Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

IS-BWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD GWEITHREDOL
OPERATIONAL QUALITY, SAFETY AND EXPERIENCE ASSURANCE SUB-COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	10 May 2022
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Draft Operational Quality, Safety and Experience Sub-Committee (OQSESC) Annual Report 2021/2022
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sian Passey, Chair, Assistant Director of Nursing
SWYDDOG ADRODD: **REPORTING OFFICER:**	Katie Lewis, Committee Services Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to present the draft Operational Quality, Safety and Experience Sub-Committee (OQSESC) Annual Report 2020/21. The OQSESC Annual Report provides assurances in respect of the work that has been undertaken by the Sub-Committee during 2020/21, and outlines the main achievements, which have contributed to robust integrated governance across the Health Board (HB).

Cefndir / Background

The HB's Standing Orders and the terms of reference for the OQSESC require the submission of an Annual Report to the Quality, Safety & Experience Assurance Committee to summarise the work of the Sub-Committee and to identify how it has fulfilled the duties required of it.

The fundamental purpose of the Sub-Committee is to focus on both acute and primary and community services quality and safety governance arrangements at an operational level, bringing together accountability and ownership for those quality and safety issues to be resolved operationally, freeing up the Quality, Safety and Experience Committee to be more strategic in its approach and providing onward assurance to the Board.

The Annual Report specifically comments on the key issues considered by the Sub-Committee in terms of quality, safety and experience, and the adequacy of the response, systems and processes in place during 2021/22.

Asesiad / Assessment

The OQSESC has been established under Board delegation with the HB approving terms of reference for the Quality, Safety & Experience Committee most recently at its Board meeting on 29th July 2021.

The OQSESC was established to combine and replace the previous Acute Services and Primary Care & Community Services Quality, Safety and Experience Sub-Committees. The first meeting of the OQSESC was held on 10th July 2018. The terms of reference of the OQSESC were subsequently approved at its second meeting on 20th September 2018. A revised version was approved at the January 2019 OQSESC, with some slight amendments requested by Quality,

Safety & Experience Assurance Committee in February 2019 prior to their approval via Chair's Action.

The terms of reference clearly detail the Sub-Committee's purpose to provide assurance to the Quality, Safety & Experience Committee around the organisation's acute and primary and community services quality and safety governance arrangements at an operational level, bringing together accountability and ownership for those quality and safety issues to be resolved operationally, and providing an upward assurance.

In discharging this role, the Sub-Committee is required to oversee and monitor the quality, safety and experience agenda against the following areas of responsibility:

- Resuscitation/RRAILS
- Nutrition and Hydration
- Mental Capacity Act and Consent
- Medical Devices
- Radiation Protection (the reporting arrangements for this group are under review).

Other areas of focus to include:

- Clinical pathways such as stroke, diabetes, cardiology
- Operational risks from the acute, primary and community services, where there is an impact on patient quality, safety or experience.

OQSESC Groups
The Groups reporting to the OQSESC during 2021/22 were as follows:

- **Resuscitation/RRAILS Group** – established to:
  - Provide assurance that robust and reliable mechanisms for the early detection and response to acute illness and management of cardio/respiratory arrest are in place

- **Nutrition and Hydration Group** – established to:
  - Set the strategic direction and provide assurance on all matters relating to nutritional care, including aspects of catering services

- **Mental Capacity Act and Consent Group** – established to:
  - Provide clear leadership in the promotion of the application of the Mental Capacity Act in every day clinical practice
  - Ensure that there is a framework in place to support staff in relation to the Mental Capacity Act and monitor compliance with this legislation through appropriate assurance mechanisms
  - Provide assurance that consent processes are being adhered to across the UHB, and where necessary agree corrective action
  - Ensure that the Welsh Government Policy for Consent to Examination and Treatment and the associated consent forms are kept up to date and implemented in all relevant areas of the UHB

- **Medical Devices Group** – established to:
  - Provide assurance around strategic medical devices management and associated risk matters.
- **Radiation Protection Group** – established to:

- Consider radiation protection issues relating to ionising radiations (e.g. X-rays and radioactive materials including radon) and non-ionising radiations (e.g. lasers, MRI, phototherapy, ultrasound) within the Health Board.
- Review implementation of the Health Board's radiation protection arrangements for health and safety, environmental protection (and medical exposures via the Medical Exposure Committee).
- Identify and monitor current activities and developments relating to the use of radiations.
- Review radiation risks and inform the Chief Executive of measures to be taken to secure compliance with relevant legislation and to manage risks.

The OQSESC Annual Report 2021/22 is intended to outline how the Sub-Committee and its Groups have complied with the duties delegated by the Quality, Safety & Experience Committee through the terms of reference set, and also to identify key actions that have been taken to address issues within the Sub-Committee's remit.

