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Service Groups' Highlight Report for Quality and Safety Committee

Meeting Date:	22 nd November 2022
Service Group:	Neath Port Talbot & Singleton Service Group
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Presenter:	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: July 2022 to September 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 fourth report of the Neath Port Talbot and Singleton Service Group (NPTSSG).

- **Key Quality and Safety Issues**

Critical midwifery staffing levels

Due to ongoing critical midwifery staffing levels, NPTSSG have centralised services 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. There is additional pressure on staff availability due to maternity leave which is due to peak in November 2022.

There are increasing challenges in achieving the required baseline staffing levels in the obstetric unit and community. The current staffing position does not enable the home birth service to safely operate on a case by case basis since the increase in staff unavailability.

The Health Board has suspended home births with immediate effect with 2 weekly reviews conducted by NPTSSG in this timeframe. The Alongside Midwifery Unit (AMU) continues to operate at Singleton Hospital to enable women to be offered midwifery-led services. The centralisation of maternity services remains essential to maintain quality and safety in basic service provision. The Community Health Council (CHC) has been informed and supports the Health Board in the centralisation of services and temporary suspension of home births.

Minor Injury Unit (MIU)

A MIU Consultant cover has been put in place to cover Consultant Nurse absence. Ad hoc/daily clinical support is available from the senior Emergency Department (ED) medical team as always via the red phone for case discussion and x-ray reviews with exploration of the added support of a clinical video link to provide additional support.


The majority of clinic follow ups will continue with physio review for soft tissue injuries, virtual fracture clinic for fractures and query scaphoids, and nurse dressing clinics. For any consultant review (as per usual arrangements during leave) clinic appointments can be booked into the Morriston ED review clinic. Morriston ED consultants will provide weekly half day sessions in MIU for direct support to ENPs, concerns raised by x-rays reports, urgent recalls, and urgent governance issues that cannot wait for review and response.

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	<ul style="list-style-type: none">Phase 3 Implementation of RCOG/RCM guidance to Centralise ServicesHome birth service has been temporality suspended.Freestanding Midwifery Unit has been temporarily suspendedCommunity services have been centralised to maximise available resourcesOngoing response to COVID pandemic has posedFurther recruitment campaign for Band 5 and Band 6 Midwives with a rolling recruitment advertised on TRAC.Six of thirteen commissioned graduate Midwives have commenced employment immediately.Meeting held with Community Midwifery team with action plan to rotate Midwives to community for support with staffing.Specialist Midwives rostered to provide support to Obstetric unit in times of high acuity during week days.The Executive team have approved and supported for the use of Bank and Agency staff until the end of January 2023.	<ul style="list-style-type: none">Challenges in women's choice in place of birthSafe midwifery staffing of centralised servicesSafe care	Estimated January 2023 in line with RCOG/RCM Guidance Lead: Group Nurse Director (GND) & Head of Midwifery

<p>Non Compliance with Nurse Staffing Levels Act Wales (2016)</p> <p>Risk ID1759 Risk Score = 20</p>	<ul style="list-style-type: none"> Mitigation summary attached:  <p>NPTSSG NSA Risk Assessment - Nov 22</p>	<ul style="list-style-type: none"> All reasonable steps have been taken to provide safe staffing Robust recruitment and retention plan 	<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>Risk ID 3033 Score = 20</p>	<ul style="list-style-type: none"> Daily acuity assessment of the neonatal unit Recruitment and retention plan 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. 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 right time (DH 2009). This may result in the need to transport babies to an appropriate unit 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 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 a NICU. This also helps with the retention of staff. Opening ward 5 is discussed on the daily huddle to ensure we utilise this clinical area as soon as staffing levels allow 	<ul style="list-style-type: none"> All reasonable steps are in place and escalation plans 	<p>Daily safe staffing and staff</p> <p>Lead – Head of Childrens Nursing</p>
<p>Risk to Paediatrics Neurology Service following retirement of a Paediatrics Neurology Consultant.</p> <p>The single-handed Consultant Paediatric Neurologist retired and returned to work on a part-time basis 4 years ago. This colleague has now given notice to fully retire from 31st October 2022. The only limited and secondary level support to paediatric neurology service is provided by a general paediatrician with</p>	<ul style="list-style-type: none"> Service continues until November 2022 This reflects a national problem of recruitment for Paediatrics Neurology During reporting period risk score increased from 20 to 25 	<ul style="list-style-type: none"> Neuromuscular patients plans to have a commissioned service WHSSC with Bristol Specialist nurse in post to support families 	<p>Estimated November 2022</p> <p>Lead – Divisional Manager C&YP</p>

