

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	09 June 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Quality and Safety Assurance Report Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 process 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 the 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.

During the previous month meetings have been held between senior members of the Quality Assurance and Safety Team and Quality Improvement Team to discuss how quality assurance and safety data can play a greater part in the future planning for quality improvement. Monthly meetings have been established to ensure this link is strengthened.

Asesiad / Assessment

Quality and Safety Metrics

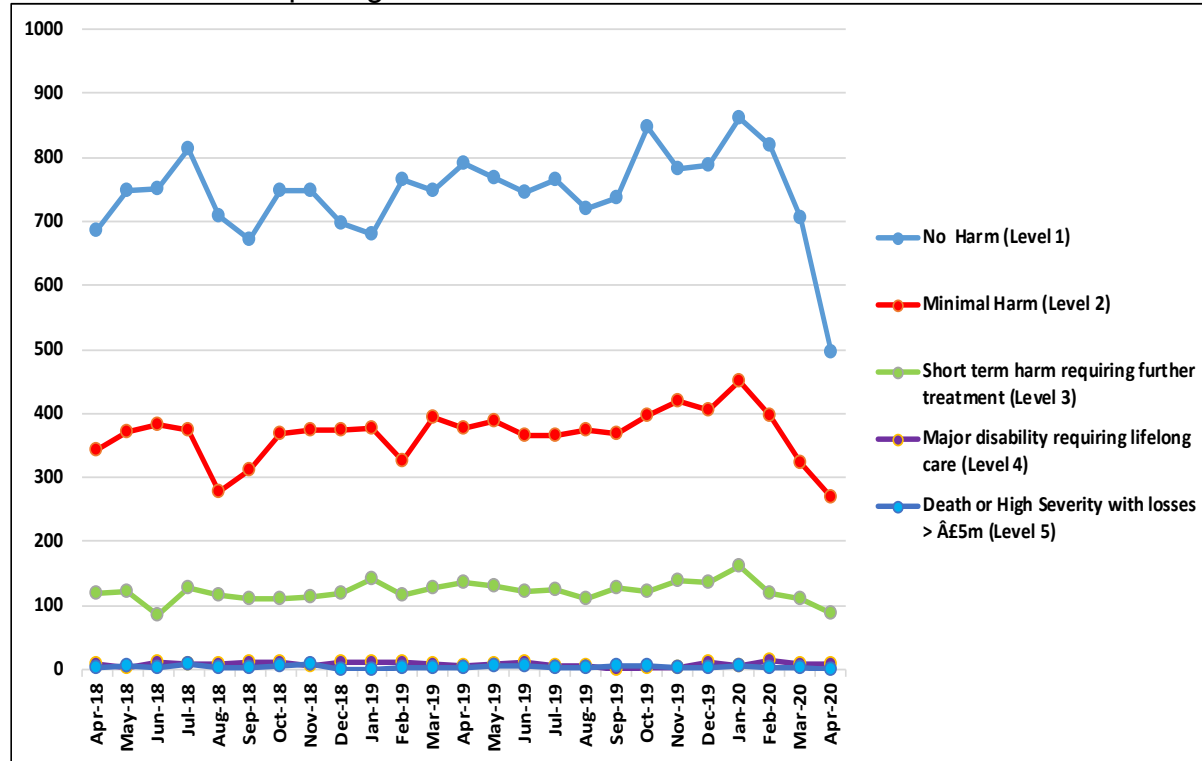
**1. Key Quality and Safety metrics: Health Board Wide**

Table 1 below provides a summary of the Health Board wide key quality and safety metrics for March and April 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	5	89	19	62	32%	1	1.6%	0
Unscheduled Care	0	14	78	42	750	36%	2	0%	0
Women & Children	0	25	25	5	78	19%	1	1.2%	0
Mental Health & Learning Disabilities	0	4	28	8	280	34%	3	1.1%	0
Community Services	0	0	14	1	619	63%	0	0%	0
Primary Care	0	1	53	22	34	18%	0	0%	0
<b>Health Board Total</b>	<b>0</b>	<b>49</b>	<b>287</b>	<b>97</b>	<b>1823</b>	<b>47%</b>	<b>7</b>	<b>0.4%</b>	<b>0</b>
* PTR is Putting Things Right, SI is serious incident and PSI is patient safety incident									

## Incident Reporting

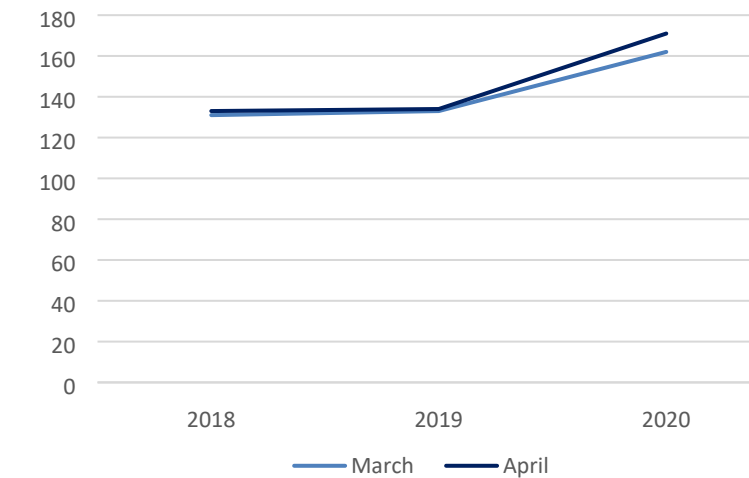
Table 2: Incident Reporting Trend across the Health Board



