

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:	March 2024

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

Mental Capacity Act and Consent Group: The Sub Committee received the MCA and Consent Group update and approved the revised Terms of Reference. The key highlights from the meeting include:

- A training programme is being developed by Legal Services and the Deprivation of Liberty Safeguards (DoLS) team to support staff in making decisions in relation to when court orders should be sought.
- Welsh Risk Pool (WRP) has launched a Consent e-learning programme for use across Wales and will be mandatory for certain groups of staff.

Withybush Hospital Exception Report: The Sub Committee noted that the major internal incident called by the Health Board on the 15 August 2023 to support the challenges that the Reinforced Aerated Autoclave Concrete (RAAC) survey work would have on the delivery of services within the Health Board were formally concluded on 18 January 2024.

Members were made aware that incident reporting demonstrates that medication errors within the Emergency Department (ED) have increased in the last few months (low level harm). The skill mix and junior workforce within the department continue to prove challenging to the provision of suitable skill sets on every shift. Whilst the ED Senior Nursing team continue to support training and acquisitions of skills, the skill set provided by the temporary workforce has been inconsistent. Following discussions regarding the associated risks with the Senior Workforce Manager for Bank and E-rostering and the Head of Resourcing and Utilisation, further safeguards have now been put into the booking system for agency staffing to try to support attaining appropriate skills levels. Members were assured regarding the rigorous scrutiny of incident reviews.

Recognition Of Acute Deterioration and Resuscitation (RADAR) Group Update: Members received the key updates from the most recent RADAR meeting. Discussion took place regarding work underway to roll out 'Save a life Basic Life Support (BSL) training' for Health Board Staff who may not normally be expected to undertake BSL training, such as administrative staff, porters and Estates staff. While Members were supportive, it was recognised that this should be brought to the attention of the People, Organisational Development and Culture Committee at a future meeting.

The impact of ambulance queues at Emergency Departments was highlighted as an ongoing significant risk across all sites. The mitigating actions were recognised and noted however the ongoing impact of the relentless pressures are having on quality, safety and patient experience was also noted by the Sub Committee.

Radiation Protection Group: The Sub Committee received the key highlights from the most recent Radiation Protection Group including:

- Following the Ionising Radiation (Medical Exposure) Regulations 2017 inspection at Wthybush Hospital (WGH) nuclear medicine inspection in 2021, all actions have been completed.
- The Sub Committee received an overview of the accidental and unexpected exposure incidents across the Health Board and the service response in terms of learning. The sub-committee also noted the low number of accidental and unexpected exposures for the reporting period.
- The Medical Physics Advisor (role delivered via a Service Level Agreement with Swansea Bay University Health Board (SBUHB) noted difficulties in accessing Hywel Dda data via Datix system. He has requested Welsh Risk Pool to change the pathway and has amended the Employers Procedures for staff to follow.

The sub-committee received assurance that adequate process were in place to manage accidental and unexpected Radiation exposures to staff and patients

Patient Story: Members received a patient story that was also shared with the Quality, Safety and Experience Committee in October 2023 from a son relaying his experience of his mother's admission and discharge from hospital following a fall which she experienced during the night-time, with concerns raised regarding the standards of care provided for his mother and communication from staff prior to discharge. It was agreed that the story would be shared with the Sub Committee for learning opportunities. Capacity challenges and demand pressures were reflected upon whilst Members also recognised the unacceptable standards of care and the unacceptable impact on patients and family.

Clinical Effectiveness Report: The Sub Committee received an update on the Health Board wide compliance with Health Technology Wales and NICE guidance recommendations. Members noted that there are 50 overdue guidance statement entries on the Audit Management and Tracking System (AMAT) and leads were urged to contact the Clinical Effectiveness team with any updates. It was noted that the introduction of the AMaT system is still in its early days and that outstanding guidance compliance would be scrutinised and discussed at future meetings once the system was fully embedded..

Nutrition and Hydration Deep Dive: Members received a deep dive presentation relating to nutrition and hydration provision across Health Board sites, noting a number of quality improvement initiatives underway such as the implementation of vending machines in unscheduled care waiting areas with healthy meal options, hot drinks machines and work underway for accessible drinking water fountains in waiting areas. Assurance was provided that patients waiting long periods, including those in ambulances should be offered meals and hydration.

The Sub Committee noted that screening tools and training for staff to identify malnutrition have been implemented and subsequently there has been an increase in referrals to the Dietetic team. The team will revisit Health Board sites where the screening tools have been implemented to ascertain the ongoing impact of training sessions.

Members noted that New Health Board wide acute site menus have been launched which provide additional choices and improved breakfast options. Digital menus are being rolled out imminently. The paediatric menus are also in development which was an action following a Health Inspectorate Wales (HIW) review.

The intent for the Health Board wide move to Cook-Freeze by end 2024 was noted. The limited supply source was raised as a concern and assurance provided that innovative opportunities are being

explored by the Nutrition and Hydration Group. The sub-committee was assured that the various nutrition and hydration initiatives are joined up and complimentary.

