Meeting Date	2nd August 2018		**Agenda Item**	**6a**
Meeting	Quality and Safety Committee			
Report Title	Neath port Talbot Service Delivery Unit Exception Report			
Report Author	Angharad Higgins, Quality, Safety and Improvement Manager			
Report Sponsor	Lesley Jenkins, Unit Nurse Director			
Freedom of Information	Open			
Purpose of the Report	This report sets out Neath Port Talbot Delivery Unit's progress against the Health Board quality and safety objectives and provides assurance regarding patient safety and patient experience within the unit. The report should be read in conjunction with the performance information included in Appendix 1.			
Key Issues	• Patient safety incidents and learning • Concerns and patient experience • Risk issues • Planned improvements			
Specific Action Required ***(please ✓one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
			✓	
Recommendations	Members are asked to: • **Receive this report**			

NEATH PORT TALBOT SERVICE DELIVERY UNIT
ANNUAL QUALITY AND SAFETY COMMITTEE BRIEFING REPORT

1. INTRODUCTION

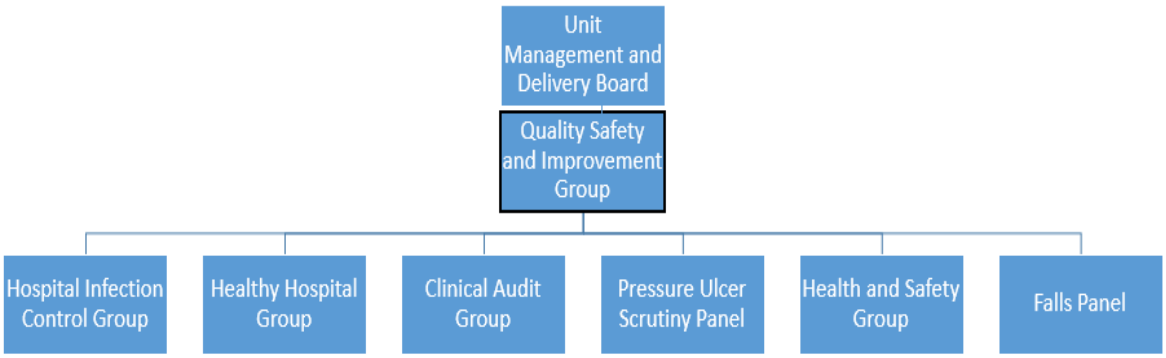
Quality and Safety within Neath Port Talbot Service Delivery Unit is overseen through the Unit Quality, Safety and Improvement Group (QSIG). Individual services provide assurance reports to the QSIG and learning is shared across the unit via this forum.

2. BACKGROUND

2.1 Unit Governance and Assurance

The QSIG is accountable directly to the Unit Management and Delivery Board and also provides reports to the Health Board Assurance and Learning Group. The assurance structures underneath to QSIG are shown below.

In June 2017 the Unit received 'reasonable assurance' from internal audit regarding our quality and safety structures.



In December 2017 the Welsh Government's Delivery Unit visited the Unit and attended our Quality, Safety and Improvement Group as part of their review of the Health Board's quality and safety systems. The draft report received from the Delivery Unit identified several areas of good practice in the unit, for sharing across the Health Board, such as how learning from patient experience is shared across services.

Clinical Audit

There are 23 audits registered within the Unit for the current year. Learning from audits is shared in the multi-disciplinary clinical audit group, chaired by the Unit Medical Director.

Internal Audit

We have no outstanding actions from internal audits.

Ward Quality Assurance Audits

The Unit has an established programme of Matron-led multi-disciplinary unannounced ward audits. During the year these audits have been completed on Ward B2, C, D and E. An additional assurance audit has been undertaken on Ward B2 in response to the C-Diff outbreak.

Themes arising from these audits include:

- Praise for staff regarding the quality of care received
- Developing internal opportunities for learning and sharing of good practice amongst nurses and support workers
- Need for improved communication channels during periods of service pressure
- Standards of nursing documentation

Actions from ward audits are taken forward by the matron team and ward managers.

Inspections and reports

There have been no Health Inspectorate Wales (HIW) spot checks during the year; however we have received learning in QSIG from other HIW visits within this Health Board and from other Health Boards.

The Community Health Council visited Neath Port Talbot SDU as part of their review of the use of additional capacity to meet winter pressures in ABMU. There were no specific recommendations for Neath Port Talbot Hospital; however the hospital has managed additional capacity in a planned way in order to reduce the risk of disruption to patients and to support staff in providing care to additional patients.

