

Enw'r Pwyllgor: Name of Sub-Committee:	Exception Report from Listening and Learning Sub-Committee
Cadeirydd y Pwyllgor: Chair of Sub-Committee:	Paul Newman, Chair
Cyfnod Adrodd: Reporting Period:	August 2021

**Materion Ansawdd, Diogelwch a Phrofiad:
Quality, Safety & Experience Matters:**

The Sub-Committee reviewed a number of presentations and individual cases from across the concerns agenda and Public Services Ombudsman investigations. The main issues arising from these cases and associated actions are reported on an exception basis as follows:

Hospital Acquired Thrombosis (HAT)

A presentation was received on the service improvement progress made. Quality Improvement leads had been appointed for each site, and a clinical lead post for HAT was also being progressed. The Sub-Committee was pleased to see the significant reduction in the number of incidents, following the improvement work undertaken.

Terms of Reference

Following review of the Sub-Committee's performance and operation during its inaugural year, it was agreed to make some changes to the Terms of Reference, which will be reviewed at the Sub-Committee's next meeting in September 2021. Maria Battle, HDdUHB Chair has now stepped down as Chair and Paul Newman, Independent Member would take the position of Chair of the Sub-Committee.

The meeting will move to a bi-monthly timetable from September 2021. There will be a deep-dive approach to each meeting, based on the themes and emerging trends arising from the cases presented to the Sub-Committee.

The membership would also be broadened to strengthen the links to the Directorate Governance arrangements and to extend membership to all clinical leads.

Patient Satisfaction Survey – Sexual Health and Reproductive Services

A presentation was received from Dr Helen Munro, Consultant in Sexual Health and Reproductive services on the results of a patient satisfaction survey undertaken to assess patient experiences during the Pandemic and accessing the service remotely – either by telephone or by video consultation. There had been a good response to the survey, and patients reported very positive experiences in terms of continued access to services, albeit in a virtual environment. The results will allow the service to continue to offer a blended approach of virtual and face-to-face appointments, allowing patients more choice and easier access. The Service will also be participating in some research work with Birmingham University on remote consultations in sexual health and reproductive services. This will be presented to the Sub-Committee following conclusion.

Customer Care Training Programme

The Sub-Committee was very pleased to receive an update from the Workforce and Organisation Development Team on plans to deliver a comprehensive Customer Care Programme to staff from September 2021. The training will form an important part of the Improving Patient Experience work programme and the implementation of the Patient Experience Charter. A series of workshops will be held throughout July 2021 and an update will be provided in September 2021 and the programme discussed in further detail.

Patient Experience Story

The Sub-Committee received a story from a patient suffering with 'Long-COVID' who had benefited significantly from the support of the Community Occupational Therapy Team. This story was very well received and the members were pleased to see how the Community Rehabilitation Programme was developing. This story will also be included in the next Public Board report on improving experience.

Compliments/ *Greatix*

The work on improving the recording of and recognition of compliments was shared by the Head of Patient Experience. The Sub-Committee was pleased to note the positive impact that this was having on staff experience, particularly the 'feel good Friday' stories, which highlighted stories of staff contributions to positive patient experiences, shared on the Global email messages to all staff. The Patient Experience Team was also working with Dr Edgardo Abelardo, who has proposed the implementation of a '*Greatix*' initiative in the Health Board, an 'excellence' reporting system, which recognises the outstanding practices of colleagues.

A further update on this work will be provided to the Sub-Committee in September 2021.

Learning from Nosocomial COVID-19 reviews

The Head of Quality Governance provided an interim update on the early learning identified from undertaking the reviews to date. A report was being prepared on the early lessons for learning on themes including: COVID testing, documentation, visiting guidance and care planning. It was noted that the report would be presented to the Quality, Safety and Experience Committee on completion.

Redress/Claims

Delay in diagnosis of a fracture due to non-timely radiology reporting was noted. This case had been received by the Welsh Risk Pool, which had recommended a further action of undertaking a review of the 'PACs system' for auditing radiology reporting timeframes. This action was being discussed with the Radiology Service and Clinical Audit team.

A claim was received which involved delays in referral for spinal services. Assurance had been received regarding the pathway and regional model in place, which would address the issues in the claim.

Public Services Ombudsman for Wales

Orthopaedic Services – Wrist Injury

A final report received from the Public Services Ombudsman in relation to the management of a patient's wrist injury. The report had not been upheld; however recommendations had been made in relation to a review of the transfer of patients between consultants during their clinical

pathway and the use of MRI imaging as a second line investigation. These recommendations were being addressed; it was noted that the MRI pathway for Scaphoid injuries was now in place across the Health Board.

Risgiau:

Risks (include Reference to Risk Register reference):

The Sub-Committee highlights the continuing concerns regarding inpatient falls; missed fractures; radiology reporting; and record keeping/ management of records.

Gwella Ansawdd:

Quality Improvement:

The identified actions for quality improvement have been identified as:

- Follow up and action of test results
- Reduction in the delayed diagnosis of fractures
- Reduction in inpatient falls
- Improvements in relation to communication and DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) policy

Argymhelliad:

Recommendation:

- Discussion – The Quality, Safety and Experience Committee is asked to discuss whether the assurance and actions taken by the Sub-Committee to mitigate the risks are adequate.

Dyddiad y Cyfarfod Pwyllgor Nesaf:

Date of Next Sub- Committee Meeting:

September 2021 (date to be confirmed)