

3.1

Quality and Safety Assurance Report

Presenter: Cathie Steele

Item 3.1 Quality and Safety Assurance Report

Appendix 1 Welsh Health Circulars for QSEAC



PWYLLGOR ANSAWDD, DIOGELWCH A SICRHAU PROFIOD
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 August 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Quality and Safety Assurance Report Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Sian Passey, Assistant Director of Nursing Assurance, Quality, Safeguarding and Professional Regulation Louise O'Connor, Assistant Director of Patient Experience

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

Cefndir / Background

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

Quality Assurance

The quality assurance information within the report includes a summary of data, intelligence and actions to provide high quality care against the core quality assurance processes that exist within the Health Board and the core quality and safety indicators.

There are a number of core quality assurance processes in use across the organisation; these include Board to Floor Walkabouts, feedback on experiences of care, service specific spot checks, and clinical audit. An overview of quality can be obtained through analysis of quality and safety indicators; these include incidents resulting in harm, serious incidents (SI), and complaints. Near misses will also be reviewed.

Quality Improvement

Previous reports to QSEAC have included quality improvement data on the top 3 incidents reported within the Health Board which also feature on directorate risk registers:

- Patient falls (Datix risk reference 45 and 90)
- Pressure damage (Datix risk reference 50, 88, 424 and 594)
- Medication errors (Datix risk reference 84 and 366)

Due to the COVID-19 pandemic, the staff resource for quality improvement has been redirected and therefore no quality improvement data is available for this report. However monitoring of

incidents reported and appropriate review and action to resolve the immediate issues identified has continued.

Since the previous report to QSEAC, meetings between senior members of the Quality Assurance and Safety Team and Quality Improvement Team have continued to provide the link between the quality assurance and safety data and the future planning for quality improvement

Asesiad / Assessment

Quality and Safety Metrics

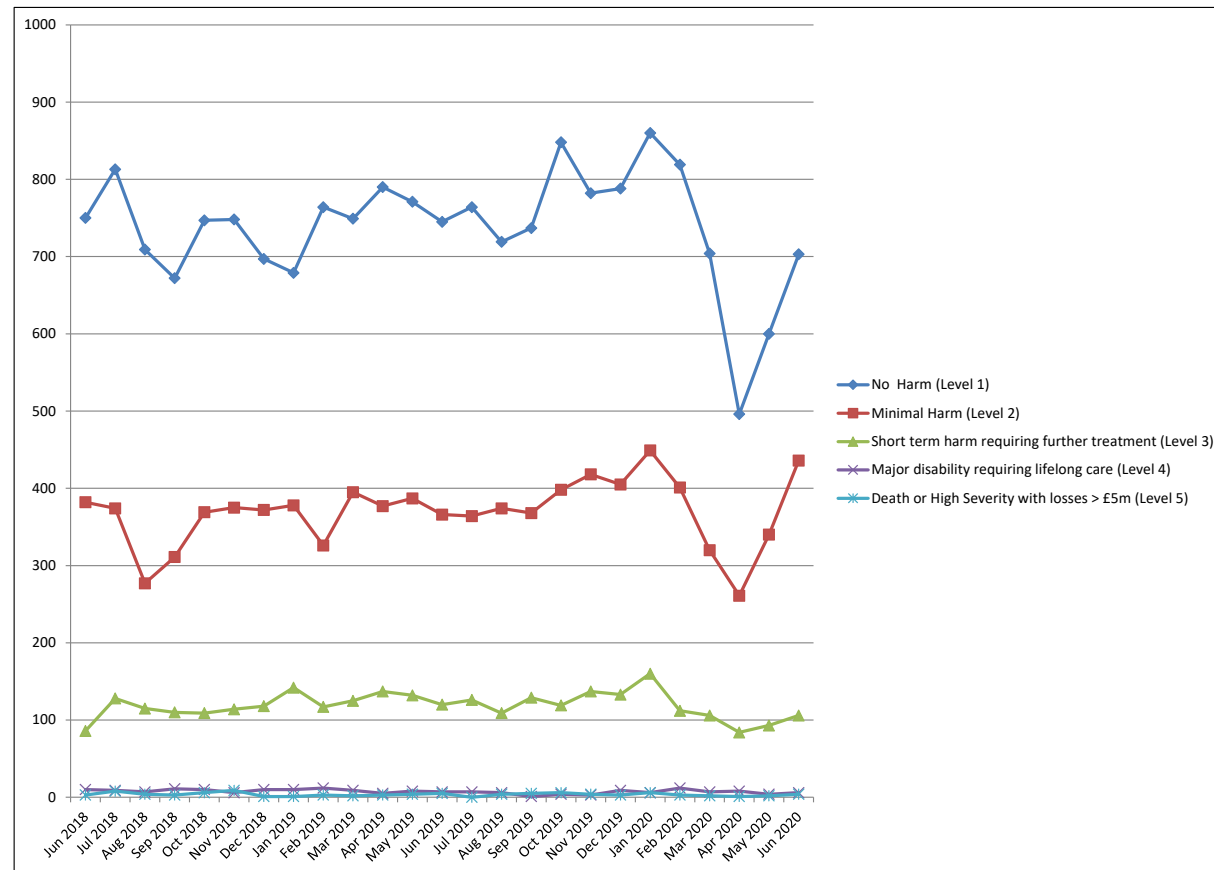
1. Key Quality and Safety metrics: Health Board Wide

Table 1 below provides a summary of the Health Board wide key quality and safety metrics for May and June 2020.

Table 1									
	Engagement in HDdUHB Core Quality Assurance Processes				Key quality and safety metrics				
	Board to Floor	Feedback on Patient Experience			Patient Safety Incidents				External Inspections
		Compliments	Complaints Managed through PTR*	Early Resolution	PSI* Total	% resulting in harm	No. resulting in SI*	% resulting in SI*	
Scheduled Care	0	3	52	15	62	44%	0	0%	0
Unscheduled Care	0	4	72	59	737	37%	2	0.5%	0
Women & Children	0	2	15	8	54	15%	0	0%	0
Mental Health & Learning Disabilities	0	5	19	12	230	36%	1	0.5%	0
Community Services	0	0	9	4	730	64%	0	0%	0
Primary Care	0	1	28	15	28	29%	0	0%	0
Health Board Total	0	15	195	113	2085	47%	3	1%	0
* PTR is Putting Things Right, SI is serious incident and PSI is patient safety incident									

Incident Reporting

Table 2: Incident Reporting Trend across the Health Board

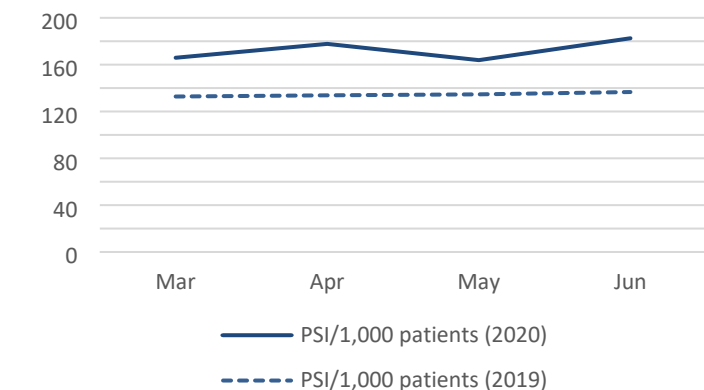


Source of data: Datix

Whilst there appears to be a significant drop in the number of patient safety incidents reported between March and June 2020, this can be correlated to the reduction in the number of admitted patients. However, using the patient safety incident data from the Quality Dashboard and the admitted patient data in IRIS, the data shows that on the acute sites there has been a rise in the number of incidents per 1,000 patients in this period compared to the same period in 2019. This is potentially due to the acuity of the patients during the COVID-19 period.

