



Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



## Service Groups' Highlight Report for Quality and Safety Committee

<b>Meeting Date:</b>	26 <sup>th</sup> July 2022
<b>Service Group:</b>	Neath Port Talbot & Singleton Service Group
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<b>Presenter:</b>	Jan Worthing Group Service Director Dr Martin Bevan Group Medical Director, & Jayne Hopkins Group Head of Quality Safety & Risk

### Summary of Quality and Safety issues since last report to the Committee (Reporting period: April 2022 to June 2022)

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 third report of the Neath Port Talbot and Singleton Service Group (NPTSSG).

- **Key Quality and Safety Issues**

#### **Significant staffing challenges across the Service Group**

The Service Group has faced significant staffing challenges due to unplanned staff absence resulting from increasing COVID-19 related sickness since the end of June. This risk has been exacerbated with pressure staffing additional surge capacity in adult services and pressure on neonatal services along the network. Discharge delays are affecting a high number of patients remaining in hospital for prolonged length of stay with the associated risks of hospitalisation. Cladding work is ongoing at Singleton Hospital with split templates across some of the wards which is affecting staffing deficits.

#### **Critical midwifery staffing levels**

Due to critical midwifery, services continue to be centralised in order to maintain safe staffing and effective business continuity. Pressure on staffing increased at the end of June 2022 because of increasing short term sickness particularly COVID-19 related. A paper was presented and approved by Management Board on July 13<sup>th</sup> to temporarily suspend the home birth service until the end of September 2022. The paper outlines the mitigating actions that have been taken and the service position will be reviewed fortnightly by the Service Group Directors. The Welsh Government have been advised via submission of an Early Warning Notification and the Community Health Council have also been notified.

## Minor Injury Unit (MIU)

The patient attendances at MIU has significantly increased above the capacity for which the Unit was designed. Frequently, there are days with >150 patients attending in the 15.5 hours the service is available. There has been a peak of >200 patients attending in one day. The rate of activity increase has been greater than that seen at neighbouring Emergency Departments (EDs). MIU now manages a similar number of patients compared to other level two EDs in Wales.

A MIU workforce provision paper is in progress and is currently with finance for review with the increased attendances into MIU. By way of mitigation and to ensure patient safety, block booking of bank and agency staff has been explored.

## Systemic Anti-Cancer Treatment Delivery

There has been 6-week delays observed in Chemotherapy Day Unit (CDU) for Systemic Anti-Cancer Treatment Delivery. The Division for Cancer Services has revised the booking system to maximise chair usage and minimise wastage. Previous system block booked entire treatment pathway, when deferrals were required for multiple reasons the subsequent chair appointments were wasted. Now each patient is booked cycle by cycle so when deferrals are needed which is common practice within chemotherapy plans then only one chair slot is potentially wasted. The team are working on highlighting within the waiting list patients that are suitable to be fast tracked into deferral slots.

## 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
<b>Health &amp; Care Standard 2.0 - Safe Care</b>			
<b>No General Paediatric Consultants support Cardiology stream at present in contrast with neighbouring UHBs all of which have at least two Consultant Paediatricians with Cardiology interest.</b>  Neonatology has evolved into a separate subspecialty over the years and as a result, sits on a different rota with different management and clinical support. The Neonatologists are therefore unable to cover any acute inpatient work in Morriston Hospital. Patients on	<ul style="list-style-type: none"><li>Approval has been given from Service Group to advertise post;</li><li>Neonatology service provides part service currently but this is not sustainable;</li><li>Currently reliant on 4 visiting Paediatric Cardiologists from Cardiff who provide 24-hour availability for specialist advice (primarily remotely) and support and provide clinics at least once a month each for both new and follow up patients.</li></ul>	<ul style="list-style-type: none"><li>Safe care</li></ul>	Estimated November 2022  Lead – Divisional Manager C&YP

