Service Groups' Highlight Report for Quality and Safety Committee

Meeting Date:	23rd November 2021
Service Group:	Neath Port Talbot & Singleton Service Group
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Summary of Quality and Safety issues since last report to the Committee (Reporting period: April 2021 to October 2021)

This paper provides the Quality and Safety Committee with an update on matters of Quality and Safety overseen by the Service Group. This is the first report of the newly formed Neath Port Talbot and Singleton Service Group which began operating in September 2020 following a period of organisational change.

- **Quality Governance Framework**

The priority for the new Service Group has been the establishment of a revised quality governance framework and reporting arrangements for seven new service divisions. The Quality and Safety Groups from the predecessor Delivery Units have been replaced by a single Quality, Safety and Risk Group accountable to the Service Group Management Board (Appendix 1), with monthly exception reporting to the health board Quality Safety and Governance Group (QSGG).

Predecessor quality governance arrangements have been brought together including DATIX, concerns management, legal and risk matters. Work to create a single Risk Register and integrated Health and Care Standards improvement plan has been completed.

A new Control Drugs and Medicines Incident Group chaired by the Group Medical Director has been established to oversee the Control Drugs Assurance Plan (Appendix 2) and a new Infection Prevention and Control (IPC) governance framework has been developed and implemented in partnership with the corporate IPC team.

The effectiveness of its quality governance arrangements is continuously reviewed and a new Quality Priorities Group has been introduced in Quarter 3 to oversee progress against the Annual Plan Quality and Safety Priorities 2021/22.

Despite the challenges inherent in responding to the COVID-19 pandemic the Service Group has carried out its role in accordance with its Terms of Reference. This focus has included: how the quality and safety of services are maintained and how the Service Group is meeting the ongoing challenges of this unprecedented situation. Divisional assurance is provided through written reports and during the COVID response, meetings have continued in a virtual format through the use of Microsoft Teams.

- **Key Quality and Safety Issues**

The Service Group has faced significant staffing challenges due to unplanned staff absence resulting from COVID-19 related sickness, shielding and self-isolation, alongside other current absences. This risk has been coupled with pressure staffing additional surge capacity in adult, paediatric and neonatal services.

A summary of the key quality and safety issues, risks, mitigation and actions being taken are highlighted in the following section.

Challenges, Risks, Mitigation and Action being taken relating to Quality and Safety issues noted above (what, by when, by who and expected impact)

Key quality and safety issues, risks, mitigation and actions being taken are summarised in Table 1:

Table 1.

Challenges & Risks	Mitigation & Action *Summary*	Expected Impact	Lead & When
Health & Care Standard 2.0 - Safe Care			
Critical midwifery staffing levels Risk ID 2788 Risk Score = 25 *Q&S Committee full report submitted 26th October 2021*	• Phase 3 Implementation of RCOG/RCM guidance to Centralise Services (Appendix 3) • Home births have been temporarily discontinued • Freestanding Midwifery Unit has been temporarily suspended • Community services have been centralised to maximise available resources	• Challenges in women's choice in place of birth • Safe midwifery staffing of centralised services • Safe care	Estimated January 2022 in line with RCOG/RCM Guidance Lead: Group Nurse Director (GND) & Head of Midwifery
Deficit of qualified Haematology and Blood Transfusion staff within the HB Laboratory Medicine Services. Risk ID 2809 Risk Score = 25	• Employ locum BMS staff with transfusion experience • Offer overtime to staff to 'fill the gaps' in shift rotas • Commence training lower grade staff (band 4's) to undertake less technical duties which will free up qualified staff to participate in shift system. • Employed a Transfusion Tutor to begin cross training Biochemistry staff in Blood Transfusion. • Train staff to work alone OoHs on all hospital sites to improve service resilience	• Stabilised workforce • All shifts covered on all sites	Estimated March 2022 Lead – Divisional Manager- Clinical Diagnostics &Therapeutics

