

Operational Quality, Safety & Experience Sub-Committee

Enw'r Cyfarwyddiaeth: Name of Directorate:	Operational Quality, Safety and Experience Sub-Committee (QQSESC)
Swyddog Adrodd: Reporting Officer:	Mr William Oliver (QQSESC Chair)
Cyfnod Adrodd: Reporting Period:	January 2024

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

Update on the Out Of Hours Peer Review: Members received an update on the GP out of hours peer review undertaken by the 111 team supported by a peer group from Cwm Taf Morgannwg University Health Board (CTMUHB) in September 2022 and a number of improvements undertaken in the service as a result of the recommendations and action plan including increase in pharmacy support, enhanced clinical leadership and overall increase in shift fill for the rotas. Members noted the Organisational Change Process, which is currently under consultation, will firm up the management structure and roles and be the foundation for the service developments. While issues remain, the overall outcome is an improving position.

Discretionary Capital Planning Presentation: Members welcomed the Head of Capital Planning to the meeting who provided an overview of the role of the Capital Planning team and a summary of the management of funding allocation in light of the fact that many of the operationally reported risks are due to capital funding challenges. Members recognised the scale of the challenge in terms of limited funding and the backlog of work required. Following an update provided on a matrix prioritisation tool which has been developed to allocate investment on a risk and safety basis, it was agreed that this would be shared for information, and Members were asked to ensure that they inform the team of upcoming equipment replacement or maintenance for planning purposes.

Patient Safety Solutions Presentation: Members received an organisational update on Patient Safety Solutions (Alerts and Notices) and noted that the Health Board have a good compliance rate; with 79 out of 80 PSA's compliant which is on par with other organisations across Wales. The Sub Committee agreed to review the safety alerts and provide feedback at the next meeting on which patient safety alerts and notices would be most appropriate to undertake an audit on.

Community Services: Significant staffing challenges were reported across the Counties. It was noted these remain relentless and the Sub Committee noted the impact this inevitably has on morale and a request was made for future reporting to outline actions in place to support staff.

Datix incidents and the timeliness of investigations continues to remain a key focus across each of the three counties.

Estates and Hotel Services: The Sub Committee received its first update report from Estates and Facilities Directorate and the following key highlights were noted:

- Notable improvements have been made from a pilot cleaning project undertaken in response to concerns raised regarding cleanliness at Glangwili Hospital and it was noted that these improvements will be undertaken across the other acute sites.

- The implementation of Cook Freeze at Bronglais Hospital is progressing and is likely to be up and running in February 2024. Members noted that it was agreed at a Directorate Improving Together Session that work would take place to introduce the product at the remaining estates by the end of 2024. The Sub Committee further noted that this work was driven by staffing issues as opposed to financial or quality concerns and, given the nutrition and hydration group report noted that significant concerns remain regarding the quality of nutrition provided through this mechanism.
- It was noted that there has not been a formal ward refurbishment programme in the Health Board for twelve years. The Sub Committee discussed their concern that ward infrastructure is poor and that currently any improvements are ad hoc in response to immediate safety concerns e.g. infection prevention and control. Colleagues agreed that this element of Discretionary Capital Planning (DCP) prioritisation needs to feature more prominently in the DCP prioritisation process.

Radiology Services: The Sub Committee noted that overall the waiting lists and reporting times for imaging scans is deteriorating. This is compounded by a number of factors including:

- Radiologist recruitment noting that five consultant posts are currently out to advert.
- Sickness absence across the Directorate remains high, a potentially avoidable factor compounding delays in diagnosis and treatment.
- There are a high number of vacancies in Sonography services which impacts on the quality of services for patients. The immediate impact is pressure in the twelve week and twenty week maternity scans but prioritising these is further increasing scan waits for other important conditions (e.g. cancer). Opportunities are being explored to increase sonography training in midwifery services. Opportunities are also being explored in relation to the use of other staff to bolster both maternity and other ultrasound services. These however remain more medium term solutions. Overall, ultrasound remains a fragile service and QSESC noted there is a control group addressing this fragility.
- Members noted that a Health Inspectorate Wales (HIW) inspection of Radiology which will take place on 30 and 31 January 2024 at Withybush Hospital.

Public Health Directorate: The Sub Committee received the key updates from the Public Health Directorate including legislative framework changes have been made to support the use an unregistered and wider registrant workforce for the ongoing delivery of Influenza and Covid-19 vaccines and this has now extended until 2026. An update will follow in due course and a governance framework has been established to underpin the increased legislation.