Constitution
From the terms of reference approved in November 2021, the membership of the Sub-Committee was agreed as the following:

- Assistant Director of Nursing, Acute Operations Quality Assurance and Patient Experience
- Associate Medical Director, Workforce & Primary Care (Vice Chair)
- Independent Member, HDdUHB
- Assistant Director, Operational Nursing & Quality Acute Services
- Associate Medical Director, Quality & Safety
- Deputy Director of Operations
- Assistant Director of Therapies and Health Science – Professional Practice, Governance & Safety
- Assistant Director of Public Health
- Assistant Director of Workforce & OD
- Digital Director
- County Directors x 3
- Head of Medicines Management
- Therapies Lead
- Health Science Lead
- Senior Nurse, Infection Prevention
- Representative from each Triumvirate (either the General Manager or Head of Nursing)
- Head of Primary Care
- Mental Health & Learning Disability representative

Meetings
Since April 2021, OQSESC have met five times and was quorate at each of the meetings. The meetings have taken place on a bi-monthly basis as follows:

- 11 May 2021
- 6 July 2021
- 7 September 2021
- 2 November 2021
- 6 January 2022

- The meeting scheduled to take place on 8th March 2022 was stood down due to the extraordinary pressures being experienced across all Hywel Dda sites, in order to free staff up to focus on hospital discharge activity and manage flow.

As the OQSESC is directly accountable to the Quality, Safety & Experience Committee for its performance, following each meeting it provides an assurance to the Committee through a formal written update report, which is received at the subsequent Committee meeting.

Sub-Committee Terms of Reference and Principal Duties
In discharging its duties, the OQSESC has undertaken work during 2021 against the following areas of responsibility in relation to its terms of reference:

- Monitor the quality, safety and experience of care delivered to patients through, for example, surveys and patient stories, and escalate issues that cannot be resolved operationally to the Quality, Safety and Experience Committee.

- Where re-directed by the Listening & Learning Sub-Committee, monitor concerns (incidents, complaints and claims) ensuring that they are being managed in a robust and timely manner at service level, agreeing mitigating actions where required.

- Request a deep dive report when:
  - Action plans following investigations into serious incidents and concerns and the identification of lessons learned breach the agreed timescales. by ensuring actions are completed in a robust and timely manner, and seek assurance that learning is disseminated and embedded across all of the Health Board's activities as appropriate.
  - To consider themes arising from triangulated information at service specific level, and agree and monitor any action plans required to deliver improvements.
  - To consider any concerns escalated through the 'Quality Panel'.

- Ensure and monitor compliance with national guidance, including NICE, NSFs, National Confidential Enquiries, outcome reviews and national clinical audits and Health Board clinical written control documents.

- Inform and monitor progress against agreed performance targets identified in the Quality & Safety Dashboard.

- Seek assurance on the management of operational risks that have been aligned to the Sub-Committee, where the risk tolerance is exceeded or a lack of timely action in order to provide assurance to the Quality, Safety and Experience Committee that risks are being managed effectively and report any areas of concern.

- Receive Directorate /Site Exception Risk Reports and seek assurance on new elements of a directorate risk which requires consideration on a broader scale. Any risk escalated should clearly reference the risk noted on the register.

- Receive assurance from those Groups reporting to the Sub-Committee, and consider how escalated issues are addressed.
  - Resuscitation/RRAILS Group
  - Nutrition and Hydration Group
  - Medical Devices Group (including Point of Care Testing and Ultrasound Governance)

- Mental Capacity Act and Consent Group

- Receive position reports on:
  - **Key Risks associated with preventing harm to patients determined through:**
    - Triangulation of data;
    - Risk Registers;
    - Quality Panels;

    or any other reporting mechanisms.

- Assure itself that clinical written control documentation, which falls within the remit of the Sub-Committee, has been adopted, developed or reviewed in line with HDdUHB Policy 190 – Written Control Documentation prior to approving it, and to provide evidence of that assurance to the Clinical Written Control Documentation Group when recommending a procedure or guideline for uploading or a policy for final approval by the Clinical Written Control Documentation Group.

- Develop an annual work plan, responding to operational service priorities, consistent with the strategic direction for the organisation, for approval by the Quality, Safety and Experience Committee and oversee delivery to improve the quality, safety and effectiveness of care delivered, and enhance the patient experience.

- Inform the work plans for reporting Groups and vice versa.

- Address any other requirements stipulated by the Quality, Safety and Experience Committee.

- Agree issues to be escalated to the Quality, Safety and Experience Committee with recommendations for action.

Specific Areas of Responsibility

During 2021/22, OQSESC received and considered the following:

Patient Experience

During the OQSESC meeting in January 2022, the Sub-Committee noted its appetite for patient experience feedback and it was agreed that patient experience stories would continue to be presented to OQSESC and that patient experience feedback would be incorporated in all service reports to OQSESC.

