

Operational Quality, Safety & Experience Sub-Committee

Enw'r Cyfarwyddiaeth: Name of Directorate:	Operational Quality, Safety and Experience Sub-Committee (OQSESC)
Swyddog Adrodd: Reporting Officer:	Mr William Oliver (OQSESC Chair)
Cyfnod Adrodd: Reporting Period:	November 2023

Materion Ansawdd, Diogelwch A Phrofiad: Quality, Safety & Experience Matters:

Patient Story: The Sub Committee received feedback from a patient who received treatment for breast cancer within the Health Board, and it was recognised that the discharge and post-surgery care was substandard. The Sub Committee's response to the feedback included concerns regarding levels of empathy, listening and appropriate communication during a vulnerable time for the patient. Members noted that the story has been shared with the service for learning and improvement opportunities and reflected on whether the volume of systematic process required by staff who are stretched in capacity is having an impact on the quality and care provided to patients. The Sub Committee agreed that it would be beneficial to share the patient story at Directorate Quality and Safety Groups which will be carried out as soon as practicable.

Mental Capacity Act and Consent Group Update: The Sub Committee received the Mental Capacity Act (MCA) and Consent Group update noting the following key highlights:

- Welsh Risk Pool have launched a consent E-Learning programme for use across Wales which is available via ESR across professions. A submission has been made to Learning and Development for consideration to make this a mandatory training requirement.
- The Older People's Commissioner for Wales and Office of the Public Guardian have collaborated to produce an 'Easy Guide to Lasting Power of Attorney'. The MCA and Consent Group have identified various means in order to promote the information widely.
- The themes arising from seven incidents of mental capacity, consent and deprivation of liberty safeguards in 2023 have been identified. One theme identified was the failure to undertake the appropriate and essential checks. The relevant Service Delivery Manager has been asked to provide assurance that the 'essential checks' issue is being looked in to and the outcome will be reported to the MCA & Consent Group.

Clinical Effectiveness Reporting Arrangements: An internal audit of NICE Guidelines recommended a review of governance reporting arrangements, including the role of the Operational Quality, Safety and Experience Sub-Committee (OQSESC). Despite being identified as a purpose within the Terms of Reference, OQSESC does not currently routinely receive an update on NICE guidance dissemination and compliance status. It was proposed and agreed that a report will be generated from the Audit and Management and Tracking System (AMaT) which includes new and updated NICE guidelines, the Service Leads that the guidelines have been assigned to and status of compliance. A member of the Clinical Effectiveness team will present an update report at OQSESC three times per year and a tailored version will be presented to the Directorate Quality and Safety Group meetings

Women and Children's Services: The Sub Committee received the key highlights from the Women's and Children's Services update report including:

- A congratulations to Samantha Robinson on being the winner of the Chair's Award for her work with endometriosis patients and also the Maternity and Neonatal Risk and Governance team for a Health Service Journal Patient Safety Award for a Changing Workplace Culture around Adverse Events in Maternity and Neonatal Care.
- Two Welsh Health Circulars (WHC) are currently open for the Directorate, relating to the provision of continence products for children and young people due to funding constraints and the development of guidelines for the investigation of moderate or severe early developmental impairment or intellectual disability. The Sub Committee were assured that the WHC's are being progressed, however face challenges outside of the Directorate's control.
- 349 maternity adverse incidents were reported via Datix up to September 2023. Monthly Datix review meetings, incident management groups and weekly MDTs to review the incidents are taking place. The Sub Committee discussed undertaking a piece of work to look at the maternity trigger list to remap the coding which may streamline incidents.
- Work is underway with Workforce and Organisational Development colleagues to try and address long term sickness in the team and high number of vacancies, particularly in Bronglais Hospital (BGH).

Oncology Services: The Sub Committee received a number of key updates from the Oncology Services Directorate Report.

Members noted that following the Colorectal Cancer (Third Cycle) Peer Review there are currently two recommendations overdue including the lack of pathologist in the multi-disciplinary team. A revised completion date has been provided for January 2025 as this action is unable to be achieved until the implementation of a revised regional pathology model which is in development. The second overdue recommendation is addressing that there is a single-handed consultant oncologist in BGH. Work is underway with Swansea Bay University Health Board (SBUHB) to update the Oncology Strategy which will include the BGH Oncology service and work on the strategy is underway. SBUHB have now also appointed a doctor to cover the lower gastrointestinal (LGI) Oncology service within the Health Board.

An update on the Haematology Triage service was shared and Members noted that 3500 calls were received between May 22 and April 23 with a steady upward trend as year goes on with the data suggesting that the outcome of most calls are enabling patients to stay at home. Members were pleased to note ongoing improvements in the service over the last 12 months, for example, all patients are now given the same brand thermometer when they start treatment which is funded through charitable funding.

The Sub Committee were also pleased to note that a patient experience questionnaire is now available to all patients in the pathway which will be captured via the CIVICA system.