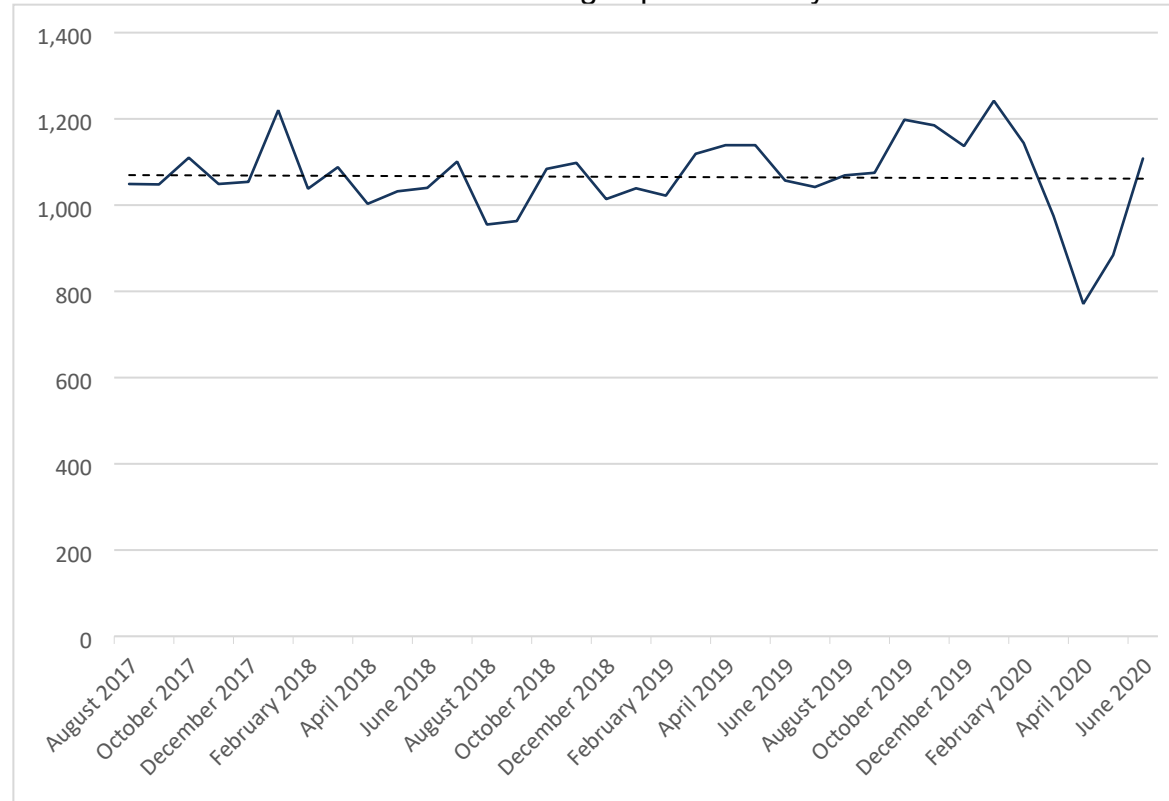
Work is underway to explore whether the number of patient safety incidents per 1,000 bed days can be routinely reported in the Quality Dashboard in order that a comparison can be made to publically available National Reporting and Learning System (NRLS) reports for other district general hospitals.

Table 3: PSI/1,000 admitted patients



Source of data: IRIS and Quality Dashboard

Table 4: Total number of incidents relating to patient safety



Source of data: Quality Dashboard

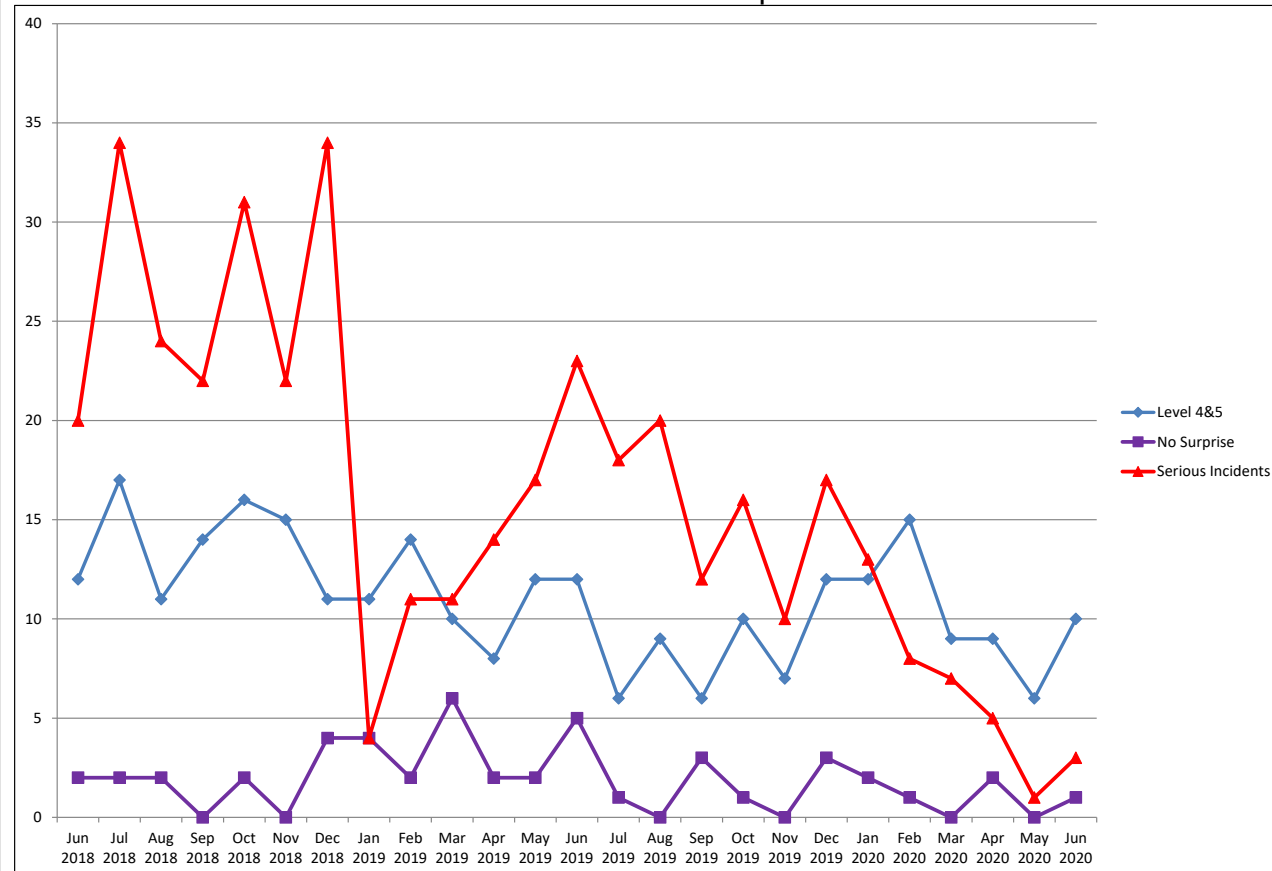
Within the patient related incidents in May and June 2020, the top 3 themes reported remain consistent with previous reports to QSEAC

1. Pressure damage (including moisture damage)
2. Patient accident or fall
3. Medication related incident

At the most recent meeting of the senior members of the Quality Assurance and Safety Team and Quality Improvement Team, discussions took place regarding the remit of the Health Board wide Falls Improvement Group and the Pressure Damage Working Group, (these groups have not met during the COVID-19 pandemic). It was agreed that the meetings of these groups would restart and the terms of reference be revisited to ensure that there is a focus on system wide learning and improvement, which includes the review of trends and themes Health Board wide. Services and specialties will be required to scrutinise their own data and report into the Health Board wide groups.

Link: Annual Quality Statement Priorities 2020/21

Table 5: Level 4 & 5 incidents and serious incidents reported to Welsh Government



Source of data: Datix

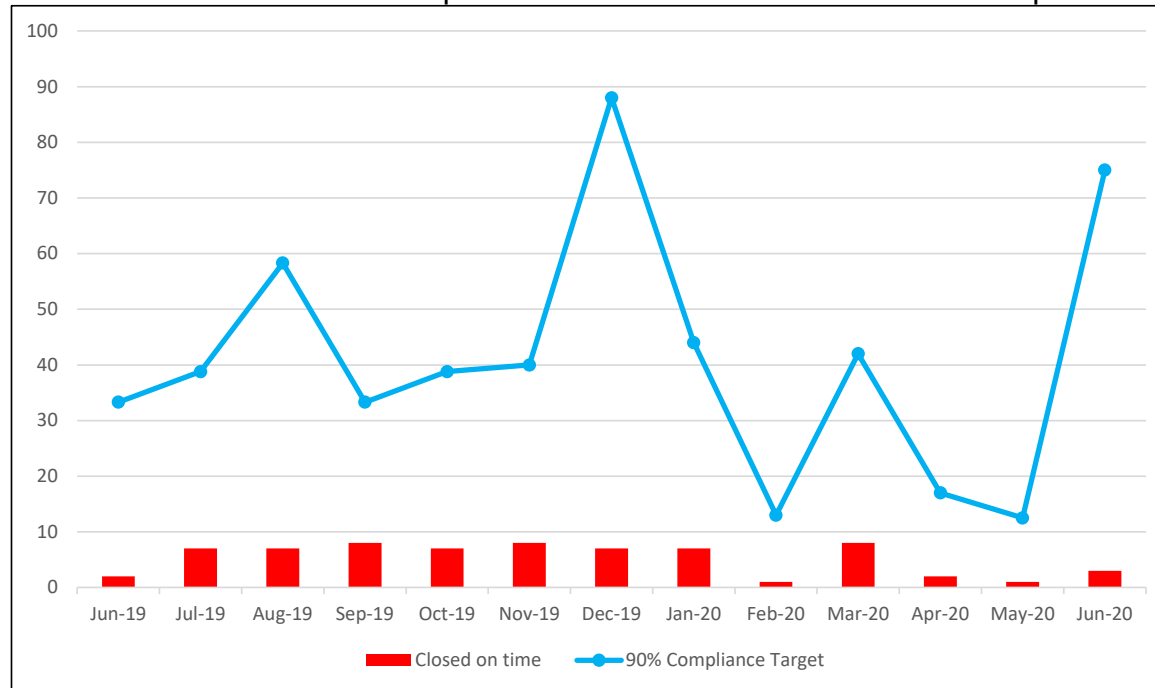
In June 2020, QSEAC were informed of 3 never events. The investigation into these events has concluded and the relevant directorates have developed improvement and learning plans to address the issues identified. At the July 2020 meeting of the Listening and Learning Sub-Committee, reports were received on two of these never events: retained foreign object (swab) post procedure incident and wrong site surgery (invasive procedure) incident.

