

QUALITY, SAFETY & EXPERIENCE

SUB-COMMITTEE (QSESC) UPDATE REPORT

Date of last meeting: 13 January 2025

Quoracy: Met

Report by: Mr James Severs, Chair

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert¹ (may require discussion)

There were no matters to alert the Committee to.

Advise² (to monitor)

The Quality, Safety & Experience Sub-Committee wish to **advise** members of the Committee that:

- Long- and short-term body storage capacity concerns within the Health Board, impacted by the revised Medical Examiners Service process, were highlighted as part of the **Human Tissue Authority Assurance** Group update. A piece of work to ascertain demand and capacity is underway by the Directorate and the risk is being reviewed.
- The impact of workforce deficits in Hotel Services on cleaning duties was highlighted during the **Unscheduled Care Directorate Update reports** with the impact on infection rates being monitored. The communication arrangements between Estates and Facilities Management Team and Acute Site Leads (to include MHLD) will be reviewed to explore touch point meetings to support timely response to estate issues on site.
- An assessment of the requirements for staff across the Health Board and current attendance rates for life support training was shared as part of the **Recognition of Acute Deterioration and Resuscitation (RADAR) Group** update. The impact of 'did not attend' rates on training capacity was highlighted. A training needs analysis has been undertaken and a cascade training process commenced which increases capacity for the delivery of training. The Datix Risk Score has since reduced due to mitigating actions that are being undertaken.
- In response to data which shows that Sepsis screening rates dropped during October 2024 at **Glangwili Hospital Unscheduled Care Services**. The Resuscitation and Quality Improvement team are undertaking a programme of work to improve processes, led by National Early Warning Score (NEWS) 2 and a Sepsis Task Group. Mitigating actions include changes to the national sepsis

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

guidance, the introduction of NEWS 2 and training undertaken by the Critical Care Outreach team (CCOT) around recognition of the deteriorating patient.

Assure³ (to note)

The Quality, Safety & Experience Sub-Committee wish to **assure** members of the Quality, Safety & Experience Committee that:

- Quality improvement work has had a positive impact on consistency of completion rates of **Venous Thromboembolic (VTE) Risk Assessments** across the organisation which has been recognised nationally. Discussions are taking place regarding the possibility of the All-Wales VTE E-learning module being mandated for patient facing staff and to consider whether preventable Hospital Acquired Thrombosis (HAT) should be recognised as a Health Board 'Never Event' and reported through the Incident Reporting System to adopt a zero-tolerance approach to preventable HAT.
- Concerns over the slow progress to install water coolers at Emergency Departments for staff and patients to access were raised during the **Nutrition and Hydration Group** update. During the meeting it was noted that the water coolers have now been requisitioned and the installation is planned for week commencing 20 January 2025.
- Health Board wide compliance with **Patient Safety Notices (PSN's) and Alerts (PSA's)** was reported and continue to be tracked by the Quality Assurance and Safety Team (QAST). It was agreed that the Sub Committees Subgroups will be tasked with monitoring areas of compliance for specific PSN and PSA's going forward, and any concerns will be escalated accordingly.
- The Patient Boarding Procedure (a process where suitably identified patients are moved from an emergency admission / assessment area to a receiving ward, with an identified discharge, prior to a bed being available on the receiving ward) has been shared for staff consultation, and in light of the need to implement the procedure urgently due to pressures, the Sub Committee agreed that the written control document is approved via Chair's Action. The impact of the procedure on patient safety will be monitored.

Recommendation

The Quality, Safety & Experience Committee is asked to note the content of the report.

³ *There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.*