered. The reasons provided include:

- Patient fall
- Pressure damage developed whilst receiving health care
- Avoidable Hospital Acquired Thrombosis
- Treatment / procedural issues

Learning identified:

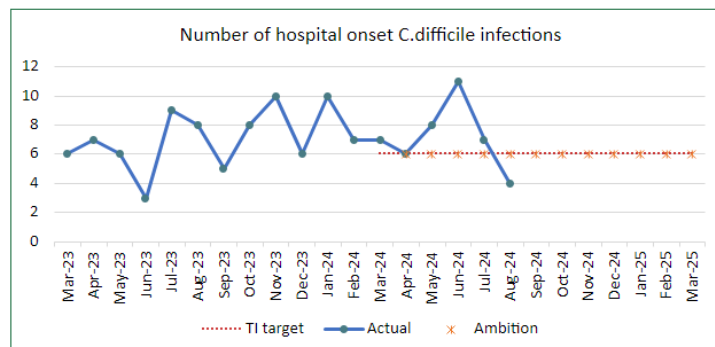
- Importance of documentation and prescribing in a timely manner
- Timely completion of risk assessments
- Completion of regular skin integrity checks
- Awareness of prevention of extravasation best practice and extravasation protocol
- Review of unplanned reattendance to A&E within 72 hours by consultant or senior registrar prior to discharge

Health Care Acquired Infections Overview and Actions

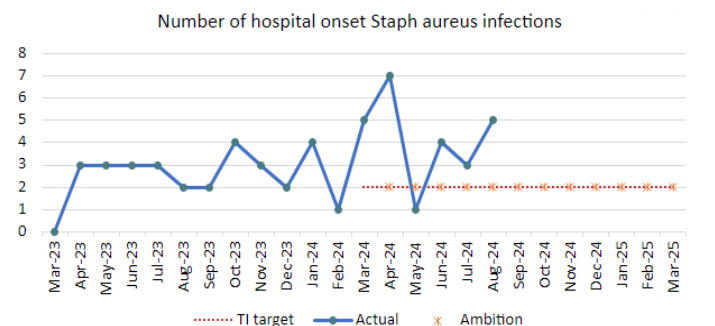


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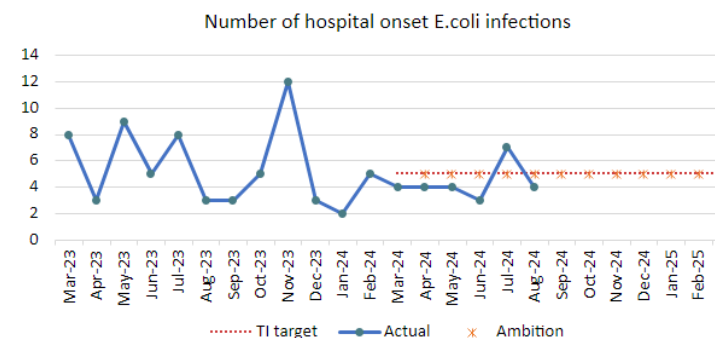
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- Executive leadership for Standard Infection Control Precautions (SICPS), Antibiotic Stewardship and Facilities to increase profile and drive improvement
- CDI Improvement Group established
- New cleaning policy and methodologies
- Progression with the HCAI Improvement Plan, reduce fluctuation and peaks



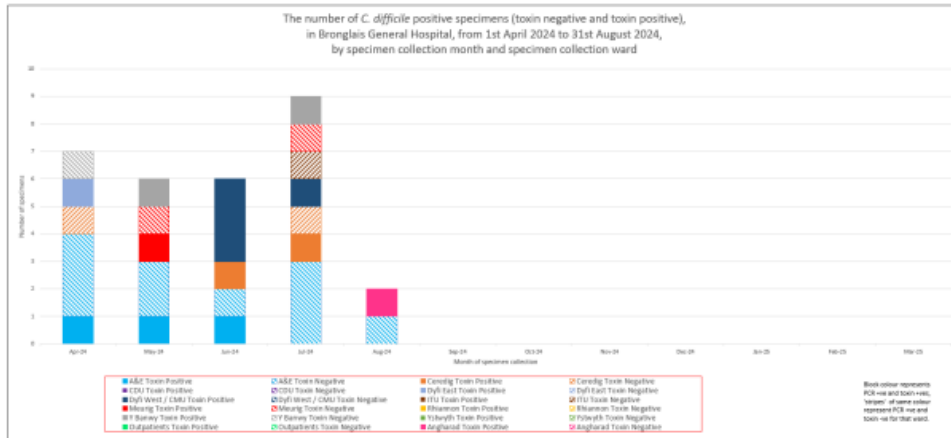
- Improvement in Aseptic Non Touch Technique (ANTT) compliance
- Gloves Off campaign to be released by Royal College of Nursing (RCN) in October – supporting evidence and profile of appropriate glove use – role out continues