In January 2022, The Sub-Committee received feedback from an individual patient following treatment for neck cancer during the COVID-19 pandemic, with the following key areas of concern highlighted:

- The challenge for the patient to understand important information whilst attending clinical appointments alone due to the COVID-19 hospital restrictions in place.
- The importance of having a point of contact within Cancer Services whilst undergoing treatment to discuss physical and emotional matters.

- The need felt by the patient to remind staff of infection and control measures during his inpatient stay whilst receiving Chemotherapy.

Members discussed the concerns raised and received assurance that the story has been shared with the Head and Neck Cancer Services Team and via the wider Locality / Directorates governance groups.

Patient Experience Report: The Sub-Committee received the Patient Experience Report in January 2022 and a summary position of the Patient Experience programme, noting the plans to develop and expand the service. Members received an update on the Charter for Improving Patient Experience as a means of gathering together valuable information on what matters most to the population, and were informed that this information will align with the HB's Planning and Strategic Objectives.

The Sub-Committee noted the upcoming national implementation of the 'Once for Wales' service user feedback system by CIVICA and were informed that whilst the monthly data on patient feedback fluctuates, there has been an increase in the number of compliments received during the COVID-19 pandemic.

Health Board Wide Assurance Reports

Ophthalmology – Quality and Safety Impacts: In September 2021, the Sub-Committee received the "Delivery of Ophthalmology Plan and Impact on Care and Outcomes for Hywel Dda Patients" report, providing an update on the quality and safety impacts within the Ophthalmology service, outlining the steps being taken to address the current risks to delivery which remain within the Ophthalmology service and providing assurance that the service is focused on improving patient experience and outcomes. The Sub-Committee welcomed the on-going progress and the exemplar work undertaken, and gained assurance from the report.

An update on the Ophthalmology service was scheduled to be provided in March 2022 however as the meeting was stood down the update has been deferred to May 2022.

Audit Wales- Review of Quality Governance Arrangements – HDdUHB: In January 2022, the Sub-Committee received the key findings and recommendations from the Review of Quality Governance Arrangements in HDdUHB undertaken by Audit Wales as part of a national review across Wales. Members noted that the management response to the recommendations has already been progressed and that once routine business resumes, mini-structured assessments will be undertaken by Audit Wales within Operational Directorates to discuss the findings and recommendations. Members undertook to share the report within Directorate Health and Safety meetings, with an update on progress requested at the OQSESC meeting in March 2022. The OQSESC meeting in March 2022 was unfortunately stood down due to operational pressures however the report has been scheduled to be presented at the meeting on 10th May 2022.

Health Board Overview on Top Rated Risks / Actions for Mitigation: The Sub-Committee noted the content of the Operational Risk Management Report and the mitigation plans put in place. Directorate/Site Services Leads and County Representatives were requested to discuss the risks within their respective Directorate/Site Clinical Governance meetings to ensure that the exception reports and quality issues are aligned.

In January 2022, the Sub-Committee received an overview of the top reported risks and actions for mitigation across the HB as of 16th December 2021, which includes specific feedback from the All Wales Quality Governance Review in respect of operational risk management. The report led to a series of risk review meetings with the operational services led by the Director of

Operations and the Director of Nursing, Quality and Patient Experience during October and November 2021. Members noted the key themes, in particular risks being reported at the wrong level. It was noted that actions from these meetings are being progressed by the services involved, which has resulted in some of the changes to the risks included in the report. Progress against these actions will be reported to the Executive Team, with these risk review meetings repeated throughout 2022.

Operational Risk Report- In May 2021 Members were assured that discussions are ongoing between the Director of Operations, the Head of Risk and Assurance and service leads to update the respective Directorate Risk Registers, with the aim of the discussions to provide risk owners with support on completing and updating their risk registers to ensure that mitigation is appropriate. Following these meetings, the refreshed risk registers will be shared via the corporate governance structure. Members were advised that a recent Audit Wales Governance Quality Review has highlighted that a number of directorate risks have not been updated on the Datix system for a number of years. However, the Sub-Committee received assurance that risks are being discussed and reviewed through the local quality governance meetings.

Patient Safety Solutions (Patient Safety Notices and Alerts)- In January 2022, the Sub-Committee received an overview of the newly received and overdue Patient Safety Solutions, receiving assurance that the respective Triumvirates have been approached to request an update on outstanding actions. Further discussion is planned with the Chair of OQSESC on how to improve engagement with the identified leads to progress the respective actions.

The Sub-Committee also received an update on the Prevention of Delay to Follow Up for Patients with Glaucoma, noting that the South West Wales Regional Glaucoma Business Case has been finalised and fully supported, with the Glaucoma pathway due to commence during January 2022, this would support compliance against this patient safety notice.