<p>interest in neurology and a community paediatrician with interest in epilepsy and neurodisability.</p> <p>Risk 3024 Risk Score = 25</p>			
<p>SAHARA Machine to thaw blood and marrow stem cells within the Haematology Department is now beyond its 10-year operation life, as advised by the manufacturers guarantee. There are concerns within the service of imminent failure as they are experiencing repeated undiagnosed technical faults which has a potential of causing harm to viable stem cells, resulting in prolonged neutropenia and possible death to patient.</p> <p>Risk 3079 Risk Score = 25</p>	<ul style="list-style-type: none"> • This risk is currently mitigated through the use of a water bath • It is noted that this is outside of capital bid process due to the urgency of a new machine required and due to lack of capital monies available to fund using revenue within Haematology. • The Service Manager for Haematology has contacted Cardiff & Vale UHB and WHSSC to ask if they are able to fund or part-fund for a new machine. 	<ul style="list-style-type: none"> • New machine • Safe care 	<p>Estimated December 2022</p> <p>Lead – Divisional Manager Cancer</p>
<p>Palliative Medicine Rota across HB-1st on call for Specialist Palliative Care (SPC) running at a 0.4 WTE deficit from September 2022, this is before any further unplanned gaps occur.</p> <p>Risk 1631 Risk Score = 20</p>	<ul style="list-style-type: none"> • Liaison with Morriston hospital to secure Medical cover for Tŷ Olwen Patients to cover general medical patient care in line with other local specialist palliative care units. • Recruitment. • HEPMA in Tŷ Olwen to allow remote prescribing and reduce risk to patients from a gap in on call cover. • CNS and Paramedic workforce already support out of hours working 	<ul style="list-style-type: none"> • Safe care 	<p>Lead – Divisional Manager Cancer</p>
<p>Pharmacy workforce challenges The current staff unavailable for work due to a combination</p>	<ul style="list-style-type: none"> • Senior team to provide operational cover to dispensary. • Bank and locum staff. Review training and competence assessment requirements for staff drafted to cover acute Pharmacy. 	<ul style="list-style-type: none"> • Safe care 	<p>Lead – Head of Pharmacy</p>

of Vacancies/Annual Leave/Sickness currently stands at 19.21% of total Pharmacy workforce Risk 2819 Risk Score = 20	<ul style="list-style-type: none"> Recruitment. Offer part time/ flexible working for new & existing staff. 		
Health & Care Standard Standard 6.3 - Listening and Learning from Feedback			
The Service Group's concerns compliance with PTR 30 working day target and the management of overdue incidents due to staff sickness (both Q&S teams and matron teams) and staffing shortages (clinical), increasing numbers of AM enquiries	<ul style="list-style-type: none"> Complete the recruitment to vacancies in QS&R team Discontinue secondments in QS & R team and offer substantive posts to successful candidates Share projected improvement targets with divisions 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 teams Quality, Safety and Risk team support the service Divisions by running monthly (more frequently on request) Datix concerns reports to assist with improving compliance Implementation of Divisional level Quality, Safety and Risk groups 	<ul style="list-style-type: none"> 90% performance compliance Timely investigations completed to allow for timely patient feedback and early learning Shared learning integrated into practice Performance scorecard to be provided weekly to HONS / HOM 	<p>Estimated December 2022</p> <p>Lead – GND & Group Head of QSR</p>

Serious Incidents (SI) and Never Events

There are 20 confirmed Serious Incidents currently under investigation or awaiting confirmation of closure. Of the 20; 11 relate to patient falls, 3 to obstetric care, 1 to a pressure ulcer, 1 access to services and 4 to ongoing monitoring and/ or provision of care.