Source of data: Datix

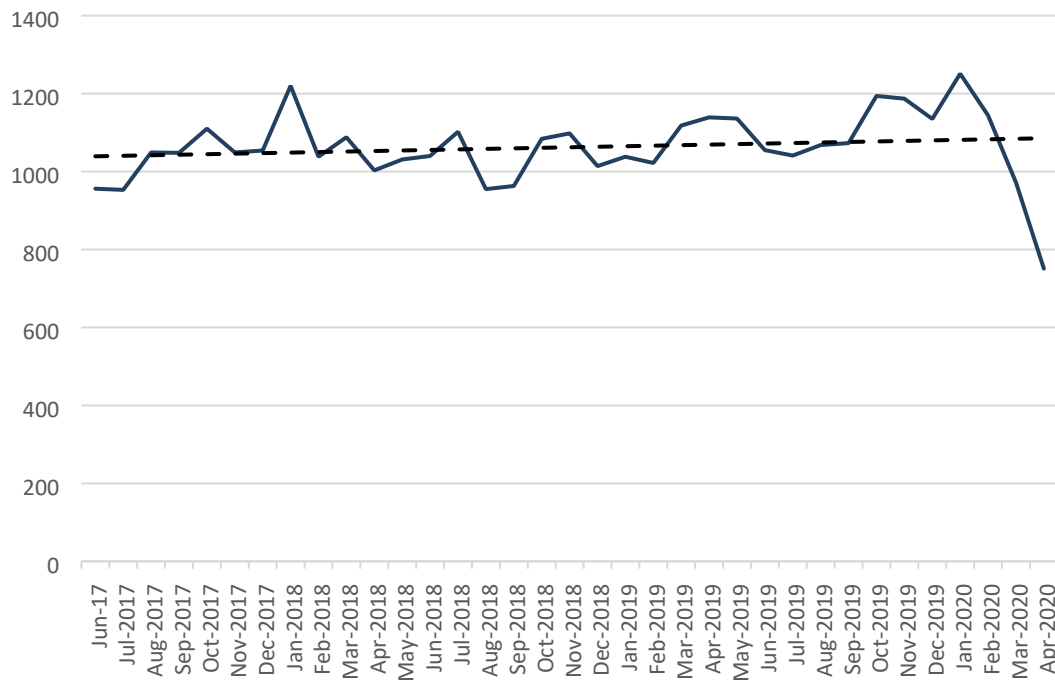
Whilst there appears to be a significant drop of the number of patient safety incidents reported in March and April 2020, this can be correlated to the reduction in the number of admitted patients. However, using the patient safety incident data from the Quality Dashboard and the admitted patient data 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 March and April 2020 compared to the same months in 2018 and 2019. This is potentially due to the acuity of the patients during the Covid-19 period.

Table 4: PSI/1,000 admitted patients



Source of data: IRIS and Quality Dashboard

**Table 3: Total number of incidents relating to patient safety**



Source of data: Quality Dashboard

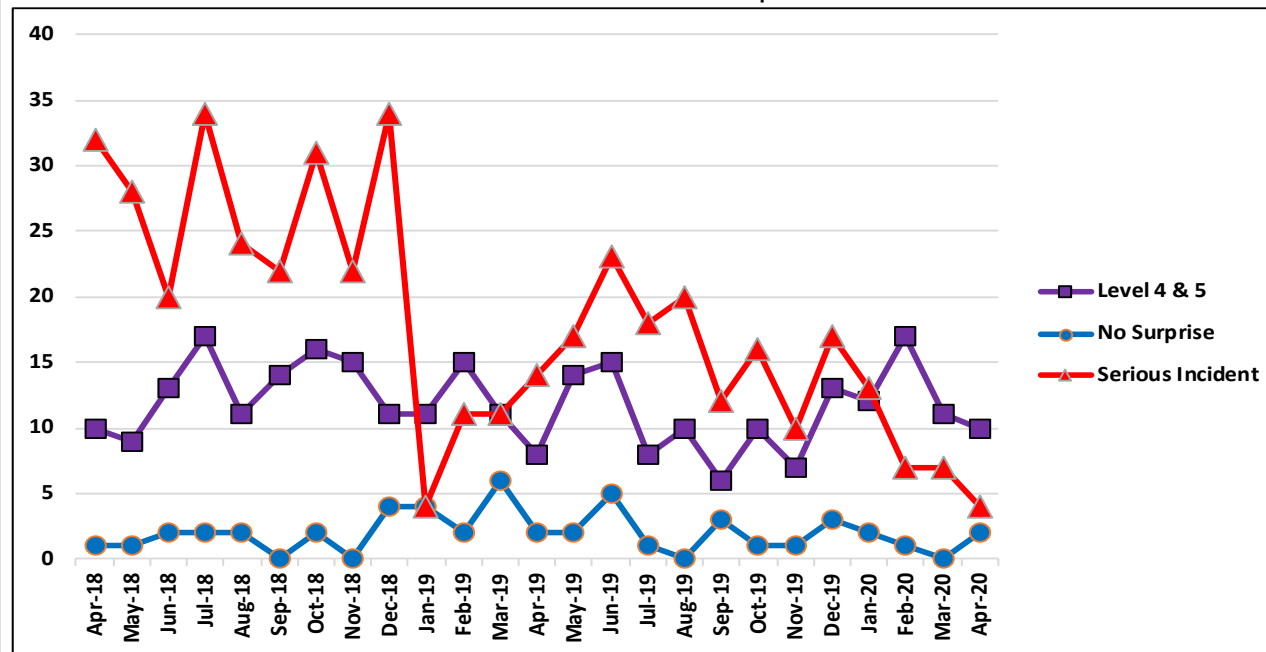
Within the patient related incidents in March and April 2020, reported the top 3 themes reported remain consistent with previous reports to QSEAC