Directorate Exception Reports

Mental Health and Learning Disabilities (MHLD) Directorate: In May 2021, the Sub-Committee received an update from the MHLD Directorate. Members were advised of the increased demand and acuity in the Children and Adolescent Mental Health Service (CAMHS), acknowledging that this is a national issue exacerbated by the closure of schools during the pandemic. The Sub-Committee was advised of the unprecedented demand for Tier 4 Eating Disorder services, which are inpatient units in North Wales and Bridgend. This demand for Tier 4 services has been escalated to Health Board Chief Executive and Chair level with assurance received that discussions have been held with Local Authority partners regarding supporting people to avoid admittance to Tier 4 services.

In September 2021, the Sub-Committee received an update on Risk 1032 *Safety – patient staff or public. Delivery of Q3/4 Operating Plan – Timely access to assessment and diagnosis for MHLD clients*, noting that a deep dive had been undertaken in the following areas: Memory Assessment Services (MAS), Autistic Spectrum Disorder (ASD), Adult Attention Deficit and Hyperactivity Disorder (ADHD), Integrated Psychological Therapies, and Specialist Child and Adolescent Mental Health Services (SCAMHS). It was noted that there are nine risks identified in the MHLD Directorate Risk Register, and one further risk held on the Corporate Risk Register, with eight having a current risk score that exceeds the risk tolerance score. It was further noted that the impact of the reduced availability of Section 12 doctors would be scrutinised via the Mental Health Legislation Assurance Committee, and that a newly established all-Wales Task and Finish Group has been tasked with producing an all-Wales Ligature Policy, and is attended by the Assistant Director of Nursing MHLD.

In December 2021, the Sub-Committee received the MHLD Exception Report and were informed of the changes underway to the management and reporting arrangements of the Directorate Risk Register to streamline the escalation and management of risks processes and improve connectivity between improvement plans and the risk register.

In January 2022, Members were informed that HIW undertook a virtual visit to a Learning Disabilities Service in December 2021 which resulted in a request for an immediate assurance plan. Members were advised that admissions had temporarily been ceased to progress the immediate estates improvement actions required, with the temporary closure continuing while these actions are underway. It was noted that the assurance plan has been compiled and returned to HIW, with a formal response awaited. The Sub-Committee also received an overview of the streamlined processes in place within MH&LD in terms of the escalation and reporting of risks, and were informed that the Directorate Risk Register is updated on a monthly basis. The Clinical Associate Psychologist role, was discussed and advised that recurrent funding was in place from HEIW, recognising that the role could potentially be an additional resource to services. Members proposed that a position statement be presented on the whole system approach in place with regard to the Physical Health Psychologist roles within HDdUHB for the OQSESC meeting scheduled for May 2022.

Women and Children's Directorate: In May 2021, the Sub-Committee was advised of the shortage of mental health beds across Wales for children and young people requiring eating disorder treatment, particularly those who require sectioning. It was noted that discussions surrounding the eating disorder intervention framework have been held with the Head of Service for specialist Children and Adolescent Mental Health Services (sCAMHS) and Psychological Therapies. The Sub-Committee was further advised of concerns regarding environmental and accommodation issues on Cilgerran ward, which are being addressed by remedial work undertaken by Estates. Improvements in rota coverage and medical recruitment within the Directorate and the community were noted, with vacancies and challenges in recruitment, particularly in Neonates, Gynaecology and Sexual Health services continuing to be monitored.

In July 2021, the Sub-Committee was advised that, in response to a directive from WG, the Health Board has been directed to make preparations to support a 20-50% increase in presentations of Respiratory Syncytial Virus (RSV), with the anticipation that cases will begin to rise ahead of the NHS winter period, which will commence in August 2021, with a further anticipatory peak in November 2021. It was noted that a surge plan would be escalated through the Health Board's Bronze Command arrangements ahead of presentation to WG on 9th July 2021.

In September 2021, the Sub-Committee noted that in response to a directive from Welsh Government (WG), HDdUHB has been preparing to support a 32-52% respiratory syncytial virus (RSV) surge on Cilgerran Ward, Glangwili General Hospital (GGH), with surge planning now having increased to 50-100%. It was noted that funding has been allocated for a demountable unit to support the environmental challenges for the anticipated surge. Further staffing challenges related to the Nurse Staffing (Wales) Act and on-going short and long term staffing deficits within GGH and Bronglais General Hospital (BGH) were also noted, as were the continuing challenges within the community in regard to commissioning providers and the fulfilment of care packages, which have been highlighted within HDdUHB's Risk Register. However, the Sub-Committee was pleased to note that the Special Care Baby Unit, GGH would move into the Phase 2 Unit on 4th October 2021.

A number of concerns were raised in relation to the extremely fragile situation across all services, in particular unscheduled care. The Sub-Committee recognised some of the challenges which

could not be mitigated, and agreed that an over-arching report be presented to the next Sub-Committee meeting with discussions to be held on where best to escalate these.