<p>Morrison site are therefore not able to be under the care of a named PEC Consultant.</p> <p><b>Risk ID 3026</b> <b>Risk Score = 20</b></p>			
<p>Deficit of qualified Haematology and Blood Transfusion staff within the HB Laboratory Medicine Services.</p> <p><b>Risk ID 2809</b> <b>Risk Score = 25</b></p>	<ul style="list-style-type: none"> <li>• Employ locum BMS staff with transfusion experience;</li> <li>• Offer overtime to staff to 'fill the gaps' in shift rotas;</li> <li>• Commence training lower grade staff (band 4's) to undertake less technical duties which will free up qualified staff to participate in shift system;</li> <li>• Employed a Transfusion Tutor to begin cross training Biochemistry staff in Blood Transfusion;</li> <li>• Train staff to work alone OoHs on all hospital site to improve service resilience</li> <li>• Recruit analysts with Haematology/Blood Transfusion experience.</li> </ul>	<ul style="list-style-type: none"> <li>• Stabilised workforce</li> <li>• All shifts covered on all sites</li> </ul>	<p>Estimated April 2022</p> <p>Lead – Divisional Manager- Clinical Diagnostics &amp; Therapeutics</p>
<p>Critical midwifery staffing levels</p> <p><b>Risk ID 2788</b> <b>Risk Score = 20</b></p>	<ul style="list-style-type: none"> <li>• Phase 3 Implementation of RCOG/RCM guidance to Centralise Services</li> <li>• Home birth service has been suspended temporarily until the end of September 2022 ;</li> <li>• Freestanding Midwifery Unit has been temporarily suspended;</li> <li>• Community services have been centralised to maximise available resources;</li> <li>• 3rd recruitment campaign for Band 6 Midwives also open to Band 5 graduates.</li> </ul>	<ul style="list-style-type: none"> <li>• Challenges in women's choice in place of birth</li> <li>• Safe midwifery staffing of centralised services</li> <li>• Safe care</li> </ul>	<p>Estimated September 2022 in line with RCOG/RCM Guidance</p> <p>Lead: Group Nurse Director (GND) &amp; Head of Midwifery</p>
<p>Non Compliance with Nurse Staffing Levels Act Wales (2016)</p> <p><b>Risk ID1759</b> <b>Risk Score = 20</b></p>	<ul style="list-style-type: none"> <li>• Risk rating increased to 25 in May 2022, and reduced to 20 in June 2022.</li> </ul>	<ul style="list-style-type: none"> <li>• All reasonable steps have been taken to provide safe staffing</li> <li>• Robust recruitment and retention plan</li> </ul>	<p>Daily safe staffing risk assessment</p> <p>Lead - GND</p>
<p>The closure of Ward 5, Neonatal Services due to nurse staffing levels.</p> <p><b>Risk ID 3033</b> <b>Score = 20</b></p>	<ul style="list-style-type: none"> <li>• Daily acuity assessment of the neonatal unit;</li> <li>• Recruitment and retention plan;</li> <li>• Utilising the escalation policy to support the need for extra staff from our own bank nurses, additional hours, overtime and agency to minimise this risk;</li> <li>• Neonatal care is delivered within an operational delivery network (ODN) which ensures that the baby receives the right care in the right place at the</li> </ul>	<ul style="list-style-type: none"> <li>• All reasonable steps are in place and escalation plans</li> </ul>	<p>Daily safe staffing and staff</p> <p>Lead – Head of Childrens Nursing</p>