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

There has been a slight reduction in the number of incidents reporting pressure damage (including moisture damage) incidents and patient accidents/falls.

Welsh Government has issued revised serious incident reporting guidance on what incidents must be reported. Whilst the list has been reduced, the Health Board is still required to undertake proportionate and timely investigation on all incidents where there has been harm including those incidents that would have been previously reported.

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



Source of data: Datix

Since the previous report to QSEAC, 3 never events have been reported to Welsh Government. The categories of the never events were:

- Retained foreign object (swab) post procedure
- Wrong site surgery (invasive procedure) (2 incidents).

A formal quality panel was held by the clinical Executive Directors to discuss the occurrence of the never events with the relevant Directorates. In line with duty of candour the family have been communicated with.

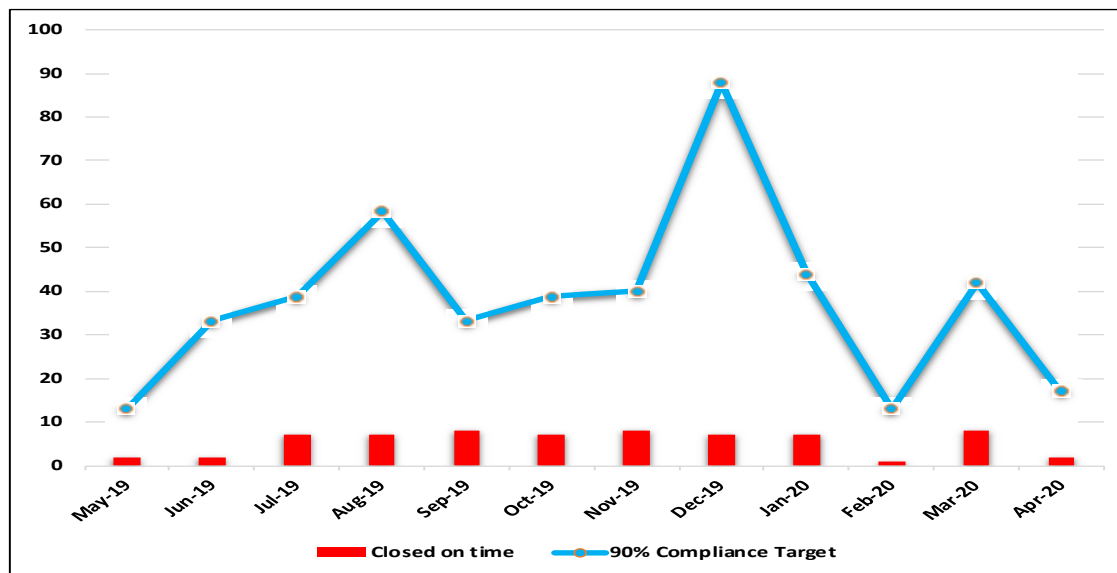
Control groups have been established to ensure timely Root Cause Analysis of the incident and implementation of improvement and learning. On conclusion of the RCA, a report on each never event will be provided to the Listening and Learning however Committee.

With immediate effect the Health Board is required to report the following serious incidents to Welsh Government:

- all never events
- in patient suicides
- maternal deaths
- neonatal deaths
- homicides
- unexpected deaths – adults and children
- Human Tissue Authority incidents
- incidents of high impact and likely to happen again (for local decision)

In March and April 2020 **11** incidents were reported to Welsh Government; patients absent without leave (AWOL) was the highest reported incident.

Table 5&6: Serious incidents reported to Welsh Government Closure Compliance



Month Closure Due	Total due	Closed (on time)	% closed on time	Closed (outside timescales)	Open at time of report	Not due
Dec-19	8	7	88%	1	0	NA
Jan-20	16	7	44%	5	4	NA
Feb-20	8	0	0%	5	3	NA
Mar-20	19	7	37%	5	7	NA
Apr-20	12	3	25%	0	9	NA
May-20	8	1	13%	0	7	NA

Source of data: Datix

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 1st April 2020. However, the Health Board continues to work towards closure of incidents within 60 days, but will not be formally monitored against it by Welsh Government.

