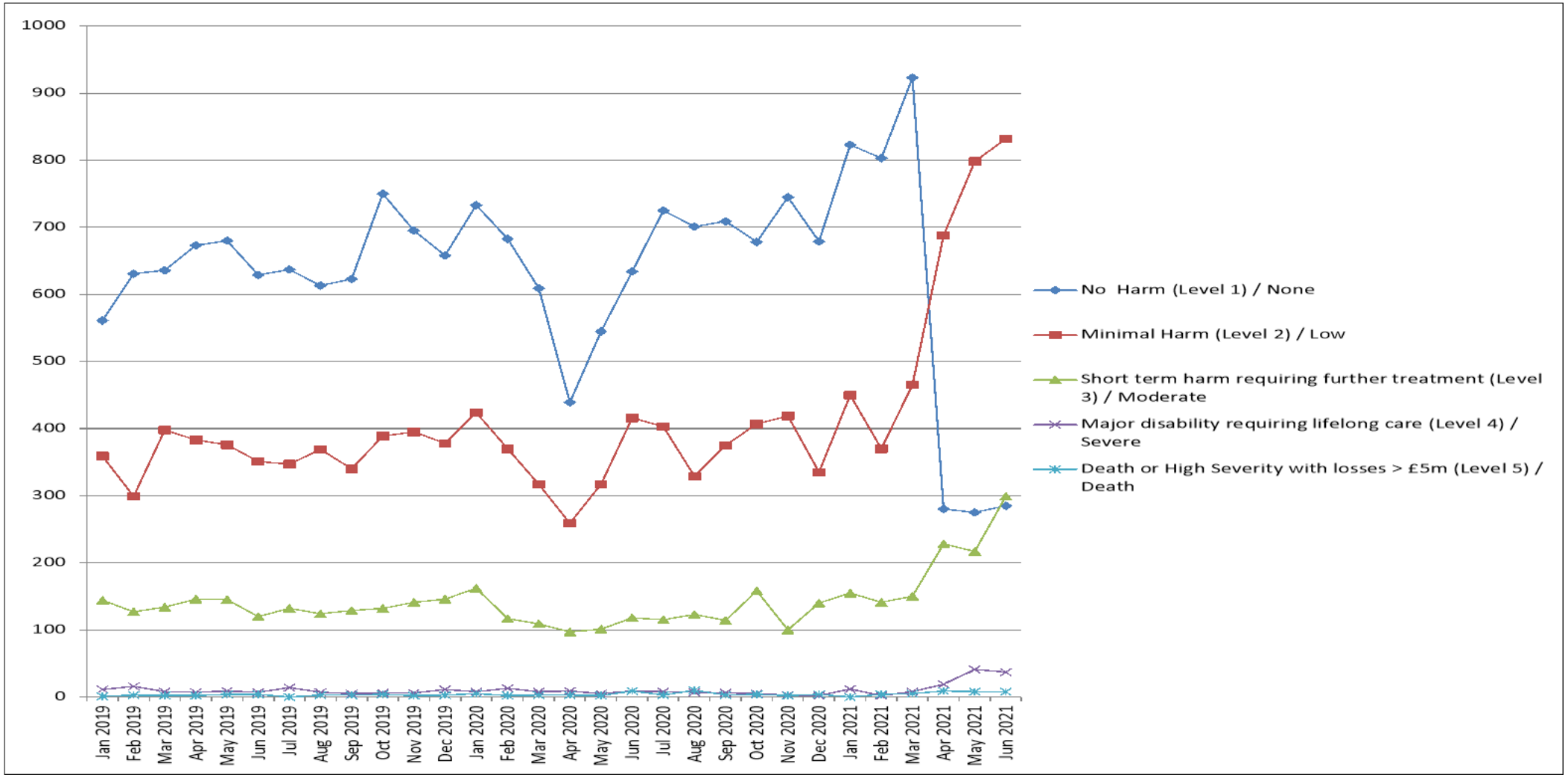
Quality and Safety Assurance Report

QSEAC Meeting August 2021

Situation

- 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 externally reported patient safety incidents, quality improvement, Welsh Health Circulars and inspections by Healthcare Inspectorate Wales (HIW).