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	• Recruit analysts with Haematology/Blood Transfusion experience.		
Non Compliance with Nurse Staffing Levels Act Wales (2016) Risk ID1759 Risk Score = 20	• Mitigation summary attached: **APPENDIX 5**	• All reasonable steps have been taken to provide safe staffing • Robust recruitment and retention plan	Daily safe staffing risk assessment Lead - GND
Reduced nurse staff levels in Neonatal services Risk ID 853 Score = 20	• Daily acuity assessment of the neonatal unit • Pre-authorisation for escalation to off-contract agencies to mitigate staffing shortfalls • Recruitment and retention plan	• Service remains open to Neonatal Network • Safe neonatal staffing against daily acuity	Daily safe staffing and staff Lead – Head of Childrens Nursing
Sonography scanning capacity constraints resulting in significant challenges achieving the National GAP & Grow standards Risk 1605 Risk Score = 20	• 2 midwives training to become midwifery sonographers by Jan 2022 • 2 sonographer trainers recruited and started 12th Sept 2021 • Incident reporting if unable to meet standards have been completed in this reporting period • Business case for training 2 further midwives due Nov 2021 • Staff have been trained in Gap and Grow	• Partial compliance with GAP and Grow standards • Approved Business Case to train further midwives	Estimated January 2022 Lead – Head of Midwifery
Failure to find suitable candidate for substantive Named Doctor for Safeguarding Children Risk 2426 Risk Score = 20	• Community Consultants supporting cover of role • Corporate Safeguarding team supporting peer review of cases • Active recruitment campaign • Developing a speciality grade Doctor role job description	• Role redesigned to Speciality grade Doctor to support successful recruitment • Safeguarded children and young people	Estimated March 2022 Lead – Divisional Manager C&YP
Unavailability of timely ambulance transfer for patients who attend outside of scope of MIU or patient deterioration requiring escalation to Morriston A&E Risk ID 2851 Risk Score = 20	• MIU transfer protocols • There is a medical registrar on site for support if required. • Senior medical staff at Morriston A&E to provide telephone advice • Partnership working with Welsh Ambulance Service Trust	• Timely and safe transfer of care	Impact monitored in Quality, Safety and Risk Lead – Divisional Manager Hospital Ops

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Health & Care Standard Standard 6.3 - Listening and Learning from Feedback			
Reduction in performance in the Service Group's concerns (complaints and incidents) compliance with PTR 30 working day target and the management of overdue incidents due to staff sickness (both Q,S&R teams and matron teams) and staffing shortages (clinical), increasing numbers of AM enquiries	• Deputy Head of Nursing holds weekly meetings with team to monitor and improve compliance • Reduction in sickness in both nursing and Quality, Safety and Risk (Q,S&R) teams • Successful recruitment to both teams • Group Nurse Director exploring means to safely close historical overdue no harm incidents • Q,S&R team support the service Divisions by running monthly (more frequently on request) Datix concerns reports to assist with improving compliance • Implementation of Divisional level Q,S&R groups	• 80% performance compliance • Timely investigations completed to allow for timely patient feedback and early learning • Shared learning integrated into practice	Estimated December 2021 Lead – GND & Group Head of QSR

- **Serious Incidents and Never Events**

There are 26 confirmed Serious Incidents (SI's) currently under investigation. This is an improved position since the start of this reporting period (April 2021) when the Service Group reported 47 SI's under investigation. There were no Never Events reported by the Service Group in this reporting period and the last date the former Delivery Units reported a Never Event was 08/03/2018.

Progress Against Annual Plan Quality and Safety Priorities 2021/22 (as applicable) Quality Priorities: reduction in healthcare acquired infections; improving end-of-life care; sepsis; suicide prevention; and reducing injurious falls.

Reducing Injurious Falls

There has been a 7.4% reduction in harmful falls in Quarter 1 and 2 this year compared to the same period last year. When compared to the same period pre pandemic in 2019, there has been a 23.78% reduction.

- **Falls - Serious Incidents**

There was a reduction in serious incidents from 10 to 4 when compared to the same reporting period in 2020.

The Service Group has several quality improvement work streams progressing:

- Roll out of 'hot debrief' methodology on all of the medical wards at both Neath Port Talbot (NPT) and Singleton to support early multi-professional team review, intervention and clinical learning (Appendix 4);
- Wards C, D and E at NPT have implemented a Yellow band initiative to give the care team visual prompts where a patient is assessed as high risk of falls;

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- NPT has introduced the Memory Impairment Advice Team (MIAT) to support assessment and therapeutic care approaches to patients with memory impairment.

The Group Nurse Director chair's the health board Hospital Falls Injury Prevention Strategic Group (HFIPSG) and the Service Group hosts the newly appointed Falls Quality Improvement Lead post.

Reducing Health Acquired Infection

The Service Group has been under sustained pressure operating with additional surge capacity across the two hospital sites. In the continued response to the COVID-19 pandemic, there have been significant staffing challenges and unprecedented reliance on bank and agency. Comparing performance to the same period last year is difficult to compare progress against due to an extremely atypical previous year as a result of COVID. Table 2 outlies the Quality Priority Reduction Goals for the Service Group (15% CDI and 10% bacteraemia) and cases to date.

Table 2.