Mental Health and Learning Disabilities: Members received an update from the Mental Health and Learning Disabilities Quality and Safety Group meeting, with the following key updates highlighted:

- Following a recent review of the 136 Suite facilities, a number of environmental improvements were identified and an action plan developed which will be monitored via the QSEG governance structure.
- An unannounced HIW inspection of St Caradog and St Non wards took place on the 16, 17 and 18 October. The feedback from the inspection was positive overall with no immediate assurance issues. Some of the areas for improvement identified and fed back at the time of inspection have been addressed.
- The Sub Committee received an update that HIW have identified that Hywel Dda Child and Adolescent Mental Health Services will be part of the national review of services and appropriate staff will need to be identified to support this review.

Unscheduled Care Services Withybush Hospital: Members received an update that following the Reinforced Aerated Concrete works Ward 12 reopened on the 9 November (24 beds) allowing for Pembrokeshire Haematology and Oncology Day Unit (PHODU) to return to its original footprint and treatments have resumed. Wards 8 and 10 are closed until March due to ongoing works.

The Sub Committee noted that overall registered agency usage is reducing but highlighted challenges in identifying appropriate skill mix staff to support the deficits.

Members were pleased to note the improvements in infection prevention control, and the establishment of a C-diff scrutiny panel in February 2023 which now reviews all potential healthcare acquired infections (HCAI). There have been significantly fewer inpatient HCAI C-Diff incidents this year.

Unscheduled Care Bronglais Hospital: Following an internal audit review of Bronglais Hospital's governance arrangements, the hospital management team are working to progress the recommendations including the adoptions of the terms of reference for the quality and safety group.

Receiving an update on the Risk register, the Sub Committee noted that as the situation has improved, Risk 1587: Risk of ineffective clinical site management cover due to significant team fragility is likely to be closed in time for the next meeting.

Unscheduled Care Services Glangwili and Prince Philip Hospital: Members recognised that the demand on unscheduled care continues to put significant pressure on services, which is naturally having a negative impact on patient experience and staff wellbeing. The continued use of surge beds in room 7 and 8 has been added to the risk register.

A Task & Finish Group is established and developing an Options Appraisal/SBAR present at Core Delivery Group (CDG)/ Operational Planning, Performance and Governance Group (OPGP) to decide on the future operating model of the Minor Injury Unit.

Members received an update that ambulance patient handover timeframes have improved, and the revised standard operating procedure (SOP) for Red and Amber 1 release has had a positive impact on consistent decision-making and action within the emergency department resulting in improvement in performance.

Members noted that the triumvirate are scoping impact and options to maintain SDEC service on both sites in light of the funding from Welsh Government ceasing in March 2024. Performance Data for the service has been extremely positive in terms of supporting improved front door flow.

Nutrition and Hydration Group: The Sub Committee received an update from the Nutrition and Hydration Group noting the following highlights:

- Work continues to implement improvements to provide reliable access for food and water for patients in the A&E department. There is now a hot vending machines in place. Space constraints have been highlighted in Bronglais Hospital.
- Water access continues to cause challenges, with ongoing discussions with the Water Group underway to implement untouch water dispensers across the sites.
- Risk 1484: there is a risk that patients with specific dietary needs, e.g., allergy or intolerance, could receive an incorrect meal, leading to harm, because of clinical sign off errors and a high number of bulk meal orders especially at Glangwili hospital, via the Synbiotix menu system.
- A meeting has been scheduled to discuss the implementation of Cook Freeze in Bronglais Hospital.

The Sub Committee considered whether it could be assured that patients were receiving adequate nutrition and hydration. It was noted that while the Nutrition and Hydration Group report contains valuable intelligence around specific initiatives and issues, it is very difficult to establish an accurate picture of patients experience in this area.

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Risks (include Reference to Risk Register reference):

- **Unscheduled Care Services:** Concern was raised regarding the cessation of funding for Same Day Emergency Care (SDEC) in March 2024. The triumvirate are scoping opportunities to continue the service.
- **Radiology Services:** Ultrasound remains a fragile service and the Sub Committee noted there is a control group addressing this fragility.
- **Nutrition and Hydration Update Report:** A 'Deep Dive' in to adequate nutrition and hydration for patients has been agreed for the meeting scheduled 5 March 2024 to consider the overall patient experience.

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Recommendation:

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