Between 1st May and 30th July 2020 **6** serious incidents were reported to Welsh Government; unexpected death (including death of a service user known to Mental Health services) was the highest reported category.

As reported to the previous QSEAC, the Health Board continues to undertake proportionate and timely investigation on all incidents where there has been harm. Reporting of serious incidents to Welsh Government in line with the revised serious incident reporting guidance also continues.

Since the previous report to QSEAC, 1 never event has been reported to Welsh Government. The category of the never events was wrong site surgery (invasive procedure). A formal quality panel has been held by the clinical Executive Directors to discuss the occurrence of the never events with the relevant Directorates. In line with the duty of candour, a discussion has been held with the patient and their family.

Table 6&7: Serious incidents reported to Welsh Government Closure Compliance



In terms of the formal 60-day target for closure of serious incidents, Welsh Government had already, prior to the pandemic, decided to remove this as a performance target in the NHS Wales Delivery Framework from 1 April 2020. However, the Health Board continues to work towards closure of incidents within 60 days; although this will not be formally monitored by Welsh Government.

As at 30 July 2020, there were **30** serious incidents open over 60-days. This is a significant improvement on the position reported to the previous QSEAC where 41 serious incidents were overdue. The Health Board will continue to monitor and scrutinise internally the quality of these investigations.

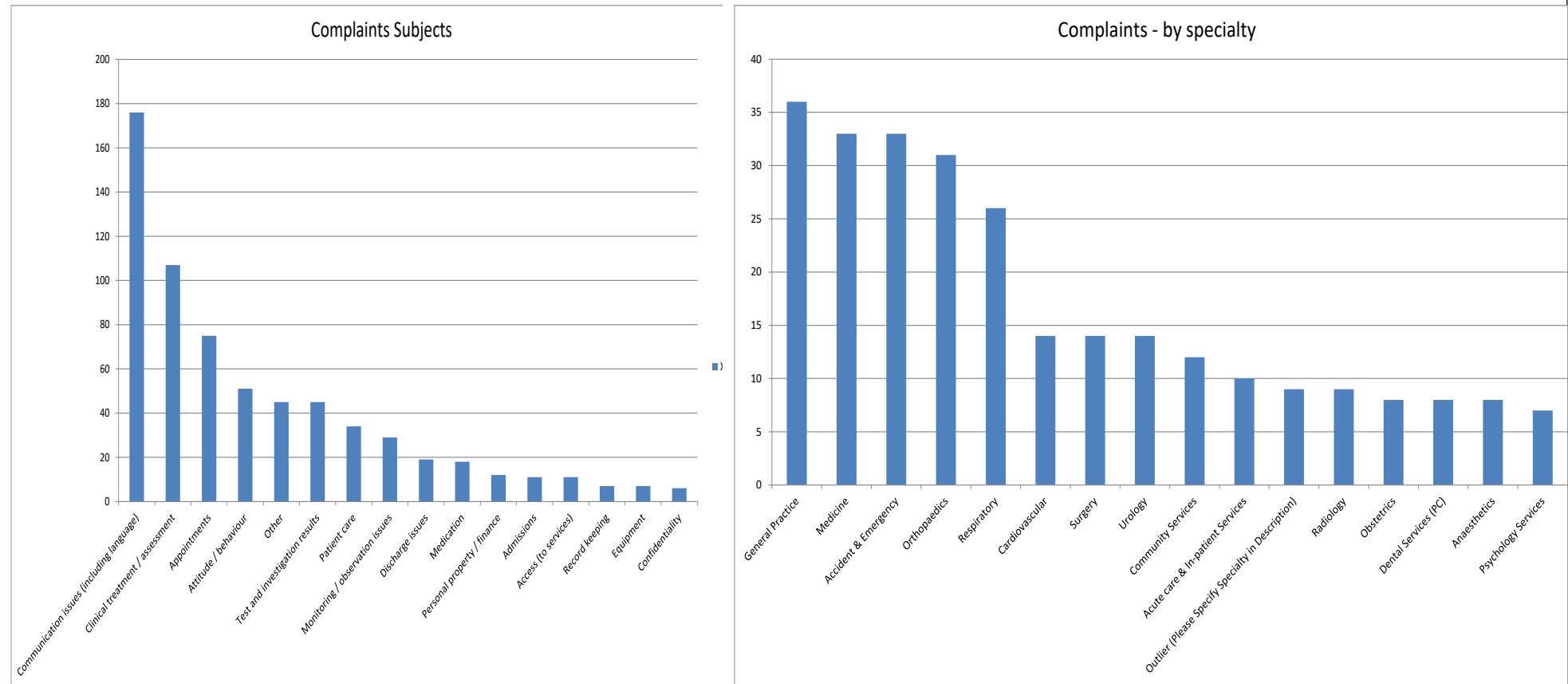
The predicted closure for August 2020 is **≥50%**.

Month Closure Due	Total due	Closed (on time)	% closed on time	Closed (outside timescales)	Open at time of report	Not due
Mar-20	19	7	37%	5	7	NA
Apr-20	12	3	25%	0	9	NA
May-20	8	1	13%	0	7	NA
Jun-20	4	3	75%	0	1	NA
Jul-20	5	4	80%	1	0	NA
Aug-20	2	1	NA	NA	1	1

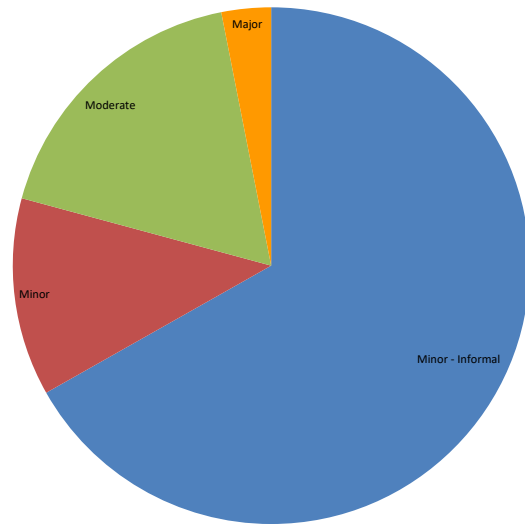
Source of data: Datix

Complaints

The number of contacts (cases, queries, early resolution and cases investigated through the Putting Things Right process) received during May/June 2020 were 512.



Complaints by Grade



Themes within general practice include access to services, appointments, clinical assessment, COVID-19 related queries and test results.

Within medicine, a large percentage of the contacts relate to communication and queries from families in relation to inpatients and virtual visiting.

Themes within A&E include waiting times; communication and care and treatment, such as delay in diagnosis.

Themes of the major complaints include management of inpatient falls and delays in diagnosis/ initiating treatment.

The Listening and Learning Sub-Committee has requested improvement work be undertaken on the review and action of test results in response to the delayed diagnosis theme; a workshop on a review of the pathway for fractures is currently being established.

The Committee will also be aware of the management of inpatient falls work. A corporate wide improvement plan has been developed and will be reviewed by the Listening and Learning Sub-Committee on a quarterly basis.

In relation to the ongoing area of communication, there is a wide range of work underway across the Health Board. The main priorities currently include communication around appointments, procedures and patient information, digital correspondence and information, management of patient expectations including preparing for attending hospital during the pandemic; implementation of the improving patient experience charter; and training emphasising the importance of communication from induction through to leadership programmes.

It is proposed that a report on the area of patient communication be presented to the October Committee meeting, detailing the work currently being undertaken and planned, in response to the review requested by the Committee.

Formal Quality Panels

The clinical Executive Directors have held two formal quality panels since the previous report to QSEAC.

The first panel was held with the Welsh Health Specialised Services Committee to understand the arrangements for monitoring quality of care in specialised and tertiary commissioned services.

The second panel discussed the wrong site procedure Never Event. The panel received an update on the information gathered as part of the 72 hour rapid review, the root cause analysis review currently underway, and received assurance with regard to the control group which have been established for each Never Event.