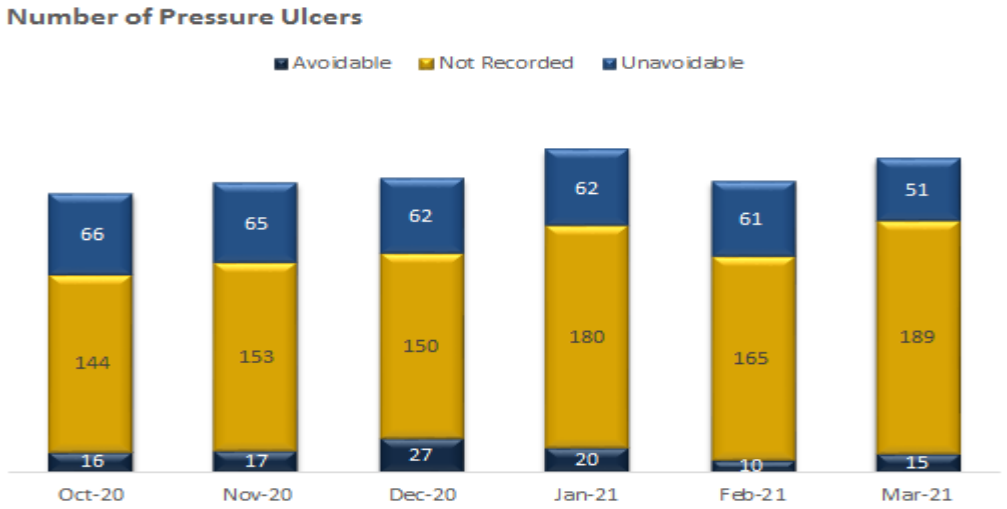
Incident Reporting – Harm as Reported

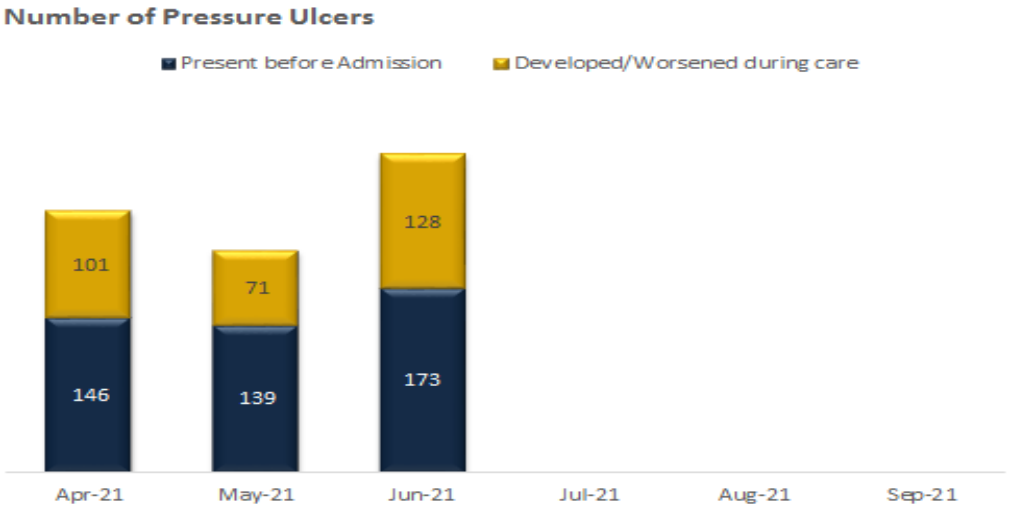


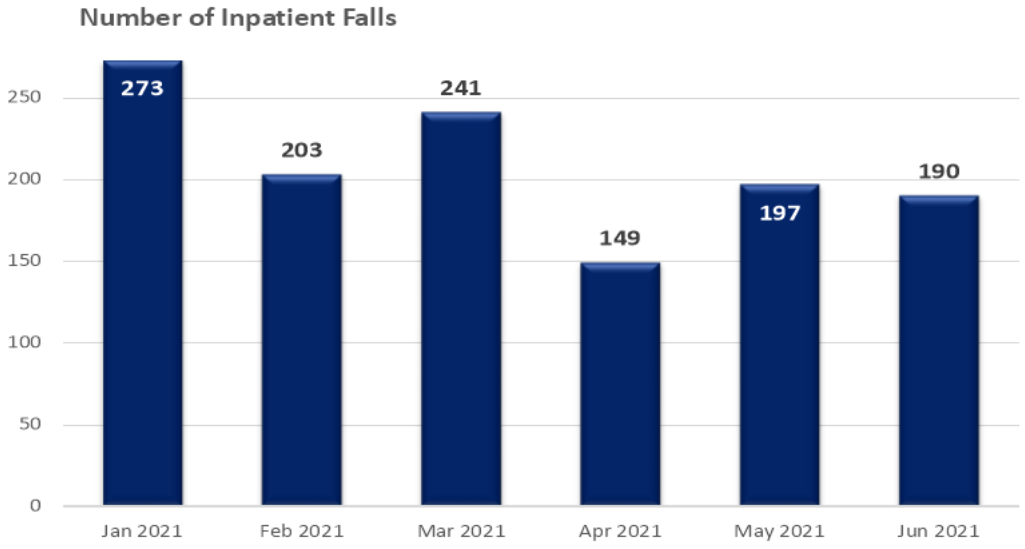
In May and June 2021, 2,800 incidents were reported of which 2,407 were patient safety related. These figures are consistent with previous months

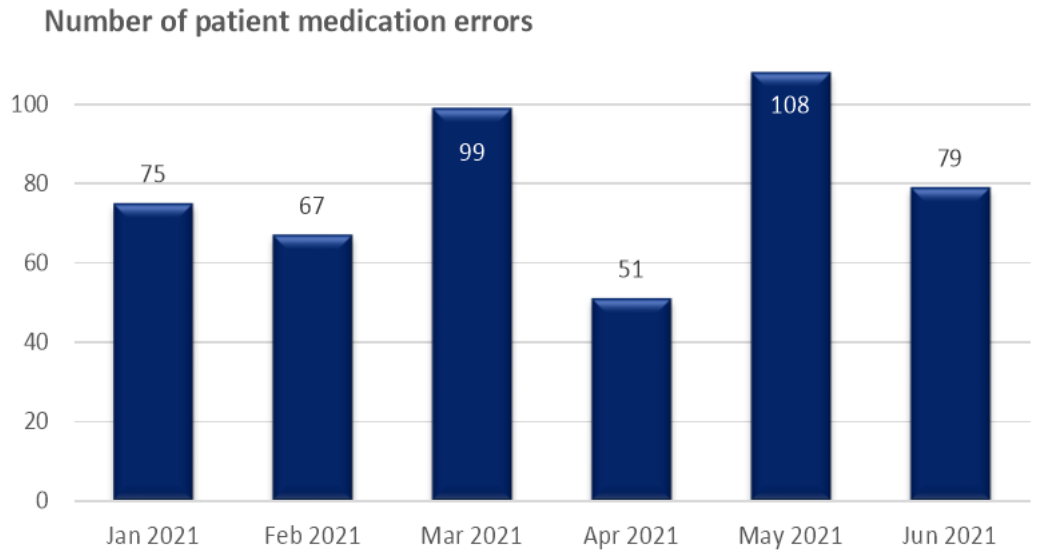
Work is required to ensure reporters know the definition of each category of harm. On closure of the incident , the investigator is asked to confirm the severity of harm. Future reports will give the investigators severity score.

Incident Reporting









Reportable Incidents

	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021
Absconded patient*	0	1	2	0	0
Pressure Damage*	0	2	2	1	0
Retained Foreign Object	1	1	0	0	0
Patient Fall (serious harm)	1	3	8	3	0
Unexpected Death **	4	4	7	5	0
Neonatal/Perinatal Care	2	0	0	0	1
Wrong site surgery/procedure	2	1	0	0	0
Under 18 Admission*	0	0	10	0	0
Other	0	1	0	2	1
Total	**10**	**13**	**29**	**11**	**2**

*not reportable - temporary change in SI reporting during first wave, requirement to report re-introduced. However, reporting requirements have recently change in view of second wave pressures

Between 1st May and 30th June 2021, **2** reportable incidents were reported to the Delivery Unit; 1 is in relation to Infection Control and 1 is an unusual event which requires investigation to establish whether an incident occurred.