	<p>right time (DH 2009). This may result in the need to transport babies to an appropriate unit;</p> <ul style="list-style-type: none"> <li>Nationally there is a shortage of experienced neonatal nurses as a result the Unit in Singleton has employed experienced overseas nurses to reduce this gap within the service;</li> <li>There is a robust training package in place to support the development of staff to ensure they have the skills and knowledge to work in an NICU. This also helps with the retention of staff;</li> <li>Opening ward 5 is discussed on the daily huddle to ensure we utilise this clinical area as soon as staffing levels allow.</li> </ul>		
<p>Risk to Paediatrics Neurology Service following retirement of a Paediatrics Neurology Consultant.</p> <p><b>Risk 3024 Risk Score = 20</b></p>	<ul style="list-style-type: none"> <li>Service continues until November 2022;</li> <li>This reflects a national problem of recruitment for Paediatrics Neurology</li> </ul>	<ul style="list-style-type: none"> <li>Neuromuscular patients plans to have a commissioned service WHSSC with Bristol</li> <li>Specialist nurse in post to support families</li> </ul>	<p>Estimated November 2022</p> <p>Lead – Divisional Manager C&amp;YP</p>
<b>Health &amp; Care Standard Standard 6.3 - Listening and Learning from Feedback</b>			
<p>The Service Group's concerns compliance with PTR 30 working day target and the management of overdue incidents due to staff sickness (both Q&amp;S teams and matron teams) and staffing shortages (clinical), increasing numbers of AM enquiries</p>	<ul style="list-style-type: none"> <li>Former delivery units QS &amp; R teams restructured into an budgeted, agreed governance</li> <li>Complete the recruitment to vacancies in QS&amp;R team</li> <li>Discontinue secondments in QS &amp; R team and offer substantive posts to successful candidates</li> <li>Share projected improvement targets with divisions</li> <li>Deputy Head of Nursing holds weekly meetings with team to monitor and improve compliance</li> <li>Reduction in sickness in both nursing and Quality, Safety and Risk teams</li> <li>Quality, Safety and Risk team support the service Divisions by running monthly (more frequently on request) Datix concerns reports to assist with improving compliance</li> <li>Implementation of Divisional level Quality, Safety and Risk groups</li> <li>MBD has agreed the 'batch' closure of no harm, low harm, near misses incidents</li> </ul>	<ul style="list-style-type: none"> <li>90% performance compliance</li> <li>Timely investigations completed to allow for timely patient feedback and early learning</li> <li>Shared learning integrated into practice</li> <li>Performance scorecard to be provided weekly to HONS / HOM</li> </ul>	<p>Estimated August 2022</p> <p>Lead – GND &amp; Group Head of QSR</p>

## Serious Incidents (SI) and Never Events

There are 14 confirmed Serious Incidents (SI's) currently under investigation. This is an improved position since the start of the reporting period April 2021 when the Service Group reported 47 SI's under investigation. Of the 14 SI's, 1 is being investigated by the Serious Incident Team and 7 are fractured neck of femur following in patient falls incidents. There were no Never Events reported by the Service Group in this reporting period and the last date the former Singleton Delivery Unit reported a Never Event was 02/10/2020.

Learning and Actions from SI review:

1. Challenge is staffing to support enhanced observations and dementia friendly areas and staff training.
2. Undertake a falls prevention training needs analysis and identify gaps within the Division and ensure all team members aware of ESR Training for falls
3. Monthly Clinical Governance Meeting to review SI's as part of the agenda and share learning widely through Divisional Q+S and Board Meetings
4. QI Projects for example yellow bands to be formally implemented.
5. Continued use of hot debrief tool.

**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.**

## HB Quality Priority – Reducing Injurious Falls

The shared learning from Serious Incident inpatient falls investigations has highlighted high usage of temporary staff and continuous observation of enhanced supervised bays. The 'Hot Debrief' Tool has been rolled out across Adult Services and a Falls Quality Improvement Lead appointed. The Memory Impairment Advice Team (MIAT) are working with specific patients to improve their mobility and independence.

Monthly Falls Scrutiny Panels continue to be held within the Division of Medicine and there has been an improvement in timely review and scrutiny of serious incident to ensure learning is integrated into practice as soon as possible.

## Reducing Health Acquired Infection

The table below shows the Service groups performance against the tier 1 targets;

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Accum cases	Quality Priority Annual Goal
CDI	5	2	3	8	10	3	3	3	2	3	1	3	46	<25
S Aureus	2	4	2	4	4	5	2	1	0	0	2	2	28	<21
E. Coli	7	2	3	7	5	3	2	2	3	2	0	2	38	<38
Klebsiella	1	1	4	0	0	2	2	1	2	3	0	1	17	<15
Pseudomonas	0	0	0	0	1	0	0	1	1	0	0	0	3	<2

### **Clostridium Difficile**

- NPTH reported 1 case in May 2022
- Singleton Hospital reported 0 cases, an improvement from the previous month

### **Staph Aureus Bacteraemia**

- NPTH continued to report 0 cases during March, April and May 2022
- Singleton Hospital reported 1 case in May 2022, an improvement from the previous month

### **E Coli Bacteraemia**

- NPTH continued to report 0 cases since February 2022
- Singleton Hospital reported 2 cases in May 2022, an improvement from the previous month

### **COVID-19**

There are currently 5 wards in covid-19 outbreak across the Service Group, Ward 16 has been reinstated as the covid-19 pathway in Singleton Hospital.