WalkRounds™ (Board to Floor Visits)

Due to the COVID-19 pandemic, a decision was made to temporarily halt WalkRounds; therefore no WalkRounds have been undertaken since the previous report to QSEAC.

Observations of Patient Care

The Quality Assurance and Safety Team have introduced observations of patient care as a tool to assure the quality of patient care. Observations of patient care is an exercise to learn about and understand the experience of care in our organisation from the patient and the family perspective, and not from assumptions made by those providing care.

The observing team (or observing person) selects a patient care process to observe and then documents their observations about the care from the patient and family perspective in a non-judgemental way.

The purpose is to:

- *Learn through the patient's eyes.* Understand the care experience from the patient's view and not from our assumptions.
- *Be curious.* Observe with inquisitiveness and with respect for (not judgment of) those providing care and service. (We may not always like what we see, however it is important to examine the real experiences of those providing and receiving care.)

The Quality Assurance and Safety Team undertook an unannounced observation of patient care on Ceredig Ward, Bronglais General Hospital (BHG) on 9th July 2020. The report on findings has been shared with the Directorate for consideration. The implementation of the improvement and learning action plan will be monitored through the Directorate Quality and Governance arrangements and by the Quality Assurance and Safety Team.

Internal Quality Surveillance Panel

This is a new panel which will have its inaugural meeting in September 2020. The Quality Surveillance Panel will complement the external and internal review processes and support a 'no-surprise' approach to pro-actively identifying 'hot-spot' areas across the organisation. It will have wide membership which will include Senior Medical Personnel, Deanery, and Quality Assurance, Health and Safety and members from the Executive Team. The panel will be responsible for scrutinising both hard and soft intelligence from across the organisation. The intention is that the information that is gathered will be used to identify areas that require improvement and support whilst also noting areas of good practice. Mechanisms for disseminating good practice will be agreed by the Panel

Healthcare Inspectorate Wales (HIW)

Impact of COVID-19 on HIW Inspections

The Health Board received a letter from the Deputy Chief Executive of HIW on 30th March 2020 which advised that due to COVID-19, all inspection work was suspended, with their focus on maintaining only essential statutory and regulatory duties. All NHS inspection reports currently in production or reports with providers requiring responses were also suspended.

In July 2020, HIW advised that they would be piloting a new way of working during August to October 2020, to enable them to deploy their resources in a more agile way, responding to specific risks and issues, whilst taking account of revised operating models during the pandemic. This new approach will be the use of a three tiered model of assurance and inspection that reduces the reliance on onsite inspection activity as our primary method of gaining assurance.

- Tier 1 - activity will be conducted entirely offsite and will be used for a number of purposes however, at this stage, primarily where issues cannot be resolved via HIW standard concerns process and where the risk of conducting an onsite inspection remains high.
- Tier 2 - a combination of offsite and limited onsite activity
- Tier 3 - traditional onsite inspection.

HIW expect the majority of work to be Tier 1 however reserve the right to conduct a full inspection at any time.

During July 2020, HIW have recommenced outstanding work outlined below:

Thematic Review: Maternity Services

The proposed visit by HIW to the Health Board in relation to Maternity Services, scheduled for March 2020, was postponed as a result of COVID-19. Arrangements have since been established for virtual interviews to be held during August 2020 between HIW and the HDdUHB Chair, Chief Executive, Medical Director and Director of Nursing, Quality and Patient Experience. The Health Board has also submitted further documentation in support of the review, namely a questionnaire completed by both the HDdUHB Chair and the Chief Executive, and further information on community midwifery clinics across the Health Board.

Unannounced Visits (prior to COVID-19) – Draft reports received since previous QSEAC report

Since HIW resumed their work in July 2020, the following improvement plans have been submitted however the publication of the reports are awaited:

- Withybush General Hospital (WGH) (Wards 7 and 11), visit undertaken on 4th and 5th February 2020.

An immediate improvement plan was submitted to HIW in response to the issues identified in the report which include resuscitation trolleys, storage of medications, fire doors and servicing programme for patient beds and clinical equipment.

A robust improvement plan in response to the draft report has been established and submitted to HIW in July 2020.

- Glangwili General Hospital (GGH) Paediatric Ambulatory Care Unit and Cilgerran Ward, visit undertaken on 4th and 5th March 2020

No concerns were raised during the course of the inspection which warranted the issuing of an immediate improvement plan. A robust improvement plan has been put in place in response to the draft report and submitted to HIW in July 2020. Some of the responses to the recommendations identified in the report are unable to have a definite timescale assigned to them as a result of the COVID-19 pandemic (such as the consideration of the layout of the wards and access to outdoor garden area).

- WGH Puffin Unit / Paediatric Ambulatory Care Unit, visit undertaken on 12th and 13th February 2020

No concerns were raised during the course of the inspection which warranted the issuing of an immediate improvement plan. A robust improvement plan has been put in place in response to the draft report and submitted to HIW in July 2020. It was noted in the response to HIW that since the inspection, these services have since been relocated to GGH due to COVID-19, and as such some recommendations cannot yet be completed. These recommendations will be monitored and reviewed in the interim on a quarterly basis via the Women and Children's Quality and Safety Directorate meeting, and their implementation undertaken once services resume at WGH.

HIW Final reports published since previous QSEAC report

HIW has published one report following announced inspections since the previous report to the QSEAC:

[HIW & CIW: Joint Community Mental Health Team Inspection – Llanelli Community Mental Health Team](#) (published 22nd July 2020)

An announced inspection was undertaken on 3rd & 4th December 2019. The visit resulted in immediate assurance improvement plan in relation to Disclosure and Barring Service (DBS) checks and reviewing of prescription and medication charts to ensure delivery of safe and effective care. The plan was submitted to HIW who were sufficiently assured with the immediate improvement plan. A robust improvement plan has been established and the full report is available here: <https://hiw.org.uk/sites/default/files/2020-07/20200722LlanelliCMHTen.pdf>

Hywel Dda Community Health Council (CHC)

All Wales Review: Time To Go Home?

The Health Board received the All Wales Report regarding the length of stay of patients in hospital as a result of on-going care arrangements or facilities not being established.

A response has been provided to the CHC informing them that recommendations provided in the national report are already implemented by the UHB, and continue to do so during the current restrictions in place for COVID-19.

CHC visits/final reports received since previous report to QSEAC

- Preseli Practice, Crymych Branch Visit Report, January 2020 – final report available here:
<http://www.wales.nhs.uk/sitesplus/documents/904/HDCHC%20Crymych%20Visit.pdf>

WHCs

Assurance reporting to the Board level Committees is scheduled to take place twice a year (August and February), with any concerns/non-compliance delegated to the relevant Sub-

Committee to manage as appropriate. The report includes the WHCs closed since February 2019, in addition to those with a RAG rated status of red (i.e. not been implemented within stated timescales) and amber (i.e. not been implemented however are in progress).

Attached at Appendix 1 is an update in respect of the WHCs that fall under the remit of QSEAC.

WHCs which have not been implemented within stated timescales (**Red** RAG status).

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
018-17	Reduction in Hospital Food Waste Target from Un-served Meals to 5%	07/06/2017	Executive Director of Operations
Waste figures during recent months vary from site to site. Prince Philip Hospital (PPH) was less than 5% in the last few months however other sites were not below the target. Waste figures will be reviewed on an individual site basis. At present it is difficult for catering staff to visit wards due to COVID-19 therefore waste will be monitored in main kitchens. Catering managers have been given a target of reducing waste to less than 5% by 30th August 2020.			
034-17	Policy on the Management of Point of Care Testing (POCT) What, When and How?	13/07/2017	Executive Director of Therapies & Health Science
The policy has been finalised in line with the WHC and has been out for global consultation and ratification at the Point of Care Testing (POCT) Group. Following minor amendments proposed by the Medical Devices Group (MDG), the policy will be submitted for ratification by the Clinical Written Control Group on 17 th August 2020.			

WHCs which have not been implemented however are on schedule or have no compliance date stated on WHC (**Amber** RAG status).