The Community Health Council has also conducted a follow up visit to Ward C to look at issues of boredom and loneliness in the hospital; we are awaiting the outcome of this visit.

In January 2018 the Community Health Council published their ‘Leaving Hospital’ report, this identified Neath Port Talbot Patient Experience and Advice Service as an

exemplar of good practice for their joint work in surveying patients in their own homes after discharge.

DATIX Audits

The Unit has given assurance on all DATIX audits conducted in June 2018.

Risk

There are 65 open risks within the Unit; of these 8 are graded 20 or above, namely:-

1. Risk of financial waste, inability to sustain services and poor patient outcome due to potential failure to maintain temperatures in pharmacy fridges
2. Risk of poor patient outcomes due to the Machaire isolator in Morriston Hospital Pharmacy Department being condemned
3. Risk of poor patient outcomes due to the waiting times for follow up appointments within Diabetes and Endocrinology
4. Risk of poor patient outcome in the Neuro Rehabilitation Unit due to patients waiting longer than their clinical target date
5. Risk of poor patient outcomes due to the waiting times within the Respiratory Service
6. Risk to service sustainability due to capital works required in Asceptic Suites for Morriston and Singleton Hospitals
7. Risk to patient outcome from mis-placement of Naso-Gastric feeding tubes
8. Risk of financial waste and to service sustainability and to patient outcomes because of insufficient capacity in Chemotherapy fridges in Singleton Hospital

2.2 Patient Safety

Serious Incidents

In the period 01/07/2017-30/06/2018 there were 8 serious incidents reported by the unit, the details of which are shown below:-

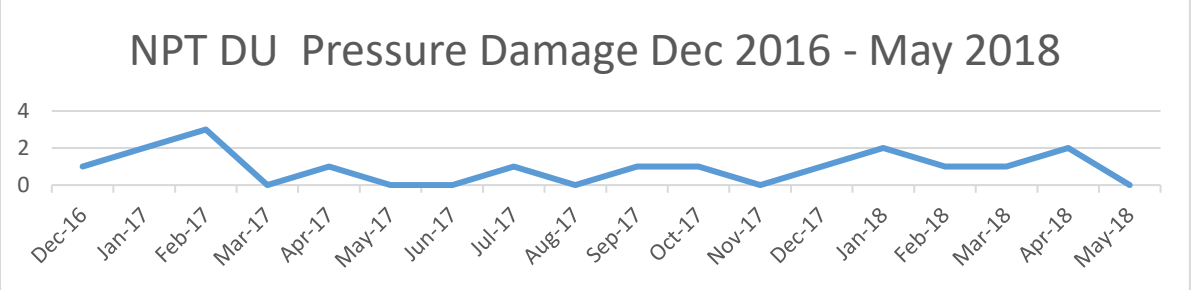
Incident Type	Detail	Incident ref	Outcome
In patient fall	Fractured femur	Inc 75000	No failures identified, prevention measures in place as required by falls risk assessment
	Fractured neck of femur	Inc 73716	No failures, appropriate falls prevention measures in place
	Fractured femur	Inc 72014	Failures in monitoring of patient at high risk

			of falls, learning to be brought to QSIG
	Fractured femur	Inc 63169	No failures identified as appropriate falls prevention measures in place
Infection outbreak	C-Diff outbreak on Ward B2	Inc 82933	All patients identified as part of outbreak have recovered
Data breach	Patient letter sent to incorrect address	Inc 74398	Letter retrieved, processes changed within service, learning shared across Unit.
Data loss	Loss of patient information in Rheumatology service		All data retrieved
Retained object following surgery, also reported as a Never Event	Retained swab following delivery in mid-wife led birth unit.	Inc 76490	No patient harm

Incident Management

The Unit has 54 incidents overdue for investigation or closure[1] this number is decreasing month on month.

Pressure damage



The unit has a zero tolerance approach to avoidable harm from pressure damage and all incidents of pressure damage are reviewed through our Pressure Ulcer Scrutiny Panel. We have had 7 incidents of avoidable pressure damage during the

[1] As of 12.7.2018

period 01/07/2017-30/06/2018. These have all occurred as a cluster on Ward D and a number have been device related. Action has been taken to increase staff training and individual cases are being managed through the redress process.