### **Sepsis**

Acute Oncology Service (AOS) are currently auditing door to needle times for suspected neutropenic sepsis. AOS leadership group considering introducing 'just in case packs' to include pre-prescribed antibiotics to reduce any waiting times.

Sepsis quality performance measures include;

- Monthly Recognition of the Acute Deterioration and Resuscitation Group (RADAR), chaired by Lead Advanced Nurse Practitioner and Deputy Head of Nursing for Cancer Services;
- NEWS Cymru (new chart) implemented with an improvement noted;
- NPT Audit areas for improvement and learning:-
- Charts not signed
- Dating and time for next observation to the carried out;
- Practice Development Team working with ward teams to progress improvement; Acute
- Re-Audit compliance with NEWS charts
- Deterioration and Sepsis included into the Angel Programme

### **Improving end of life care**

The Service Group End of Life Care (EOLC) quality priority performance measures are;

- National NACEL Audit (EOLC) reported poor MDT care planning in end of life, action to address this documented use of the CDG will directly improve this;
- Recognition of dying and subsequent change in focus of care problematic;
- Areas with the EOLC Clinical Nurse Specialist has had input there has been a sustained staff engagement and improve practice.

- The End of Life Parasol Service now has two full time End of Life CNS and one full time End of Life support worker
- The End of Life Champion programme continues throughout secondary care
- Champion programme to be embedded in primary care;
- MDT training plan in development as part of the End of Life Quality Priorities;
- Direct support to wards established in Singleton Hospital, now commenced in Morriston and Neath Port Talbot Hospital. Further snap shot training sessions to be provided to wards to increase awareness and use of All Wales Guidance: Care Decisions for Last Days of Life;

## **Suicide prevention**

Senior nursing teams have all experienced dealing with suicidal colleagues in the past and expressed interest to access training for recognising and escalating concerns. Signposted to Ask & Act and REACT training, also signposted to the Stress and Well-being Policy.

Suicide quality performance measures include;

- Ligature Risk Assessments have been updated across the group;
- Service Group Representation on the HB Quality priority group from Adult, CYP and Maternity
- Ligature assessment for outpatient areas to be completed
- Ligature Risks reviewed at Service Group meeting bimonthly.

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

There has been an increase of 8 pressure ulcers cases from April – May 2022 in Singleton Hospital, with Ward 8 is identified as a hot spot area during this period so a deep dive is arranged with support from the Tissue Viability CNS.

NPTH has seen a decrease in cases from 8 to 4 in the same time period.

An improvement plan has been developed, however the Service Group will be arranging workshop approach to improvement using the pillars of sustainable improvement to improve engagement and will involve multi-professional staff and a variety of job roles and seniority.

## **Safeguarding**

The Ward 3 (Singleton Hospital) triangulated quality indicators highlighted as an area for concern. An improvement plan has been developed.

There are a number of outstanding Professional Concerns, all undergoing appropriate processes. There are a number of areas of risk in terms of safeguarding within adult services, this includes safe staffing levels and risks to patient safety as a result of challenges in reaching required compliance with safeguarding training across all staff groups. 2 Safeguarding audits have been completed within this period with no significant areas of concerns noted (Ward C and NRU).

There is an increase in adolescents being nursed on the children wards. A working group has been set up and is mapping the needs of the adolescent attending an acute hospital in conjunction with Morriston Service Group.

WFI undertakes the HFEA Welfare of the Child assessment for all licensed treatments. Any anomalies are escalated and further information sought from external parties as required. The use of the WFI counselling service is mandatory for some treatments.