During the last financial year, the reporting requirements for serious incidents to the Delivery Unit changed and therefore a comparison quarter by quarter cannot be made as to whether incident numbers have increased or decreased:

- 14th June change in reporting requirements – see below
- 4th January 2021 to 13th June – reduced reporting due to significant pressures on the NHS
- 13th August 2020 – return to full Serious Incident reporting to the Delivery Unit
- 18th March 2020 to 13th August 2020 – reduced reporting due to significant pressures on the NHS

Changes from 14th June 2021

Term 'serious incident' replaced by 'patient safety incidents' reportable nationally.

A patient safety incident will be nationally reported within seven working days from the occurrence, or point of knowledge, if it is assessed or suspected an action or inaction in the course of a service user's treatment or care, in any healthcare setting, has, or is likely to have caused or contributed to their unexpected or avoidable death, or caused or contributed to severe harm.

The following specific categories of patient safety incidents must be reported:

- Suspected homicides where the alleged perpetrator has been under the care of mental health services in the past 12 months
- In-patient suicides
- Maternal deaths
- Never Events
- Incidents where the number of patients affected is significant such as those involving screening, IT, public health and population level incidents, possibly as the result of a system failure
- Unusual, unexpected or surprising incidents where the seriousness of the incident requires it to be nationally reported and the learning would be beneficial

Patient Safety Incidents: National Reporting Requirements

- Letter received 11th May 2021 from the Deputy Chief Medical Officer regarding the phased change to national reporting requirements from **14th June 2021.**
- Term '*Serious Incident*' replaced by '*Patient Safety Incidents*' - reportable nationally.
- A Patient Safety Incident will be nationally reported within seven working days from the occurrence, or point of knowledge, if it is assessed or suspected that an action or inaction in the course of a service user's treatment or care, in any healthcare setting, has, or is likely to have caused or contributed to their unexpected or avoidable death, or caused or contributed to severe harm.
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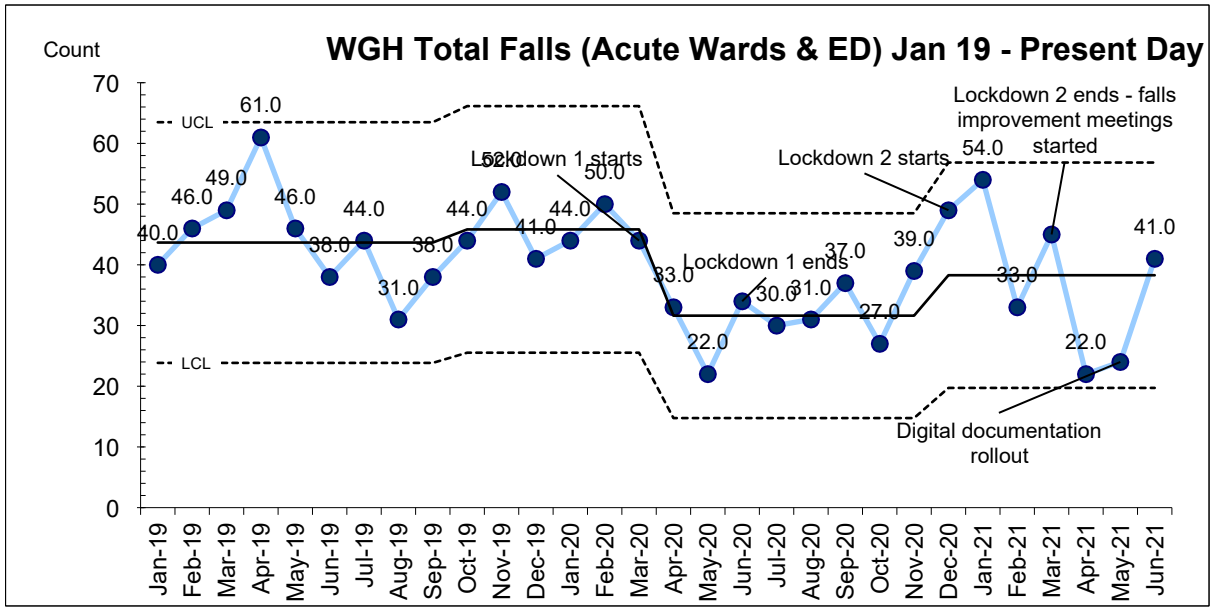
In-Patient Falls



The QI team have resumed improvement support in priority clinical areas with a high number of inpatient falls.