- Maintain reduction of hospital onset cases
- Continued education of staff
- Reduction in gram negatives equals reduction in antibiotic usage

Bronglais Hospital (BGH) C.Difficile

2.1 Bronglais General Hospital



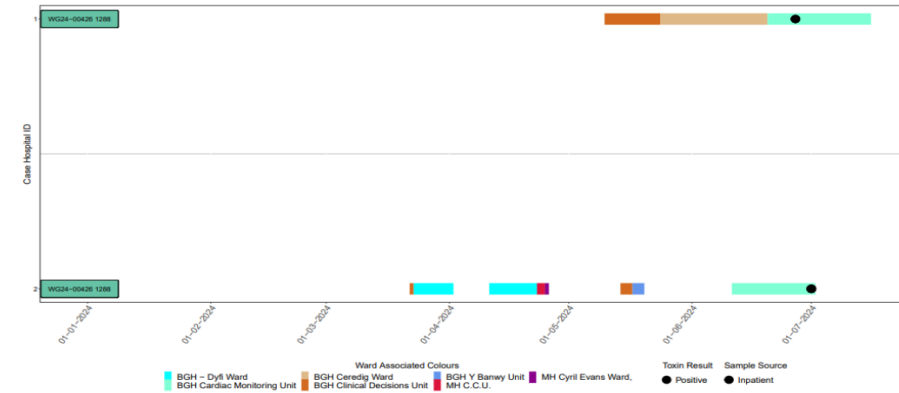
Light blue – A&E

Dark Blue – Dyfi/CMU

Actions:

- Internal reports completed
- Ward audits completed
- PII scrutiny meeting
- Comprehensive action plan completed
- Medical review of patients
- Review of antibiotics
- Review of mattress / bed movement
- Education: Training provided for bed cleaning
 - Hand hygiene training
 - Glove awareness training
 - C.difficile* training
 - Patient hand hygiene
- Deep clean of ward – Ultra Violet Cleaning (UVC)

5.1.1 BGH CMU Ward, July 2024 (WG24-00426_1288)



Graph No.	NHS Number	Initials	Healthboard	Overlapping Location	Specimen Date	Specimen_number	WGS Cluster	T5	T2	T3
1	440570520	R R	HDU	BGH Clinical Decisions Unit, BGH Cardiac Monitoring Unit	2024-06-27	F24A001281A	WG24-00426	1096	1288	1710
2	6302282179	M V	HDU	BGH Clinical Decisions Unit, BGH Cardiac Monitoring Unit	2024-07-01	M24A009876A	WG24-00426	1096	1288	1711

Impact:

- No further episodes of HO CDI on Ward
- Improved medical engagement on Ward

What Next:

- Hand hygiene validation audits continue to indicate poor compliance – further training and monitoring required
- Executive engagement required to re-enforce hand hygiene messaging
- Re-enforce 'Gloves-off' campaign
- Leadership



There has been no new reports published by Healthcare Inspectorate Wales (HIW), Care Inspectorate Wales (CIW) or the Human Tissue Authority (HTA) relating to the Health Board in the period 1st August 2024 to 30th September 2024.

HIW have undertaken an unannounced inspection of Bryngolau Ward, Prince Philip Hospital on 2nd – 4th September 2024. There were a number of areas of immediate concern identified relating to health, safety and security and during the inspection and the immediate improvement plan was submitted on 9th September to address those concerns.

We have also received a number of assurance queries from HIW during the period.

All open HIW / other body inspection actions plans are chased on a monthly basis and escalated if no progress is seen within 14 days. Directorates are able to log into the live Audit Management and Tracking System (AMaT) system and update their own actions and upload evidence of completion.

Directorates are actively supported and engaged to develop a SMART action plan within a realistic timeframe. HIW expect an update to all action plans on a 3 monthly basis until conclusion.