Scheduled Care Exception Report: The Sub Committee received the key highlights from the Scheduled Care Quality and Safety Group meeting. The orthopaedic department is working closely with the NHS executive to execute a 'perfect month' within orthopaedic surgery during March 2024. The process involves assessing and analysing current service delivery, with a view to increase productivity and efficiently for patients waiting for and undergoing orthopaedic surgery. In addition, a piece of work aiming to improve the waiting lists and pre-assessment processes is underway. The waiting lists have been centralised. This has shown improved efficiencies in managing and understanding the lists and these are being reported directly to QSEC.

Women's and Children's Services: The Sub Committee received the key updates from the Women and Children's Services Quality and Safety Group meeting. Members noted that following concerns raised about the maternity services at Swansea Bay University Health Board, the Hywel Dda Perinatal Team have undertaken a benchmark review against standards at Hywel Dda to maximise potential for learning and to highlight areas where good governance exists to support safe and effective care. This review identified 42 recommendations. 38 are completed, 3 were live with an annual ongoing process and 1 was red in relation to ultrasound capacity.

Attention was drawn to the number of Maternity Adverse Occurrence incidents of which there are 322. It was noted that these incidents are triggered by a trigger list which show a healthy reporting culture. There is ongoing work within the directorate to actively manage these incidents, such as monthly review meetings, incident management group (IMG) meetings with the Assurance and Safety team as well as weekly multi disciplinary meetings to review the incident and level of harm.

Therapies Directorate Update Report: Members received the Therapies Services Exception report. It was noted that issues with Therapies waits are being directly escalated to QSEC. QSEC noted a number of key highlights from the Directorate Quality and Safety Group meeting. One of the key risks highlighted within the report was the potential of cessation of the Prostate Active Care Team (PACT) service due to short term funding. Members noted that the current funding stream will cease from August 2024 and no pick-up funding has been identified. Exit strategy planning will begin from 1st July 2024 if no long-term funding stream is identified. This will result in no dedicated self-management support or rehabilitation provision for people with prostate cancer from September 2024. Members raised potential gender inequality issues with the service being male specific.

Along with other highlights from the service, Members noted that deconditioning audits are underway and the detail of what this audit entails and requirements will be discussed in more details at the next Quality and Safety Group and fed back to QSESC.

Unscheduled Care Bronglais Hospital: The Sub Committee received an update from Unscheduled Care at Bronglais Hospital. Members noted that although the Infection control incidents rates are currently low on site, they are increasing. A review of cases is currently underway to establish source and ensure measures are put in place to reduce transmission and hot spots wards will be targeted.

In terms of complaints, Members were advised that the hospital receives on an average 6 complaints a month and currently has 18 open complaints (down from 27 the month previous). The site team continue to work to deliver rapid turn around and are looking for an onsite location to support Patient Advice and Liaison Service (PALS) and complaints officer functions within the hospital

Members were pleased to note an improvement and the actions taken following an internal audit of quality and safety which has resulted in a significant reduction in the number of incidents in the waiting area as at 30 January 2024 (reduced from over 550 to 28 many of which are relating to community acquired pressure damage for non-Hywel Dda residents).

Primary Care Services: The Sub Committee received the Primary Care Services Directorate report including an update on the General Medical Services (GMS) visiting programme, reported incidents and concerns. There were 364 new Primary Care concerns/Enquiries/Early Resolutions opened between September and February 2024 and lessons learned are shared via the Primary Care 'Sway' newsletter. A number of themes emerged such as

- Attitude of GP/Reception staff in the GP surgery
- Medication issues
- Delay/Dissatisfaction with care
- Communication

Unscheduled Care Glangwili and Prince Philip Hospital: In addition to the ongoing concerns relating to pressures, inappropriate use of surge beds and ambulance handover delays which are having a significant impact on quality, safety and patient experience, the Sub Committee received a number of updates from the Unscheduled Care Directorate in Prince Philip and Glangwili Hospital. Members noted that in response to concerns raised regarding cleanliness standards at Glangwili Hospital, a six week cleaning trial has concluded and proved successful with sustained improvement in cleaning standards as well as patient nutrition and hydration provision. It proved positive in terms of staff experience and morale. An Evaluation Report and business case is being presented on the outcome of the trial and request for investment to substantively resource the workforce to adopt this way of working. Since cessation of the trial, the standards of cleanliness and challenges have returned which is a concern in terms of quality and safety.

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Risks (include Reference to Risk Register reference):

- **Women's and Children's Services:** Concerns raised regarding system wide sonography challenges. While this is directly impacting perinatal screening it is also impacting Ultrasound capacity in other service areas (e.g. Cancer)
- **RADAR Group Update:** Ongoing impact of ambulances handover delays. Particular reference was noted to the impact on Primary Care patients waiting for ambulances.
- **Therapies Services:** Cessation of PACT funding- concerns raised regarding potential inequities for male specific cancer services.
- **WGH Unscheduled Care Directorate Update Report:** Increase in medication errors in WGH Emergency Department
- **GGH and PPH Unscheduled Care Directorate:** Since the cleaning trial period has ended at GGH, the standards of cleanliness and challenges have deteriorated on site.

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Recommendation:

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