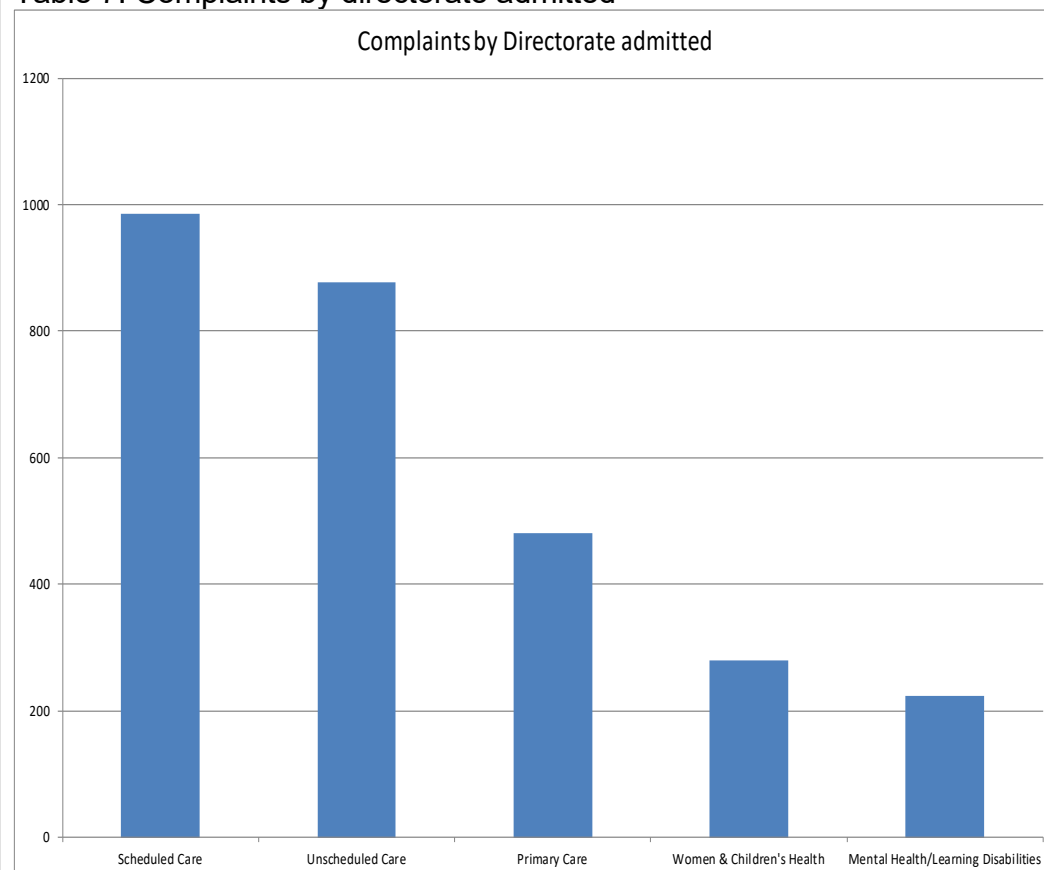
As at 22nd May 2020, there were **41** serious incidents open over 60-days. This is an improvement on the position reported to the previous meeting. The Health board continue to monitor and scrutinise internally the quality of the investigations.

The predicted closure for June 2020 is **≥50%**. On analysis, the overdue incidents are complex, and linked to processes outside the control of the Health Board e.g. Procedural Response to Unexpected Deaths in Childhood (PRUDIC), or are awaiting the outcome of the Inquest to be held by HM Coroner. 59% of the overdue incidents are within Mental Health and Learning Disabilities Directorate.

The improvement work to ensure that there is timely and appropriate review of serious incidents continues. The Quality Assurance and Safety Team are working with the Triumvirate Teams to ensure timeliness of acceptance of final reports following Root Cause Analysis (RCA) review and appropriate improvement and learning plans, which inform the closure forms to Welsh Government. However, the pandemic has had an impact on the improvement work in this area.

## Complaints

Table 7: Complaints by directorate admitted



### *Unscheduled Care*

Accident and Emergency (Glangwili General Hospital (GGH), Withybush General Hospital WGH and Bronglais General Hospital (BGH)) has received the highest number of complaints between April 2019 to date, followed by Medicine and Cardiovascular. The highest number of complaints were in regards to the patient perceiving poor treatment had been received (predominantly within Accident and Emergency) and appointments.

Complaints about appointments included appointments cancelled/changed (Cardiovascular), appointments delayed (Radiology), and length of wait for appointment (Cardiovascular).

### Themes & Trends

Since April 2019, the highest number of complaints received are within the specialties Scheduled Care, Unscheduled Care and Primary Care and this status remains unchanged, year to date.

The top subjects complained about are clinical treatment / assessment, communication issues, appointments and attitude/behaviour.

### *Scheduled Care*

Orthopaedics, Ophthalmology and Surgery have received the highest number of complaints from April 2019, with the main issues related to appointments.