Initial focus on improvement has been in WGH with the introduction of monthly Falls Improvement Meetings.

The QI team have recently attended human factors training and workshops; during theses sessions there was a focus on appreciative enquiry techniques, which have been practiced during the Improvement Meetings.

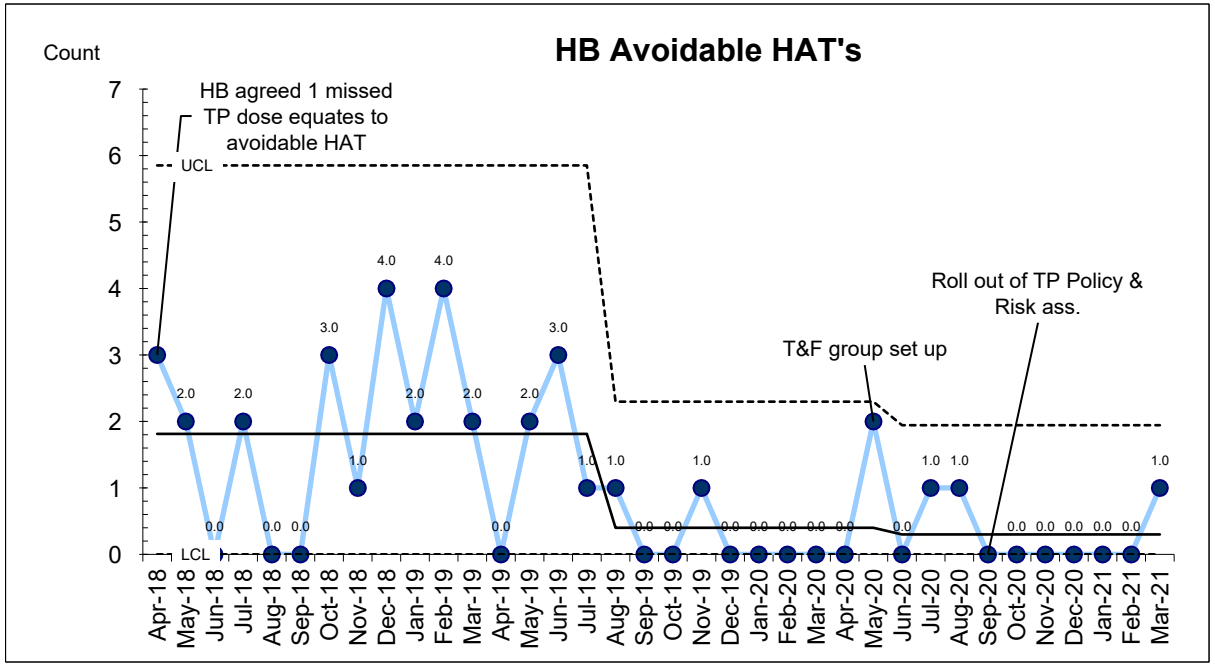
Using an appreciative enquiry approach to falls the Improvement Meetings focus on sharing and celebrating good practice.

All Senior Nurse Managers and Ward Sisters attend where data is presented and positive case studies are discussed. The meeting uses the opportunity to test changes with feedback from all areas as to how these changes may work in their ward environments. Any barriers to improvement are also raised and discussed in this open forum. Initial feedback from the staff who attend is very positive. This work is in its infancy and progress will continue to be monitored.

Work is continuing on supporting the development of a Falls Strategy for the Health Board.

Engagement across 3 counties has been positive and a stakeholder group is being established.

Hospital Acquired Thrombosis



The Quality Improvement (QI) Team have been supporting the Hospital Acquired Thrombosis (HAT) Tier 1 target since 2015.

Certain members of the team work closely with the clinicians to identify HATs, communicate lessons learnt and improve clinical practice. This has historically been done along-side their other QI work, without a dedicated resource.