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
007-16	Guidance on Infection Prevention and Control of Carbapenemase-producing Enterobacteriaceae (CPE) and Other Multi Drug resistant Organisms (MDSRO)	11/02/2016	Executive Director of Nursing, Quality and Patient Experience
046-16	Quality Standards for Adult Hearing Rehabilitation Services 2016	23/11/2016	Executive Director of Operations
048-17	Attaining the WHO targets for eliminating hepatitis (B and C) as a significant threat to public health	16/10/2017	Executive Director of Public Health
006-18	Framework of Action for Wales, 2017-2020	01/02/2018	Executive Director of Therapies & Health Science
026-18	Phase 2 – primary care quality and delivery measures	16/07/2018	Director of Primary Care, Community and Long Term Care
030-18	Sensory Loss Communication Needs (Accessible Information Standard)	28/09/2018	Director of Partnerships and Corporate Services
033-18	Airborne Isolation Room Requirements	25/07/2018	Executive Director of Nursing, Quality and Patient Experience

011-19	Implementing recommendations of the review of sexual health services – action to date and next steps	05/03/2019	Executive Director of Public Health/ Executive Director of Operations
017-19	Living with persistent pain in Wales guidance	07/05/2019	Executive Director of Therapies & Health Science
018-19	Augmentative and Alternative Communication (AAC) Pathway	06/06/2019	Executive Director of Therapies & Health Science
024-19	Pertussis – occupational vaccination of healthcare workers	30/07/2019	Executive Director of Public Health
026-19	Nationally Standardised Adult Inpatient Assessment and Core Risk Assessments	20/08/2019	Executive Director of Nursing, Quality and Patient Experience
032-19	Sensory Loss Communication Needs (Accessible Information Standard) - of parents and carers of patients and service users.	20/09/2019	Director of Partnerships and Corporate Services
037-19	Ordering influenza vaccines for the 2020-2021 season	28/11/2019	Executive Director of Public Health

WHCs closed since the February 2020

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
025-16	THIRD PARTY DELEGATION: The required governance framework	29/04/2016	Executive Director of Nursing, Quality and Patient Experience
028-17	NHS Wales Blood Health Plan	28/09/2017	Executive Medical Director
048-18	National Enhanced Service Specification for non-routine immunisations for adults and children at risk	12/11/2018	Executive Director of Public Health
012-19	Implementation of OBS Cymru (Obstetric Bleeding Strategy for Wales), a management strategy for Postpartum Haemorrhage (PPH), in Maternity Services	09/04/2019	Executive Director of Operations
015-19	The National Influenza Immunisation Programme 2019-2020	16/04/2019	Executive Director of Public Health
022-19	Implementation of PROMPT in Maternity Services in Wales	04/10/2019	Executive Director of Operations
028-19	Consolidated rules for managing cancer waiting times	20/09/2019	Executive Director of Operations
034-19	National Optimal Pathways for Cancer (2019 tranche 1)	02/10/2019	Executive Director of Operations
039-19	Good working practice principles for the use of chaperones during intimate examinations or procedures within NHS Wales	06/01/2020	Executive Director of Nursing, Quality and Patient Experience

042-19	Annual Quality Statement 2019 / 2020 Guidance	23/12/2019	Executive Director of Nursing, Quality and Patient Experience
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Quality Improvement

Nutrition and Rehabilitation: fortified milkshake rounds

The team on Ystwyth Ward, BGH, identified that several patients were not meeting their hydration needs, with a high number of reported Acute Kidney Injuries (AKIs), impacting on their rehabilitation potential. A previous piece of work had also identified that patients at ward level were at high risk nutritionally requiring dietetic input.

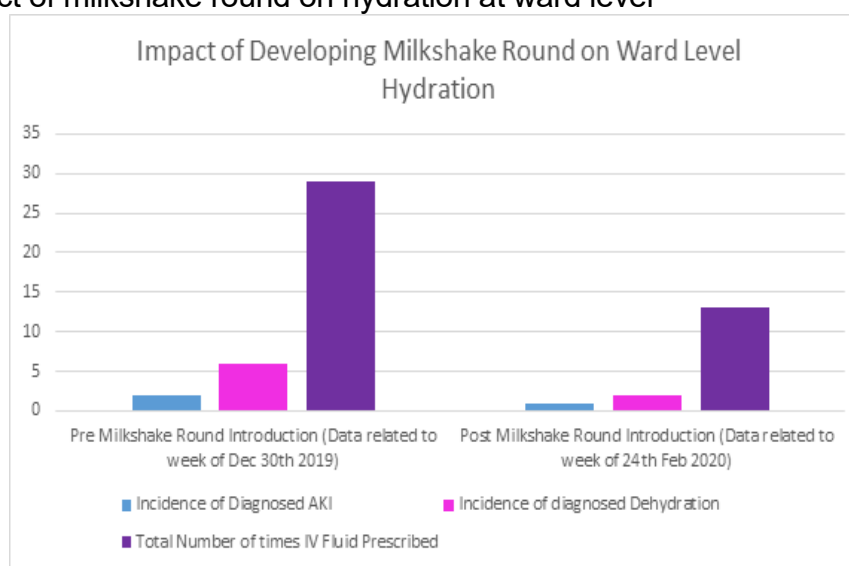
Therefore, it was decided that the Rehabilitation Support Worker team would initiate a twice-daily fortified milkshake round from January 2020. The aim of this was to ensure patients received adequate opportunities at ward level to meet their hydration needs as per all Wales Nutrition and Catering Standards which recommend 7 beverage opportunities per patient per day (Welsh Government, 2011).

Pre intervention data was collected for the week of 30th December 2019. The milkshake rounds were initiated on 6th January 2020. The post intervention data was collected for the week of February 24th, 2020.

The difference in the pre and post intervention data demonstrated in Figure 1 shows the impact of the introduction of a milkshake round has been clearly positive for patient outcomes.

Instances of diagnosed AKI in the week of data collection halved from the pre data to the post data, whilst instances of diagnosed dehydration within the data collection week reduced from 6 to 2 instances. This is supported by a reduction in IV fluid prescription within those weeks, with IV fluids being used 29 times in the week of pre-data collection, and 13 times in the week of post data collection. This is indicative that providing the recommended number of beverages rounds as per All Wales Guidance has significant positive impacts for the patients at ward level. Reducing dehydration will have an impact on concentration, mobility and overall rehabilitation (Johnstone, et al. 2015).

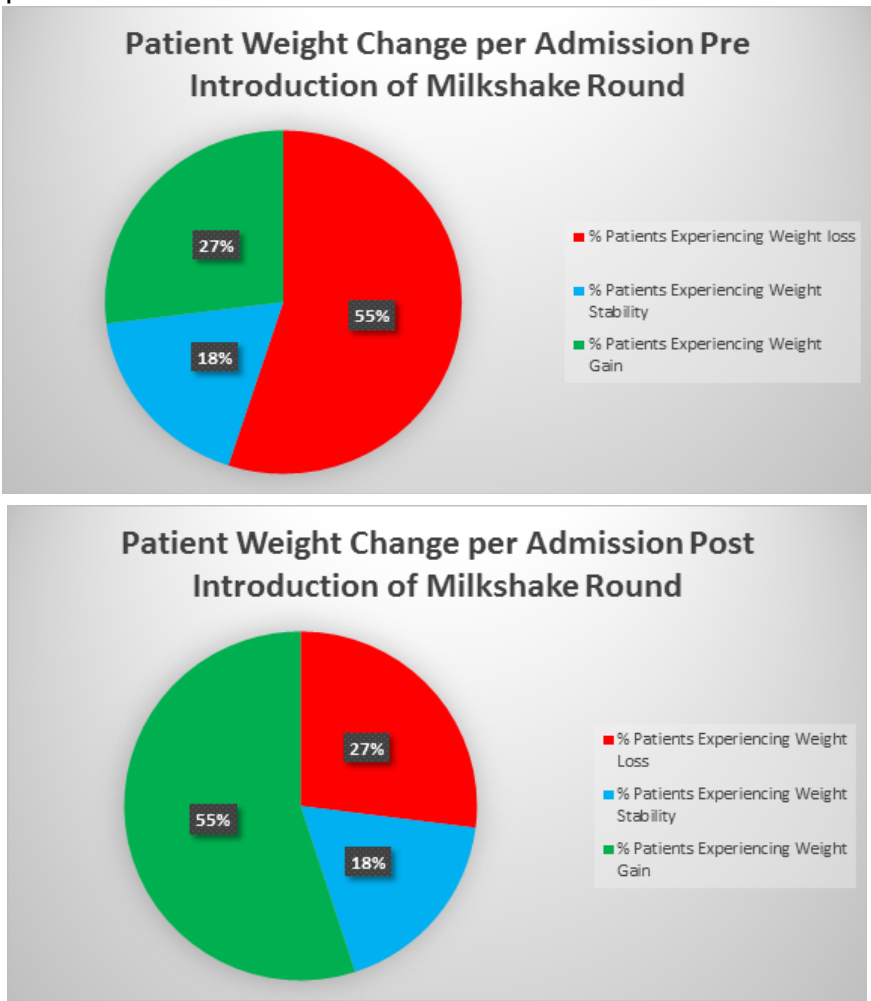
Figure 1 – impact of milkshake round on hydration at ward level



TOTAL NUMBER OF IV FLUIDS USED BY

Pharmacy data also demonstrates a decrease in the use of IV fluids with an overall downwards trend in IV fluid use, and although it is not perfect data (as bags may be used for mixing drugs etc), it does demonstrate a clear reduction in need at ward level in the period since the introduction of the milkshake.