Across the Service group, there is a focus on recovering mandatory training compliance particular Level 2 and MCA.

### Areas of improvement identified through learning in Childrens Services

The paediatric diabetes team are in the process of developing an information sheet regarding diabetes, to inform Social Services of managing the condition when assessing a family with concerns relating to diabetes. Once the information sheet has been ratified in the diabetes MDT it will be submitted at all other appropriate meetings

NICU are in the process of developing a new parenting skills process to support discharge planning and to easily identify any needs of support regarding parenting skills

Safeguarding Specialist Nurse is working jointly with the corporate safeguarding team to develop 10-minute video guide on how to make an integrated referral for all staff to access for support. A video Domestic Abuse referral and Child Sexual Exploitation Risk Assessment is also being considered

All nursing staff have access to safeguarding supervision on a monthly -3 monthly basis

Medical team have access to Peer Supervision

There is a new role devised within the Health Board, which is a Welsh Government pilot. The Violence and Prevention team will work with children and young people from the age of 10-25yrs who are victims of perpetrators of assault (with or without a weapon).

## Patient Experience Update

For the month of June, there were 1,870 Friends and Family survey returns with overall score of 92%.

The Heat map below showing F&F scores; when asked the question 'Overall, how was your experience of our service'.

### Results by Service Group

Service Group	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	91.6%	3.7%	1870	1499	214	78	32	37	10
NPT & Singleton Group	91.6%	3.7%	1870	1499	214	78	32	37	10

Below are some of the positive feedback received;

### Ward A (Surgery)

The nurses were waiting for me on arrival and looked after me superbly during my stay the doctors were very clear about my procedure before and after.



**Minor Injuries Unit**

Excellent response time received on arrival, first class bedside manner and fully explanation given of intended treatment throughout. The medical team were polite, well-mannered and sympathetic. They were reassuring and calming at all times.

**Clinic B1**

Everyone I spoke to couldn't have been more helpful, I was put at ease at all times because I was quite nervous. I would like to thank all the staff in ultrasound and ward B1 in Neath Port Talbot for making my visit good.

**SRC - Rehabilitation Engineering Unit**

Very prompt, no delay at all. All my questions were answered. First class service, as always. I find the online consultations very helpful & save me a 130 mile round trip & prevents my husband having to take a day's holiday to accompany me.

**Outpatient - Red**

Consultant is a very caring considerate and the nurses very thoughtful.

**Service Group patient experience feedback****Poor experience**

Hospital visiting

Waiting times for Cancer and RTT -Long waiting times due Covid backlog and lack of capacity pre Covid and also reduced OPD and theatre capacity due realignment of theatre allocation

Environment in Out Patient Department and Singleton Assessment Unit

delays in formal written responses to complaints March 2022 PTR compliance with 30 day target 59%, challenges to recruitment in Q S & R team, availability of clinicians to respond to concerns impacted by COVID

Choice of birthing place -Homebirth service has been reintroduced on a case by case basis and failure to provide homebirth will be monitored, the suspension of NPT birth Centre remains in place due to the unavailability. Community midwifery services continue in a centralised model.

**Positive experience**

Cancer services -very positive feedback received consistently across the division.

Women's Health and Ophthalmology-numerous thank you cards presented at divisional QSR for ward 2, Colposcopy and WFI.

WFI -Thematic review of patient concerns shows that the treatment pathway process has lead to an increase in number of patient concerns, new pathway process document in final stages being drafted to ensure all staff are aware of stages of treatment so that information provision is clear to all patients. Work continues with FNUK to ensure patients have access to appropriate provision of information.

Excellent comments received from Consultant Pharmacist credentialing patient/ carer survey.

## Welsh Cancer Patient Experience Survey 2022

The Patient Centered Care Steering Group will be reconvened in July 2022 to establish work streams following the release of Welsh Cancer Patient Experience Survey on 29th June 2022. The Division is obtaining charitable funds via Macmillan Community of Practice Grants to introduce Development Programme. Working with Senior Nurses and CNS teams across Health Board to build stronger collaborative working relationships across the cancer nursing community; working together on shared challenges and improving patient experience.