In 2020 a task and finish HAT Improvement Group was established and to date the Group meeting has been responsible for the roll out of the All Wales Thrombo-prophylaxis policy and risk assessment, as well as other HAT related clinical issues. The team ha been working through an improvement plan supported by senior QI leads and clinicians within the organisation.

The Health Board HAT data shows a step change improvement in the number of avoidable HATs in September 2019. The QI team actively engage with the clinical teams when they have a HAT in regard to lessons learned, and some areas have changed practice as a result. One practice change includes a number of areas completing bedside handover with the medication chart; this enables nurses taking over shifts to review the previous 12 hours and to challenge any gaps/omissions.

A QI practitioner has been recruited who will focus on Thrombosis education, training, reviewing and reporting all potential HATs, whilst engaging and supporting any areas which have a HAT. Using a proactive approach it is hoped to reduce any harm to patients, whilst educating our staff.

HIW Quality Checks: Summary of Tier 1 Reviews
18 May – 14 July 2021

Area of Review	Recommendat-ions Raised	Update
Prince Philip Hospital – Bryngolau Ward, MHLD	2	The Quality Check was held in October 2020, with recommendations relating to annual risk assessments relating to ligature risks, and staff training compliance confirmed as being actioned by the service. Report has been closed on the audit and inspection tracker.
Glangwili General Hospital – Towy Ward	2	The Quality Check was held in November 2020, and progress has been made against recommendations relating to action plans for falls and pressure and tissue damage, and staff training compliance - although neither were fully complete due to Covid-19 outbreaks at the ward. Future actions planned to complete the recommendations have been discussed with HIW, with further evidence submitted in May 2021 to evidence progress made. The report remains open on the audit and inspection tracker as recommendations have been partially completed.
Glangwili General Hospital – Steffan Ward	0	The Quality Check was held in May 2021 after being postponed due to Covid-19 pressures in December 2020. No recommendations were raised during the course of the Quality Check, and the report has been closed on the audit and inspection tracker.
10 Church Close, Begelly - MHLD	1	The Quality Check was held in April 2021 after being postponed due to Covid-19 pressures in December 2020. One recommendation was raised in relation to the submission of DoLS applications, and has since been confirmed as fully actioned with progress update sent to HIW in July 2021. Report has been closed on the audit and inspection tracker.
Glangwili General Hospital – Morlais Ward	3	The Quality Check was held in March 2021, with the final report published in May 2021. Three recommendations were raised relating to the completion of a C4C audit, staff training compliance and data regarding restraint incidents, with a view that all recommendations will be completed by March 2022.
Cwm Seren - MHLD	0	The Quality Check was held in June 2021, with no recommendations raised. The report is currently awaiting publication on the HIW website, but has been closed on the audit and inspection tracker.
Tenby Surgery (UHB Managed Practice)	9 Immediate Recommendations 2 Recommendations from main report	The Quality Check was held in June 2021, with 9 recommendations raised on an immediate improvement plan, and a further 2 on the improvement plan. The Health Board have provided responses to all recommendations raised, and submitted a progress update in July on the 9 recommendations raised on the immediate improvement plan. Of the 11 recommendations raised in total, 2 have been implemented and 9 are in progressed with a view that all recommendations will be complete by September 2021.
Llandovery Hospital	N/A	The Quality Check was scheduled for June 2021 but was postponed by HIW. The Health Board are currently awaiting a revised date for this inspection.
Mass Vaccination Centres	2 Immediate Recommendations 16 Recommendations from main report	HIW inspectors visited the Halliwell Centre and Cardigan Leisure Centre in March 2021, and raised two recommendations within an immediate improvement plan which have all since been actioned and completed. The Health Board have since received a final copy of the report which contained 16 recommendations, of which only one remains outstanding relating to the Standard Operating Procedures for each vaccination centre.

HIW Quality Checks: Summary of Tier 1 Reviews
18 May – 14 July 2021

Further Inspections:

Prince Philip Hospital has been subject to a Tier 1 Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) Compliance Inspections undertaken in February 2021. The Health Board has received the final report, which contained 13 recommendations; two of which have been partially implemented. It is expected that all recommendations will be actioned by April 2022. The report can be found via the following link: 20255 - IR(ME)R - Prince Philip Final Report.pdf (hiw.org.uk)

A further Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) Compliance Inspections is scheduled at Withybush General Hospital on the 27th and 28th July, within the Nuclear Medicine Department. This will be a Tier 3 review, with all pre-inspection documentation submitted to HIW.