Complaints in relation to appointments include the appointment being cancelled/changed (Ophthalmology, Orthopaedics and Urology received the highest number), the appointment being delayed (Ophthalmology), a failure to provide a follow up appointment (particularly in Ophthalmology although Urology and Dermatology also feature), the length of wait for an appointment (Ophthalmology and Dermatology) and waiting times (Orthopaedics). The Health Board also received a number of complaints in regards to treatment, including patients perceived poor treatment received (Orthopaedics), treatment/procedure delayed (Ophthalmology) and treatment/procedure postponed/cancelled (Orthopaedics).



In response to concerns about appointments and delays, work is continuing in the areas of patient flow and delayed transfers of care within our hospitals, acute assessments, and on frailty models. Using technology to provide more services in patients' homes is also having a positive outcome for patients, looking at technology solutions such as 'patient knows best' and virtual clinics.

Communication is also a consistent theme and work will continue to address these issues as part of the quality improvement programme and through induction, training and leadership programmes.

Any concern received is fully reviewed with the clinical and management to identify any potential impact on the patient. The Patient Experience Team will also be conducting regular surveys with patients to identify any concerns and themes that have not been identified through other mechanisms such as for the concerns or claims process.

### *Primary Care*

General Practice and Dental Services (primary care) received the highest number of complaints. Delayed appointments, length of wait for an appointment (Dental), medication removed without explanation (General Practice) and staff attitude feature. Both specialties also received a proportion of complaints from patients who perceived they had received poor treatment.

### Complaints re COVID-19

Table 8: Complaints related to COVID-19

During March and April 2020 the majority of complaints raised were in relation to COVID-19, with a high number being handled as enquiries or early resolution.