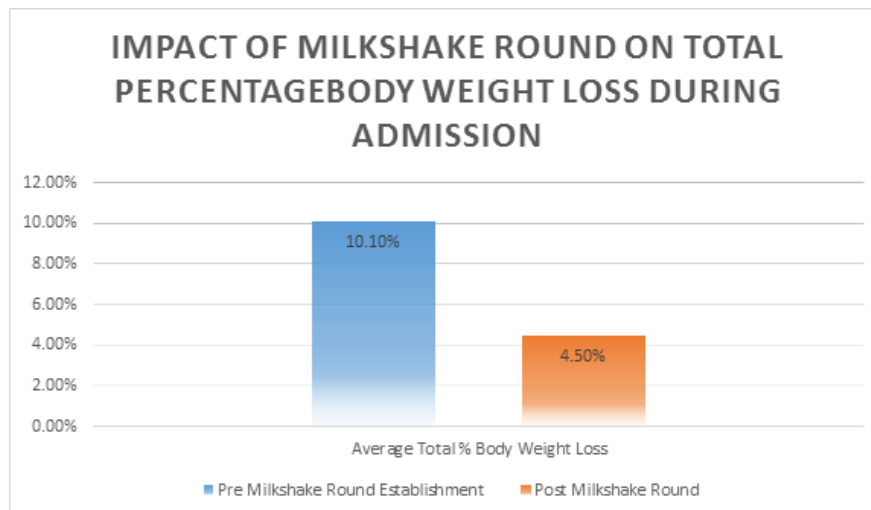
The most significant impact identified in the data collection is weight change of patients during admission pre and post intervention.



Prior to the introduction of the milkshake round 55% of patients lost weight during their admission to Ystwyth ward indicating they were not meeting their nutritional needs; as is the case with rapid weight loss, this is likely to have been muscle mass lost which would further impact mobility (BAPEN, 2018). Post the introduction of the milkshake round only 27% of

those on the ward lost weight during their admission to Ystwyth ward. Furthermore of the 27% who experienced weight loss 18% were palliative where weight loss is expected and unlikely to be reversed (Spiro, 2018).

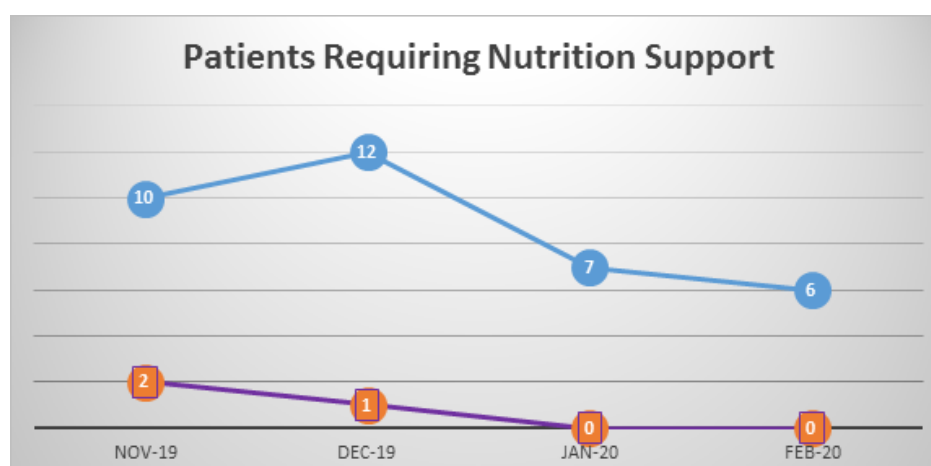
Similar changes were seen with weight gain. Prior to the intervention, 27% of the patients experienced weight gain. However, after the intervention 55% of patients experienced weight gain during their admission, which is indicative that additional calorie provision at ward level has supported these nutritionally high-risk patients to meet their calorie requirements.



Regarding weight loss, clinically significant weight loss is an unplanned loss of 10% of total body weight within 3-6 months (BAPEN 2011). Such a weight loss is classed as diagnostic of malnutrition as per Global Leadership Initiative on Malnutrition criteria and is found to be associated with increased incidence of hospitalisation, mobility loss, infection risk, and increased length of stay (BAPEN 2018; Cederholm et al. 2019). These outcomes are clearly hazardous for patients and will significantly affect their ability to reach their rehabilitation potential.

Prior to the introduction of the milkshake round, patients on Ystwyth ward who experienced weight loss lost an average of 10.1% of their body weight per admission, which would mean they were clinically considered malnourished. Once the milkshake round was established, the average weight loss in patients losing weight reduced to 4.3% which whilst still notable, is a considerable improvement.

The improved nutritional status at ward level with the introduction of the milkshake round has also been illustrated by the need for dietetic intervention at ward level.



As shown above, since the intervention began in January 2020, there have not been any patients at ward level requiring supplementary nasogastric feeding which can have a significant psychological impact on those patients who are being actively rehabilitated (Ojo et al. 2019); additionally there has been a drop in the number of patients requiring oral nutritional support by up to half.

Next steps

To ensure that improved nutritional outcomes and status remain prevalent and embedded at ward level, the milkshake round is continuing. With improved nutritional status embedded in our patient population, it would be beneficial to examine how this is directly affecting rehabilitation. The ward and multidisciplinary team (MDT) have planned to show the Rehabilitation Support Workers how to monitor muscle mass to ensure that weight gain seen is muscle mass, which will improve rehabilitation outcomes further. The use of other markers of malnutrition such as pressure sore and fall incidence is also being considered.

Annual Quality Statement 2020/21: Safe Care and Individual Care

Argymhelliad / Recommendation

The Committee is asked to discuss and take an assurance from the Quality and Safety Assurance Report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are identified at service level and monitored through service risk registers and escalated to corporate risk register through governance
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply

Effaith/Impact:

Ariannol / Financial: Ansawdd / Patient Care: Gweithlu / Workforce: Risg / Risk: Cyfreithiol / Legal: Enw Da / Reputational:	Use of key metrics to triangulate and analyse data to support improvement. Development of staff through pooling of skills and integration of knowledge.
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Gyfrinachedd / Privacy:
Cydraddoldeb / Equality:

Integration of reporting methodology improves triangulation of data and therefore reducing likelihood of risks and legal challenge.

WHC No	Name of WHC	Date Issued	Overarching Actions Required	Lead Executive	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Comments
007_16	Guidance on Infection Prevention and Control of Carbapenemase-producing Enterobacteriaceae (CPE) and Other Multi Drug resistant Organisms (MDSRO)	2/11/2016	To implement processes, procedures and training	Executive Director of Nursing, Quality and Patient Experience	Feb-17	Not provided	Not provided	Amber	<p>The Multi-drug Resistant Organisms (MDRO) policy was approved on 30/1/2020 and is now on the Infection, Prevention & Control (IPC) intranet policy section.</p> <p>The screening tool was approved by the documentation group pre COVID-19, but the assessment tools have not been fully implemented due to external printing and COVID-19 delays. Inclusion of COVID-19 screening into the screening tool has gone back to the documentation group for chairs approval. Once approved the document will go to external printers and then cascade to ward areas for use after implementation training.</p>
046-16	Quality Standards for Adult Hearing Rehabilitation Services 2016	11/23/2016	Implementation of revised Quality Standards for Adult Hearing Rehabilitation Standards and Assessment and Audit Tool 2016 which replace all earlier versions	Executive Director of Operations	N/A	Not provided	Reassessment in 2019	Amber	<p>An action plan has been developed to address those areas that the service scored either a 0 or a 1. This action plan is being implemented by the Head of Audiology. Actions required in the following areas have been implemented: accessing the service, communicating with patients, Skills / Expertise.</p> <p>The following areas have actions that are outstanding: Implementing an Individual management Plan, Clinical Effectiveness, Collaborative working and Service improvement. For standard 5.b.3 (I Where identified and agreed in the Individual Management Plan (IMP) that bilateral aids will best meet the patient's need, 2 aids are offered and patients are supported to make an informed choice) an SBAR has been submitted to Scheduled Care regarding the lack of funding of bilateral hearing aids but this has yet to be resolved. A new risk has been added to Datix (risk no. 900, current risk score 12 (High)).</p>
018-17	Reduction in Hospital Food Waste Target from Un-served Meals to 5%	6/7/2017	Target of food waste will be reduced from 10% to 5% from June 2017	Executive Director of Operations	Jul-19	Not provided	Jul-19	Red	<p>Waste figures over recent months vary from site to site. PPH was less than 5% in the last few months however other sites were not below the target. Waste figures will be reviewed on an individual site basis. At present it is difficult for catering staff to visit wards due to COVID-19 therefore waste will be monitored in main kitchens. Catering managers have been given a target of reducing waste to less than 5% by 30th August 2020.</p>
034-17	Policy on the Management of Point of Care Testing (POCT) What, When and How?	7/13/2017	Updated guidance in which we are asked to raise awareness and ensure the UHB is compliant with the requirements therein.	Executive Director of Therapies & Health Science	N/A	Not provided	Immediately	Red	<p>The policy has been finalised in line with the WHC and been out for global consultation and for ratification at the POCT sub group, which had a final deadline of 17/07/2020. Only very minor changes are required from Medical Devices Group (MDG), so the policy will be submitted for ratification by the Clinical Written Control Group on 17/08/2020.</p>
048-17	Attaining the WHO targets for eliminating hepatitis (B and C) as a significant threat to public health	10/16/2017	Attain WHO target is a 90% reduction in incidence and 65% reduction in mortality due to hepatitis B & C by 2030 through 3 key measures. These elimination requirements should be included in integrated medium term plans and will be monitored through Joint Executive Team meetings where health boards will be expected to report back on progress.	Executive Director of Public Health	N/A	Not provided	No date given (however progress monitored through JET)	Amber	<p>Progress in relation to the Welsh Health Circular 'Attaining the WHO targets for eliminating hepatitis (B and C) as a significant threat to public health' has been undertaken at an all Wales level with the All Wales Implementation Group to ensure a consistent approach across all health board areas. Leadership has been provided through Public Health Wales chairing the Group and collaboration with key stakeholders including local clinicians.</p> <p>09/07/2020 Progress undertaken to eliminate Hep B & C through engagement. All Wales work is being lead by the Professional Lead for Health Protection (Public Health Wales) as well as a lead clinician working on engagement, to ensure the patient needs are addressed.</p>