Unscheduled Care Withybush Hospital: The Sub Committee received an update from Unscheduled Care Services at Withybush Hospital and noted the ongoing challenges due to the Reinforced Aerated Autoclave Concrete (RAAC) Major Incident on site which has caused disruption to services. Members were updated that Ward 9 has now completed its planned RAAC works and returned to its operational capacity of 14 beds, supporting the release of the Day Surgery Unit (DSU) unit back to scheduled care in October 2023. The return of ward 12 (24 beds) to the operational teams is estimated to take place 9 November and this will allow for Pembrokeshire Haematology and Oncology Day Unit (PHODU) to return to its original footprint. The Sub Committee noted that some staff have settled well to the changes such as those who have relocated to South Pembrokeshire Hospital, however it was

highlighted that the relentless pressures has impacted on morale, particularly in Emergency Services who are experiencing significant overcrowding on a daily basis.

Unscheduled Care Bronglais Hospital: The Sub Committee received an update from Bronglais Hospital Unscheduled Care Services and noted that Health Education Inspectorate Wales revisited Bronglais Hospital in October 2023 and reported a significant improvement in the reception for foundation grade doctors. 100% of the training grade doctors interviewed said that they would recommend BGH for training to their peers. A special thanks was passed on to Ms Claire Davies, Hospital Manager for co-ordinating the training. Members noted that the internal audit of BGH governance arrangements identified a number of areas where improvements were required in order to provide assurance that the quality and safety governance was being appropriately managed, and the group has been refreshed and recommendations are being taken forward.

Attention was drawn to the ongoing challenges with clinical space on site and ongoing recruitment challenges. Agency nursing staff fill rate continues to experience shortages and the junior medical rota remains unstable due to high sickness levels.

Highlighting that Bronglais Unscheduled Care Directorate account for 1021 out of 9628 open incidents in Datix across the Health Board, the Sub Committee received an update that work is underway to investigate this and work with managers allocated to investigate open incidents. A review of the new pressure damage incidents indicates that a significant proportion (around two thirds of all new reported incidents) relate to cases that presented at the hospital rather than being hospital acquired, Members were updated that a proposal is being presented at an upcoming Senior Manager Nurse Team to review the reporting arrangements of pressure damage on patients on admission who are not known to Health Board Services and clarified that this information should be captured on the Clinical Nurse Record

Unscheduled Care Glangwili and Prince Philip Hospital: The Sub Committee received an update from Unscheduled Care Services across Glangwili and Prince Philip Hospital, and were pleased to note an improved position in nurse vacancies across the two sites and positive developments in recruitment to substantive posts. Members noted a recent piece of work undertaken as part of the Directorate Improving Together Sessions to improve ambulance handover delays and length of stay for ready to discharge patients, with a positive impact on changes to processes already noted to support patients through pathways as quickly as possible. Concerns were raised regarding cleanliness at Glangwili Hospital and the allocated cleaning hours. An urgent piece of work is taking place with Infection, Prevention and Control colleagues to resolve the issue, with a pilot underway with revised ways of working, the impact of which is being monitored. A special thanks was passed on to the Executive Team for their ongoing support.

Welsh Risk Pool: The Sub Committee received a presentation from Head of Safety and Learning at Welsh Risk Pool. This included claims performance data, broken down by service, of Hywel Dda University Health Board in comparison with other Health Board's across Wales.

Approximately 25% of Claims have allegations relating to Consent included in the Letter of Claim which has an approximate cost of £10m to £15m per year. Consent e-Learning has been developed by Wales and EIDO Patient Information Leaflets are available.

The Sub Committee noted the processes in terms of clinical reviews and learning, driven by themes and trends raised by Welsh Risk Pool, with the introduction of a learning from events report in 2018 and the scrutiny opportunities through the learning from events panels, which some Members expressed an interest in taking part in.

Additional Learning Needs: The Sub Committee received an update on the Additional Learning Needs and Educational Tribunal (Wales) Act 2018 (ALN Act) which aims to deliver better outcomes and experience for children and young people aged between 0- 25. The Act impacts on a number of different services across the Health Board, particularly Therapies, and Mental Health and Learning Disabilities and sits under Women and Children's Services from the Quality and Safety and Performance perspectives.

At present it cannot be confirmed how many children and young people will be classified as having ALN by the time the Act is fully implemented in September 2024 and it is important that adequate structures are put in place to support this cohort of learners and to comply with the requirements of the Act. Members noted that while it is primarily Education legislation, the Act places new statutory duties on Health Boards in order to ensure that collaboration takes place and that services work together to make a difference for children and young people. These include:

1. Response within 6 weeks where asked to provide information or help that Local Authorities require to support them in meeting the needs of children with ALN;
2. Response within 6 weeks where a matter is referred to the Health Board asking if it has a relevant treatment or service likely to be of benefit in addressing a child's ALN;
3. Delivering this treatment or service where one is identified;
4. Participating in person-centred meetings, co-ordinated by Education professionals, at which decisions are made about children and young people with ALN. Participation can involve submission of written information, but in many cases direct attendance at meetings is required; and
5. Appointment of the Designated Education Clinical Lead Officer to co-ordinate the Health Board's activity that is required to fulfil its duties under the Act.