Falls

There were 92 in-patient falls resulting in harm reported in the period, of these 5 resulted in moderate harm and 3 resulted in major harm. There has been no significant reduction in the number of falls resulting in harm during the preceding 12 months; this continues to be a quality priority for the Unit.

It should be noted that there were 0.87injurous falls per 1000 bed days in Quarter 1 this year; this is significantly below the national average.

Infection Outbreak

On May 27th 2018 the Unit reported an outbreak of Clostridium Difficile linked to one of our general medical wards. Four patients are known to have been affected and a full Root Cause Analysis has been undertaken. No single causal factor has been identified through this process, however there has been learning regarding the decontamination of equipment and checking of mattress integrity. This learning has been shared in the unit through a teaching session for nursing and medical staff and presentation in our Quality, Safety and Improvement Group.

Comprehensive Geriatric Assessment

Use of the Comprehensive Geriatric Assessment is embedded within the Unit and we use of the tool is included in our annual audit plan.

Spot the Sick Patient

The Unit has a successful Spot the Sick Patient strategy which is making steady progress in a number of areas including:-

- Multi-professional education of Acute Kidney Injury and prevention strategies
- Anaphylaxis education and practical management
- Revisit of Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) education

- Advanced Life Support /Intermediate Life Support refresher programme re-established on a monthly programme
- Houdini Urinary Catheter Protocol to be presented by the ward manager following trial on Ward C

2.3 Patient Experience

Patient Feedback through Friends and Family

Rates of patient feedback have increased by over 200% compared to the previous year. During Quarter 1 2018/19 we received 2093 completed Friends and Family Test compared to 693 in the same period in 2017/18. In the period 01/07/2017-30/06/2018, 98% of patients would recommend us.

Themes arising through Friends and Family Test include:-

- Positive feedback regarding care provided
- Boredom on in patient wards and negative experience of hospital; television systems
- Communication regarding the scope of service and waiting times in the Minor Injuries Unit (MIU)

All-Wales Survey

In Quarter 1, 73% of patients scored the experience as 9 out of 10 or above, this is a decrease of 10% on the same period in the previous year. Similarly to Friends and Family Test, the All-Wales surveys are generally positive in their feedback regarding quality of care, but boredom and issues with the television system are a common theme.

Complaints Performance

The Unit achieved 90% compliance with the 30 working days response target during the period 01/07/20-17-30/06/2018. Our complaints response performance has steadily improved and we have been 100% compliant with the target for the past two months.

Complaints 'Hot Spots'

The majority of concerns received during the period relate to the following services

Service	Themes	Action Taken
MIU	Staff attitude and patient information on scope of service	Individual staff reflection and review of patient information
Wales Fertility Institute (WFI)	Patient information	Early resolution meetings held and patient information revised
Physiotherapy	No themes identified	Learning taken forward from each concern
Rheumatology	No themes identified	Learning taken forward from each

		concern

Communication to patients is the most common theme within the concerns received. We have held a QSIG learning meeting focussing on patient experience and nipping concerns in the bud in order to improve skills in this area. No failures were identified in 59% of the concerns received and only 3% of investigations found that our failures had led to minor harm.

Compliments

During the period 01/07/2017-30/06/2018 the unit recorded 112 written compliments about our services, the majority of which were in relation to WFI. We recognise that this figure only reflects a small proportion of the total compliments received and are promoting capturing compliments on DATIX across all of wards in order to have a more accurate reflection of patient and family experience.

2.4 Improvement

Amber pathway

Learning from concerns and Mortality and Morbidity reviews has led us to review how we communicate with patients and their families regarding care leading up to end of life. Working with the Lead for Palliative Care a multi-disciplinary team are looking at the Amber Pathway and how we can improve communication regarding end of life care in the hospital.

Pressure Ulcer Prevention

The Unit hosts the Health Board-wide Pressure Ulcer Prevention Strategic Improvement Group. This group supports the sharing of good practice to reduce avoidable pressure damage across Service Delivery Units. Two key achievements of this group are:

1. Roll out of training across the six Service Delivery Units in scrutiny panel reviews
2. Creation of a patient information film on the benefits of small movements in reducing the risk of pressure damage

Learning from Patient Experience

Developing outside spaces –The Unit has been working in partnership with the Carers' Service to develop a courtyard space for use by patients and their visitors.

MIU Paediatric Areas - Through securing grant funding and Health Board endowment funding the Unit has created a dedicated paediatric waiting area in the MIU. This has received positive feedback from patients and families.