006-18	Framework of Action for Wales, 2017-2020	2/1/2018	Integrated framework of care and support for people who are D/deaf or living with hearing loss.	Executive Director of Therapies & Health Science	2020	Not provided	Ongoing	Amber	<p>The Service has appointed a B4 Fast Track student (commences employment 01/09/2020) who will quickly be able to perform basic appointments and free up qualified B4 and B5 staff to support the adult service.</p> <p>Tinnitus Direct Access Pathway has been put on hold due to Covid-19 as the room at GGH has not been refurbished yet. One of the B6 is on maternity leave and one is 'shielding'. However, the other B6 has been trained up to do telephone follow up calls for tinnitus patients and is now doing this.</p> <p>Paediatrics is also affected by maternity leave and shielding. Due to staff changes service is looking to create a 1wte role of 'Audiology Support Assistant' (ideally 2 people) who will assist with testing children who are under 4yrs. This has previously been done by B3 or even a B7 staff member so will be more cost effective.</p> <p>The Head of Service has been involved in the planning meetings relating to Cross Hands Community Hub and it has been confirmed that Audiology will have 2 rooms at this site when it is built. There has been no communication regarding the Llanelli Wellness Village.</p> <p>Procurement and all Head of Audiology have been looking at an 'All Wales' procurement set up to allow service to have the best value for money. This has been put on hold as the lead from Shared Services was redeployed during Covid-19. In addition there is currently no progress on establishing the Health Board ENT/Audiology Care Collaborative Group.</p> <p>There has been a significant drop in the number of new GP referrals received by Audiology during the pandemic. Taking a 3 month average, the service has received 18 new referrals a month compared with a 3 month average in 2019 of 68.</p> <p>As all F2F service were required to stop during the pandemic, our referral to treatment (RTT) figures for patients waiting in 14 weeks or more for their 1st hearing assessment has increased to 340. However, these patients are having telephone consultation to complete part of their appointment. In August 2020 the service will commence a phased return of some Audiology services and it is planned that these patients will attend for a 1-stop assess and hearing fitting appointment when clinically appropriate which will start to address the backlog.</p>
026-18	Phase 2 – primary care quality and delivery measures	7/16/2018	From this financial year (2018-19), health boards, through their clusters, should use their performance against these measures to inform all plans to adopt and adapt the transformational model for primary and community care and monitor the impact of these plans on the cluster population's health and wellbeing.	Director of Primary Care, Community and Long Term Care	Ongoing	Not provided	Ongoing	Amber	<p>Assistant Director of Primary Care has suggested to the Assistant Director of Nursing Assurance & Safeguarding that the primary care quality and delivery measures should be used as part of the quality indicators within the new dashboard currently being established.</p> <p>Heads of Primary Care (HOPC) have collated and supplied the information back on phase 1 measures to the Directors of Primary and Community Care (DPCC). Awaiting national update on Phase 2b from HOPC. National work is currently suspended due to COVID-19.</p>
033-18	Airborne Isolation Room Requirements	7/25/2018	Working group's recommendations for airborne isolation, and organisations are expected to develop risk based plans to meet these requirements. In some areas this will require further investment and this now needs to be quantified and will need to be included in future IMTPs.	Executive Director of Nursing, Quality and Patient Experience	Jul-19	Not provided	Not given	Amber	<p>Hywel Dda University Health Board (UHB) currently have 2 Isolation Suites which have been recently inspected by NHS Wales Shared Services Partnership - Specialist Estates Service (NWSSP-SES) as Positive Pressure Ventilated Lobby (PPVL). These are located in the Accident & Emergency Department in Bronglais Hospital and in the Critical Care Unit in Glangwili General Hospital. A Task Group was convened in July 2020 to consider the baseline assessment that was undertaken against the recommendations within the WHC. The work of this group is to align the recommendations to the UHB Transformation Programme and the Social Distancing rules as applied as a result of COVID 19 and to submit a proposal to the Health Board for consideration. Capital advice and Consultancy Support will be required to inform a detailed outline business case.</p>

030-18	Sensory Loss Communication Needs (Accessible Information Standard)	9/28/2018	All relevant staff must be made aware of their responsibilities for recording such information in order to support individuals with information and/or communication needs, which are related to or caused by sensory loss, where those individuals are within the scope outlined in this document with immediate effect. .All systems in procurement, or for future procurement, MUST comply with this Standard with immediate effect. .All relevant actions must be taken in order to comply with the Implementation Plan with immediate effect.	Director of Partnerships and Corporate Services	N/A	Not provided	Immediately	Amber	<p>Assistant Director of Primary Care will progress the action for this in view of Primary Care detail, but Director of Partnerships and Corporate Services retains responsibility for Sensory Loss more broadly.</p> <p>Practices have the facility to record information on communication needs etc. on their GP clinical systems but feedback from the 3 Counties Practice managers/UHB meeting is that patients have found the questionnaire too complicated and few have been completed.</p> <p>The Corporate Team have delivered sensory loss awareness training for staff across the UHB including primary care during November 2019 Sensory Loss Awareness Month. The Corporate Team are working on a project of an on-line interpretation service which is hoping to be piloted with a Primary Care Cluster. The Corporate Team attended the Primary Care Leads meeting on 15/01/2020 to discuss the WHC, along with suggestions for how Primary care can ensure that they are meeting the requirements of the Accessible Information Standard.</p> <p>2019/20 Q4- The Strategic Partnership and Inclusion Manager asked to join the Primary Care General Medical Services (GMS) Access Forum which looks at implementing the Access to in-hours GMS Services standards, to contribute to ensuring access for those with sensory loss and language needs. As, before the pandemic, the above was already creating a drive towards telephone triage, this excludes some patients so alternative communication methods were looked at:</p> <ul style="list-style-type: none"> • Via the GMS newsletter, we promoted Relay UK (which is a service that enables those who are deaf or hard of hearing and rely on SMS text/Minicom to communicate to 'call' services using a third party interpreter) as some GP practices weren't aware of the service or didn't think their telephony system was suitable for it to be used. • An online interpretation service has recently been introduced across the UHB, providing instant access to interpreters for British Sign Language (BSL) and other languages. This was planned before the pandemic but was escalated from the start as we realised that BSL interpreters would be restricted from entering NHS premises at some point and/or were going to be unwell/isolating themselves so we needed alternative ways to support communication. As iPads were distributed across secondary care during the pandemic and some GP clusters had already funded tablets for their practices, in preparation for online interpretation service, this supported the launch. <p>Also, during the pandemic, the Corporate Team ensured that information and advice about coronavirus is available in a variety of formats including BSL and audio.</p>
011-19	Implementing recommendations of the review of sexual health services – action to date and next steps	3/5/2019	It is almost one year since Public Health Wales published A Review of Sexual Health Services in Wales which included a number of recommendations that if implemented would improve both patient and professional experience. This WHC requests the UHB contribution to the implementation of the recommendations and provides an update on progress to date on those areas for which the UHB do not necessarily have direct ownership/ leadership.	Executive Director of Public Health	N/A	N/A	6/30/2019	Amber	<p>Compliance against Welsh Health Circular 'Implementing recommendations of the review of sexual health services – action to date and next steps' has been progressed through collaborative working between Hywel Dda University Health Board Sexual Health Service, Public Health Wales and other key stakeholders to ensure improved service delivery. Full progress has been detailed in a Sexual Health Service Improvement Plan, which utilises an audit tool. The Improvement Plan was submitted to Welsh Government on 27/06/19 for review. Recent service improvement included the fully integrated Sexual Health Clinic hub in Aberystwyth, a new Carmarthenshire hub and the development and good progress with the 'Test and Go' service and 'Test and Post' service. Positive feedback has also been received on the Early Medical Abortion at Home (EMAH) service.</p> <p>09/07/2020 Response significant improvement in Sexual Health (SH) with the development of the strategy. A new SH service has been established in Aberystwyth and also the imminent opening of the SH Hub on new site in Carmarthen., which was delayed due to COVID-19.</p>