### WFI patient experience feedback

A thematic review of patient concerns shows that the treatment pathway process has led to an increase in number of patient concerns. A new pathway process document has been ratified and is available for use by all for pathway awareness and managing patient expectations.



A Patients Journey  
WFI v1.pdf

### Maternity Heat Map

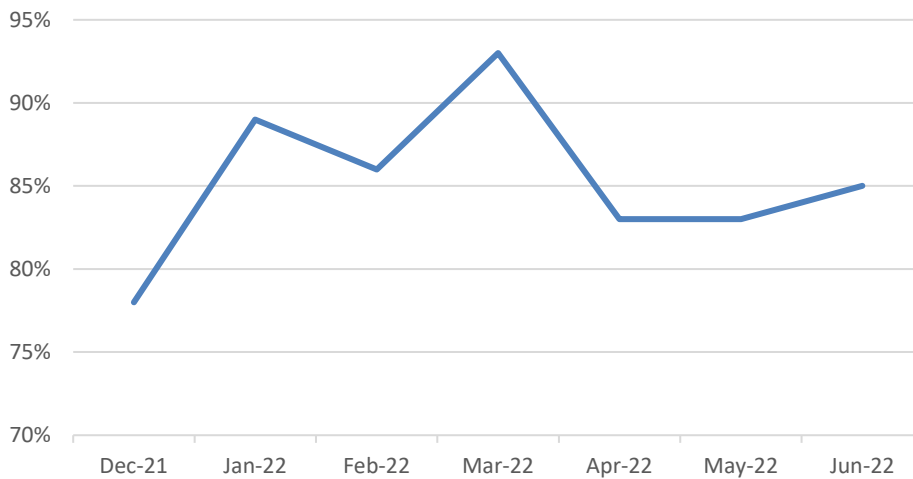
#### Results by Ward/Clinic

Ward/Clinic	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	85.4%	7.3%	41	29	6	2	2	1	1
Antenatal Clinic	88.0%	4.0%	25	17	5	2	1	0	0
Labour Ward - CDS	100.0%	0.0%	4	4	0	0	0	0	0
Midwife Led Unit	100.0%	0.0%	1	1	0	0	0	0	0
Ward 19 (Antenatal)	100.0%	0.0%	2	2	0	0	0	0	0
Ward 20 (Postnatal)	66.7%	22.2%	9	5	1	0	1	1	1

There was no feedback collected for the Birth Centre. The community midwife teams have not been set up on the new system.

Below is a trend graph which shows the Maternity satisfaction score. The percentage went up significantly in March however, then down from April to May. This month, the score has increased by 2%.

### Maternity Satisfaction Score



### Children & Young People Heat Map

#### Results by Ward/Clinic

Ward/Clinic	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
<b>Total</b>	<b>91.8%</b>	<b>4.1%</b>	<b>73</b>	<b>53</b>	<b>14</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
Children's Centre	81.8%	18.2%	11	5	4	0	1	1	0
Children's Outpatient Department	100.0%	0.0%	2	2	0	0	0	0	0
Children's Outpatient Dept	95.7%	0.0%	23	20	2	1	0	0	0
CNS - Respiratory	100.0%	0.0%	1	1	0	0	0	0	0
Neonatal Intensive Care Unit	100.0%	0.0%	1	1	0	0	0	0	0
Neurodevelopmental Disorders Service	100.0%	0.0%	1	1	0	0	0	0	0
Oakwood Ward	100.0%	0.0%	9	5	4	0	0	0	0
Paediatric Assessment Unit	84.6%	7.7%	13	9	2	1	1	0	0
Ward M (Paediatric Surgical )	91.7%	0.0%	12	9	2	1	0	0	0

### **Quality Assurance Audits – Adult Services**

Due to wave 5 of COVID-19 and numerous ward outbreaks it has been difficult to complete the planned QAF unannounced audits.

### **Quality Assurance Audits- Paediatric and Neonatal Services**

Matron assurance audits have been completed in general paediatrics where themes continue to be environmentally challenging with storage issues, compliance with infection control for High dependency care this being carried out in two separate areas.