In December 2021, the Sub –Committee noted the temporary relocation of the Paediatric Ambulatory Care Unit, WGH to Glangwili General Hospital (GGH) will be included within the directorate risk register. Members were advised that feedback has been requested from the parents/ guardians of discharged patients via a questionnaire, and that discussion are ongoing to increase the number of responses received. The Sub-Committee received assurance that the Women and Children's Directorate have robust processes and mechanisms in place to ensure they are providing a safe quality, effective, efficient service for service users.

Accident & Emergency, Glangwili General Hospital: In July 2021, the Sub-Committee was advised of a 35.5% increase in A&E attendances from the previous year, which impacted on the staff in the department who reported increased pressure within the system, this did impact on patient experiences and resulted in an increase in complaints. Over the past few months, nursing and medical staffing deficits have further affected the department, with data relating to A&E breaches illustrating that A&E clinician breaches are currently the most common cause. Support is being provided by Workforce and Organisational Development (OD) colleagues. To help mitigate the risks currently identified, an Urgent Response Group has been established, with the aim to pro-actively support the Directorate in securing additional temporary and longer term staffing solutions, and improving the processes within the department. Given that many of the proposed actions have significant resource implications, a detailed action plan with leads and timescales, together with a supporting financial plan is being finalised following further discussions with Executive colleagues and senior management teams. Whilst being assured by the appropriate mitigating actions in place, the Sub-Committee acknowledged that some elements of mitigation are out-with the Health Board's direct control.

Three Counties Community Services: In September 2021 the Sub-Committee received the Three Counties Community Services report, highlighting Domiciliary Care provision and Care Homes access and availability as two key areas for escalation to OQSESC. The increasing number of care homes under embargo across all 3 counties was also recognised as an increasing risk. The mitigations that are in place to try and alleviate some of the challenges were noted by the Sub-Committee.

Glangwili and Prince Philip Unscheduled Care Exception Report: In December 2021, the Sub-Committee received an Exception Report detailing the current risks at GGH and PPH as a consequence of the pressures experienced within the Unscheduled Care pathway, with the following key areas of concern highlighted:

- Staffing
- Extreme discharge delays
- COVID-19
- Demand
- Ambulance demand and provision
- The implications of Primary Care pressures

Members noted the complex and challenging position within the Unscheduled Care pathway and the continuous mitigation undertaken by staff during a time of exceptional pressures on a day to day basis to reduce risks associated with the key concern areas highlighted. It was recognised that due to the complexities of the system not all risks can be mitigated completely, however, a number of control measures were being instigated to try to minimise risks within the system. A discussion pursued in relation to the requirement to align the concerns noted within the exception report with the relevant risk noted on the risk registers, this would support

assurance being given around the mitigations in place relating to the current risks within the system. The review of risk registers by the Director of Operations with the operational services will support this requirement in future exception reporting.

Whilst discussing the key areas of concern, Members were informed that the Wales Ambulance Service NHS Trust (WAST) has a 4 level 'Clinical Safety' policy that allows them to focus on the most urgent calls which can further increase pressures at the front doors of hospitals and Minor Injury Units (MIU).

Given the continued challenges across the unscheduled care system in GGH and PPH, it was agreed that only limited assurance could be received from the GGH and PPH Unscheduled Care Exception Report. Members did recognise that operational teams were managing the risks on a day to day basis and that the risk registers were highlighting the actions being taken.

Radiology Services Exception Report: In January 2022, the Sub-Committee received the Radiology Services Exception report and noted the significant recruitment challenges, with a number of posts currently being advertised across the service. Members received assurance that the team is working closely with the HB's Recruitment Team to advertise the posts as effectively as possible. The Sub-Committee noted that a meeting will take place between the Chair of OQSESC and the Head of Radiology Services to establish the most appropriate governance pathway for the Radiation Protection Group, and an update will be provided at the OQSESC meeting scheduled for May 2022.

Scheduled Care Exception Report: In January 2022, the Sub-Committee received a verbal update from the Scheduled Care Directorate advising that the Schedule Care Directorate Risk Register has been refreshed following a meeting with Executive Leads and a representative from the Risk and Assurance team. The benefits of the meeting as a means to refresh and update the current risks and scores were acknowledged by the team. Discussion took place regarding the HB's medical device inventory and the high quantity of items held by HDdUHB. Members noted that a benchmarking exercise will be undertaken to establish norms around this compared to the rest of Wales, with feedback expected to OQSESC in May 2022.

Unscheduled Care (UC) Withybush General Hospital (WGH) Exception Report: In January 2022, the Sub-Committee received the Unscheduled Care Exception Report from WGH and noted the medical staffing and recruitment challenges with a shortfall in Respiratory Consultants and Nursing Staff work was ongoing in relation to recruitment, supported by workforce and OD colleagues. Further Assurance was received that additional resource is being progressed for a Band 8A / 8B member of staff to support the workforce.