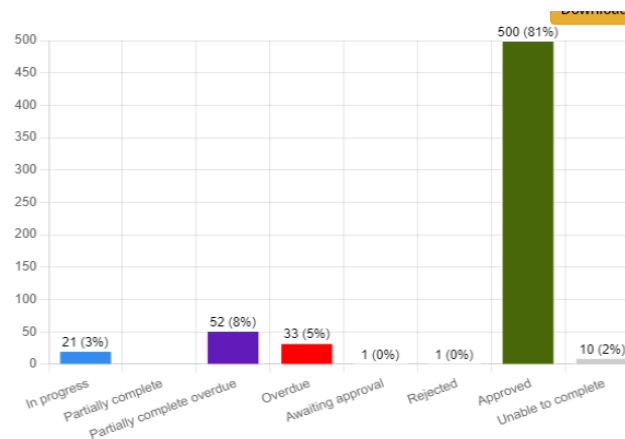
HIW Quality Checks/Inspections: Reviews and inspections



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Improvement Actions relating to HIW reviews



See appendix for list of overdue actions

Source: AMAT 16/09/2024

Open HIW inspections

No. of inspections	MD	SD	WN	PIR	Actions							
					In progress	Partially complete	Partially complete (Overdue)	Overdue	Unable to complete	Completed (awaiting approval)	Rejected	Completed
12	86/213 (40%)	4/16 (25%)	0	0	21	0	52	33	6	1	1	163

Completed HIW inspections

No. of inspections	MD	SD	WN	PIR	Actions							
					In progress	Partially complete	Partially complete (Overdue)	Overdue	Unable to complete	Completed (awaiting approval)	Rejected	Completed
21	160/160 (100%)	5/5 (100%)	0	0	0	0	0	0	4	0	0	337

HIW Quality Checks/Inspections: Open reviews and inspections

Code	Title	Type	Date of inspection	Origin	Recommendations	Action
Healthcare Inspectorate Wales (HIW)/2024/302	Glangwili Hospital – Morlais Ward	New	01/07/2024	Healthcare Inspectorate Wales (HIW)	9	17
Healthcare Inspectorate Wales (HIW)/2023/38	HIW Bronglais Hospital Maternity Unit unannounced inspection June 2023	New	01/08/2023	Healthcare Inspectorate Wales (HIW)	12	28
Healthcare Inspectorate Wales (HIW)/2022/17	HIW Bryngofal inspection July 2022	New	31/07/2022	Healthcare Inspectorate Wales (HIW)	19	19
Healthcare Inspectorate Wales (HIW)/2023/152	HIW DNACPR Review (Dec 2023)	New	18/12/2023	Healthcare Inspectorate Wales (HIW)	17	19
Healthcare Inspectorate Wales (HIW)/2022/19	HIW GGH IRMER Inspection (Nov 2022)	New	15/11/2022	Healthcare Inspectorate Wales (HIW)	21	35
Healthcare Inspectorate Wales (HIW)/2023/29	HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)	New	07/03/2023	Healthcare Inspectorate Wales (HIW)	40	32
Healthcare Inspectorate Wales (HIW)/2024/86	HIW IRMER Diagnostic Imaging x-ray department Withybush Hospital January 2024	New	31/01/2024	Healthcare Inspectorate Wales (HIW)	9	13
Healthcare Inspectorate Wales (HIW)/2022/50	HIW National Review of Patient Flow (Stroke Pathway)	New	14/03/2022	Healthcare Inspectorate Wales (HIW)	46	53
Healthcare Inspectorate Wales (HIW)/2020/35	HIW National Review: Maternity Services 2020	New	19/11/2020	Healthcare Inspectorate Wales (HIW)	32	31
Healthcare Inspectorate Wales (HIW)/2021/12	HIW St Caradog ward, Withybush Hospital	New	01/08/2021	Healthcare Inspectorate Wales (HIW)	2	3
Healthcare Inspectorate Wales (HIW)/2023/69	HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH	New	16/10/2023	Healthcare Inspectorate Wales (HIW)	19	24
Healthcare Inspectorate Wales (HIW)/2016/146	HIW Thematic Review of Ophthalmology 2015/16 issued January 2016	New	01/01/2016	Healthcare Inspectorate Wales (HIW)	3	3

Escalation Framework – internal quality measures



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- In April 2024, the Executive Team introduced an Escalation Framework.
- The domains within the framework are quality; governance; workforce; finance, strategy and planning; fragile services; and performance and outcomes.
- The areas currently within the quality domain which may trigger a directorate being in escalation include:
 - The number of incidents open for more than 120days
 - The number of patient safety incidents reported as more than minimal harm where no duty of candour interim assessment has been undertaken
 - The number of complaints open more than 30days where comment from the directorate is awaited
 - The number of overdue actions against external inspections and peer reviews.
- Further development of the 'Our Safety Dashboard' is underway with the intention of expanding the quality metrics available on the dashboard.