HIW published their report on Phase 1 of the National Maternity Services Review in March 2021 and the Health Board has provided its response to the 33 recommendations, which have been raised on a national level. As at July 2021, 29 of the 33 recommendations have been implemented. The report can be found via the following link: 20201118HIWNationalReviewofMaternityServicesEN_0.pdf

Services of Concern: Proposed HIW Process

The Health Board received a proposal document from HIW on 15th July 2021, outlining their intention to implement a Service of Concern process, and supporting process guidance. Currently, HIW follows an internal escalation process when an issue of concern comes to their attention. The new proposal is to formally use a Service of Concern designation when HIW identifies significant singular service failures, or cumulative or systemic concerns regarding a service or setting.

It is intended that a Service of Concern designation will increase transparency around how HIW discharges its role and ensure that focused and rapid action can be taken by a range of stakeholders, including health boards, to ensure that safe and effective care is being provided. The Health Board has until 30th September 2021 to provide comments or to send any queries in relation to this process, which is intended to be launched in Autumn 2021.

Implementation of Welsh Health Circulars (WHCs)

- This report provides QSEAC with progress in relation to the implementation of WHCs which come under its remit. The Committee is asked to gain assurance from the lead Executive/ Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/ late delivery and assurance that the risks associated with these are being managed effectively.
- The report includes the WHCs closed since March 2021, as well as 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 in appendix 1 is an update in respect of the WHCs that fall under the remit of QSEC.

WHCs closed (implemented) since March 2021

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
026-19	Nationally Standardised Adult Inpatient Assessment and Core Risk Assessments	20/08/2019	Director of Nursing, Quality and Patient Experience
015-20	POLICY ON SINGLE-USE AND REUSABLE LARYNGOSCOPES	14/09/2020	Director of Primary Care, Community and Long Term Care
004-21	Ordering influenza vaccines for the 2021-2022 season	19/02/2021	Director of Public Health
008-21	Revised National Steroid Treatment Card	June 2021	Director of Primary Care, Community and Long Term Care

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
033-18	Airborne Isolation Room Requirements	25/07/2018	Director of Nursing, Quality and Patient Experience

Short life working group established and all options being considered with Clinical input and neighbouring Health Board .

Agreement to draft options appraisal for discussion at Executive Team and QSEAC prior to progressing feasibility study and costing of remedial action and submission to CEIM&T.

SLWG to meet again end of July to progress options appraisal.

Attendance at CEIM&T re isolation pods capital bid as a potential interim solution.

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
026-19	Nationally Standardised Adult Inpatient Assessment and Core Risk Assessments	20/08/2019	Director of Nursing, Quality and Patient Experience

The remaining documents to implement are Falls and Adult In Patient Assessment. All the other documents are now fully implemented across Adult In-Patient Care settings. The plans for rolling out paper visions have been delayed until operational sites are more stable due to the pressures caused by COVID-19.

On 16/03/2021 the Welsh Government confirmed that the deadline of compliance against this WHC is extended until 31/05/2021. This further extension and timetable review is acknowledging the ongoing pressures on services and the effect on frontline staff capacity to fully adopt the new tools or use digital formats of the core tools.

As of July 2021 the only remaining sites to implement the Adult In-Patient Assessment and Falls assessment are Amman Valley & Llandovery Hospitals. This should be achieved by early August 2021.