Unscheduled Care Glangwili General Hospital (GGH) and Prince Philip Hospital (PPH) Exception Report: In January 2022, the Sub-Committee received the Unscheduled Care Exception Report from GGH and PPH with an overview of the key risks on the Directorate Risk Register. Members noted a number of workforce issues and the ongoing operational pressures being experienced .. Members noted that agency and bank nurses are being utilised wherever possible to mitigate the staff absence challenges relating to COVID-19 and the GP calls/referrals are now being managed through the Same Day Emergency Care (SDEC) system.

The Sub-Committee was informed of new ways of working that are being explored to support with the operational pressures, for instance, the night hospital staff are planning to direct Specialist Doctors to review patients in A&E to help reduce the waiting time for assessment. This remains a 'work-in-progress' and is not yet functioning as effectively as required. Members were also apprised of the benefits of the hospital handover meetings taking place via Microsoft Teams, which were scheduled to commence in January 2022.

Unscheduled Care Bronglais General Hospital (BGH) Exception Report: In January 2022, the Sub-Committee received the Unscheduled Care, BGH Exception Report and noted the recent appointment of a new Interim General Manager. Members were informed that a review is being undertaken of the site's function in the context of wider community health and care services to identify system wide solutions for a number of the higher level risks and requested an update on the progress of the review.

Primary Care Quality and Safety Group Update Report: The Sub-Committee received the "Primary Care Quality, Safety and Patient Experience" report, summarising the issues considered by the Primary Care Quality and Safety Group since its establishment in January 2021, to strengthen governance arrangements across the contractor professions in Primary Care, with a strong focus on quality and safety at an operational level. It was noted that the GMS Practice Visiting Programme would be extended from its current 3-year to a 4-year rolling programme and that a visiting programme for dental practices and pharmacies would also be pursued in the future.

Trauma Quality Improvement Committee (TQIC): In May 2021, the Sub-Committee received a report from the Trauma Quality Improvement Committee noting that the South Wales Trauma Network (SWTN), which became operational in September 2020, had been established to enhance patient outcomes and experience across the entire patient pathway from the point of wounding to recovery, with the Health Board required to submit data on patients meeting the eligibility required for the Trauma Audit and Research Network (TARN). The Sub-Committee received assurance on the new structure that is in place to oversee any quality and safety issues and that exception reports would be reported via the Scheduled Care Quality and Experience meetings.

In December 2021, the Sub-Committee received an update on behalf of the TQIC and noted a 15% improvement in data following a recent Rehabilitation Prescriptions audit. Members were advised that a more streamlined pathway is in place for patients with chest wall injuries that require transfer to the Erector Spinae Plane (ESP) blocks at GGH. Members welcomed the positive feedback following the Trauma Team training days and commended the inclusion of the clinicians and specialised nursing staff involved for the care provided to these complex patients, particularly as the pathway development had taken place without any additional funding. The Sub-Committee received assurance that TQIC holds oversight of trauma management throughout HDdUHB to ensure that trauma care in the correct facility is being received.

Feedback from Groups
In terms of feedback from Groups:

Resuscitation/RAILS Group – the Sub-Committee received written update reports from the Resuscitation/RAILS Group (RRAILS) which highlighted the key areas of work that have been received by OQSESC during 2021/22. The Sub-Committee received assurance through the progress reported by the Resuscitation/RAILS Group, and noted the following:

In May 2021, the Sub-Committee received the Resuscitation/RRAILS Group Annual Report 2020/21, and were advised of changes to the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form to facilitate the documentation of discussions held with relatives and doctors obtaining second opinions in cases of conflict with family members. The Sub-Committee was advised that the Group had prioritised resuscitation training in 2020/21 to support clinical areas, including mass vaccination centres and field hospitals, and had also facilitated the delivery of bespoke primary care-oriented resuscitation training to over 75% of all GP practices across the Health Board. The Sub-Committee endorsed the Resuscitation/RRAILS Group Annual Report 2020/21.

In December 2021, the Sub-Committee received details on the HILL-ROM Pilot project in WGH and South Pembrokeshire Hospital, with Phase 1 anticipated to commence in January 2022 to include a feature which can calculate the National Early Warning Score (NEWS) and is expected to result in the reduction of calculation errors. Phase 2 will include the transcription of information on to the patient electronic information system.

In January 2022, the Sub-Committee was informed that due to a number of apologies all other HB RRAILS meetings were recently stood down. The Resuscitation Department Lead has subsequently met with the Chairs and Vice-Chairs of the groups to discuss monitoring arrangements. Members noted that following revision, the All Wales Do Not Administer Cardio-Pulmonary Resuscitation (DNACPR) Policy will shortly be available on the HDdUHB intranet site. Positive feedback on the increase in the use of the National Early Warning Score (NEWS) in the Community was received. Members also welcomed the development of the Acute Kidney Injury (AKI) alert dashboard, given that the AKI alerts pilot bundle has not been found to be useful in enhancing recognition and treatment of AKI.