Escalation status levels overview 31 August 2024

Directorate	Quality
Director of Operations	1
Facilities	3
Mental Health & Learning Disabilities	3
Cancer & Oncology	1
Pathology	1
Radiology	3
Planned Care (incl. Audiology and Endoscopy)	3
Bronglais Hospital	3
Glangwili Hospital	3
Prince Philip Hospital	3
Withybush Hospital	3
Women & Children	3
Carmarthenshire County	2
Ceredigion County	2
Pembrokeshire County	2
Primary Care	1
Primary Care Management	1
Medicines Management	1
Director of Therapies and Health Sciences	2
Director of Finance	1
Director of Nursing	1
Director of Public Health	1
Director of Strategy and Planning	1
Director of Workforce & OD	1
Medical Directorate	1
Corporate Services	1

- Directorates are focusing on improving quality and ensuring that there is timely management of incidents, complaints and inspection actions.
- Progress is being seen in these areas:
 - Improvement in timely management of incidents
 - Plans for timely management of complaints
 - Evidence to provide assurance prior to approval of closure of inspection actions



Escalation - Directorate reports (incident management examples)

Quality - Incidents GGH & PPH

GGH: 287 of 1407 incidents pending closure (195 closed in last month).
Reduced by 738 from having 2145 open incidents on 19th April (34% reduction in 5 months).
High incident % generator remains within ED.
Key focus on ED/CDU

PPH: 185 open incidents (74 closed in the last month).
Reduced by 321 from having 506 open incidents on 8th April 2024 (63% reduction in 5 months).
Focus work on AMAU/Ward 9/Ward 4/MIU – Target of 31st October.

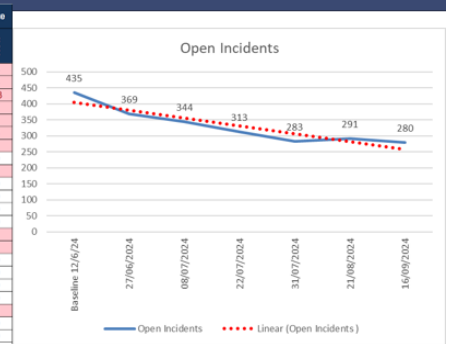
GLANGWILI UNSCHEDULED CARE Open Incident Comparison										
Department / Ward	New Incident	Management review	Under Investigation	Awaiting Closure	Total number of Open Incidents as of 25 June 2024	Total number of Open Incidents as of 18 August 2024	Total number of Open Incidents - As of 25 July 2024	Total number of Open Incidents - As of 30 June 2024	Total number of Incidents closed in the last month	
All Department	5	704	30	175	914	1050	999	1025	1212	-116
AS&S Department	1	40	30	4	45	75	75	70	74	-11
Cathlab Ward	1	37		5	42	45	37	30	38	-3
Clinical Services Unit	4	62		33	99	88	107	91	105	11
Coronary Care Unit	2	19		1	22	16	15	10	8	0
Deven Ward		12	1	7	20	33	16	20	44	-10
Dear Ward		24	13	22	59	58	20	10	9	1
Gwentlan Acute Stroke Unit	2	25	2	12	41	39	15	20	34	2
Marion Ward	1	16		1	18	19	16	8	9	-1
Radam Ward		16		12	28	30	30	25	30	-2
Preswll Ward		10		1	11	31	12	10	17	-1
Stephen Ward	1	13	2	4	19	19	11	25	24	1
Spth Ward		41		7	48	52	50	44	44	-8
Tony Ward		1		3	4	11	11	11	20	-9
Ysfa Ward		10		1	11	11	11	10	14	-2
Grand Total	16	1053	51	187	1407	1627	1613	1744	1195	-109

PRINCE PHILIP Open Incident Comparison - SEPTEMBER 2024										
Department / Ward	New Incident	Management review	Under Investigation	Awaiting Closure	Total number of Open Incidents as of 25 September 2024	Total number of Open Incidents as of 18 August 2024	Total number of Open Incidents as of 6 June 2024	Total number of Incidents closed in the last month		
AMAU	26	11	16	1	54	47	35	35	-7	
Coronary Care Unit	6	6	9	11	23	-3				
ECU Department	2				2	0				
MIU	11		2		13	14	50	80	-67	
Myrddin Mawr Rehabilitation Unit	7	3			10	6	6	11	-4	
Out of hours Treatment Centre	3				3	4	3	3	-1	
Site Management	1				1	0	0	0	0	
Ward 1	1	4	5	1	11	18	44	42	-13	
Ward 2		24			24	42	35	69	-18	
Ward 3		1			1	19	20	20	-18	
Ward 4	1	2			3	7	6	6	0	
Ward 5		1			1	2	4	10	-7	
Ward 6		1			1	1	1	1	0	
Ward 7		1			1	1	1	1	0	
Ward 9		52	3		55	85	104	116	-10	
Grand Total	36	121	24	4	185	259	319	404	-114	

