

## 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>	7 <sup>th</sup> July 2022
<b>Materion Ansawdd, Diogelwch A Phrofiad: Quality, Safety &amp; Experience Matters:</b>	
<p><b>PATIENT STORY:</b> Members received positive patient feedback following cataract surgery undertaken by the commissioned Community Health and Eyecare Service in Bridgend, with the patient reflecting upon the helpful communication at each stage of the process, the post- surgery improvements and benefits of having weekend appointments available. Members noted that the patient story reflected feedback received from patient surveys that had been completed.</p> <p><b>CHILDREN AND YOUNG PEOPLE'S CHARTER:</b> Members received a slide presentation on the development of the Children and Young People's Charter in partnership with Dyfed Powys Police and the Fire Service. The Children's Charter was developed and launched in September 2021. The Charter is now available in six languages, with an audio, easy read version, and British Sign Language video soon to be launched.</p> <p>The Voices of Children and Young People Steering Group has been established to ensure that children's rights are embedded within the culture of each Organisation, with representation from children and young people. The key priorities of the Steering Group include the development of a children's rights webinar and an advisory board and ensuring the involvement of children and young people in strategic planning.</p> <p><b>HEALTH BOARD OVERVIEW OF TOP REPORTED OPERATIONAL RISKS AND ACTIONS FOR MITIGATION:</b> Members received an overview of the Health Board's top reported operational risks and actions for mitigation including five new risks involving delays in assessment and review of community paediatric patients.</p> <p>Members noted three risks that were previously assigned to the People, Organisational Development Assurance Committee that have been re-assigned to OQSESC due to the operational impacts such as the staffing challenges in Health Visiting and Mortuary Services and the inability to provide suitable accommodation within the Health Visiting Services.</p> <p><b>MENTAL HEALTH AND LEARNING DISABILITIES EXCEPTION REPORT (MHL D):</b> Members received the MHL D Exception Report. Key highlights included the progress on the estates work at Ty Bryn Learning Disabilities Service and an update on the All-Wales Assurance Review of the Crisis and Liaison Service with improvement plans in place. The operational Heads of Service will pursue the implementation of the actions, the monitoring of progress will be undertaken by the Patient Safety and Assurance Team, overseen by the Assistant Director of Nursing MHL D. Members noted that the Audit Wales review of the Mental Health and Learning Disabilities Directorate governance arrangements is underway, with the final report expected in August 2022.</p>	

**SCHEDULED CARE SERVICES EXCEPTION REPORT:** Members noted key highlights from the report including the wide pre-operative joint school for hip and knee replacements, which has been identified as part of the Welsh Government's Outpatients Transformation Programme. Patients will be offered pain management and pre-operative physiotherapy instructions prior to surgery.

With reference to Risk 311: Lack of Audiology Medical Lead for children who are diagnosed with a hearing loss, Members noted ongoing developments in the pathway. An update will be provided at the next meeting.

**WITHYBUSH GENERAL HOSPITAL (WGH) EXCEPTION REPORT:** Members received the WGH Exception Report and noted the ongoing workforce challenges. Increased pressures within the Emergency Department was also discussed alongside mitigating actions and the requirement to undertake constant risk reviews to support decision making. Members noted the lack of substantive respiratory consultants and the development of a training programme to support the changing needs of the service. The mitigating actions in place include the recent temporary recruitment for Band 8a Respiratory Community Nurse Specialist to support on site clinical teams and weekly multi-disciplinary team (MDT) meetings with respiratory consultants which could increase to twice a week. Collaborative working across Health Board sites has been beneficial, with ongoing discussions between speciality leads for the potential for transfer of specific respiratory patients.

**BRONGLAIS HOSPITAL (BH) EXCEPTION REPORT:** Members received a verbal update from BH Unscheduled Care noting the significant pressures and challenges within the specialist workforce, in particular respiratory consultants. Members noted the ongoing efforts to secure locum doctor cover and the exploration of middle grade doctor positions to support the services where appropriate. Members received assurance that senior management across the Health Board are working to pool resources where possible which has proven beneficial, however, the ongoing pressures are causing significant challenges. Members received an update on the progress with the upcoming installation of the new Computed Tomography (CT) scanner with meetings underway to discuss how key services can be maintained during the installation works including the stroke thrombolysis pathway.

**PRIMARY CARE SERVICES EXCEPTION REPORT:** Members received the Primary Care Services Exception Report and an overview of the existing governance arrangements within Primary Care for quality, safety and risk matters. Members noted the two new risks included in the Primary Care Risk Register including the temporary closure of a number of community pharmacies and also the risk associated with the prescription of high doses of opioid medication (>120mg Morphine equivalence each day) by GP practices for the management of chronic pain.