Nutrition and Hydration Group – written update reports from the Nutrition and Hydration Group (NHG) highlighting the key areas of work scrutinised have been received by OQSESC during 2021/22. The Sub-Committee received assurance through the progress reported by the Nutrition and Hydration Group, and noted the following, including key risks and issues and matters of concern:

In May 2021, The Sub-Committee received the Nutrition and Hydration Group Annual Report 2020/21, together with an assurance that the team involved enabled patients with nasogastric (NG) tubes to be safely managed in the community during the pandemic, avoiding enteral tube related admissions and same day discharge for patients with new gastrostomy tubes. Capacity had also been increased temporarily during the pandemic to enable this responsive support, which included working on an informal out of hours basis. At its meeting in April 2021, the Group supported an options proposal recommending sustaining the enhanced Clinical Nurse Specialist (CNS) Nutrition capacity post COVID-19, with a potential funding source currently being explored. The Sub-Committee was advised of pending changes required to the acute site storage and dispensing of WP10 Nutrition products, which is currently via Pharmacy, with a proposed move to Stores, however it was acknowledged that an alternative system would be needed to replicate the governance and assurance processes provided by the current system. The Sub-Committee was assured that concerns over the proposed changes is being escalated nationally to Dietetics and via the NHS Wales Shared Services Partnership (NWSSP) Board. The Sub-Committee endorsed the Nutrition and Hydration Group Annual Report 2020/21.

In December 2021 The Sub- Committee received the Nutrition and Hydration Group update report, highlighting implementation of the Synbitoix electronic menu system. Discussion took place on the requirement for nurses to electronically sign off menu choices and the subsequent additional work this could create, with Members receiving assurance that further discussions would follow in regard to system implementation.

Members noted the pilot of the traffic light system to support frail patients at ward level to increase hydration, acknowledging that a decision to roll this out Health Board wide would depend on the outcome of the pilot.

Members were advised that a dedicated Quality Improvement Officer is now in post who will focus on hydration within the Nutrition and Hydration service.

Mental Capacity Act and Consent Group – During 2021/22 written update reports were received from the Mental Capacity Act and Consent Group highlighting the key areas of work. The Sub-Committee received assurance through the progress reported by the Mental Capacity Act and Consent Group, and noted the following, including key risks and issues and matters of concern:

In March 2021, the Sub-Committee received the Mental Capacity Act and Consent Group Annual Report 2020/21 and revised Terms of Reference. Members were advised of the disappointing response from Welsh Government to concerns about a legislative gap regarding the ability to lawfully enforce the isolation of patients within hospitals and care homes who are infected with COVID-19 but lack capacity to consent to that isolation. Whilst this represents a national issue, advice had been sought locally from the Health Board's Legal Services, with the risks associated with the legislative gap having been placed on HDdUHB's risk register.

In September 2021, the Sub- Committee were advised of the delay associated with the publication date of the draft Liberty Protection Safeguards Code of Practice and Welsh Regulations. Concerns have been articulated to Welsh Government and it is understood that the commencement date is under review by the UK Government. A decision has therefore been made to undertake a rolling cancellation of the extensive training programme that had been put in place across Hywel Dda associated with this Code of Practice.

In December 2021, The Sub-Committee received the Mental Capacity Act and Consent Group Update Report, raising as a concern the further delay of the publication of the Liberty Protection Safeguards (LPS) Code of Practice and Welsh Regulations, leading to the cancellation of the scheduled training in place.

Members received an update from the Welsh Risk Pool E-Consent pilot, noting that a discussion with clinicians to progress the pilot is scheduled for 25th November 2021.

Members were informed that the Health Board has received additional funding from WG to support staff knowledge and reduce the backlog of referrals for the Deprivation of Liberty Safeguards (DOLS) with the Mental Capacity Act and Consent Group to monitor the expenditure plans in place. Members were informed of a 19% increase in DOLS referrals to HDdUHB noting that the increased training and the raised awareness had been a factor in this.

Members received an update on the three risks aligned to the Group, with particular reference to Risk **1205,** the inability to meet Welsh Language Standards by ensuring a Welsh speaker is available to undertake capacity assessments in Welsh. In terms of mitigation, Members noted that the next stage will involve identifying staff who are able to carry out assessments in the Welsh language, in addition to providing training in order to support those who wish to learn.

Following a number of queries relating to pilots taking place on new systems across the Health Board, Members received assurance that web-based management project modules support these, with the rationale behind each pilot to improve current systems and processes.

Members noted that a consultation will take place during January 2022, following which further information on the implementation date will be provided. Members welcomed the national recognition HDdUHB has received for the approach taken to the Mental Capacity Act. With regard to the Welsh Risk Pool (WRP) Risk Management Alert 2020-21: Consent to Treatment, Members were informed of the HB's 82% overall compliance with the use of EIDO leaflets. Members noted that additional funding has been received from WG in order to reduce the Deprivation of Liberty Safeguards (DOLS) referrals prior to the implementation of the LPS and that agency staff are assisting in this process.