Maternity services had one Serious Incident reported in May 2022 of a maternal death in the community. The review was completed alongside MHLDSG and has been completed and with an inquest date being proposed for March 2023.

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. Monthly Clinical Governance Meeting to review SI's as part of the agenda and share learning widely through Divisional Q&S and Board Meetings
2. Continued use of hot debrief tool.

3. Challenge is staffing to support enhanced observations and dementia friendly areas and staff training.
4. Undertake a falls prevention training needs analysis and identify gaps within the Division and ensure all team members aware of ESR Training for falls

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

Ward 12 has seen a significant decrease in falls between April 2022 and September 2022. Safety Boards have been introduced into Cancer services. A falls improvement plan is being developed with new research taking place with the falls lead regarding the use of falls alarms. 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

Learning from High Level Scrutiny- CDI infections

Ward 12 is a hotspot with 8 CDI infections since April 2022. A review of the incidents show 4 are unavoidable with patient's unwell and requiring antimicrobials. 1 was deemed avoidable with poorly documented rationale for antimicrobial of choice. 3 are awaiting investigation. Director-led scrutiny meetings scheduled weekly from 21st June 2022 for DHoN (deputy head of nursing) and Clinical Lead to present findings.

Improvement actions for mandatory training

There will be a risk stratified approach with the Practice Development Nurse team targeting training in hot spot wards: 12, 3, C and E. The Division of Medicine is tackling MDT (multi-disciplinary team) engagement by the introduction of monthly 'Appraise Support and Guidance' meetings at ward level led by the Lead Consultant and Ward Manager.

Learning Themes

Children & Young People Division

Respiratory syncytial virus (RSV) plans have been revised for a predicted RSV peak mid-November 2022 through to January 2023. Risk assessments completed for the co-horting of positive RSV cases due to capacity and demand on the environment of general paediatric wards and minimal isolation facilities.

RSV Positive cases monitored daily:

- July - 36
- August - 15
- September – 8

COVID-19 Positive cases:

- July -16

- August- 4
- September - 3

Sepsis

Trial sepsis sticker trial has been successful and very well received, this is now extending to all medical wards and Ward F (Mental health). Following the trial sepsis sticker which was in place on Ward D at NPTH and Ward 9 Singleton Hospital the feedback from ward D has been positive and audit data to evidence the use of the sticker there. Ward 9 needs further review and support.

There has been specific ward based training in response to incidents relating to sepsis.

Improving end of life (EOL) care

Champion study days are well attended; most wards have now sent staff. Both RN and HCA have been encouraged to attend. NEWS audits have been undertaken and part of this is discussions around the deteriorating patient and end of life care decisions. Bespoke training sessions have been put on for patients who are not able to take diet or fluid and comfort care. Oral care training has been put in place, including supporting comfort in EOL patients. EOL care competency has been added into the HCA competency booklet.

Suicide prevention

Ligature risk assessments have been updated across the Service Group, however there will need to be a review for outpatient and public areas and refresh of ward areas within this quarter. Maternity Services still have some outstanding assessments. There is Service Group representation on the Health Board quality priority group from Adult, CYP and Maternity. REACT support is available for all staff and is being utilised across the Service Group, signposting to crisis team and GP's have taken place to support individual staff members.

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

Comparisons made of the first 2 months of both quarters show a reduction in Pressure Ulcer reporting with a 43% difference. The Hot Debrief tool embedded in practice in all areas with deep dive methodology in hot spot areas. Categorisation and a reporting audit have been undertaken across both sites.

Safeguarding

Maternity services reported a safeguarding incident in September 2022, where a woman was not referred to Social Services in view of female genital mutilation (FGM). The incident remains under investigation with Maternity services for an action plan to be developed for learning to prevent missed/delayed referrals

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.

There continues to be risk associated with staff training non-compliance within the Children & Young People Division. The Neonatal Unit is experiencing challenging staffing levels and skill mix this has led to the cancellation of staff from mandatory and statutory training compliance is currently 19/46 =41%

with the high sickness and staff shortage anticipated to continue into December 2022 the compliance of M&S will drop further to 30%.