Members received an update on the GP Visiting Practice programme with nine virtual visits undertaken to date and attendance from the Associate Medical Director Primary Care/Deputy Associate Medical Director Primary Care; Head of General Medical Services (Contracting); Primary Care Support Manager and Nurse Advisor. The Clinical Governance Practice Self-Assessment Toolkit is underway and requires completion by September 2022. Toolkit scores are utilised as part of the criteria to prioritise GP Practice visits and the data is reviewed to identify extremes in the self-assessment.

**RADIOLOGY SERVICES EXCEPTION REPORT:** Members received an update on the fragility of the ultrasound service across the Health Board, particularly at WGH. Actions are being taken to mitigate the risks, including the use of locum staff where possible and an upcoming meeting with the Director of Commissioning to explore potential opportunities. Members were pleased to note the recruitment of two students following qualification in July 2022, and a Band 6 radiographer who

will be in post by September 2022. This will allow the release of a member of the general staff to train in ultrasound in January 2023. It will however take 2 years fully to train this member of staff in all aspects of general and obstetric ultrasound.

Members noted that a submission has been made as part of the Women's and Children's Integrated Medium Term Plan (IMPT), proposing the development of a new service model whereby maternity services will provide an obstetric ultrasound service, separate from radiology. This would be a joint venture with the radiology department supporting the training of midwife sonographers. An HB-wide Band 8b Ultrasound Service Lead would oversee the business plan, training and governance. An update will be provided on the outcome when available.

**EAR WAX MANAGEMENT PRIMARY AND COMMUNITY PATHWAY:** Members received an update on the Ear Wax Management primary and community service pathway as part of the Welsh Health Circular: WHC/2018/006; Audiology first point of contact and wax management in Primary Care locations. Members noted the capacity challenges within the audiology service to provide wax management across the Health Board and updated Members on a community nurse led pilot ambulatory clinic in Ceredigion which is an opportunity to bring the service closer to patients' homes. Funding opportunities are being explored to roll out the pilot and continue the service whilst the challenges due to current pressures were highlighted.

**PRINCIPLES FRAMEWORK AND NATIONAL INDICATORS: ADULT INPATIENT FALLS:** Members received a Health Board update on the WHC for Adult Inpatient Falls, principles framework and national indicators, noting that falls are a significant patient safety challenge for NHS Wales. Two working groups have been established, focusing on strategy and prevention. Members noted the two outstanding recommendations, firstly the Health Board's failure to undertake an appropriate review of prescribed medicines which are known to increase the risk for inpatients who have fallen or are at risk of falls. Members received assurance that there now is a medicine management lead at both falls groups and this will be a standing agenda item. The Care of the Elderly Team will lead on teaching sessions for other teams/clinicians. Secondly, the Health Board's lack of a Fracture Liaison Service to support those with osteoporosis which is being addressed by individual teams who are working together to produce patient guidance and treatment plans. A business plan has been developed to secure funding to progress the service. Members noted that an All Wales Fracture Liaison meeting has been scheduled for July 2022 with recommendations and planning to follow.

Members received assurance of the Health Board wide falls prevention work underway including the development of a scrutiny group which will undertake thematic reviews and deep dives at operational levels.

In light of the number of developments in falls prevention which has restarted following the pandemic, the Sub-Committee requested an update to be provided at the January 2023 meeting and the inclusion of the risk on the DATIX system.

**DEMENTIA CHARTER:** Members received an update on the Regional Dementia Steering Group which is currently looking at hospital care provided for patients with dementia, in partnership with social services, third sector and those with lived experience from a values-based healthcare perspective. The focus is to share the experience of patients across the Health Board for learning and strategy planning. Developments underway are in response to the Dementia Friendly Hospital Charter. The Steering Group recognises the need to establish and monitor compliance with the Charter for consistent and optimal care for patients with dementia across the Health Board through the establishment of governance structures at each hospital site. Members noted that the Charter

is being developed for the hospital inpatient environment specifically. The governance arrangements will be mapped out with an update to QQSESC towards end of year.

**COMMUNITY HEALTH AND EYECARE CENTRE OPHTHALMOLOGY UPDATE: QUALITY AND PATIENT EXPERIENCE:** The Sub-Committee received an update on actions carried out by the Ophthalmology Service following receipt of an anonymous complaint. Members noted the investigation that was undertaken and the review of the quality of governance arrangements in place. A number of patients were contacted as part of the follow-up investigation, with the majority of feedback being positive. Governance arrangements have been reviewed with 14 actions identified, the majority have been completed, with four ongoing in terms of monitoring. Members noted that lessons have been learned which have strengthened governance arrangements for commissioned services across specialties.