Planned Care

Incidents Tracker

Service	Baseline 12/6/24	As at 31/7/24		21/08/2024		28/08/2024		16/09/2024		Weekly Difference						
	Open	Open	Closed	New	Open	Closed	New	Open	Closed	New	Open	Closed	New			
Theatre	80	57	5	3	53	6	9	52	1	0	53	7	8	1	6	8
Trauma & Orthopaedic Spec	69	48	4	0	49	5	4	48	1	0	51	2	5	3	1	5
Critical Care	65	36	1	6	39	9	13	39	0	0	35	17	13	-4	17	13
Ophthalmology	59	25	2	0	25	5	4	24	1	0	26	3	7	4	2	7
Anaesthetics	31	26	1	0	29	0	3	29	0	0	24	6	1	-5	6	1
Orthopaedics	26	23	0	2	23	0	4	23	0	0	25	1	3	2	1	3
Urology	29	12	6	1	8	7	1	8	0	0	9	0	1	1	0	1
Waiting List	13	13	0	2	12	2	0	12	0	0	11	1	0	-1	1	0
Endoscopy	11	5	0	1	6	3	5	8	0	0	10	0	2	2	0	2
Colorectal	10	5	2	0	5	2	2	5	0	0	1	4	0	-4	4	0
Rheumatology	9	4	3	1	3	3	1	3	0	0	3	0	-3	3	0	0
Surgery	6	5	0	0	12	0	7	12	0	0	7	5	0	-5	5	0
Pre-Assessment	4	3	1	0	3	1	0	2	1	0	2	0	0	-1	1	0
Plaster Tech	5	4	0	1	5	1	1	4	1	0	5	0	1	-1	1	1
Outpatients	5	2	1	0	2	3	1	2	0	0	3	0	1	1	0	1
Critical Care Outreach team	1	2	0	0	3	0	1	3	0	0	3	0	0	0	0	0
Gastroenterology	3	3	0	0	4	1	1	4	0	0	2	2	0	-2	2	0
Bladder & Bowel Advisory Service	1	0	1	0	1	1	1	1	0	0	1	0	0	0	0	0
Endoscopy	1	2	0	0	2	0	1	2	0	0	2	0	0	0	0	0
Dermatology	3	1	0	0	0	0	0	0	0	0	4	0	4	4	0	4
ENT	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
#N/A	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Neurology	2	2	0	0	2	0	0	2	0	0	2	0	0	0	0	0
Breast Care	1	3	0	2	3	0	0	3	0	0	2	1	0	-1	1	0
Total	435	283	27	19	221	40	59	286	5	0	280	52	46	-6	47	46



Women and Children

Quality - Open Incidents September 24

Directorate Position September

Open incidents

Press the button below to select the measure you require:

Incident type	Sub type	Level	Location	Awaiting review	Days open
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Longest open incidents

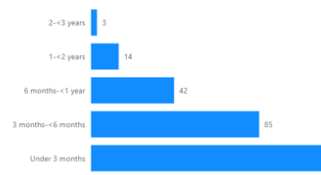
Ref	Days open
HDD11341	650
HDD11149	594
HDD17613	500
HDD17650	500
HDD18011	476
HDD10461	463
HDD11311	426
HDD14111	413
HDD11321	400
HDD27253	702
HDD29303	660
HDD29304	660
HDD34995	567
HDD36449	541
HDD37513	519
HDD17611	518
HDD38039	508

Maternity Position September

Open incidents

Press the button below to select the measure you require:

Incident type	Sub type	Level	Location	Awaiting review	Days open
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Longest open incidents

Ref	Days open
HDD15111	546
HDD15160	501
HDD04941	441
HDD34995	567
HDD38039	508
HDD38187	505
HDD39042	491
HDD39994	473
HDD42628	423
HDD42872	419
HDD43155	413
HDD43462	408
HDD43819	400
HDD44028	396
HDD44961	378
HDD45166	374
HDD45415	368

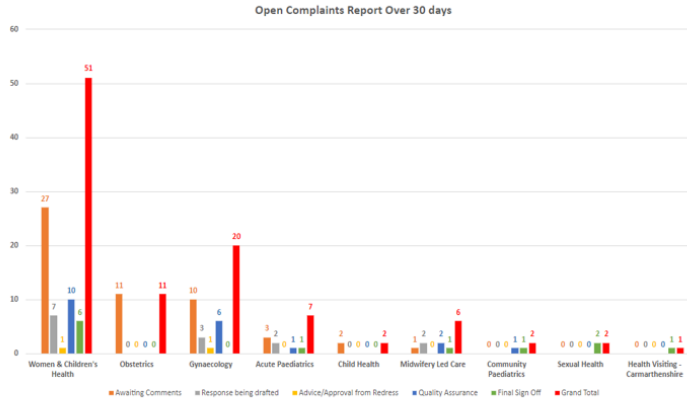
437 incidents awaiting closure May 24 – now 0
Maternity reduced from 138 July 24 – now 27
September Directorate overall position 117
Predicted end October overall position – 50