This will have a knock on impact on the amount of safeguarding hours that the neonatal nursing staff will attain in this financial year 2022 as domestic violence level 2 which is on the mandatory day, comprises of 3 hours of the required 8 hours of training that all front facing staff are required to attend. Face to face domestic violence training has been set as a priority by Welsh Government that all staff who work with children under the age of 5 must have an update on a three yearly basis. All staff working with children and young people must attain a minimum of eight hours at Level 3 core knowledge, skills and competencies this is found in the Intercollegiate Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019. With the low attendance of M&S this is currently not being achieved by Neonatal Staff.

Summary of controls in place; Reviewing of staff numbers on a monthly basis and liaising with Matron/ Safeguarding specialist nurse and Senior Team with regard to ongoing training compliance. Bespoke training to target safeguarding to be planned at unit level.

Areas of improvement identified through learning in Children & Young People Divison

- The five houses in the Western accommodation for parents has not been refurbished since 2016 and are in a poor condition. Feedback from parents highlights a number of issues. A risk assessment has been completed and is on the risk register for CYP. A working group has been set up with Fundraising team.
- MatNeoSSP have advertised for neonatal national clinical lead role and local lead roles SBUHB has a successful member of staff who will be taking up this post.
- Recent article published in Archives - It is all blue! ADC Education & Practice Edition (bmj.com). This is great news as the department continues to build strong academic interests and improve care for children by spreading awareness.
- Improvement plan progressing for the community children nursing service, reviewers completing a re-review November 2022 a year on from the original review in 2021. Progress report preparation for December Board meeting.

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 also.

The table below shows the Service Group safeguarding risks

Risk No:	Risk summary	Action required	Timescale for the Action	Action Lead
943	Risk of patients absconding from medical wards on both NPT and Singleton Sites	NPT wards now have key coded locks Singleton wards 3 and 4 have key coded entry Review of other areas to identify any further risks	Immediate	DHON for medicine, WHO and Cancer, Matron for Operations NPT and Singleton

		Enhanced Observation Framework used to assess patients who may be at risk		
64 and 2789	Deficits in Ward Staffing Levels on NPT site and failure to meet NSA levels on Singleton Site Risk escalated to 25 during January 2022, this is reviewed weekly and will be updated February 2022	Rolling adverts for recruitment for all areas Use Angel Programme to support recruitment and retention	NSA review June 2022	HON Adult Services
478	Lack of Isolation facilities on the Singleton Site, challenges in supporting infection prevention and control measures as a result	Use single room risk assessment for admissions and managing infections and outbreaks Monitor and maintain high standards of Infection Prevention and Control measures where isolation is not possible, risk assessing the infections that we are unable to isolate	Immediate and ongoing review	DHON for medicine, WHO and Cancer, Matron for Operations NPT and Singleton
882	Singleton Assessment Unit mixed gender bay Ward 9 mixed gender monitored bay	Risk assess patients within mixed gender areas and support patients who may be higher risk into areas without mixed genders	Immediate and ongoing review	Matron for Operations at Singleton hospital
1899	There are risks to patient safety as a result of challenges in reaching adequate compliance with regards to safeguarding training due to clinical workloads and release of staff, vacancies, sickness absence, maternity leave etc.	Regular review and performance reporting with improvement plans Monthly compliance reporting within Quality, Safety and Risk framework within the divisions <u>Unable to meet improvement targets set on during last Q so these will be reviewed</u>	<u>25% improvement Q3</u> <u>50 % improvement Q4</u>	<u>Deputy Heads of Nursing / Department Heads.</u>

During this reporting period, there were three Ward Assurance -Safeguarding "Spot Audits" conducted, there were SAU (Singleton assessment unit), Neonatal Intensive Care Unit (NICU) and Ward 5.

Patient Experience Update

For the month of September there were 2,252 Friends and Family (F&F) survey returns with overall score of 91%.

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	90.9%	4.8%	2252	1719	328	81	46	61	17
NPT & Singleton Group	90.9%	4.8%	2252	1719	328	81	46	61	17

Positive patient experience from F & F feedback included the following comments;

Corridor 4&5 OPD (outpatient department)

Very efficient, on time, friendly staff.

Minor Injuries Unit

The A&E nurses that dealt with me were amazing, very friendly and compassionate can't thank them enough. Also the x-ray staff were brilliant, very short wait time. Overall I was in, seen, treated and out within an hour

Corridor 7 OPD

Very well organised. Minimum waiting time. Staff super-efficient.

Fracture Clinic

I was kept informed in how long I was going to be, Dr explained everything and nurses were excellent, kind, friendly and gave me lots of advice.

Dermatology

All staff, from the receptionist to the consultant!! They are an absolute credit to the health board!! I've never ever received such an exceptional experience in a health care setting!! Every one of these staff members have above and beyond excelled themselves!! I never normally answer these questionnaires but feel the need to express my views on this occasion. I had bad news at the appointment and every member of staff were outstanding. Da lawn!!!

PALS

Positive feedback has been shared with services and departments. During the period of August and September PALS had direct contact with **91** patients: PALs met with Care After Death Centre and the service will now be provided at Neath Port Talbot Hospital so that families can be supported after the loss of a loved one.

Service Group patient experience feedback

Poor experience

Access to phlebotomy services

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.

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.

Restricted hospital visiting.

Positive experience

WFI patient experience feedback

WFI New telephone and email system put in place seems to have had a positive effect on reduction in patient communication issues. This will continue to be monitored.

Maternity Heat Map

The table below shows the results for ward/clinic

% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
82.1%	7.1%	28	20	3	3	1	1	0
50.0%	0.0%	2	1	0	1	0	0	0
100.0%	0.0%	17	16	1	0	0	0	0
100.0%	0.0%	1	1	0	0	0	0	0
0.0%	100.0%	2	0	0	0	1	1	0
66.7%	0.0%	6	2	2	2	0	0	0

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

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
Total	91.8%	4.1%	73	53	14	3	2	1	0
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

Any Other Issues to Bring to the Attention of the Committee

Maternity Services Governance Process Review – Wales Neonatal Network

The Wales Maternity and Neonatal Network (WMNN) attended SBUHB at the request of the Head of Midwifery and Executive Director of Nursing to perform an external review of the Health Board's Maternity Service Governance process. The WMNN attended in August 2022 over two days, which included several presentations of the evidence requested and the opportunity to visit the clinical areas to engage in conversation with staff members.

The panel concluded they were presented with evidence of a Health Board that delivers a culture of patient safety and prioritises opportunities for improvement through reflecting on data and lessons learned through adverse events. The Health Board provided multiple examples of multi-disciplinary working, with the recognition of the importance of a perinatal approach within Maternity services. The panel highlighted the governance team are dedicated to supporting the feedback and learning from events and have implemented robust processes to do this which are widely recognised by staff. The team that presented recognised their challenges and demonstrated a clear understanding of areas for continued improvement. The panel recommended the inclusion of data regarding patient experience, complaints, concerns, complaints as well as Datix figures and staff experience within the Maternity

Performance Dashboard. The panel also recommended presenting Datix figures in a run chart format to monitor and identify potential under reporting of incidents.

Following the WMNN review, the Senior Midwifery team are working with Digital services to improve data collected through the Maternity Performance. Dashboard.

Health Inspectorate Wales – (HIW)

HIW – Singleton Hospital Radiotherapy Centre – improvement plan update

An improvement plan and associated evidence following the inspection of the Singleton Hospital, Radiotherapy Centre on 28/29 September 2022 has been submitted. HIW evaluated the response and concluded that it provided sufficient assurance. This is because the improvements identified had either been addressed and/or progress is being made to ensure that patient safety is protected. HIW will not publish the improvement plan.

HIW- Paediatric Services

Following the HIW Review in January 2020 of Paediatric Services in Morriston Hospital, the Division for Children & Young People 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. This risk remains in place. Secondly, the Adolescent Service has been reviewed by HEIW Graduate Trainee Manager and an Intelligence Briefing report has been completed which has been presented at Children and Young People Strategic Board on 7th June 2022. This report has been embedded into the refurbishment plans for the general paediatric wards at Morriston Hospital. Benchmark visits to neighbouring Health Boards for comparison of bed occupancy and patient flow and have taken place.

Acute Medical Services Redesign (AMSR)'s impact on Cancer Services

Cancer Division has worked with the Planned Investigation Unit task and finish group to identify planned care that can be undertaken within the unit negating the need for an inpatient oncology bed. The division is working with Acute Oncology Team to develop a 4 chaired Ambulatory Care Assessment Unit within Ward 12 footprint and staffed by AOS team, ward staff and triage. This will allow acute oncology assessment negating need for patients to attend A&E and other emergency departments within the AMSR model.

Systemic Anti-Cancer Treatment Delivery

Six week delays have previously been observed in Chemotherapy Delivery Unit (CDU). Cancer Division 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. Although the team are working on highlighting within the waiting list patients that are suitable to be fast tracked into deferral slots.

There is a task and finish groups in place to move sub cut regimen into the community with patients safely self-administering. Additionally, a group to streamline the booking process across both Health Boards. Cancer Division is working towards introducing Group pre- assessment sessions to allow one

nurse to see all new patients in one or two sessions, rather than seeing each individually thereby speeding up the pathway and releasing staff for clinical duties.

Compassion Fatigue Training

Compassion Fatigue Training has been available for nursing and medical colleagues 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.

Cancer Senior Nurse Development Programme

Cancer Division is obtaining charitable funds via Macmillan Community of Practice Grants to introduce a 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. Creating protected time to share and standardise good practice. Working together to successfully embed the 'Right byYou' recovery package for patients using new model of care.

WFI Cardiff HFEA Inspection

The WFI Cardiff HFEA Inspection Report – 4 year [maximum] licence has been offered and accepted.

WFI Andrology UKAS 15189 assessment undertaken – ongoing continued accreditation has been received. (refer to appendices for report).

Childrens Community Nursing Service

What's The Noise" feedback for children community nursing team (to note, information from previous reporting period, but only available for this report).



What's the noise
PDF.pdf



What's the noise
comment report.xlsx

Childrens Community Nursing Service External Review

The Divisional Children Community Nursing Service continue to report direct to the Service Group senior management monthly on the progress made with the improvement plan against the recommendations. Work streams continue to monitor individual progress against action plans with escalation process in place for delays of progress. Recruitment process commenced for key roles related to direct care. There continues to be a medium term risk related to non-delivery of aspects of the Community Nursing service review due to partial funding approved until end of March 2023. The fragility of the service remains a high risk and a challenge to progress actions within the improvement plan without these key resources available.

Workforce risks – there is a challenge relating to recruiting the right level skilled/qualified workforce, this may take some time to deliver following funding approval. Alternative roles are being explored in areas where there are recruitment challenges. The Children and Young People Division will provide assurance and update of progression to Service Group Board meeting in December 2022.

Childrens and Young People Burns Care.

Children and Young People Division are working jointly with Burns and Plastics to develop a response to the Network review visit July 2022 with action to mitigate risks identified.

Key Issues identified in this report:

- Inability to meet the National Standards for Provision of Paediatric Burn Care;
- Suboptimal environment of care within general paediatric wards;
- Providing appropriate High Dependency Care;
- Risks associated with lack of appropriate infection prevention and control measures to manage a child with burns within a general ward;
- Providing sufficient appropriately skilled staff with to care for a child with burn injury
- Disruption and possible cancellation of general paediatric care that requires high dependency or isolation facilities.

Training, competencies and staffing model for outreach Paediatric burns team agreed, to have assurance that Paediatric patients with uncomplicated levels of burn injury (10 – 20% total body service area) receive the care required as per Burns standards. Risk remains a score of 20 until pathways have been tested through admission of a burn injured young person. Follow up visit from burn network October 2022 demonstrated to the completed actions against the standards to mitigate risk. Staffing process for Dyfed staff continue to go through the OCP process supported jointly by Paediatric and Burns senior team.

Recommendations

Members are asked to note the report.