

Operational Quality, Safety & Experience Sub-Committee

Enw'r Cyfarwyddiaeth: Name of Directorate:	Operational Quality, Safety and Experience Sub-Committee (OQSESC)
Swyddog Adrodd: Reporting Officer:	Mr William Oliver (OQSESC Chair)
Cyfnod Adrodd: Reporting Period:	May 2023

Materion Ansawdd, Diogelwch A Phrofiad: Quality, Safety & Experience Matters:

Patient Experience Story: The Sub Committee received a YouTube video, which shared the first-hand experience of a patient who had been in a motorcycle accident with her husband. Following the accident, the patient was air lifted to Heath hospital in Cardiff where she spent two weeks before being transferred to Glangwili Hospital. The patient experienced multiple injuries and underwent surgery. The nursing staff were commended for their moral support during an incredibly difficult time and positive feedback was received regarding the comfort provided by the therapy dog. The video highlighted that the little things make a big difference when receiving care in a hospital setting with comments made such as the importance of the window view and suggestions for additional outside seating areas. Discussion took place on the importance and advancement of digital communication to keep in touch with family and loved ones and the level of training received by nurses on providing psychological support.

Electronic Prescription and Medicines Administration Programme: The Sub Committee received an update on the Electronic Prescription and Medicines Administration (EPMA) Programme noting that all of the Health Boards across Wales will be required to develop and implement an electronic prescribing and medicines administration solution that will replace the current paper-based system. The project will affect clinical and whole system processes and will involve every clinical department across Secondary Care, with the exception of Critical Care, Chemotherapy and Radiotherapy, due to these being out of scope. The system would need to integrate into the current systems and an overview of the governance arrangements was provided. It is expected that the Health Boards will work together and draw from the experience of others who have already progressed with the implementation, and national feedback suggests the timescales for implementation set by Welsh Government are ambitious and are likely to require review. A further update on the developments was requested for OQSESC in September 2023 on the progress, benefits and challenges of the implementation from a quality, safety and patient experience lens.

The Health Board's Approach to Safe Effective and Reliable Care: The Sub Committee received a slideshow on the 'Improvement Cymru Safe Care Collaborative Programme' and an overview of the Institute for Healthcare Improvement (IHI) Framework for Safe, Reliable, Effective Care. It was noted that every Health Board and Trust in Wales has had the opportunity to join the partnership which has been established to accelerate the pace and scale of improvements in patient safety on a national scale. Members received an update that the Safe Care Collaborative aims to demonstrate significant improvement and performance by focusing on the following four work stream areas:

2. Leadership for patient safety improvement

3. Safe and effective community care
4. Safe and effective ambulatory care
5. Safe and effective acute care

Work has taken place to align staff and the collaboration work with the Transforming Urgent and Emergency Care programme.

The Sub Committee received the Institute for Healthcare Improvement's white paper for Safe, Reliable and Effective Care, which provides clarity on the direction organisations should take to meet requirements, an organisational roadmap and diagnostic tool to identify improvement in different areas of practice. An overview was provided of the Patient Safety Work stream and the senior leadership membership of the group. A member of the work stream will be in touch with Directorate leads to offer engagement and support opportunities to use the framework as a diagnostic tool and identify areas of good practice and improvement.

Out of Hours Peer Review: The Sub Committee received the key highlights from the Out of Hours Peer Review, the outcome and actions to address the recommendations. The Peer Review follow up session took place in April 2023 and positive feedback has been received on the progress of the associated action table. The Sub Committee was pleased to note that there has been a significant improvement in operating full rotas in the past couple of months. Assurance was received that there are no concerns to escalate from the service with regards to the actions which are being addressed and tracked by the Assurance and Risk Team. Intelligence is being sought on the impact of full rotas on urgent and emergency services however it was acknowledged that there are a wide range of variations that will need to be considered as part of the data collation to ascertain what difference this is making for patients. The Sub Committee requested an update on the progress of the recommendations in six months' time.

Community Services: The Sub Committee received an update from Community Services and noted the following key highlights:

- Despite the success of the community 'Trial Without Catheter' (TWOC) Enabling Equality Improvement in Practice (EQulP) project and pilot in 2022, a roll out of the service has not yet taken place due to resource challenges for the required triaging of patients. Community services have established an ambulatory community clinic model which would provide TWOC services to patients in the community, but until triaging of patients is able to be undertaken and funding confirmed, this service is unable to commence.
- Funding has been provided through Welsh Government to support the development of neighbourhood nursing models.
- A national Community and Primary Care service specification has recently been released by the Strategic Programme of Primary Care in Welsh Government. All Health Boards have been required to undertake a self-assessment against the recommendations and service requirements in the report biannually. The Directorate has completed this and identified several areas for development.
- The Sub Committee noted the risks associated with the lack of electronic patient records and workforce deficits at the Sunderland Ward, whereby eight beds have needed to be temporarily closed while the staffing position is being managed.

Bronglais Hospital Update Report: The Sub Committee received the key highlights from the Bronglais Hospital Exception Report including that the final report and recommendations following the Health Education Inspectorate Wales visit have now been received and the actions are being worked through via a Task and Finish Group. Overall, the feedback has been positive however, the

risk relating to trainee experience, particularly medical speciality fields, not meeting the required standards, remains on the medical education risk register.

Attention was drawn to the ongoing space and compromised access issues on site. An agile working office has been sourced with the Local Authority that has 50 desk spaces and is being progressed with the Estates Department.

The Sub Committee received an update that Bronglais Hospital is unique from the other Hywel Dda University Health Board hospitals in that the nursing staff serve the food to patients as opposed to the Hotel Services staff or Healthcare Support Workers. In light of the pending catering changes on site, concern has been raised regarding nursing staff not holding Level 1 Food Hygiene certificates which will be included on the Datix Risk Register and discussed with the Director of Nursing, Quality and Experience.

Withybush Hospital Update Report: The Sub Committee received the Withybush Hospital (WGH) Exception Report and noted the key highlights. Referring to the urgent survey works to ascertain the condition of Reinforced Autoclaved Aerated Concrete (RAAC) planks in specified areas of WGH, the challenges with progressing plans to relocate inpatient capacity in light of the already extremely pressurised services was highlighted. The Sub Committee noted that a Task and Finish Group has been established to minimise disruption and that Cleddau Ward in South Pembrokeshire Hospital (SPH) will be utilised for the required inpatient capacity, in addition to re-opening the eight beds in Sunderland Ward which have been temporarily closed due to nursing workforce challenges. Cleddau Ward will provide 12 beds and will also be factored into the frailty pathway.

The ongoing challenges relating to patient flow were noted and collaboration opportunities are being explored with Local Authority partners with regards to processes associated with care assessment times and allocation of Social Workers.

Nursing workforce deficits continue to be high, with 100 Whole Time Equivalent (WTE) vacancies reported. A cohort of 15 internationally trained nurses are scheduled to arrive within the following week and monthly cohorts will arrive following that.

Mental Health and Learning Disabilities: The Sub Committee received the key highlights from the Mental Health and Learning Disabilities (MHL) Directorate including:

- A wide range of in person and virtual stakeholder events have taken place in relation to the Learning Disabilities Service Improvement Programme, some with third sector support to facilitate engagement. The engagement period has now ended and responses that have been made online, in writing and in person are being collated in order to present feedback to the Board.
- The service has undertaken benchmarking and self-assessment against the transition between inpatient mental health settings and community or care home settings as part of improvement actions being undertaken in response to recommendations from a Health Inspectorate Wales (HIW) Review of the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board.
- An update was provided on the outcome of the 'All Wales Review of Primary and Secondary Mental Health Services' for CAMHS. Feedback from the report highlighted the challenges in recruiting and retaining workforce to meet the level of growth.
- The Hywel Dda Community Health Council undertook a survey for children and young people for the population to get an understanding of the impact and support available throughout

the pandemic period. The feedback was mostly positive when services were in place but highlighted waiting list challenges.

- The top five incidents recorded in MHLD differs from the top five recorded incidents across the Health Board as it features 'Records, Information' and 'Information Governance, Confidentiality' as a higher reported. A thematic review of these incidents has been requested for presentation to the next MHLD Directorate Quality, Safety and Experience Group meeting.
- Low levels of training compliance was noted across the directorate for Restrictive Practices and plans are in place to add pace to the training for staff. An assurance update on progress has been requested for the next Directorate Quality, Safety and Experience Group.

Mental Capacity Act and Consent Group Update: The Sub Committee received an update from the Mental Capacity Act and Consent Group highlighting that on the 5 April 2023 the UK Government announced that the implementation of the Liberty Protection Safeguards has been postponed indefinitely. The Government have confirmed that they will continue to provide the funding that they have committed to. This will continue to resource temporary posts and be used to try and reduce the backlog of Liberty Safeguards medical assessments, by improving processes and supporting the Mental Capacity Act training. Stakeholder meetings will take place to help to develop an All-Wales approach to improve the national position. Assurance was received that the prioritisation of cases is part of the regular review process and the quality of assessments undertaken by the Health Board has been commended in court.

It was noted that Welsh Risk Pool (WRP) have issued a report to the Health Board following their review against the 'Consent to Examination and Treatment Standards' undertaken in June 2021 with reasonable assurance received. Actions are underway to address the recommendations. WRP are now piloting the digital consent system with Swansea Bay University Health Board, as they can integrate the programme with their current patient record system.

The Sub Committee received an update that WRP have launched a Consent e-learning programme for use across Wales. It is available via ESR and relevant to all health professionals. Discussion took place regarding the implications for the Health Board and clinicians if the training is not undertaken within the required timescale and noted that it will be important to capture an audit trail of who has attended training and when. The Head of Safety and Learning in WRP will be invited to a future meeting to discuss developments and clarify the reporting arrangements for updates within WRP.

The Sub Committee were advised of the recent formal webinar 'Informed Consent, Getting it Right' on the 26 April 2023 which was promoted by Welsh Risk Pool and attendance from clinical staff was encouraged.

Any Other Business: The Sub Committee noted that Welsh Government have issued a statement to end the state of global emergency due to the COVID-19 Pandemic. The governance framework will require revision however; assurance has been received that protocols will still be in place for the Spring booster programme 2023/24. This will be reviewed ahead of the subsequent vaccination programme. The Sub Committee noted the national risks with any changes to the protocol for non-registered healthcare professionals administering the vaccine.

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Risks (include Reference to Risk Register reference):

- Concern was raised regarding nursing staff who serve food to patients in Bronglais Hospital not holding Level 1 Food Hygiene Certificates.
- Concern was raised regarding accommodation challenges for the international nurses in Pembrokeshire, The issue is widespread across a number of staff groups, and options are being explored by the Director of Estates to mitigate the challenges.

Argymhelliad:

Recommendation:

The Quality, Safety and Experience Committee is asked to note the content of the QQSESC Update Report.