Infection	Cumulative cases Apr 2021- Oct. 2021	October 2021 Cases	Qual. Priority Annual Goal (not to exceed)
C. difficile	34	3	≤ 25 cases
Staph aureus BSI	23	2	≤ 21 cases
E. coli BSI	29	2	≤ 38 cases
Klebsiella BSI	10	2	≤ 15 cases
Ps. aeruginosa BSI	1	0	≤ 2 cases

COVID-19

- An outbreak in Singleton Assessment Unit and a staff cluster case on Ward 12, closed in September;
- NPT Ward E had an outbreak in September (5 patients and 1 staff).

C. Difficile

There has been a deterioration in C-Difficile rates in Singleton. Wards 3, 4, 6, 9 11, SAU, C and E have been in a Period of Increases Incidence (PII) during the reporting period. There have been 8 cases in July, 9 in August and 3 in September. Ward 4 and Ward E have been managed as an outbreak following Whole Genome Sequencing linking 2 patients on Ward 4 and 2 on Ward E.

- The C.Difficile improvement plan is monitored at Divisional and Service Group IPC meetings;
- Weekly IPC panels have been implemented in Medicine to support early review, learning and closure of incidents;
- There has been an improvement in the closure of historic incidents;
- Junior doctor-led antibiotic quality improvement projects underway across specialties in Singleton;
- ARK (72 -hour suspensions) for all new antibiotics continue across both NPT and Singleton;
- Antimicrobial stewardship sessions delivered in NPT and arranged in Singleton, which also re-emphasise the need for timely review of antibiotic prescribing by clinicians.

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Bacteraemia

NPT reported the first case of Staph Aureus Bacteraemia case this year. With the excepton of Ps. aeruginosa, there has been an increase in cases of bacteraemia.

The Division of medicine is refreshing the following quality improvement initiatives across their wards:
- Bug Stop;
- Houdini.

Sepsis

- SEPSIS lead has been identified for the Service Group;
- NEWS Cymru education has been completed across the Service Group;
- SEPSIS is a standing agenda item on RADAR;
- A SEPSIS champion has been identified for MIU and SEPSIS screening has been relaunched.

Improving end of life care

- Macmillan End of Life Clinical Nurse Specialist and Matron for Palliative care represent the Service Group at the End of Life Care Quality Priority group and leading work on the End of Life Champion programme and Care Decisions Guidance;
- Macmillan Advanced Nurse Practitioner in Palliative Care post has been advertised;
- Paediatric services are revising the care after death policy for ward deaths and a new paediatric palliative care nurse has recently been appointed.

Suicide prevention

The Head of Nursing (Adults), Deputy Head of Children's Nursing and the Perinatal Mental Health Specialist midwife represent the Service Group on the health board Suicide Prevention Group.

- Risk assessments for all wards have been updated;
- Remedial work is underway to remove remaining ligature points across all inpatient, outpatient, staff and public areas which includes all Paediatric service areas;
- Work is progressing relating to staff wellbeing and to implement TRiM and REACT to identify and signpost staff as part of early intervention with mental health and wellbeing.

The Service Group has 3 additional quality and safety priorities summarised below:

Service Group Priority – Prevention of Health Acquired Pressure Damage (HAPU)

There has been a significant 25% reduction in hospital acquired pressure ulcers for the Service Group despite the continued challenges of ward staffing as part of the COVID response. The senior nursing team and Tissue Viability Nurses have supported staff with pressure ulcer prevention and prioritised the investigation and scrutiny of incidents.

Audit of two hot spot wards have identified that pressure damage is being reported accurately and managed appropriately. The roll out of the pressure ulcer 'hot debrief' is continuing across the two hospital sites and is being well received by staff. The Group Nurse Director chairs the health board's

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Pressure Ulcer Prevention Strategic Group (PUPSG). Table 3 summaries the Service Group performance:

Table 3.

2021	Q1	Q2	% Reduction
Hospital acquired pressure ulcers	75	56	25%
Severe Ulcer (Category 3, 4 & US)	6	1	83%

Service Group Priority - Effective care of patients with memory impairment

The Service Group introduced a Memory Impairment Advice Team (MIAT) at NPT in June 2021 to improve the assessment of needs and appropriate approaches to care for patients with mild to moderate memory impairment.

- Reported reduction in falls in patients supported by the assessment and advice provided by the MIAT;
- Reduction in the All Wales Levels of care notably from Level 5 (patients requiring 1:1 care to level 4 (patients requiring enhanced supervision);
- The quality of life and patient / carer experience measure has improved and there have been reduced incidents of violence and aggression towards staff.