- 52 Incidents have closed since 28/8/24 of which:
 - 9 > 12 months
 - 9 > 6 months
 - 9 > 3 months
 - 24 > 1-3 months
 - 3 < 1 month
 - 46 incidents have been added since 16/9/24

Escalation - Directorate Reports (Complaint Management Examples)

Women and Children

Quality – Complaints over 30 days



Overall improvement in Directorate position
April 24 – 68 over 30 days
September 24 – 51 over 30 days

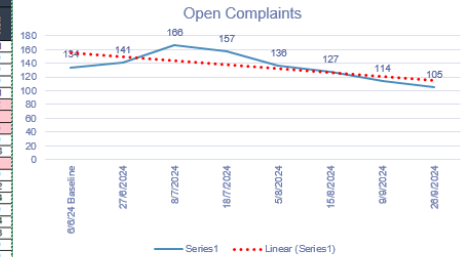
Greatest improvement within Gynaecology with reduction in service awaiting comments
April 24 – 18 awaiting comments
September 24 – 10 awaiting comments

3

Planned Care

Complaints Tracker

Service	6/9/24 Baseline		As at 15/9/24			As at 9/9/24			As at 29/9/24			Weekly Difference		
	Open	Closed	Open	Closed	New	Open	Closed	New	Open	Closed	New	Open	Closed	New
Anaesthetics	1	7	1	3	4	0	2	3	1	1	0	0	1	-1
Breast Care	1	2	0	0	1	1	0	1	0	0	0	0	-1	0
Colorectal	5	4	3	0	3	1	0	3	0	0	0	0	-1	0
Critical Care	3	3	0	0	3	0	0	1	2	0	-2	-2	0	0
Dermatology	4	4	2	0	5	0	1	3	2	0	-2	-2	-1	0
Endoscopy	3	2	0	0	1	1	0	3	0	2	2	-1	-2	0
ENT	3	5	0	0	3	2	0	4	0	1	1	-2	1	0
Gastroenterology	7	6	3	1	4	2	0	7	0	3	3	-2	-3	0
Neurology	3	9	2	2	5	5	1	5	1	1	0	-4	0	0
Ophthalmology	17	11	2	4	15	6	10	10	7	2	-5	1	-8	0
Orthopaedics	7	8	1	4	9	0	1	9	2	2	0	2	1	0
Outpatients	2	1	0	0	1	0	0	1	0	0	0	0	0	0
Rheumatology	5	8	2	1	6	5	3	4	3	1	-2	-2	-2	0
Surgery	12	8	3	0	10	3	5	11	0	1	1	-3	-4	0
Theatre	1	1	0	0	0	1	0	0	0	0	0	-1	0	0
Trauma & Orthopaedic Specialists	32	26	4	0	27	7	8	24	7	4	-3	0	-4	0
Urology	17	18	3	1	14	11	7	15	3	4	1	-8	-3	0
Vascular	2	1	0	0	1	0	0	0	1	0	-1	1	0	0
Waiting List	1	1	0	1	1	0	0	0	1	0	-1	1	0	0
Colorectal Surgery	1	1	0	0	1	0	0	0	0	0	0	-1	0	0
Orthopaedics	1	1	0	0	1	0	0	1	0	0	-1	1	0	0
Total	134	127	26	17	114	61	38	105	31	22	-9	-20	-16	0

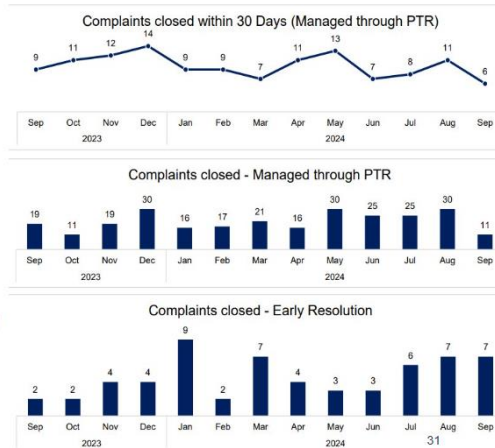


- 31 Complaints have been closed since 9/9/24
 - 1 > 12 months
 - 5 > 6 months
 - 3 > over 30 days
 - 22 Open 1 to 19WD
- 22 complaints have been added since 9/9/24

Quality GGH

GGH Complaints:

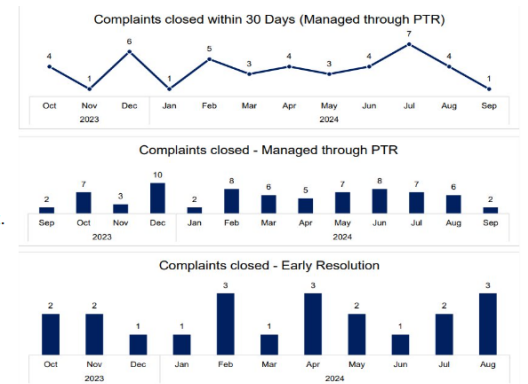
- 62 complaints open with 16 imminently to close with 11 at Quality assurance and 5 at sign off.
- 3 new, 31 service comments pending, 10 responses being drafted and 2 with redress.
- Priority action – 2 over 12 months (1 with redress, other Pending sign off). Update by 31st October 2024.
- 6 over 6 months – target 31st October to progress.
- 17 over 3 months – target 31st October.
- 21 over 30 WD – target by 31st October.
- 30 complains closed in August with 11 being < 30 working days.
- Increase in early resolution – 7 in August.
- Within 30 days - 47% / Over 30 days - 53%
- ED & CDU is main driver of complaints.



Quality PPH

USC PPH Complaints:

- 22 complaints open, 6 imminently to close.
- 3 new, 12 with service pending comments, 1 response with Redress. 5 at QA and 1 at sign off.
- 1 complaint over 12 months – priority action in place.
- 4 over 6 months with target to progress by end October.
- 9 over 3 months – target to progress end October.
- 3 open over 30 WD – Review and progress by end Sept.
- Requirement to strengthen Early Resolution process.
- Within 30 days 59% / over 30 days 41%



Nurse Staffing Levels (Wales) Act (NSLWA) 2016 – Extent to which the nurse staffing levels are maintained for S25B wards

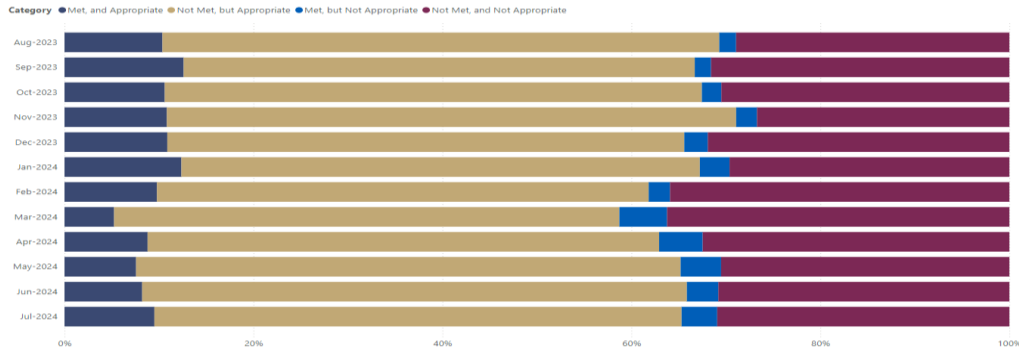


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CYMRU
NHS
WALES

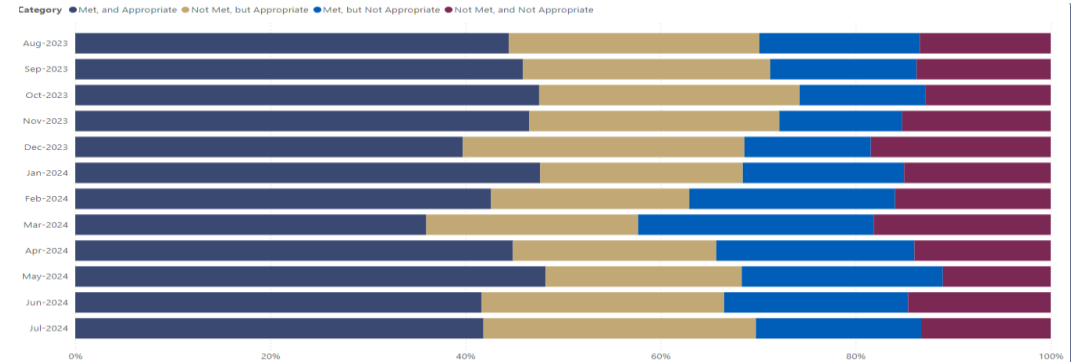
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Hywel Dda
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- The extent to which the planned roster has been maintained within S2B wards (acute adult inpatient medical/surgical wards and paediatric inpatient wards) for the last 12 months for both day and night duty (1st August 2023-31st July 2024) is set out in the two graphs (data as at 11th September 2024).
- The planned rosters were met and deemed appropriate more on night duty shifts than day duty shifts.
- Operational teams apply their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, that risks are mitigated, whilst also having regard for the health board’s overarching duty of “providing sufficient nurses to allow the nurses time to care for patients sensitively”.
- The met/not met data is calculated on the planned roster minus the actual roster data and the shift may be deemed not met by as little as 15 minutes or as much as the total hours of a shift.

