

Operational Quality, Safety & Experience Sub-Committee

Enw'r Cyfarwyddiaeth: Name of Directorate:	Operational Quality, Safety and Experience Sub-Committee (QQSESC)
Swyddog Adrodd: Reporting Officer:	Mrs Sian Passey, Assistant Director of Nursing, Quality & Patient Experience Acute Operational Services (QQSESC Chair)
Cyfnod Adrodd: Reporting Period:	8 November 2022

Materion Ansawdd, Diogelwch A Phrofiad:

Quality, Safety & Experience Matters:

ANNUAL REVIEW OF TERMS OF REFERENCE: The Sub Committee received and approved the Terms of Reference subject to the following changes:

- The Head of Workforce will replace the Assistant Director of Workforce as part of the Membership.
- The Head of Quality and Governance will be included within the Membership
- The Vice Chair of the Sub Committee and representation from Hotel Services, Estates Services and Therapies Lead, will be clarified prior to the next meeting.

HARMS DASHBOARD PRESENTATION: Members received a demonstration of the Harms Dashboard noting that the formal launch will take place during November 2022 with the intention for a health board wide system roll out in a phased approach. Members agreed that the dashboard would improve and support governance reporting, however, complaints and patient experience were not yet available on the dashboard it was noted that these metrics would be included in phase 2 which would be in New Year.

PATIENT STORY: Members received a patient story via a YouTube Video from a man who shared his experience with Welsh Ambulance Service Trust (WAST) and Hywel Dda University Health Board when his mother required emergency hospital admission due to a physical ailment and disorientation. The story highlighted the concerns and impact of the current challenges in terms of capacity and waiting times on the quality of patient experience, however the professionalism and reassurance provided by NHS Direct and WAST staff was clearly noted.

The patient's son recalled the hospital discharge of his mother, with no carer at home, in the early hours of the morning, which caused concern in light of her presentation during admission. Members received assurance that several of the concerns raised are being addressed as part of the Transforming Urgent and Emergency Care Programme and suggested that the video is shared with WAST partners and that actions would be considered to improve communications and the systems in place.

QUALITY AND GOVERNANCE REPORT FROM INTERNAL AUDIT: Members received the Directorate Level Quality and Governance Report from Internal Audit noting that reasonable assurance was provided following the review. As part of the Management Response to the audit findings it was agreed that the standard Health Board agenda and terms of reference templates would be shared at QQSESC for cascading to the Directorate Quality and Safety Groups.

MINOR INJURY UNIT PRINCE PHILIP HOSPITAL: Members received an Update Report on the Minor Injuries Unit (MIU) in Prince Philip Hospital (PPH) and the risks associated with the increase in patients self-presenting to the MIU with conditions that require admission to the PPH Medical Unit or on occasion transfer by ambulance to Glangwili Hospital (GH) in Carmarthen. These transfers are often delayed due to bed availability and ambulance pressures, leading to patients remaining in the MIU to receive medical treatment and nursing care. There is no nursing establishment within the MIU to care for these medical/major injury patients. Due to the number of patients of this nature attending MIU, additional Registered Nurse (RN) and Healthcare Support Worker (HCSW) staffing is sourced via Agency, however there is inconsistency in fill rates resulting in the Emergency Nurse Practitioners (ENPs) often caring for these patients as well as treating the minor injuries within the Unit. This introduces additional clinical risks to patients in addition to increasing the strain on the staff within the Unit.

Members noted the mitigating actions underway such as use of Bank and Agency staff to support management of the medical patients and that costings have been identified and escalated to the Estates Department to consider how the environment can be improved, this includes: Improving toilet facilities, a wet room for showering and increasing the door width. Further discussions will take place within the Directorate, and at an operational management meeting and Use of Resources Meetings.

It was noted that work will need to tie in with the wider Transforming Urgent and Emergency Care Programme.

GLANGWILI AND PRINCE PHILIP HOSPITAL EXCEPTION REPORT: Members received the GGH and PPH Unscheduled Care Exception Report with the high number of nursing and health care support worker vacancies highlighted.