### Complaints related to COVID-19

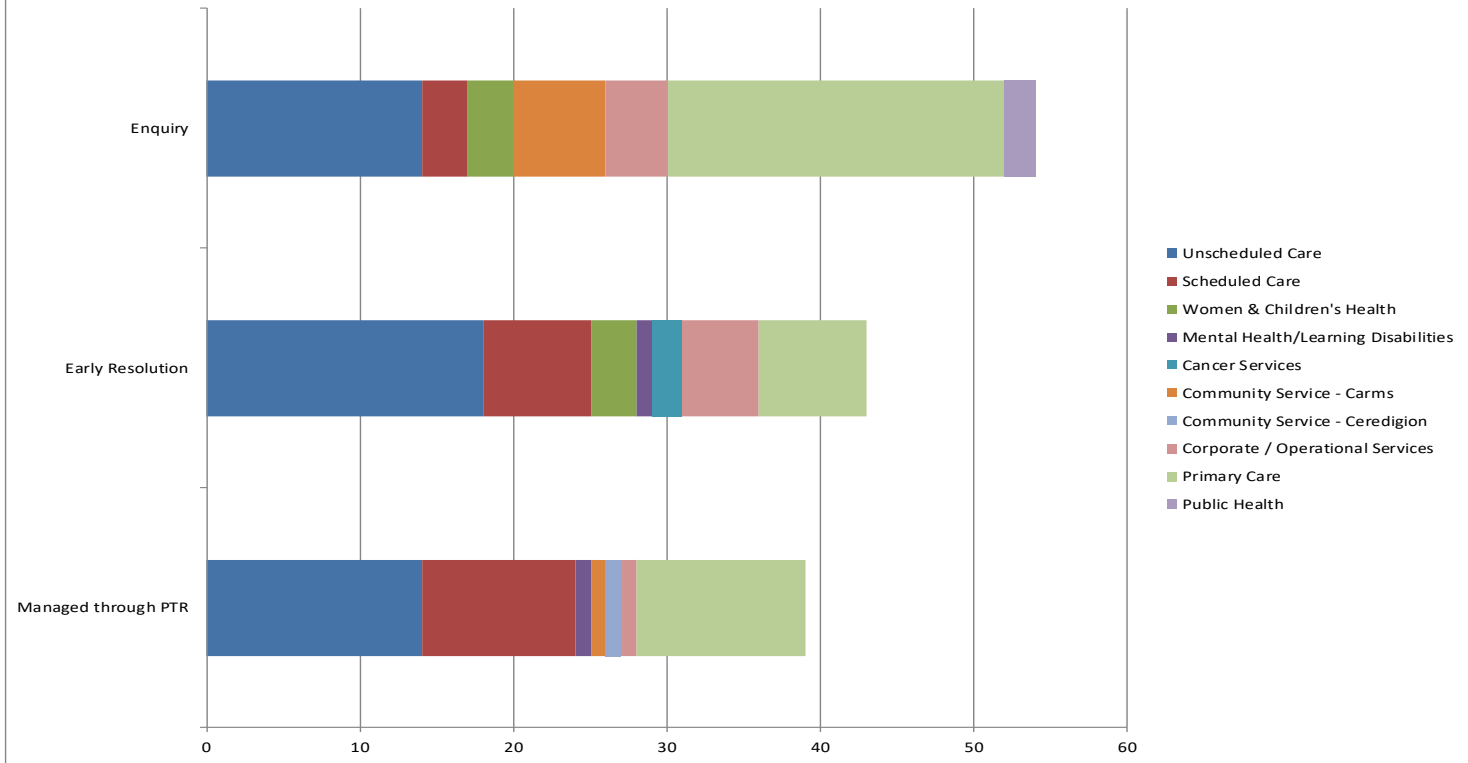
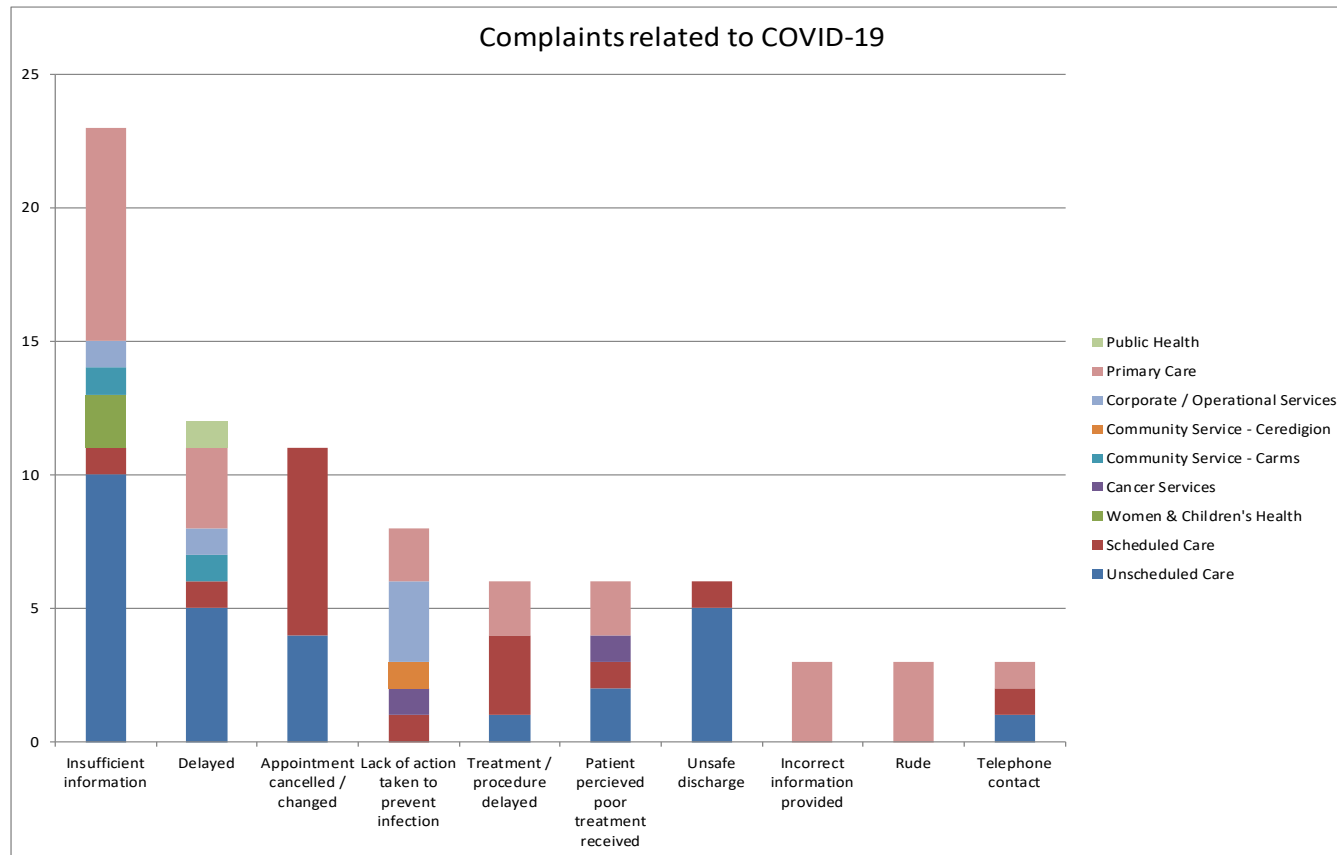


Table 9: Themes of complaints related to COVID-19



Overall, the highest number received have been for Unscheduled Care, Scheduled Care and Primary Care, although Community Service- Carmarthenshire received a number of enquiries during April 2020, complaining about lack of communication re testing, appointments and access to services.

**Complaint Handling - Timeliness**

The annual complaints data was submitted to Welsh Government at the end of April 2020 and the Health Board has reported that 73% of complaints were closed within 30 working days against a target of 75%.

**Lessons Learnt**

Data capture of lessons learnt has been limited to date. However, from June 2020 cases with significant learning will be reviewed by the Listening and Learning Sub Committee for assurance that appropriate actions have been taken and are being implemented. This will provide greater assurance around actions being taken in response to identified risks and to improve patient experience and outcomes.

## **Formal Quality Panels**

One formal quality panel has been held since the previous report to the QSEAC.

The panel discussed the Never Events reported in this calendar year. 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 regards 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.

## **Healthcare Inspectorate Wales (HIW): 2019/2020 inspection summary**

In 2019/20, 11 reports following unannounced inspections (locations within Hywel Dda UHB but not contractor premises) were published by HIW. The information relating to completed, on schedule and behind schedule actions has been taken from the tracker held by the Risk and Assurance Team (version 17<sup>th</sup> April 2020).