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Progress Against Health and Care Standards 2021/22

The Service Group has an agreed Health & Care Standards Implementation Plan and completed the Quarter 2 submission on 12th November 2021. There was a range of narrative updates with supporting evidence provided by all service divisions. The key highlights from each theme are outlined below;

Theme 1: Staying Healthy: Due to the COVID pandemic, critical staffing levels have been challenging across maternity, paediatrics and adult services during Quarter 2. All essential services have been maintained.

Theme 2: Safe Care: There are well defined controls in place to ensure patients health, safety and welfare are upheld and safeguarded. During Quarter 2 risks and incidents have been identified, monitored and where possible reduced and mitigated.

Theme 3: Effective Care: effective care of patients with memory impairment in Neath Port Talbot has evidenced a reduction in falls, reduction in levels of care from level 5 to level 4, with reduced incidents of violence and aggression towards staff reported.

Theme 4: Dignified Care: In Quarter 2, there has been patient best interest learning share widely from Court of protection cases.

Theme 5: Timely Care: The South West Wales Cancer Centre (SWWCC) has operated as normal although has reduced capacity due to social distancing. Waiting times for both chemotherapy and radiotherapy are within normal parameters.

Theme 6: Individual Care: The PALs team have received training to undertake patient stories and participated in a staff story for the Welsh nursing Care Record which they utilise for learning and improving individual care.

Theme 7: Staff & Resource: paediatric increase in temporary staffing to support RSV surge. Correct skill mix in Neonatal Unit against BAPAM standards.

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Patient Experience Update

The Service Group is now able to report patient experience feedback using the new CIVICA system and SMS messages. For the month of September, there were 1,452 Friends and Family (F&F) survey returns with overall score of 90%.

Table 4 shows F&F scores; when asked the question 'Overall, how was your experience of our service'.
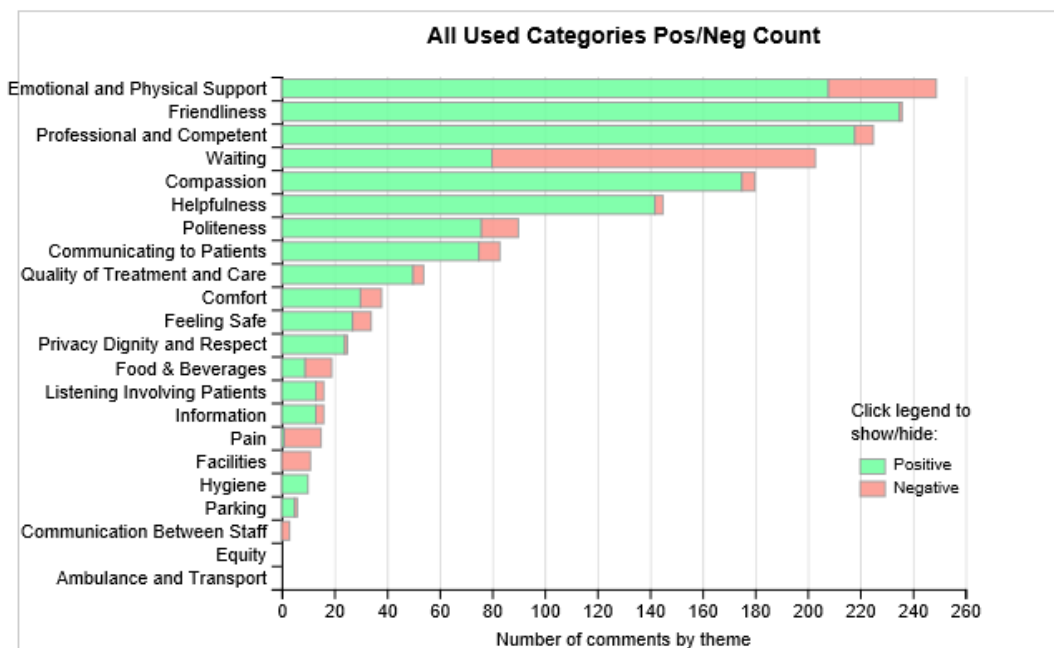
Table 4.

Results by Service Group

Service Group	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	90.1%	5.4%	1452	1126	182	54	42	37	11
NPT & Singleton Group	90.1%	5.4%	1452	1126	182	54	42	37	11

Table 5 below shows the responses received within themes.

Table 5.

In Neonatal Nurses Week the neonatal unit won the "NICU Super hero" award with 'vCreate' *(secure video technology that connects patient's families and clinical teams for improved diagnostic management and enhanced family focussed care)*. The Neonatal Nursing team won this award as a result of the outstanding positive feedback that was submitted from parents, whose babies had received care on the unit.