Patient Art Project - In order to help reduce patient boredom we have are in the process of gathering plastic items as part of a 'Plastic Fantastic' patient art project.

'Teas with the PEAS'- in support of our work to reduce hospital deconditioning patients are invited to a monthly tea with the PEAS services where they can provide feedback and discuss any areas of concern.

2.5 2018/19 Priorities

The Unit has developed its annual quality, safety and improvement work-plan, based on learning from the previous year, emergent priorities, including the Health Board quality priorities and reflecting the Community Health Council annual priorities. Our priorities are as follows:-

Quality Priority		Forward Plan
	Patient flow	• Test 'Early Supported Discharge' model for older persons
	End of life care	• Training staff in use of Amber pathway
	Comprehensive geriatric assessment	• Audit of specific elements of the assessment tool e.g. falls and continence
  	Reducing avoidable harm	• Develop scrutiny panel skills in determining causal factors and learning from pressure ulcer incidents • Further develop falls scrutiny panel to improve thematic learning from causal factors • Run 'Isolating Iris' simulated learning for prevention of urinary tract infection

3. FINANCIAL IMPLICATIONS

No direct financial implications.

4. RECOMMENDATION

The Quality and Safety Committee is asked to note the contents of this report and raise any specific queries resulting from it with the Unit.

Governance and Assurance							
Link to corporate objectives ***(please ✓)***	Promoting and enabling healthier communities	Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships		
	✓	✓	✓	✓	✓		
Link to Health and Care Standards ***(please ✓)***	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
Quality, Safety and Patient Experience							
Included within body of report.							
Financial Implications							
None							
Legal Implications (including equality and diversity assessment)							
The Unit is required to work within the parameters of Putting Things Right the guidance for dealing with concerns about the NHs in Wales.							
Staffing Implications							
None							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
The Unit actively promotes patient involvement and co-production to support people in achieving their well-being goals.							

Report History	Annual paper to Quality and Safety Committee
Appendices	Appendix 1 Unit Quality and Safety Dashboard for Q1

Appendix 1

Patient Safety			
	Reported	**Open**	**Closed**
Never events	1	1	
Serious incidents	6	2	

Patient Experience				
Informal Concerns	**Formal Concerns**	**AM/ Enquiries**	**Reopened concerns**	**Redress**
34	58	22	8	2

Improvement, Risk, Audit and Inspection

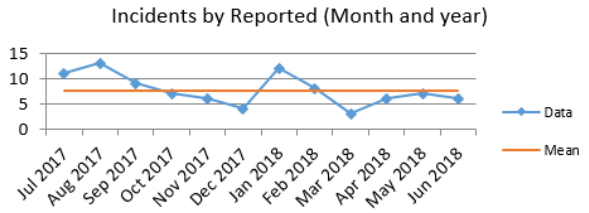
Work-plan progress
- Presentations received on
- GDPR, Concerns process, Spot the Sick Patient, SI investigations
- Audit underway regarding end of life care

Incidents overdue for review	9
Overdue for investigation	52
Incidents awaiting closure	25

Formal concerns Responded to within 30 working days (%)	84
PEAS Contacts	247

Risks	**Red**	**Amber**	**Yellow**	**Green**
New	**0**	**0**	**1**	**0**
Open	14	**33**	15	3

12 month trend of falls resulting in harm



Friends and Family Returns	**Friends and Family % who would recommend**
9002	98%

Open risks rated 20 and above
- PPSU lifespan Morriston
- Singleton walk in refrigerators
- Risk of harm from misplaced NG tubes
- FUNB NRU
- FUNB Respiratory
- FUND Diabetology and endocrinology
- Appropriate temperature for medicines storage
- PTS lifespan

Pressure Damage	**Reported**	**Closed as avoidable**
Grade1, 2 and STDI	10	6
Grade 3+	1	1

All Wales Survey Returns (Q4)	**Overall satisfaction of 9/10 or above (%)**
645	81%

Inspecting agency	**Service Area**	**Plan Developed?**
HFEA in Q4	WFI	Plan developed and agreed by HFEA,

Hot Spots
- Device related pressure damage Ward D
- Delayed WAST transfers from MIU

Hot Spots
- Communication in MIU
- Patient information in WFI

Hot Spots
- FUNB improvement work on going

Learning
- Unit dashboard for overdue incident successful in reducing numbers

Learning
- 'Teas with PEAS on all wards
- Early resolution meetings in WFI reducing concerns

Learning
- Good practice in Spot the Sick Patient