

Operational Quality, Safety & Experience Sub-Committee

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| 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 Assurance & Safeguarding (QQSESC Chair) |
| Cyfnod Adrodd: Reporting Period: | 10 th May 2022 |
| Materion Ansawdd, Diogelwch A Phrofiad: Quality, Safety & Experience Matters: | |
| <p>Patient Experience Story and Key Themes from the Listening and Learning Sub-Committee: The Sub-Committee received the patient experience report presented to Board in February 2022 noting that the previous QQSESC meeting was stood down due to the hospital reset guidance from Welsh Government. Members received an update on a decrease in patient experience scoring and the thematic feedback such as discharge and communication concerns both will be monitored closely by the committee. In relation to discharge and communication themes it was agreed that this would be taken forward by the quality improvement leads and a meeting date had been agreed.</p> <p>Members received a patient experience story from a patient with a visual impairment who felt that they did not receive appropriate support and communication from staff during a visit to the Health Board's Minor Injury Unit. The patient felt that they received generic directions from staff after informing them of the visual impairment and relied upon other patients in the reception area for updates on the board displaying waiting times. Members received assurance that discussions were being had with the relevant teams to consider the actions that could be taken to support</p> <p>The Sub-Committee received an update on the new Ombudsman representative within the Health Board (HB). The Ombudsman representative has introduced a recommendations report as part of the investigation process that will require a governance pathway. It was suggested that the recommendation reports provide action progress to each operational Directorate/Site Quality and Safety Groups and learning outcomes will be shared with QQSESC in exception reports.</p> <p>The Sub-Committee received an update on the development of the CIVICA system which will improve the patient feedback process and Members discussed the challenges in capturing patient feedback from Community and Primary Care Services which is being addressed within the Directorate.</p> <p>Maternity Services Patient Story: Members received a patient experience story from Maternity Services and noted the positive recognition received for individual members of staff and women and their families within the service. Members noted that the current process for reporting performance targets is being reviewed as part of the Maternity and Neonatal Safety Support Programme engagement process, with the Head of Midwifery emphasising that rates alone do not tell stories, she emphasised the importance of capturing experiences.</p> | |

Welsh Cancer Network- Peer Review Report from Colorectal Services: The Sub-Committee received the Welsh Cancer Network's Peer Review of Colorectal Services 2021 Report and noted the positive improvements made within the service since the review from which several recommendations were received. Members noted the appointment of a Consultant Colorectal Surgeon at Bronglais General Hospital (BGH), the revised Multi-Disciplinary Teams (MDT) arrangements which allow all patients to be discussed in a timely manner and the improved working relationships within the MDT. Members recognised the ongoing systemic recruitment and pathway challenges however received assurance in the development of the Oncology strategy and the ongoing collaboration with A Regional Collaboration for Health (ARCH) programme and the Delivery Unit (DU) to strengthen the pathway.

With reference to the action plan developed following the 2021 review it was highlighted that a number of the dates related to the actions had passed, the committee were provided with assurance that actions will be revised and updated at the upcoming Service Business meeting, and if required would be re-submitted to the committee.

Quality Review of Governance Arrangements: The Sub-Committee received an update on the review of quality governance arrangements following the Audit Wales report and recommendations. Members also received an update on the recent internal questionnaire circulated to Directorates and services which aimed to provide a base line assessment on the capacity and resource that was available to support governance within operational services. It was agreed that a report on the findings be presented to OQSESC in November 2022.

Patient Safety Notice Non-Compliance Assurance Plan: The Sub-Committee received an update on outstanding Patient Safety Notices and the non-compliance assurance plan. Members welcomed the improved position from 9 outstanding Patient Safety Notices in April 2022 to 5 in May 2022 and received assurance that notices will not be reported as compliant unless evidence has been received. Referring to the non-compliant notices, it was proposed that the Head of Quality and Governance identify lead individual in overseeing the Safety Alert Notice and if appropriate, an update on the outstanding Safety Notices and evidence of compliance would be presented to the OQSESC meeting scheduled for July 2022.

Welsh Health Circulars (WHC) - Airborne Isolation Room Requirements: The Sub-Committee received an update on the outstanding WHC- Airborne Isolation Room Requirements within the Health Board. Members noted the non-compliance with the WHC requirements and the risk mitigating actions in place, such as the installation of 'Bioquell' pods in all 4 intensive care units and the purchase of 60 portable Hepa filtration air purifiers for ward/departmental usage. Members noted that the Ventilation Safety Group is in the process of developing a risk-based strategy, which ultimately delivers compliance.

The Sub-Committee agreed that a robust plan needs to be developed with partner agencies for the transfer and transport of critical ill cases requiring respiratory isolation between the Critical Care Units within the Health Board. It was agreed that that an update on the development of a pathway be presented to OQSESC in September 2022.

Super Bariatric Pathway: The Sub-Committee received an update on the Super Bariatric Pathway and noted the support that had been given by Jeni Bryant to develop the support mechanisms to ensure equity of service for bariatric patients across the Health Board.