Patient experience data collected for maternity services highlighted the following is summarised in Table 6:

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Table 6. Results by Ward/Clinic

Ward/Clinic	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor
Total	91.4%	8.6%	35	27	5	0	2
Antenatal Clinic	95.2%	4.8%	21	17	3	0	0
Midwife Led Unit	100.0%	0.0%	1	1	0	0	0
Ward 19 (Antenatal)	100.0%	0.0%	3	2	1	0	0
Ward 20 (Postnatal)	80.0%	20.0%	10	7	1	0	2

Any Other Issues to Bring to the Attention of the Committee

Quality Assurance Audits – Adult Services

As part of the local quality assurance plan there have been six unannounced Quality Assurance Framework (QAF) audits carried out. Neuro-rehabilitation, Ward 2, 8, B, C and Singleton Assessment Unit have been audited. Common thematic improvement's identified by the multi-disciplinary team include:

- Improvements required in record keeping - it is noted however that at the Neath Port Talbot Site where the Welsh Nursing Care Record has been implemented digitally there is a marked improvement in the standard of documentation;
- Availability of equipment for foot care;
- Risk assessment and documentation of foot and oral care.

There has been an unannounced corporate QAF for Ward 3 in Singleton Hospital. The Service Group is awaiting the full written report.

Quality Assurance Audits- Paediatric and Neonatal Services

Children and young people's services have a forward audit plan for monthly audits. Peer review QAF audits are planned for Quarter 3 and 4. Key themes for improvement are compliance with pain score assessment and Visual Infusion Phlebitis score (VIP).

Health Inspectorate Wales – HIW

The Division of Cancer has received the full report and improvement plan for the Ionising, Radiation (Medical Exposure) Regulations Inspections following and announced visit on the 28th and 29th of September 2021.

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Safeguarding

- **Joint Inspection of Child Protection Arrangements (JICPA): June 21**

Feedback from the audit identified robust safeguarding processes observed in the Minor Injuries Unit (MIU), with innovative practice developments and a strong learning culture evident. There was positive use of the Child Sexual Exploitation Risk Questionnaire (CSERQ) screening tool to support early identification of CSE. Appropriate referrals were made where required.

- **Court Of Protection (COP) cases**

There have been two complex COP cases during the reporting period and both cases have involved complex legal procedures and a significant amount of work required from managers and clinicians in the provision of witness statements and other evidence.

Childrens Community Nursing Service External Review

The External Review of Childrens Community Nursing (CCN) Service report was received by the health board in October 2021. The Service Group will establish a working group to oversee implementation of the action plan during Quarter 3.

Childrens and Adolescent Mental Health

There has been an increase in the number of admissions to the inpatient paediatric ward with young people with mental health crisis. This has included young people with significant eating disorders most of whom required admission to a specialist centre in the UK, all of whom were full and unable to accept in a timely way. The Division is working closely with Morriston Service Group to identify a suitable inpatient area for an adolescent unit.

Risk Assurance Training

6 of the 7 service divisions have completed bespoke risk assurance training provided by the corporate risk team.

 Recognising excellent service and patient care

The Service Group is proud that a number of teams and staff have been successful in the following national awards:

- A British Empire Medal will be presented to the Lead Specialist Tissue Viability Nurse on the 15th of November for services to nursing;
- The Lead Nurse for Diabetes Education is the winner of a prestigious national Quality in Practice Award (QIP) for outstanding contribution for services to diabetes;
- The Lead Nurse for Diabetes Education is winner in the Nurse Education Category RCN Nurse of the Year Awards 2021;
- A Childrens nurse is a finalist in the Nursing Times awards for the category Enhancing Patient Dignity;
- The neonatal service is proud to maintain their Baby Friendly Initiative (BFI) accreditation
- 3 midwives are finalists in the RCM Awards;

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- A Morriston Pharmacy team have won Hospital Pharmacy Team of the Year in the Welsh Pharmacy Awards.

The Service Group is also proud that the Welsh Nursing Care record has been successfully implemented in Neath Port Talbot with roll out commencing in Singelton during Quarter 3.

Recommendations

Members are asked to note the report.

Appendices

Appendix 1	Service Group Governance Structure	Appendix 1 NPTSSG Governance Structure
Appendix 2	**Neath Port Talbot Singleton Service Group Controlled Drugs Assurance Plan 2021-2022**	Neath Port Talbot Singleton Service De
Appendix 3	**Guidance for provision of midwife-led settings and home birth in the evolving coronavirus (COVID-19) pandemic**	2020-05-22-guidance-for-provision-of-m
Appendix 4	**Hot debrief tools for falls and pressure ulcer prevention**	Hot Debrief Tools Falls and Pressure U

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