Work to implement new operational processes across the three counties through which NHS staff feed into Education's person-centred planning processes and through which key statutory duties for the Health Board are enacted is underway in collaboration with education partners.

Pathology Services Update Report: The Sub-Committee received an update from Pathology Services, and noted a number of key highlights. Members noted that an annual compliance report is submitted to the Medicine's and Healthcare Products Regulatory Agency from the four blood transfusion departments, and despite current compliance with the with the Blood Safety and Quality Regulations (2005/50) there is a risk of slippage to the audit schedule due to staffing constraints.

Providing an update on Human Tissue Authority (HTA) compliance, it was noted that there has been some slippage in the audit schedule within mortuary services due to staffing levels and a focus on bereavement services, which is highlighted in risk no. 1672. Future mortuary service delivery is being reviewed alongside the A Regional Collaboration for Health (ARCH) pathology programme. This is to ensure future service resilience, staff development benefits and improving both the quality and effectiveness of the service for the future.

Risk 1309 was highlighted as a concern to the Sub Committee. This is the risk of insufficient capacity to meet demands for diagnostic reporting due to Consultant Cellular Pathologist vacancies with two substantive consultants at retirement age. A recent appointment in Clinical Haematology has had positive impact in the team however the fragility of the service remains a concern.

RADAR Group Update: The Sub Committee received the RADAR Group update and Terms of Reference for Approval. The Group discussed the implementation of a pilot on Picton Ward for the

use of Maternity Early Warning Score (MEWS) for pregnant people across all pathways and not exclusively within Maternity Services. Members noted that the MEWS chart provides clear guidance about what can cause deterioration for pregnant people.

The Sub Committee received an update on the outcome of the Do Not Attempt Cardio Pulmonary Resuscitation audit undertaken in November 2022 on forms completed and where junior doctors were involved. Concerns were noted with regards to some of the questions being confusing and/ or not looking in the right place for the information which was noted by Clinical Audit colleagues. Recommendations from the audit included a review of the current audit tool, consideration of an All Wales document and uploading the audit results on to the Audit and Management Tracking System (AMaT). A Task and Finish Group is being established, chaired by the Assistant Director of Nursing and Quality Improvement which will need to report formally into RADAR in the future. The Group will review processes and initiate improvements in treatment escalation plans, communication and training.

In response to a request for further assurance around training, the Sub Committee received an update that DNACPR training is incorporated into Advanced Life Support training. Concerns were noted however that the capacity of staff to provide the amount of training sessions required, equipment and venue availability. It was further noted that these will be included within the Risk Register.

Medical Devices Group Update: The Sub Committee received the Medical Devices Group (MDG) update from its meeting in October 2023. MDG received the medical devices training team report and noted increased training for a number of additional devices such as dynamic mattresses, electrocardiogram recorders, PAT slides, pain management devices and vital signs monitors.

Concern was fed back by the Chair regarding suspected enteral feeding tube faults, whereby in August 2023, the Health Board received reports of three feeding tube incidents where the tube snapped and led to additional investigations for the patients involved. Members noted that the Health Board's management was not in line with the Medical Devices Policy regarding quarantining of failed devices and health board investigation and follow up actions to ensure due process was agreed. It was further noted, however, that protocols have been developed by the nutrition and dietetic team to address any future tube breakages and these address the quarantine issues

Members received an update on the Patient Controlled Analgesia (PCA) pump replacement programme and procurement challenges that are being met due to the replacement of the pumps not meeting the capital threshold requirements. with options being explored.

Members noted that the Patient Safety Alert for the 'Removal of Philips Health Systems V60 and V60 Plus ventilators from service – potential unexpected shutdown leading to complete loss of ventilation' had been approved via Chair's Action.

Health Board wide overview of top reported risks: The Sub Committee received a Health Board wide overview of top reported risks. The Chair agreed to work with the Risk Assurance Team to refine the risk report by providing cross Health Board categorisation of the 89 risks assigned to the committee in future reports.

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Risks (include Reference to Risk Register reference):

- Concern was raised regarding extreme pressures and systematic processes undertaken by staff having an impact on patient experience in terms of standards of care.

- Continuing concerns raised regarding cleanliness at Glangwili Hospital, noting strong indications that the pilot roster system in place to address the challenges is having a positive impact.
- Concerns raised regarding DNACPR training capacity and appropriate training environment which is being escalated via the Risk Register.
- Concern raised regarding limited progress in meeting the statutory duties of the ALN due to gaps in the operational process and data infrastructure needed to meet the requirements of the Act; and complexities associated with the involvement of multiple Directorates within the Health Board and three different Local Authorities. Work to implement new operational processes across the three counties through which NHS staff feed into Education's person-centred planning processes and through which key statutory duties for the Health Board are enacted is now close to completion.

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Recommendation:

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