Medical Devices Group – written update reports from the Medical Devices Group highlighting the key areas of work scrutinised have been received by OQSESC during 2021/22. The Sub-Committee received assurance through the progress reported by the Medical Devices Group, and noted the following, including key risks and issues and matters of concern:

In May 2021, the Sub-Committee received the Medical Devices Group Annual Report 2020/21, noting that the Group had ratified the updated Medical Devices Management policy to reflect changes to procedures, and had implemented the Safety Alert tracking system, providing assurance that alerts and field safety notices are being received and acted upon, where applicable. The Sub-Committee was advised of the impact of purchasing a large number of medical devices, as a result of dealing with the COVID-19 pandemic, on the Pre-Planned Preventative Maintenance (PPM) programme. The Sub-Committee was also advised that implementation of the new Medical Devices Regulations had initially been delayed until May 2021, and that this had been further delayed with no indication of when these will be consulted upon and come into force. The Sub-Committee endorsed the Medical Devices Group Annual Report 2020/21 and the revised Terms of Reference.

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Due to the cancellation of the July 2021 Medical Devices Group meeting, no update report from discussions was presented in September 2021, however, the Sub-Committee was informed of an increase in the quantity of devices (13,500) in service during the past 12 months which had created a replacement burden against a funding deficit. Noting that a more detailed discussion on this would take place at a future Sub-Committee meeting, it was agreed to liaise on the focus of this discussion with the Sub-Committee Chair.

In December 2021, Members were informed of a recent audit of the Point of Care Testing (POCT) regarding the patient identification issues that had previously been raised; as these have now been addressed, the Control Group has been stood down.

The Sub-Committee noted the update on Clinical Engineering, focusing on performance, demonstrating that the Planned Preventative Maintenance (PPM) performance has remained static as a result of the significance increase in the medical devices inventory as a response to the pandemic.

The Sub-Committee also received an overview of the recent Medical Device themed Datix incidents, noting that of the 47 identified incidents, no emerging themes were found that would indicate a systematic issue with medical devices management.

In January 2022, the Sub-Committee received an update from the Medical Devices Group following the meeting on 15th December 2021 and noted the on-going 100% performance rate for the Planned Preventative Maintenance (PPM) of High-risk category devices. Members noted that the number of Medical Devices on the Inventory has increased due to COVID-19 related device purchases, and has exacerbated the on-going issue that maintenance demand continues to outweigh capacity.

Enabling Quality Improvement in Practice (EQIiP) Position Statement

The Sub-Committee received the EQIiP position statement and noted the commencement of the second cohort of the programme in November 2021. Given the current significant service pressures across the Health Board, Members were heartened to note that 22 improvement projects have been proposed.

OQSESC Developments for 2022/23

The Sub-Committee continues to evolve and reviews its effectiveness on a regular basis.

Members continue to discuss and refresh the mechanism for monitoring and providing assurance to QSEC in relation to operational risks with a potential quality or safety impact on patient care.

The following update reports are planned for OQSESC during 2022/23:

- Ophthalmology – Quality & Safety Impacts and Patient Experience Story
- Welsh Cancer Network Peer Review Colorectal Services
- Dementia Charter
- Super Bariatric Pathway

Argymhelliad / Recommendation

To endorse the Operational Quality, Safety and Experience Sub-Committee Annual Report 2021/22.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	9.4.1 Report formally, regularly and on a timely basis to the Quality, Safety & Experience Assurance Committee on the Sub-Committee's activities. This includes the submission of Sub-Committee update report, as well as the presentation of an annual report within 6 weeks of the end of the financial year.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	All Quality Improvement Goals Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Operational Quality, Safety and Experience Sub-Committee meetings 2021/22
Rhestr Termau:	Included within the body of the report.

Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Is-Bwyllgor Ansawdd, Diogelwch a Phrofiad Gweithredol: Parties / Committees consulted prior to Quality, Safety and Experience Assurance Committee:	Operational Quality, Safety and Experience Sub-Committee Chair and Lead Director

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	A sound system of internal control, as evidenced in the Operational Quality, Safety and Experience Sub-Committee's Annual Report, will assist with ensuring financial control, and the safeguard of public funds.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	SBAR template in use for all relevant papers and reports.
Gweithlu: **Workforce:**	SBAR template in use for all relevant papers and reports.
Risg: **Risk:**	SBAR template in use for all relevant papers and reports.
Cyfreithiol: **Legal:**	A sound system of internal control, as evidenced in the Operational Quality, Safety and Experience Sub-Committee's Annual Report, ensures that any risks to the achievement of the Health Board's objectives are identified, assessed and managed. Compliance with the Health Board's Standing Orders, and the Operational Quality, Safety and Experience Sub-Committee's Terms of Reference, requires the submission of an Annual Report to the Quality, Safety & Experience Assurance Committee.
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable