

## Operational Quality, Safety & Experience Sub-Committee

<b>Enw'r Cyfarwyddiaeth: Name of Directorate:</b>	Operational Quality, Safety and Experience Sub-Committee (OQSESC)
<b>Swyddog Adrodd: Reporting Officer:</b>	Mrs Sian Passey, Assistant Director of Nursing, Quality & Patient Experience Acute Operational Services (OQSESC Chair)
<b>Cyfnod Adrodd: Reporting Period:</b>	6 <sup>th</sup> September 2022

### Materion Ansawdd, Diogelwch A Phrofiad:

#### Quality, Safety & Experience Matters:

**PATIENT STORY:** Members received a story from a patient detailing recent experiences of presenting to Accident and Emergency (A&E) in Worthybush General Hospital (WGH) on two occasions following chemotherapy treatment. The patient wished to share his experiences for learning purposes. The story highlighted a number of significant challenges experienced within the Unscheduled Care Service waiting areas such as a lack of appropriate isolation facilities, waiting times and estates maintenance defects. Members were pleased to note the positive feedback in terms of the high standard of nursing care and helpfulness of the support and catering staff. A number of steps have since been taken to address the matters raised in the patient story, such as engagement with Oncology service, the implementation of a triage service to support patients not having to present to acute services and the review of waiting room facilities. The pressures experienced across the Emergency Departments were acknowledged and it was noted that actions have been taken to address the estates issues raised.

#### **THE HEALTH BOARD'S OVERVIEW OF TOP REPORTED OPERATIONAL RISKS AND ACTIONS FOR MITIGATION:**

Members received the Health Board's overview of top reported operational risks and actions for mitigation noting that 22 risks assigned to the Sub Committee have an 'extreme' risk score. It was noted that there had been a vast improvement in risks being reviewed, however, it was noted that a few risks were requiring updates. all were reminded of the importance of ensuring the service risk position was updated accordingly. Members were pleased to receive an update on Risk 1439; *Limited specialist advice to clinical teams in the acute sites due to limited resource within Tissue Viability Nurse (TVN) service*, with funding secured for an additional TVN specialist resource It was recognised that this had been an under resourced service for some time.

#### **PRIMARY CARE SERVICES EXCEPTION REPORT:**

Members received an overview of key developments within Primary Care Services such as significant rota pressures in Managed Practices due to GP and locum shortfall. Workforce opportunities are being explored such as the possible recruitment of GPs with portfolio roles.

Members were informed that during the tendering process relating to a Programme of estates work on the five Managed Practices premises, a deficit of £100k in available Capital funding had been identified. In terms of identified works for Ash Grove (Managed Practice) in Llanelli, work has been delayed until 2023/24, however it is anticipated that there will be some slippage in the Capital Programme that should enable this to be brought forward in March 2023.

The General Managed Services Visiting Programme is behind schedule due to the capacity of Deputy and Associate Medical Director. The issue will be discussed at the September 2022 Primary

Care Quality and Safety meeting, and the risks associated with not undertaking the programme in line with the agreed position will be articulated. An update will be provided to QQSESC at the next meeting.

Members were advised that the Welsh Health Circular (WHC) (2002) 022 The Role of the Community Dental Service issued on 22 August 2022, includes an expansion of focus for the service on urgent dental care provision.

**SCHEDULED CARE EXCEPTION REPORT:** Members received a number of key updates from the Scheduled Care Services. Key actions noted included mitigations relating to the impact of staff shortages in the health board wide Rheumatology Service, such as part time staff increasing their hours and the development of a Ceredigion based service which will include a Rheumatologist consultant post.

Members noted further actions to mitigate the impact of significant waits in the Urology Service (Risk 1308). To mitigate this risk there is ongoing work to clinically prioritise patients. Availability is being scoped at Glangwili General Hospital (GGH) to establish the possible reintroduction of inpatient elective theatre lists. Outsourcing to private suppliers has been considered however the required support is unavailable. The service has recently recruited two Locum Consultants, allowing the service to back fill all available lists. The service has operated additional sessions to address delays at the point of diagnostic care (Risk 1308).

The Sub Committee were pleased to note that the Ear Nose and Throat (ENT) Service will soon be operating Nurse Practitioner led clinics, for patients who are on the outpatient waiting list for adult tonsillectomy surgery.

**WGH UNSCHEDULED CARE SERVICES:** Members received an update from WGH Unscheduled Care Services noting the extreme pressures experienced in the Accident and Emergency (A&E) Department, the high level of nurse vacancies and reliance on surge bed capacity to support the service. Members received assurance from the collaborative work of the Welsh Ambulance Service Trust (WAST) and local authority colleagues to improve patient flow for medically optimised patients, and the implementation of a Short Term Assessment & Reablement Service (STARS), Same Day Emergency Care (SDEC) & Frailty Assessment Units to identify patients at high risk of prolonged hospital stays. A workshop has been planned to explore efficiencies and winter planning opportunities and an update on the outcome will be provided to the next QQSESC meeting.

**UNSCHEDULED CARE SERVICES PRINCE PHILIP HOSPITAL (PPH) AND GGH:** Members received an update from Unscheduled Care Services, PPH and GGH noting the extreme patient demands and nurse staffing shortfall, with 106 Whole Time Equivalent (WTE) vacancies at GGH. Members were pleased to note that central recruitment was being taken forward to support appointments into vacancies, this had been introduced in PPH with good feedback. A cohort of student nurses are due to commence in September, with support arranged from senior management and preceptorship programmes. Members further noted that the first cohort of overseas nurses started in May 2022, and further recruits are due to start imminently. Those already in post have settled well and are making good progress within their respective Wards.

Members were pleased to note the review of patient waiting areas in ED and noted that a Task and Finish Group has been established to review and improve seating and the environment within

Emergency Departments across the Health Boards. Members noted that medical staffing at junior doctor level has improved significantly with a 100% fill rate and the appointment of a Physicians Associate. Challenges remain within the Middle Grade workforce and there is continued reliance on locum and agency medical cover. Recruitment campaigns are ongoing and are successful, but the majority of these candidates are overseas and on boarding is a lengthy process.

**MENTAL HEALTH AND LEARNING DISABILITIES EXCEPTION REPORT (MHL D):** Members received the MHL D Exception Report and key highlights include the progress on the estates work at Ty Bryn Learning Disabilities Service, which remains closed. Members noted the development of a service improvement programme for the LD Service with a revised service specification to be produced. The programme will include a Learning Disability Outreach Team, which will provide early intervention and crisis support and clinically manage all admissions to the inpatient unit. The new service configuration will be subject to an Organisational Change Policy for the staff within Learning Disabilities prior to the service specification implementation.

Members noted that the Audit Wales review of MHL D Directorate governance arrangements at Hywel Dda University Health Board final report has been delayed and is now expected in October 2022 and the external review of epilepsy provision within MHL D directorate is underway.

**PUBLIC HEALTH & WELLBEING DIRECTORATE EXCEPTION REPORT:** Members received the Public Health & Wellbeing Directorate Exception Report and provided updates from the Directorate's recently established Quality and Safety Experience Group, highlighting that Child Practice Reviews including an action plan, progress and learning will be incorporated into a future meeting. Concerns were raised regarding the Tuberculosis (TB) Screening service and lack of available resource to provide latent TB screening across the region. A report to support the need for funding for the service was discussed at Use of Resources Group in August 2022, with the outcome awaited. Members noted the risk in testing for latent TB for international students residing high-risk countries.

The Health Visiting and School Nursing risk registers are currently under review with new risks anticipated over next few weeks as service leads work with Risk and Assurance Officer to capture all risks in service delivery to both patient and staff.

**TEMPORARY CHANGE TO CRITICAL CARE THRESHOLDS PROTOCOL AT PRINCE PHILIP HOSPITAL:** Members received an update on the temporary change to Critical Care services at PPH due to medical staffing deficits. The Executive Team made a decision in June 2022, following discussions with senior clinical colleagues to temporarily restrict level 3 access (patients requiring two or more organ support or needing mechanical ventilation alone) to the unit in PPH and meetings have since taken place with the Health Board's Community Health Council. The unit remains open for level 2 patients on a 24/7 basis with patients supported by experienced speciality doctors and nursing staff, with remote Consultant advice if available. The temporary change will be reviewed on 2<sup>nd</sup> October 2022 and an update will be provided to OQSESC.

**INTERNATIONAL NURSE RECRUITMENT UPDATE:** Members were pleased to note the success in the recruitment of internationally educated nurses (IEN) as part of the Once for Wales International Nurse Recruitment Project. To date 45 IENs have arrived in west Wales with the remaining IENs due to arrive in cohorts of 20 with the next scheduled date of arrival 26 September 2022. Members noted the challenges such as the removal of fast track visa services within the Home Office due to the Ukrainian Refugee Crisis and accommodation availability. Members were pleased to note that discussions are underway for Once for Wales Phase 2 International RN recruitment project for next year.

**NUTRITION AND HYDRATION GROUP (NHG) UPDATE:** Members received the NHG report and approved the updated NHG Terms of Reference (ToRs). Members noted that the proposed new Health Board Paediatric Enteral Feeding Policy was approved by NHG as there was representation from Children's Services and the policy had already been approved by the Children's Service Quality and Safety group prior to being presented to NHG.

Members were pleased to note that bottled water is now available both for patients and the team in A&E, GGH however noted work is underway to improve signage and communication to patients as to whether fluids can be consumed during waits.

Concerns remain regarding issues with accessing care packages for inpatients requiring home enteral tube feeding, including the impact on patient decisions regarding nutritional support and potentially leading to increased length of stay, which is being addressed, by Acute and Community Leads and will be monitored through the NHG.

**MEDICAL DEVICES GROUP (MDG):** Members received an update from the MDG and approved the updated MDG ToRs noting minor changes to the membership. Members noted that the increase in the Medical Devices Inventory has placed additional demands on Clinical Engineering in terms of acceptance testing and report analysing this position will be presented to the Capital Sub-Committee and MDG in August 2022, with an update included within the next MDG update to OQSESC.

Members were advised that 83 Device related incidents had been reported Health Board Wide. Fifty-four were reported as Medical devices, twenty seven as Non-Medical equipment and 2 as Manual Handling – Equipment incidents. This level is in line with previous reporting periods (around 20 incidents on average a month). At the time of reporting 75 were deemed to cause 'No harm - low harm' and 7 were deemed to cause 'Moderate Harm'.

#### **Risgiau:**

##### **Risks (include Reference to Risk Register reference):**

Referring to Risk 1434: *Potential for information governance breaches of patient held notes in community settings due to the lack of electronic records*; Members raised concern regarding the risk and lack of appropriate electronic record system for district nursing and health visitors and the likelihood that without an acceleration programme to support the service, the implementation of an electronic system could take a number of years.

Referring to Risk 1385; *overcrowding within the Emergency Department influencing the ability for timely assessment, treatment and required level of observation*; Members noted a number of actions underway to mitigate the impact on patient care such as enacting the Fundamentals of Care checklist when the patient is experience prolonged delays within ambulances, clinical prioritisation and developing direct access pathways from WAST to SDEC.

In regards to Risk 839 - *MHLD services estate not being fit for purpose*; Members noted that a report will be submitted to the Capital Sub Committee outlining the four priority areas, which will be supported by the design team with capital costs and programme information with a completion date 30<sup>th</sup> September 2022

#### **Argymhelliad:**

##### **Recommendation:**

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