### Unannounced Visits

[Hospital Inspection Llandoverly Hospital / Hywel Dda](#) (published 28<sup>th</sup> February 2020)

An unannounced inspection was undertaken on 26<sup>th</sup> and 27<sup>th</sup> November 2019. The visit resulted in one immediate assurance issue in relation to staffing levels at the hospital to ensure the delivery of safe and effective care.

An immediate assurance improvement plan has been developed to address the immediate action concerns. The plan was submitted to HIW who were sufficiently assured with the immediate improvement plan.

A robust improvement plan has been put in place and the full report is available [here](#). 16 recommendations were made, 5 are behind schedule and 4 are on schedule (all other actions complete).

[Hospital Inspection Withybush General Hospital / Midwifery Led Unit](#) (published 5<sup>th</sup> March 2020)

An unannounced inspection was undertaken on 3<sup>rd</sup> and 4<sup>th</sup> December 2019. The visit resulted in immediate assurance issues (total of 3 issues) including documentation of the checking of the neo-natal resuscitaires and emergency resuscitation equipment and storage of medications.

An immediate assurance improvement plan was developed to address the immediate action concerns. The plan was submitted to HIW who were sufficiently assured with the immediate improvement plan.

A robust improvement plan has been put in place and the full report is available [here](#). 10 recommendations were made and 2 are behind schedule (all other actions complete).

[Maternity Services \(Gwenllian Ward and Midwifery Led Unit\) at Bronglais General Hospital](#) (published 24<sup>th</sup> January 2020)

An unannounced inspection was undertaken on 21<sup>st</sup>, 22<sup>nd</sup> and 23<sup>rd</sup> October 2019. The visit resulted in one immediate assurance issue in relation to documentation of the checking of the neo-natal resuscitaires and emergency resuscitation equipment.

An immediate assurance improvement plan has been developed to address the immediate action concerns. The plan was submitted to HIW who were sufficiently assured with the immediate improvement plan.

A robust improvement plan has been put in place and the full report is available [here](#). 7 recommendations were made and all actions are complete.

[Maternity Services \(Labour Ward, Dinefwr Ward and Midwifery Led Unit\) at Glangwili General Hospital](#) (published 10<sup>th</sup> January 2020)

An unannounced inspection was undertaken on 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> October 2019. The visit resulted in immediate assurance issues (total of 5 issues) including documentation of the checking of the neo-natal resuscitaires and emergency resuscitation equipment, storage of medications and compliance with mandatory and statutory training.

An immediate assurance improvement plan was developed to address the immediate action concerns. The plan was submitted to HIW who were sufficiently assured with the immediate improvement plan.

A robust improvement plan has been put in place and the full report is available [here](#). 17 recommendations were made, 4 are behind schedule and 1 is on schedule (all other actions complete).

[Stroke Services \(Ystwyth Ward\) at Bronglais Hospital](#) (published 4<sup>th</sup> December 2019)

An unannounced inspection was undertaken on 3<sup>rd</sup> and 4<sup>th</sup> September 2019. The visit resulted in one immediate assurance issue in relation to consistency of completing admission documentation, care plans and associated risk assessments.

An immediate assurance improvement plan was developed to address the immediate action concerns. The plan was submitted to HIW who were sufficiently assured with the immediate improvement plan.

A robust improvement plan has been put in place and the full report is available [here](#). 40 recommendations were made and 3 are behind schedule (all other actions complete).

[NHS Mental Health Service Inspection – Withybush Hospital, Haverfordwest](#) (published 13<sup>th</sup> September 2019)

An unannounced inspection was undertaken on 20<sup>th</sup> and 21<sup>st</sup> May 2019. There were no immediate assurance issues highlighted during the visit.

A robust improvement plan has been put in place and the full report is available [here](#). 22 recommendations were made and 1 is behind schedule (all other actions completed).

[Follow-up Inspection – Cysgod y Cwm Ward, Amman Valley Hospital, Glanamman](#) (published 28<sup>th</sup> August 2019)

An unannounced inspection was undertaken on 20<sup>th</sup> and 21<sup>st</sup> May 2019. There were no immediate assurance issues highlighted during the visit.

A robust improvement plan has been put in place and the full report is available [here](#). 7 recommendations were made and 1 is behind schedule (all other actions completed).

[Follow-up Inspection – Sunderland Ward, South Pembrokeshire Hospital, Pembroke Dock](#) (published 15<sup>th</sup> August 2019)

An unannounced inspection was undertaken on 13<sup>th</sup> and 14<sup>th</sup> May 2019. The visit resulted in immediate assurance issues (total of 7 issues) in relation to commode cleanliness and repair, cleaning equipment colour coding, prescription of medication including oxygen, medication refrigerator temperature checking and Venous thromboembolism (VTE) risk assessment.

An immediate assurance improvement plan was developed to address the immediate action concerns. The plan was submitted to HIW who were sufficiently assured with the immediate improvement plan.

A robust improvement plan has been put in place and the full report is available [here](#). 19 recommendations were made and one recommendation is behind schedule (all other actions complete).