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/ Director
046-16	Quality Standards for Adult Hearing Rehabilitation Services 2016	23/11/2016	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	Director of Public Health
006-18	Framework of Action for Wales, 2017-2020	01/02/2018	Director of Therapies & Health Science
026-18	Phase 2 – primary care quality and delivery measures	16/07/2018	Director of Public Health / Director of Primary Care, Community and Long Term Care.
030-18	Sensory Loss Communication Needs (Accessible Information Standard)	28/09/2018	Director of Public Health / Director of Primary Care, Community and Long Term Care.
011-19	Implementing recommendations of the review of sexual health services – action to date and next steps	05/03/2019	Director of Public Health
017-19	Living with persistent pain in Wales guidance	07/05/2019	Director of Therapies & Health Science
024-19	Pertussis – occupational vaccination of healthcare workers	30/07/2019	Director of Public Health
032-19	Sensory Loss Communication Needs (Accessible Information Standard) - of parents and carers of patients and service users.	20/09/2019	Director of Public Health / Director of Primary Care, Community and Long Term Care.
005-20	Recording of Dementia Read Codes	30/09/2020	Director of Therapies & Health Science
014-20	Ear Wax Management Primary Care and Community Pathway	29/09/2020	Director of Public Health
018-20	Last Person Standing	01/10/2020	Director of Primary Care, Community and Long Term Care
007-21	The Healthy Child Wales Programme – The 6 week post-natal GP physical examination of child contact	11/03/2021	Director of Public Health
009-21	School Entry Hearing Screening pathway	25/03/2021	Director of Public Health
012-21	Implementing the agreed approach to preventing Violence and Aggression towards NHS Staff in Wales	22/04/2021	Director of Nursing

Risks and Mitigation

- **Patient Safety Incidents**
  - Scrutiny of all incidents reported undertaken by the Quality Assurance Information System Team on a daily basis. Report of themes and trends in reporting provided to Head of Quality and Governance, Assistant Director of Nursing and Associate Medical Director.
  - Improvement and Learning Action Plans are developed and implemented within Directorates in response to the findings of the investigations.
  - The learning from serious incidents is shared with the Listening and Learning Sub-Committee.
- **External Inspections and Peer Review**
  - All correspondence received by third parties in relation to their activity is logged on receipt by the Assurance and Risk team.
  - Process in place for co-ordinating and quality checking responses to HIW requests by the required deadlines.
  - Recommendations from HIW immediate assurance plans and final reports are logged on the central tracker and progress is requested from services by the Assurance and Risk team on a bi-monthly basis.
  - Central tracker reported to every Audit and Risk Assurance Committee (ARAC) meeting.
  - HIW activity will form part of the new quality governance arrangements within Directorates going forward.

Nurse Staffing Levels (Wales) Act 2016 (NSLWA)

- **Update**
  - The latest biannual cycle of Nurse Staffing Level (NSL) reviews within the 32 wards where Sections 25B and C of the NSLWA pertains was completed in the spring of 2021.
  - This cycle took place within a context of many Section 25B/C wards being affected by (potentially temporary) changes to their bed numbers/ patient pathways/ clinical specialities as a result of the COVID-19 pandemic.
  - QSEC can be assured that all Section 25B/C wards are working to the revised NSLs, in line with the requirements of the NSLWA. However, the financial impact assessment of the Spring 2021 NSL review is a challenging one to make - and still a work in progress, given the changes/ staff movements made within many wards over 2020/21 and Q1 of 2021/22.
  - Work is currently being undertaken, led by the Senior Finance Business Partners for each acute site, to 'reset' the funded Whole Time Equivalent (WTE) establishments for the Section 25B/C wards. Once completed, it is anticipated that this will enable an accurate impact assessment (financial and workforce) of the spring 2021 NSL review to be undertaken; the HDUHB 2021/22 'NSL reserves' budget to be appropriately allocated; and, if required, any remaining financial deficits to be appropriately considered.
- **Risks and Mitigations**
  - An accurate assessment of the financial and workforce impact of the Spring 2021 NSL review for 32 acute medical and surgical wards - usually completed in April/ May - has been delayed due to the challenges of confirming the underpinning WTE funded establishment 'baseline' to assess against. This is resulting in delays in 'right sizing' the WTE workforce for ward teams which may be having a subsequent impact on care quality.
  - To mitigate the risk, the revised NSLs are being used as the staffing template and are, wherever possible, being achieved through use of temporary staff. These temporary staff are being 'block-booked' if availability allows in order to provide the greatest level of stability to ward teams.

Recommendation

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

- Patient safety highlighted through incident reporting.
- Patient experience highlighted through external inspections
- Compliance with Welsh Health Circulars.

The Quality, Safety and Experience Committee is also requested to note the Nurse Staffing Levels (Wales) Act 2016 update.