The committee were made aware of the initiatives that are being implemented on both sites to improve the situation these included:

- The recruitment of a further 18.0WTE Internationally Educated Nurses in the GGH Team during October 2022 and an anticipated further 18 over the next few months. These new staff are settling in well and are a valued addition to the Nursing Team.
- Centralised recruitment is now in place in both PPH and GGH.

An Emergency Department (ED) Risk Oversight Group has been established to support the on-going ED challenges across the HB. As part of the Transforming Urgent and Emergency Care (TUEC) work stream within Carmarthenshire, Y Lolfa, Alternative Care Unit has been established to support the management and discharge of Medically Fit cohort of patients.

WITHYBUSH HOSPITAL EXCEPTION REPORT: Members received the Withybush Hospital (WH) Unscheduled Care Update Report highlighting the significant pressures and patient flow challenges.

The Welsh Ambulance Service Trust (WAST) are facing delays in offloading patients due to the overcrowding challenges, with mitigating actions underway to reduce the risk of harm such as Fundamentals of Care needs checklist enacted when patients experience prolonged ambulance offload delays, medical junior doctor presence for clinical monitoring of patients and WAST direct access to Same Day Emergency Care (SDEC) service.

Members noted the closure of a care home for 37 Pembrokeshire residents (all requiring alternative accommodation) together with a return of domiciliary care provision by private care providers. The hospital is regularly going above the 50-bed surge base in addition to 20-30

patients regularly awaiting admission to inpatient beds within the ED and over 80 Medically optimised patients occupying acute inpatient beds. There are 98 WTE vacancies for Registered Nurses within unscheduled care in WH. The committee were made aware of a number of mitigating actions and escalation processes which were in place. This included Minimum of Daily review of nurse staffing levels/skill mix, dependency and acuity review by senior ward staff and Senior Nurse Manager's and roster management review.

Members were pleased to note the outcome of the recent Pembrokeshire Workshop undertaken to explore efficiencies and winter planning opportunities with actions which included the co-location of the SDEC with MIU opposite ED and the streamlining of the frailty pathway to Puffin Ward with a ring fenced 'outpatient' area thus protected from inpatient use. One of the benefits will be the SDEC will be based in closer proximity to the ED enabling a more integrated service.

WOMEN'S AND CHILDREN'S SERVICES: The Women's and Children's Services Update report was noted by the Sub Committee. Due to unforeseen circumstances, apologies were noted from Women's and Children's Services.

SCHEDULED CARE SERVICES: Members received an update from Scheduled Care Services. As part of the Reset and Recovery programme, a Risk Focussed day took place on the 2 October 2022 whereby 70 directorate risks were reviewed in collaboration with the Risk Assurance Team and updated to include the mitigating actions taking place. Members received assurance that the risk report will be updated for the next QQSESC meeting.

Key highlights from the report included:

- The Advanced Nurse Practitioner within Trauma and Orthopaedics Services (T&O) has completed a surgical skills course which will allow for basic surgical skills to be undertaken in theatre.
- A trauma based training hub has also been established within T&O Services for Clinical Nurse Specialists, Trauma Practitioners, Advanced Nurse Practitioners and Plaster Services with opportunities to shadow in Outpatients (Fracture Clinic), the Emergency Department, Theatres and wards.
- Cataract surgery within Ophthalmology Services commenced at Amman Valley Hospital in September 2022 following refurbishment of the Outpatient suite for seeing patients with Age-Related Macular Degeneration.
- An ANP for Urology services has commenced in post, which will increase medical workforce capacity within the cancer diagnostic services by taking on duties to allow medical staff to deliver complex care.
- As part of the Arts in Therapy innovative research project, the pet therapy initiative for critical care patients has received positive feedback.

MENTAL HEALTH AND LEARNING DISABILITIES (MHL D): Members received the key updates from the MHL D Directorate and highlighted the ongoing medical, psychological workforce challenges particularly in Older Adult and Learning Disabilities Service. The MHL D Assistant Director of Nursing has been appointed and an update on a start date will be shared at the next meeting.

Referring to the progress of the Learning Disability Service Improvement Programme (LDSIP) Members were pleased to note that feedback from Health Inspectorate Wales (HIW) inspections have influenced the programme for alternative arrangements for LD in-patient care. The recommendations from the Self Harm-Final Internal Audit Report which took place in April 2022

have been completed and the Mental Health Director is due to meet with the principal auditor to provide detail which will be presented at the Audit and Risk Assurance Committee (ARAC) in December 2022, with the actions monitored through the Accommodation Strategy Group.

Members noted that a review of the Community Mental Health Centre (CMHC) Pilot at Gorwelion, Aberystwyth is due to be completed and that the Audit Wales review of Mental Health and Learning Disabilities Directorate Governance arrangements is underway with an update awaited on the final report. In recognition of Hywel Dda University Health Board (HDdUHB) being the first in Wales to introduce the Mental Health 111 Single Point of Contact service, a visit from the Health Minister is scheduled during November 2022.

WELSH AMBULANCE SERVICES TRUST (WAST) URGENT INCIDENTS AND URGENT RELEASE REQUESTS: Members received the WAST Incidents and Urgent Release Requests Update Report and an overview of the process taken to manage incidents that have a shared responsibility between the HDdUHB and the WAST. The WAST joint investigation framework has recently been reviewed and replaced with a new national policy for joint investigation. This new policy is currently being piloted. To support the joint investigation, process a standard template for joint safety incident review meetings has been issued, which will be implemented at one of the hospital sites and rolled out Health Board wide. To understand the context and identify areas for improvement and learning opportunities, Members noted that incident review on the requests for immediate release is being explored within the Health Board.

With regards to the WAST CEO Brief Report, Mrs Hardisty noted that key information is missing from the report, including sickness rates and referral rates and received assurance that this information is requested as part of the joint meetings with WAST. The Health Board will continue to have regular meetings with WAST to ensure that key indicators are shared and will continue to request joint investigation of incidents and improve the systems in place for record keeping via DATIX for evidence purposes.

MEDICAL DEVICES GROUP: Members received the key updates from the Medical Devices Group (MDG) that took place on 28 September 2022. The group discussed the clinical engineering report and while the group report 100% performance rate on high-risk devices, the medium and low risk devices within acute and community settings require improvement and actions will take place to engage with colleagues regarding performance through a discussion between the Chair of the MDG and the interim head of clinical engineering.

There has been a lack of engagement with Point of Care Testing (POCT) in the early planning stages of some new Health Board initiatives resulting in either devices being purchased without the knowledge of the POCT team or equipment required immediately, putting POCT under pressure to source, validate and roll out devices in a short period of time. A POCT flowchart has been added to the Pathology newsletter this month so that the correct process and training for implementing a POCT service is made available to staff. The Chair of the MDG undertook to ensure the information is being shared to the appropriate agreed to update the operational risk register accordingly. The Sub-Committee shared their deepest thanks to Ms Vivienne Williams, Point of Care Testing Co-Ordinator and all the best in their imminent retirement.

RESUSCITATION AND RRAILS UPDATE REPORT: The Resuscitation and RRAILS Update report was shared with the Sub Committee however due to unforeseen circumstances, apologies were noted from the Chair and Vice Chair of the Group.

POLICY 445 EMERGENCY DEPARTMENT AMBULANCE OFFLOAD POLICY: The Policy was shared with Members for Information.

PATIENT EXPERIENCE REPORT: The Patient Experience Report was shared with Members for information.

QQSESC FORWARD WORK PROGRAMME 2022/23: The QQSESC Forward Work Programme was shared with Members for information.

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Risks (include Reference to Risk Register reference):

Corporate risk - Risk 1027 Patient flow challenges were identified in all sites and are identified on individual risk registers with relevant control measures in place

Workforce challenges continue across all acute sites all sites have workforce on individual risk registers and have mitigations in place to manage risks

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Recommendation:

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