017-19	Living with persistent pain in Wales guidance	5/7/2019	Guidance for NHS staff relating to persistent pain.	Executive Director of Therapies & Health Science	Apr-22	Not provided	N/A	Amber	<p>As part of the service re-deign, which began in 2015 as part of transforming its Pain Services to meet national guidelines, a multi-disciplinary team was established and in June 2016 this new service pathway became operational, with Clinical Psychology leading. The Pain service now has two distinct pathways, the medical pathway provides medical interventions to those who would benefit most from this, and a bio-psychosocial chronic pain pathway which is based on principles of self-management within secondary care. An integrated approach is required and this work is ongoing in order to improve streamlined provision across sectors of care and successful engagement in the community.</p> <p>The UHB is advocating living better with your pain, enabling people to increase their understanding of their pain, reduce fear associated with pain, increase activity and improve mood and self-esteem, which all help improve quality of life whilst reducing dependency on medication, as well as primary and secondary health care services.</p> <p>As of May 2020 the services are not fully operational and are in the process of trying to identify a way forward beyond Covid-19. This pandemic period has highlighted a greater need for the ability to deliver our service on various platforms (digital and face to face), which the service are currently negotiating on various levels for conducting initial assessments and for delivering of individual and group interventions. It is hoped that the service will emerge from this crisis stronger, with a greater ability to meet the needs of our patient population, offering a diverse range of ways to facilitate attendance and engagement.</p> <p>As of July 2020 the service has yet to re-start, but are continuing to work with existing patients. Initial appointments will be started as soon as the platform is agreed and permitted. In the first instance (to ensure we see as many people as possible to reduce waiting times), all initial assessment appointments will be offered in a virtual face to face format and those requiring physical face to face assessments will be offered such as Outpatient Department (OPD) space capacity allows.</p>
018-19	Augmentative and Alternative Communication (AAC) Pathway	6/6/2019	Guidance relating to the provision of Augmentative and Alternative Communication (AAC) equipment. The new pathway seeks to ensure that people who need communication equipment and support will access that support as close to home as possible from the local speech and language therapy services in their health boards; with streamlined access to the National AAC Specialised Aids Service for those who need high technology, complex equipment.	Executive Director of Therapies & Health Science	N/A	Not provided	Immediately	Amber	<p>The service is waiting for the final matching report and is meeting with the finance department to seek clarity on how the jobs will be cost coded as the posts are split between directorates.</p> <p>In the meantime the UHB are prioritising and adhering as best as possible to the clinical aspects of the pathway with existing staff. However operating procedures will not be drawn up until new staff are in post.</p> <p>The UHB are waiting to hear what WG are going to request in terms of monitoring for this financial year and are collecting data on patients currently in receipt of high and low tech AAC in preparation.</p> <p>1 post Adult Learning Disability (ALD)/Children's band 7 -0.9wte interviewed and post offered. 1 post is with TRAC system. Reporting to WG took place for last financial year as required. Equipment and training materials were purchased from budget.</p> <p>AAC users and their families/carers are being supported remotely by local teams during the COVID-19 situation and links maintained with Electronic Assistive Technology (EAT) centre at Rookwood.</p> <p>30/06/2020 - 0.9 ALD/children's Band 7 appointed to- commencement date 1st august 2020. Advert for 0.5 band 7 Adult services post has closed- one strong applicant- interviews and appointment by mid July. 0.5 Band 4 yet to be appointed . Pathway is currently being supported by existing community staff.</p>
024-19	Pertussis – occupational vaccination of healthcare workers	7/30/2019	To help protect babies from pertussis, from August 2019, healthcare workers in NHS Wales who have not received a pertussis-containing vaccine in the last 5 years and who have regular contact with pregnant women and/or young infants will be eligible for a pertussis containing vaccine as part of their occupational health care.	Executive Director of Public Health	N/A	Not provided	Not provided	Amber	<p>The Immunization Coordinator has advised practice nurses / paediatric nurses / health visitors of this WHC in the annual immunisation updates, but the Occupational Health (OH) Service will lead on implementing this within the UHB as it is an occupational health delivered vaccination programme.</p> <p>The Programme for commencement of Pertussis vaccination action plan was reported to the Immunisation and Vaccination Committee in October 2019. Currently due to long-term sickness absence only two band 5 OH nurses are working across four sites. A business case has gone forward for two temporary nurses to start this programme but agreement has yet to be made.</p> <p>The programme is prepared, the vaccine has been sourced and the Patient Group Direction (PGD) is signed and ready for implementation once the staff are in post.</p> <p>05/05/2020 Due to COVID19, we have only started the programme in March 2020 but then the OH staff are not allowed into ward areas and are deployed into ensuring the staff recruited to manage COVID-19 patients are immunised as a priority.</p> <p>24/07/2020 - There has been a delay in delivery of the programme due to capacity and prioritisation of COVID-19 related work.</p>

026-19	Nationally Standardised Adult Inpatient Assessment and Core Risk Assessments	8/20/2019	<p>The WHC sets out the progress of the national digitisation of nursing documents programme, outlining the crucial next steps for health boards/trusts, and the agreed implementation schedule of the various assessment tools that have been developed through the national programme in association with NHS Wales staff.</p> <p>The WHC also reminds Health Boards that from March 2020 the Clinical Nursing Informatics Lead posts will be funded by individual</p>	Executive Director of Nursing, Quality and Patient Experience	N/A	N/A	Nov-19 Dec-20	Amber	<p>Immediately prior to the COVID-19 Pandemic the UHB were on track to achieve the time scales with and active implementation schedule. However Jean White Chief Nursing Officer for Wales issued an amended time scale due to COVID and recognising the challenges that the initial time scale will bring the WHC is now planned to be achieved by December 2020.</p> <p>The outstanding documents referenced in the WHC which still need to be implemented by December 2020 are:</p> <ul style="list-style-type: none"> • Pain Assessment • Continence Assessment • Falls Multi-Factorial Assessment • Adult In-Patient Assessment <p>Active conversations are taking place in the Documentation Steering Group and Interim Senior Nurse Informatics will be presenting the issue to SNMT in September 2020 to gain Director of Nursing (DoN) endorsement for the rollout plan.</p>
032-19	Sensory Loss Communication Needs (Accessible Information Standard) - of parents and carers of patients and service users.	9/20/2019	In December 2018, a Welsh Health Circular (WHC (2018) 30) was issued on the new data standard, which is required as a key enabler to ensure effective capture and communication of sensory loss communication and information needs between healthcare professionals in Wales. This is a follow up/awareness to the previous WHC with a hand out on how to record the communication needs for these patients.	Director of Partnerships and Corporate Services	N/A	Not provided	Immediately	Amber	Assistant Director of Primary Care will progress the action for this in view of Primary Care detail, but Director of Partnerships and Corporate Services retains responsibility for Sensory Loss more broadly. No progress on this WHC during COVID-19.
037-19	Ordering influenza vaccines for the 2020-2021 season	11/28/2019	This letter provides advice on ordering supplies of influenza vaccine for 2020-2021. It is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI).	Executive Director of Public Health	N/A	Not provided	Not provided	Amber	<p>The circular has been forwarded to lead Pharmacist for flu vaccine ordering, and discussions on the circular have taken place in the UHB flu meeting. The circular has been in correspondence with GP's, highlighting specifically that there are changes from this years advice and that HD-TIV will not be reimbursed- to try to minimise any confusion for surgeries.</p> <p>Initial figures for vaccines for the 20/21 flu season have been forwarded to Welsh Government.</p> <p>Ordering for the current campaign is complete. The 'predicted demand' has been sent NWSSP procurement to start the tender process for 2020/2021. Actual ordering of the vaccines for the 2020/21 campaign is likely to be April to June 2020 based on previous years, once the tendering process is complete.</p> <p>24/07/2020 Ordering is complete for the Flu vaccination campaign and we have been advised of our vaccine delivery dates from manufacturers. We are expecting to begin staff facing flu vaccination campaign on 5/10/20 as we will have received the majority of our vaccine stocks by that date. The UHB staff flu vaccination programme is subject to potential change based on national guidance in relation to COVID-19 vaccine availability.</p>