[NHS Learning Disability Service Inspection – Bro Myrddin, Carmarthen](#) (published 3<sup>rd</sup> July 2019)

An unannounced inspection was undertaken on 2<sup>nd</sup> April 2019. There were no immediate assurance issues highlighted during the visit.

A robust improvement plan has been put in place and the full report is available [here](#). 16 recommendations were made. All actions have been completed.

[Hospital Inspection – Glangwili General Hospital, Carmarthen](#) (published 10<sup>th</sup> June 2019)

An unannounced inspection was undertaken on 5<sup>th</sup> and 6<sup>th</sup> March 2019. There were no immediate assurance issues highlighted during the visit.

A robust improvement plan has been put in place and the full report is available [here](#). 23 recommendations were made and 3 are behind schedule (all other actions complete).

[Mental Health Service Inspection – Cwm Seren, Carmarthen](#) (published 17<sup>th</sup> April 2019)

An unannounced inspection was undertaken on 14<sup>th</sup>, 15<sup>th</sup>, and 16<sup>th</sup> January 2019. There were no immediate assurance issues highlighted during the visit.

A robust improvement plan has been put in place and the full report is available [here](#). 20 recommendations were made, 3 are behind schedule and 2 actions are on schedule for completion (all other actions complete).

#### Inspections where publication of report is awaited

##### *Unannounced Visits*

HIW undertook two unannounced visits at the beginning of March 2020; Pelican Ward, Withybush General Hospital and Cilgerran Ward, Glangwili General Hospital. There were no immediate assurance issues identified. The final inspection report is awaited.

##### *Announced Visits*

The report following the visit to the Llanelli Community Mental Health Team in December 2019 was received on 9<sup>th</sup> March 2020. The improvement plan has been forwarded to the service for completion by 16<sup>th</sup> March 2020

#### Comparative analysis with other Health Boards including immediate assurance issues

During 2019/20, 11 reports (not including GP and other independent contractors) were published by HIW for Hywel Dda UHB. A review of the published reports for other Health Boards was undertaken and the number of published reports for Hywel Dda appears to be higher than the other organisation. For example, for Aneurin Bevan UHB and Swansea Bay

UHB no published reports for acute sites were found; the published reports related to maternity services and Mental Health and Learning Disabilities services.

A total of 198 recommendations were made by HIW following their unannounced visits to the Health Board (excluding contractors), of these 18 were immediate assurance issues (9% of all recommendations). A selection of other LHB inspections reports were reviewed to establish if there were a higher proportion of immediate assurance issues found in inspections within Hywel Dda UHB:

*Unannounced visits to maternity services:* 3 out of the four reports for other LHBs sampled contained immediate assurance issues for action. Similar immediate assurance issues were highlighted in the other LHB reports sampled.

*Unannounced visits to mental health services:* In the four reports sampled, only one report contained immediate assurance issues. In all three reports for Hywel Dda there were no immediate assurance issues for action.

*Unannounced visits to acute and community hospitals:* It was a little more difficult to assess whether the number of immediate assurance issues were higher in Hywel Dda than in other LHBs as fewer number of reports were published for acute and community hospitals during this period. All but one report for acute and community hospital located on the HIW website contained immediate assurance issues.

#### Themes within the recommendations made by HIW for Hywel Dda UHB

The review of other LHB inspection reports shows that similar issues were identified during inspection visits. For example the following recommendations were made in reports for Hywel Dda UHB:

- Documentation of the routine checks completed, such as:
  - controlled drugs check. This is a policy issue; the policy has recently been updated and staff were following the new guidance;
  - neonatal resuscitaires. Maternity services have issued a reminder through the safety brief system that is in place;
  - arrest trollies. The resuscitation team have been asked to look at this from a health board wide perspective
- Checking of medication fridges. This has been addressed within the ward locations where it was identified. However, to ensure Health Board wide learning, when we return to “normal business”, this will be discussed at the medication Error Review Group and Health Board wide action agreed.
- Prescription of oxygen. This has been addressed within the ward locations where it was identified. However, to ensure Health Board wide learning, when we return to “normal business”, this will be discussed at the medication Error Review Group and Health Board wide action agreed.
- Locking of medicines rooms, treatment rooms and sluices. This has been addressed within the ward locations where it was identified. A 7 minute safety brief is being drafted and will be sent out from the Quality Assurance and Safety Team.

#### Argymhelliad / Recommendation

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

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
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
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	All Quality Improvement Goals Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Datix, Quality Dashboard available on IRIS
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Sicrhau Profiod: Parties / Committees consulted prior to Quality, Safety and Experience Assurance Committee:	N/A

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Better use of resources through integration of reporting methodology



<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Use of key metrics to triangulate and analyse data to support improvement
<b>Gweithlu: Workforce:</b>	Development of staff through pooling of skills and integration of knowledge
<b>Risg: Risk:</b>	Integration of reporting methodology improves triangulation of data and therefore reducing risk
<b>Cyfreithiol: Legal:</b>	Integration of reporting methodology improves triangulation of data and therefore reducing likelihood of legal challenge
<b>Enw Da: Reputational:</b>	N/A
<b>Gyfrinachedd: Privacy:</b>	N/A
<b>Cydraddoldeb: Equality:</b>	N/A