Members received the current arrangements for ordering equipment for bariatric patients and the steps underway to improve the process including reviewing current contract and stock arrangements and improving staff knowledge through training. Members received an update on the final monitoring report for the bariatric pathway and the HDdUHB Weight Management Development Plan in response to the Healthy Weight Healthy Wales Obesity Strategy and noted that the Jeni will continue to work with the Weight Management Clinical Pathway Lead to achieve objectives set out by Welsh Government.

Technology Enabled Care: The Sub-Committee received an update on technology-enabled care within the Health Board which has played a significant role in transforming the provision of care and support for the population as a 'digital' response to the COVID-19 pandemic. Members noted the positive developments in frailty using Advanced Risk Modelling for Early Detection (ARMED) Technology as a digital tool for falls prevention within the community and an update on the remote monitoring developments to support patients and support the capacity challenges for nurses within the following services:

- Heart Failure
- Chronic Obstructive Pulmonary Disease (COPD)
- Interstitial Lung Disease

Members noted the ongoing evaluation and review of digital projects, the development of staff 'Champions' within services and the introduction of the FLORENCE text message service that sends patients reminders and health advice tailored to their individual needs.

Medical Devices Group: The Sub-Committee received the Medical Devices Update report highlighting the ongoing 100% performance rate for the Planned Preventative Maintenance (PPM) of high-risk category devices. Members noted the slight slippage in the community overall PPM rates from 57% in April 2021 to 52% in January 2022, which was not surprising considering the capacity and demand challenges, assurances were given that this would be overseen and monitored by the Medical Device Group. Members received an update on the increase of Lifting Operations and Lifting Equipment Regulations (LOLER) hoist inspections to 92% noting that the Medical Devices Group (MDG) are not aware of an increase in incidents due to the maintenance scheduling issues previously raised at OQSESC.

Resuscitation and RRAILS Group Update: The Sub-Committee received the Resuscitation and RRAILS Group update report noting that BGH have reported an increase in the numbers of Pre-Hospital Cardiac arrests arriving at the Emergency Department with a similar pattern emerging in the Acute Medical Admissions Unit at PPH. The group were advised that this would be monitored through the RAILS group and requested a review of Medical Emergency Team (MET) calls at both ED's in WGH and GGH. A further review of cases at BGH and Prince Philip Hospital will be completed to identify any themes in collaboration with WAST. The conclusions from the review will be reported at the next RRAILS monitoring group.

Members noted reduced sepsis bundle activity in the Emergency Admissions Unit at Worthybush General Hospital, which is being monitored. The ED nurse staffing standards for European Paediatric Advanced Life Support (EPALS) trained nurses was discussed at the Paediatric RRAILS meeting. The standard will require a monthly EPALS course, leading up to the October

2022 deadline, a plan was being considered by members of the RRAILS group and update reported to OQSEC.

Members noted that the National RRAILS group has now been stepped down, and there is no longer an All-Wales leadership forum in which to progress RRAILS strategy (including a sepsis work plan) to inform the Health Board RRAILS groups. The Chair of the Resuscitation and RRAILS Group will raise this at the All-Wales Resuscitation Managers Forum.

Nutrition and Hydration Update Report: The Sub-Committee received the Nutrition and Hydration Update report including the plan to scope and seek opportunity for improvement in hydration for patients in the Emergency Department and the Minor Injury Units for older and more vulnerable patients.

Members noted a national shortage of some enteral feeding tubes and associated ancillaries and the work underway with the Procurement Team to look at an alternative source. Members were updated that a new fit for purpose PH strip for gastric aspirate approved for all Wales use will shortly be available to order and that a working group has been established to progress the implementation Synbiotix Digital Menu system.

Mental Capacity Act Consent Group Update: The Sub-Committee received the Mental Capacity Act Consent Group Update noting that on 17th March 2022 the UK Government launched its 16-week consultation on the Liberty Protection Safeguard (LPS) Code of Practice. The UK Government will announce a revised implementation date in Winter 2022/23. The consultation has been shared with professional colleagues and Members noted that the three year funding provided to health and social care for the implementation of the LPS will be received over the coming weeks.

Risgiau:

Risks (include Reference to Risk Register reference):

HB Overview of Top Reported Operational Risks and Actions For Mitigation: The Sub-Committee received the HB's top reported risks, actions for mitigation and the forward planned risk review meetings with the Directorate Leads and Risk Assurance Team. The Chair acknowledged the significant progress of Risk management process, drawing attention to those that require updating.

Mental Health and Learning Disabilities (MHL) Exception Report: The Sub-Committee received the MHL Exception Report and noted the key highlights contained within including an update on the Health Inspectorate Wales inspection of Ty Bryn Learning Disabilities service and the actions that have been undertaken in response to the recommendations. The unit remains closed, and it is anticipated that all estates work will be completed by the end of March 2023 by which time the service specification for a LD inpatient assessment unit will be in place. Members noted the revised governance arrangements within the Directorate that streamlines the escalation and management of risks within the service and received an update on the Directorate Risk Register and review process and the planned external reviews and recommendations.

Women and Children's Services Exception Report: The Sub-Committee received the Women and Children's Services Exception Report, risk register summary and an overview of the mitigating actions in place. Recognising that the Autism service sits within the neurodevelopment

and MHL service, Members discussed the national challenges with waiting lists for the first assessment due to limited workforce capacity.

The Chair requested the key highlights from the Children's Charter and the inclusion of patient experience feedback within the Exception Report for the meeting scheduled for July 2022.

Scheduled Care Exception Report: The Sub-Committee received the Scheduled Care Exception report noting the current significant risks within the service include waiting times, emergency care pressures, staffing resource deficits and the risk on patient experience. Members received an overview of the control measures in place to mitigate the risks including the daily monitoring of staffing, treating patients according to urgency and communicating with patients accordingly and the outsourcing planned care where possible via independent sector providers.

Members were updated of the regular touchpoint meetings with the clinical team to discuss concerns and complaints and the ongoing engagement with the Risk and Assurance Team to ensure the effective review and management of risks.

Withybush General Hospital (WGH) Exception Report: The Sub-Committee received the WGH Exception Report and the key updates contained within. Members noted the review of the increase in Medical Emergency Team calls on Ward 4 between September and November 2021 that is underway, supported by the Quality & Safety Team (QAST) & Resuscitation training department. Early learning outcomes are being identified and have been shared with the teams, further update will be provided to OQSESC following the completion of reviews.

The Sub-Committee noted the Resuscitation training department/ RRAILS are supporting Immediate Life Support training for the teams and providing some support for the recognition of deteriorating patients. System pressures continue to cause an increased functional bed base risk within the Unscheduled Care Directorate. This places further risk to the already significant workforce pressures.

Glangwili General Hospital (GGH) Exception Report: The Sub-Committee received the GGH Exception Report noting the significant nurse staffing deficits and pressures in the Emergency Department (ED) and the impact on staff morale and patient experience. Members noted that the senior management team are working closely with the relationship managers and workforce well-being services to support staff. With reference to the current staffing challenges in ED, Members noted the impact on patient flow and particular challenges in Middle Grade Doctor workforce. Members were informed that two Advanced Nurse Practitioners have been appointed in the department and noted the positive impact this has had on the medical workforce.

GP calls/referrals are now managed through the Same Day Emergency Care (SDEC) Team and Members noted that cases are triaged by the Doctor in SDEC with the aim of treating if appropriate. Members were assured of the pro-active clinical management of patients on ambulances which supports the impact on waiting times however the pressures on the system are ongoing.

Given the deficits in the Emergency Department, Members enquired whether training placement roles are supporting the workforce in the Emergency Department. It was noted that trainees can decide to opt out of training experience in ED and that this could be affecting the training

placement take-up. The Associate Medical Director and Clinical Director of Primary Care undertook to raise this with the Deanery and provide feedback to OQSESC.

Bronglais General Hospital (BGH) Exception Report: The Sub Committee received a verbal update from BGH, noting the significant staffing and recruitment challenges and actions undertaken to try and mitigate the impact such as additional shift allocation and agency staff cover where possible. Members noted that a cohort of student nurse placements have been confirmed for the upcoming academic year. The Sub-Committee were informed that the type of acute presentations presenting to the hospital are causing challenges and noted the work underway in collaboration with WAST to review the medical pathways. Concern was raised regarding the recent breakdowns and maintenance of the hospital CT Scanner with the contract arrangements under review prior to the installation of a new CT scanner in December 2022. The Subcommittee, recognising the potential risk on patient safety, requested an update in the BGH Exception report for the July 2022 meeting.

A Position Statement on Physical Health Psychology Services Within The HB: The Sub-Committee received an update from the Physical Health Psychology Services within the HB. Members noted that Clinical Health Psychology provides meaningful access to psychological care, bridging physical, psychological, and mental health components of disease specific pathways and noted the positive clinical outcomes and efficiencies from the service, reporting the positive Patient Experience Outcome and Experience Measures.

The Sub-Committee received the workforce and funding structures, noting that insufficient investment means HDdUHB Clinical Health Psychology Service is limited with the workforce risks. A submission has been made for Integrated Medium-Term Plan (IMTP) funding and includes an investment to save 3-year workforce plan for development within the service.

Members discussed the benefits of clinical psychological input across the services and were updated that psychological support has been identified as a priority as part of the Stroke Steering group.

The Sub-Committee discussed the exploration of funding opportunities via the Regional Cluster Planning Groups and the Regional Partnership Board Improvement transformation funding and requested that an update on the significance of the service and securing funding is provided to Board via the QSEC update report in July 2022.

**Argymhelliad:
Recommendation:**

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