**WELSH AMBULANCE SERVICE TRUST (WAST) RED RELEASE REPORT:** The Sub-Committee received an update on the review of WAST's incident reporting of red release requests noting that 18 events were reported through the DATIX system between 12 October 2021 and 29 April 2022. The majority of cases were during times of extreme winter pressures, resulting in longer waiting times. Information gathered from operational staff in daily contact with WAST indicate incidents of refusals are recorded within the few minutes required, to create space in the department to offload the patient. WAST has agreed to review the process to ensure that the time a red release is requested, is the actual time the release occurs and the specific task is captured. Members noted that the quarterly analysis of the red release data can be provided to the Sub-Committee and the Chair of QQSESC undertook to have a further discussion with Ms Steele on mapping out what further detail will be helpful for the Sub-Committee.

**RESUSCITATION AND RRAILS GROUP UPDATE:** The Sub-Committee received the Resuscitation and RRAILS Group update report and noted the key highlights contained within, such as Bronlais Hospital continuing to report an increase in the number of Pre-Hospital Cardiac arrests arriving in their Emergency Department (ED). A snapshot audit of sepsis reporting has been undertaken at WGH and due to some concern regarding the data not reflecting the number of positive cases, discussions are underway with the Senior ED Nurse and a member of the Quality Improvement (QI) Team to identify specific actions to improve monitoring and escalation.

The Group noted trends in complaints regarding Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders and further discussions are underway to ensure the required standards are being adhered to. Concerns were raised regarding GPs not being made aware of the DNACPR on the clinical patient transfer notes from hospital to their home with Members assured that The clinical audit team are supporting junior doctors to repeat the DNACPR audit. If the audit shows that there is a lack of GPs being informed it has been suggested that some quality improvement work would need to be supported by the Quality Improvement team.

**NUTRITION AND HYDRATION GROUP UPDATE:** The Sub-Committee received an update from the Nutrition and Hydration Group. Key highlights included the Health Board wide change of Ph. strips used for testing gastric aspirate in line with an all Wales agreement. Members noted that there have been significant issues with supply of some enteral feeding ancillaries and enteral feeds. Dietetics continue to work closely with Nutricia, who hold the Health Board's home enteral tube feeding contract, and Shared Services Procurement who oversee the contract across NHS Wales, to resolve these issues. The potential adverse impact on patients has been minimised although there have been some complaints to Nutricia from service users.

Members noted the ongoing discussions to ensure patients are kept hydrated during hospital stays with short-term solutions being considered during staffing capacity challenges. Some concerns were raised regarding the implementation of the Syntibiotix system with allergies and special dietary requirements that will be monitored through the Professional Nurse Midwifery Forum.

**ANY OTHER BUSINESS:** Members noted the Safer Care Partnership work underway, which focuses on patient safety culture. A visit from Improvement Cymru has been scheduled for the 30<sup>th</sup> and 31<sup>st</sup> August 2022 and colleagues were invited to contact Ms Mandy Davies to discuss further.

**Risgiau:**

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

**RADIOLOGY SERVICES EXCEPTION REPORT:** Members noted the fragility of the workforce in the Ultrasound service in WGH with significant recruitment challenges.

**UNSCHEDULED CARE GLANWILI GENERAL HOSPITAL (GGH) AND PRINCE PHILIP HOSPITAL (PPH) EXCEPTION REPORT:** Members noted the significant nursing workforce deficits and capacity pressures, the complexities of patient presentation and the ongoing challenges with isolation of positive testing COVID-19 patients within Unscheduled Care Services. There are several initiatives on all sites to support the deficits, including the recruitment of overseas nurses with a cohort due to commence following induction and training in the coming months and a centralised recruitment pilot on the PPH site which, if successful, will be considered across other sites within the Health Board. Members noted mitigating actions such as GP calls/referrals being managed through the Same Day Emergency Care (SDEC), the Welsh Ambulance Service Trust (WAST) Direct Referral to SDEC and the further development of the SDEC model and recruitment in to the frailty pathway.

Members discussed the impact and harm on patients who have had to wait for long periods of time for ambulances that is being captured and reported, and received assurance that this information could be requested from WAST as part of the incident reporting process. Updating Members in respect of monthly meetings underway with WAST, Ms Cathie Steele and Mrs Sian Passey undertook to feedback from the deep dive into Unscheduled Care Services scheduled for the QSEC meeting in August 2022.

**TEMPORARY SUPPLY ISSUES TO IODINE BASED CONTRAST MEDIA:** Members received an update on the temporary supply issues of iodine based contrast media due to global supply challenges. The CT departments' experience has been that delivery is slower than usual, however all orders have been fulfilled and there has been no disruption to service provision as a result. Contingency plans have been put in place should there be a disruption to supply and it is anticipated that the global supply will be restored in September 2022.

**EAR WAX MANAGEMENT COMMUNITY PATHWAY:** The Sub Committee noted the number of significant workforce and funding challenges within the Audiology service and acknowledged that further actions are required, which sit outside the ability of the service, to progress independently, however opportunities are being continuously explored.

**Argymhelliad:**

**Recommendation:**

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