Monthly targeted topics such as compliance with hand hygiene has resulted in an improvement in compliance from 56% to 74% over a period of 8 weeks. The Neonatal Unit completed a documentation audit and present at Quality, Safety & Risk group and Professional Nurse Forum for wider shared learning.

### **Health Inspectorate Wales – HIW**

Following HIW Review in January 2020 of Paediatric Services in Morriston Hospital, the Division for Children & Young People (C&YP) have submitted an updated action plan. There are two outstanding actions which have not been completed. Firstly, the call bell upgrade which is on the risk register as due to the age of the Morriston Hospital building full revamp of the call service for all wards on site is required.

The Adolescent Service has been reviewed by Amy Goodwin, HEIW Graduate Trainee Manager and she has completed an Intelligence Briefing report which has been presented at Children and Young People Strategic Board on 7<sup>th</sup> June 2022.

### **Childrens Community Nursing Service External Review**

The Divisional Childrens Community Service Improvement Meeting has been established to coordinate and manage the actions within the Childrens Community Nursing Improvement plan, which was developed following the outcome of the external review. The Division will ensure progress is made in implementing the recommendations and then reporting progress to the Health Board Quality and Safety Committee via the Neath Port Talbot & Singleton Service Improvement group.

The Children & Young People Division will provide assurance to NPTSSG Service Group senior management team that the recommendations are delivered within the appropriate timescales with measurable outcomes and also escalate when actions cannot be delivered. Work streams from this has been developed, workforce task and finish group, the data task and finish group and patient / parent engagement task and finish group. All groups will ensure the delivery of the actions associated with each group within the appropriate timescales with measurable outcomes.

There are challenges with some areas of progression as reliant on the workforce plan to be approved, and also the recruitment into specific roles. The division is planning to a timescale in preparedness for an update review in November by the independent reviewers to assess the position the Children Community Nursing service is in conjunction to the recommendations.

## **Childrens and Young People Burns Care.**

Through the AMSR, there is a proposed move of in-patient Burns paediatric services to general paediatric wards. Paediatric patients with uncomplicated intermediate levels of burn injury (10 – 20% total body service area), will be managed on the paediatric High Dependency Unit under a shared care arrangement between the Burns surgical team and paediatricians, with anaesthetic input from the Paediatric Anaesthetists. The present Dyfed Ward template will be converted to a 10 bedded medical ward. There are risks identified with this proposal. The Division is working jointly with Burns and Plastics to meet and mitigate the risks and ensure a safe and quality service. The Network will complete a review visit in July 2022.

### **Risk Assurance Training**

All Divisions have completed bespoke risk assurance training by the corporate risk team. The training was well attended and well received. We recognised subsequent training was required on the Datix Risk module. During April the Quality, Safety & Risk team provided training for all Divisions.

### **Process for Risks 20 and above**

The senior management team have approved the management of all Risks 20 and above, below is the agreed SOP;



NPTSSG Risk  
Process for Risks 20

### **Compassion Fatigue Training**

Charitable Funding has been sourced by the Division for Cancer Services to facilitate training that allows delegates to identify the risk factors, causes, signs and symptoms of compassion fatigue and recognise how to use appropriate self-care strategies to strengthen and maintain emotional resilience. This training will be available for nursing and medical colleagues across the division during September and October 2022.

Managers have reported that after the training they are more aware of the emotional impact of compassion fatigue on their work and their ability to manage and have felt empowered to make changes within the workplace to further support the emotional health and safety of their teams.

The training has evidenced significant reductions in absenteeism and staff turnover as well as improvements in morale. It is envisaged this pilot will enable the Health Board to incorporate Compassion Fatigue awareness into their wellness programs, include it in their statutory and mandatory training and staff induction.

### **Coffee with Matrons**

Coffee with Matrons is providing student nurses with an extra layer of support whilst out on placements. Positive feedback has been received and the University have requested that Coffee with Matrons be taken to the University targeting 1<sup>st</sup> year students before they start their first placement.

## Recommendations

Members are asked to note the report.

## Appendices