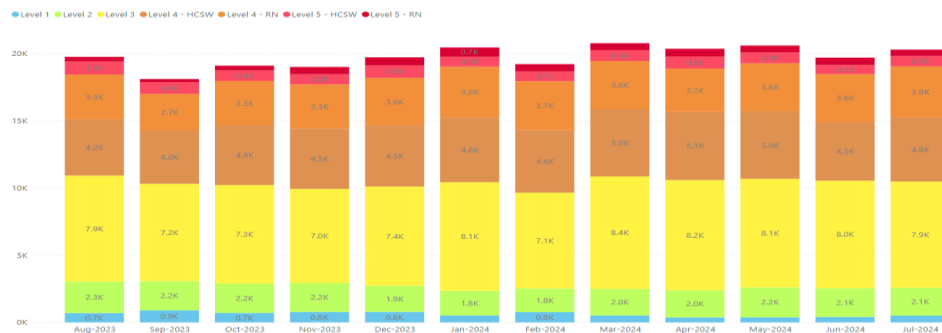
Extent to which the nurse staffing levels maintained – day duty



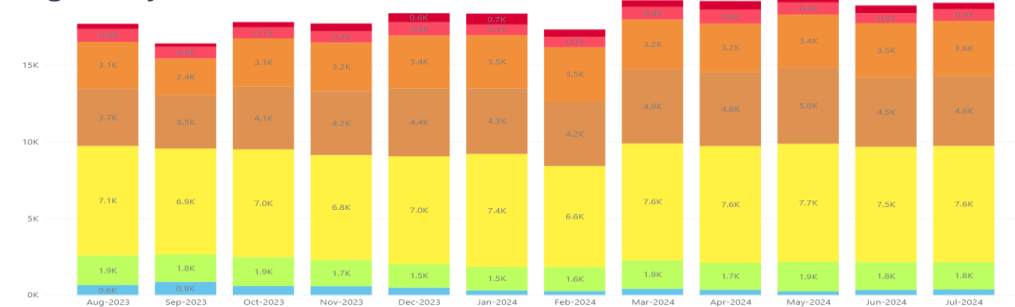
Extent to which the nurse staffing levels maintained – night duty



Acuity – day duty census



Acuity – night duty census



NSLWA- Risks & Mitigations:

- “All reasonable steps” are taken to maintain the nurse staffing levels as per the requirements of the Act and the nationally agreed operational guidance document.
- Operational teams apply their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, that risks are mitigated, whilst also having regard for the health board’s overarching duty of “providing sufficient nurses to allow the nurses time to care for patients sensitively”.
- There are 2-3 times daily staff planning and patient flow meetings to ensure appropriate staffing levels are in place
- Clinical site management teams and on call arrangements in place to provide 24/7 management and leadership
- Systems in place where by risk assessments are undertaken taking into account patients’ needs (acuity) versus the available staff (both substantive and temporary), staff’s knowledge and team.
- Mechanisms in place to ensure deployment of staff to ensure appropriate clinical skills
- Deployment of staff deemed to be supernumerary/non-rostered to provide direct patient care
- The impact of not maintaining the nurse staffing levels is considered as part of the investigation of key quality incidents (falls, pressure damage, medication errors and complaints), reviewed via local scrutiny processed and discussed as part of each nurse staffing level calculation cycle.
- For the 1st August 2023-31st July 2024 there were there were 47 incidents (40 falls, 4 hospital acquired pressure damage and 3medications errors) were the nurse staffing levels were not maintained and it was deemed to be a contributory factor to the incident of the 47, 23 were deemed to have resulted in no harm (20 falls, 1 pressure damage and 2 medication errors) 24 were deemed to have resulted in level of harm of low (20 falls, 3 pressure damage an 1 medication error).

Recommendation



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The Quality, Safety and Experience Committee is requested to take assurance that processes are in place to review and monitor:

- Patient safety incidents including nationally reported patient safety incidents
- Duty of Candour
- Infection, prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- NHS Wales Nurse Staffing Levels (Wales) Act



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The Duty of Candour

Openness and honesty should be at the heart of every relationship between those providing treatment and care and those experiencing it.



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND