

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:	25 January 2023
Materion Ansawdd, Diogelwch A Phrofiad: Quality, Safety & Experience Matters:	
<p>HEALTH BOARD OVERVIEW OF TOP REPORTED RISKS AND ACTIONS FOR MITIGATION: The Sub Committee received the Health Board's Overview of Top Reported Risks and Actions for Mitigation noting that since the previous report, there are 4 new, escalated or above tolerance level risk including the new Risk 1525: The availability of suitable medical workforce on a national basis inhibits the effectiveness of the controls to a certain extent and Risk 97: Lack of plus size storage facilities within the Mortuary Body Store at Glangwili Hospital which is above tolerance.</p> <p>Clarity was sought on the entry date on two of the risks within the report, with one dating back to 2018. In response, the Head of Assurance and Risk provided assurance that the risks have been reviewed since the entry dates and undertook to include a column with review dates for future reporting. Assurance was provided that work is underway to improve reporting systems on Datix to provide more clarity on whether risks are being treated or tolerated, in some cases, due to challenges out of the control of the Directorate, such as availability of funding. The Director of Operations has set up "Improving Together" sessions for each service under his remit, which is a dedicated time to meet with service leads and other executive colleagues in order to discuss challenges being faced, any support which may be required and risk reporting.</p> <p>CIVICA DEMONSTRATION: Members received a demonstration of the CIVICA Patient Experience system, noting the all-Wales implementation of the system in 2022. Patient experience is collated via text messaging, posters and a social media platform and more recently the implementation of a voice messaging system. Approximately 20,000 patients are contacted following attendance at Health Board services with an invitation to provide feedback via an all-Wales survey. The responses collated on the CIVICA system and subsequent training can be accessed by all staff. Approximately 2,000 responses are received per month, which is typical nationally. Feedback can be lifted from the system for 'You Said, We Did' communications with the public. Concern was raised by the Sub Committee on system connectivity issues with missed opportunities for patients to complete the survey prior to discharge. The Head of Patient Experience explained that the technical issues are being addressed by the Digital team and further opportunities to explore patient experience feedback are being explored. The Sub Committee were urged to share the training invitation recently circulated via the Health Board's Global email with colleagues, to maximise attendance and system accessibility. OQSESC will receive an update on the connectivity progress in 6 months' time.</p> <p>EMERGENCY DEPARTMENT RISK OVERSIGHT GROUP UPDATE (EDROG): The Sub Committee received an update from the ED Oversight Group following the unprecedented challenges and risks escalated by the Unscheduled Care Services clinicians in October 2022. Members acknowledged the significant pressures across all sites, which have been exacerbated during the winter months. An urgent EDROG was established with 6 Sub Groups to develop and</p>	

review actions against current risks. Despite the targeted admissions work undertaken to date, it is clear that the position remains challenging, particular in terms of capacity, workforce and patient flow. Bed capacity, staff wellbeing, external messaging to manage expectation and try to reduce the disproportionate pressure on front door services, have been areas of focus during the weekly meetings and the Patient Experience Sub Group has looked at improving the care environment within the waiting areas. The Sub Committee noted the different models being explored to mitigate risks and to create capacity, appreciating that the ambulance offload units that were considered would not have been feasible due to shortage of clinical capacity, however discussions are underway to explore other options. Members were pleased to note that a Standard Operating Procedure has been developed for clinical streamlining to support the emergency department in the central hub at Glangwili Hospital in taking children directly to the Paediatrics Unit from triage which will release some pressures on the Emergency Department. There has been fantastic collaboration and integrated working to ensure children and young people are cared for in the right place at the right time quickly. The Paediatrics team have also attended safety huddles to support site pressures.

The Sub Committee were grateful for the update and suggested regular reporting arrangements on EDROG and its Sub Groups' progress are scheduled as part of the OQSESC work plan and that consideration is given to measuring the impact of actions taken and changes made to mitigate the pressures, and triangulating these with the patient feedback received to the CIVICA system.

PATIENT SAFETY SOLUTIONS UPDATE: The Sub Committee received an update on Patient Safety Solutions, noting two Patient Safety Notices since the report was shared: PSA015: Safe use of oxygen cylinders in areas without medical gas pipeline systems, which will be reported to the Medical Gas Group and PSN065 The Safe use of ultrasound gel to reduce infection risk. The Deputy Chair agreed to review the PSA report with the Chair and Head of Quality and Assurance and decide upon a deep dive/audit into a specific PSS by the next OQSESC meeting in March 2023.

BRONGLAIS HOSPITAL EXCEPTION REPORT: The Sub Committee received an update report from Bronglais Hospital noting that systems to improve the security and safety of staff working in isolated buildings on the hospital site have been installed in accordance with the Health and Safety Lone Worker requirement. The work to replace the Computerised Tomography (CT) scanner is due to complete in February 2023 with scanner reliability improving. However, the site is vulnerable to CT-downtime that compromises its ability to respond to self-presenting trauma, stroke and other urgent clinical presentations within the required timescales. The provision of a second CT scanner will be included in site development plans moving forward.

MENTAL HEALTH AND LEARNING DISABILITIES EXCEPTION REPORT (MHL D): The Sub Committee received the MHL D Exception Report and noted the key highlights from the Directorate, including:

- The Learning Disabilities Service is undergoing a Service Improvement Programme which is in a period of consultation following presentation to the Community Health Council and Board.
- The risks associated with the timely assessment and diagnosis of clients within the Children and Young Peoples MHL D service is ongoing. Although an action plan has been developed with the Delivery Unit to improve the position, the impact of the recent industrial action was highlighted.

- The monitoring of services for the commissioned low secure unit for females is underway through the Mental Health Legislation Committee and a service review process is in place.

The Sub Committee congratulated Debbie McIntyre, Community Mental Health Team Manager, South Carmarthenshire, who received the Health Board Chair's Commendation Award in November 2022.

GLANGWILI HOSPITAL (GH) AND PRINCE PHILIP HOSPITAL (PPH) EXCEPTION REPORT:

Members received the GH and PPH Unscheduled Care Exception Report. Despite the position improving since the last report, the continuing high number of nursing and health care support worker vacancies was highlighted. The Minor Injury Unit in PPH continues to experience significant pressures in terms of medical and major injury patients presenting to the ward. A self-presentation Standard Operating Procedure has been developed as part of the action plan to support the unit. Ward 5 at PPH also continues to experience bed capacity challenges with the regular use of surge beds. The ambulance offload delays continue to be challenging and are clearly impacting the quality and safety of patients however the integrated cross-system working is having a positive impact on flow and risk.

The Sub Committee noted that following the Health Inspectorate Wales' (HIW) review of the Emergency Department, the immediate assurance plan has been reviewed and submitted and the team await the final report. The Sub-Committee also noted that a comprehensive staffing and skill mix requirement review is also underway and will be presented and discussed with the Director of Nursing, Quality and Patient Experience.

Clarity was sought on data provided on longer periods of delayed transfers of care in PPH than the other sites. The Integrated System Director explained that the demand for care is greater in Llanelli, with greater challenges across a range of factors such as recruitment and population health. This information is being incorporated in to strategic planning, with dedicated discharge transfer vehicles being explored.

WITHYBUSH HOSPITAL (WH) EXCEPTION REPORT: Members received the WH Unscheduled Care Update Report noting the ongoing significant pressures with the service reaching black escalation on a number of occasions since the last report. Eight additional beds were substantiated into the acute bed establishment. In addition, in excess of 40 additional beds have been surged with over 30 additional patients awaiting inpatient admission within the Emergency Department. This additional capacity places further risk to the already significant workforce shortfalls. WH consistently operates with over 80 medically optimised patients on the site. Whilst work continues with community teams and the Local Authority to promote and improve discharge pathways, current workforce challenges continue to place additional pressure on the acute site. These additional pressures continue to negatively impact on all workforce and service groups, driving inefficiencies due to lack of sufficient resources across all services to meet this additional demand and a number of mitigating actions are underway to endeavour to support the service. Partnership working with Local Authority and Third Sector services is ongoing and Members noted the activation of Operation Nightingale as a dedicated response by Pembrokeshire County Council to try to help reduce pressure on the Health Board, in particular by tackling the issue of medically fit patients being unable to leave hospital.

Members further noted the risks due to lack of a substantive Respiratory consultant in WH with a number of actions underway to support the service such as temporary recruitment for Band 8a Respiratory Clinical Nurse Specialists (CNS) to support on-site clinical teams, a post which has currently been extended temporarily and a Band 7 CNS appointment. Also, Members noted that

the lack of a substantive Gastroenterology consultant gives the potential for avoidable delay in treatment and diagnosis of patients with the risk being mitigated as far as possible by the service.

WOMEN'S AND CHILDREN'S SERVICES: The Sub Committee received an update on risks within the Women's and Children's Service. Assurance on the provision of service was sought on Risk 1536: Increase in demand for abortion services across Hywel Dda University Health Board (HDdUHB, without the appropriate funding. Patients have been redirected from Swansea Bay University Health Board (SBUHB) to HDdUHB in contravention to the existing Service Level Agreement (SLA). HDdUHB do not have the facilities to offer surgical abortions or limited ultrasound machines and do not have the appropriate administrative, nursing or medical staff to provide the level of service required. In response, the Senior Nurse in Women and Children's Service clarified that the risk will be reviewed as it is scored too high and is not articulated correctly. The issue is that the service is unable to run core services whilst delivering abortion care, as they do currently. The issue regarding offering a choice of abortion, is a separate risk as there is no provision for Manual Vacuum Aspiration and surgical abortion.

Referring to Risk 1489, Suspension of tertiary paediatric neurology pathway from SBUHB due to staff retiring and recruitment challenges, the Sub Committee received an update that local tertiary cover has been sourced and the Service Delivery Managers are working with the commissioning team and Welsh Health Specialised Services to provide more detail and devise longer term solutions.

SCHEDULED CARE SERVICES: The Sub Committee received a verbal update from Scheduled Care Services noting the following highlights:

- The Directorate Risk Register has been reviewed and updated with support from the Assurance and Risk Team.
- Recruitment campaigns are ongoing for significant medical and nursing vacancies.
- Work is ongoing regarding reset and recovery following the COVID- 19 Pandemic of clinical pathways. Further discussions will take place at the Improving Together meetings scheduled for February with focus on Ministerial Measures.
- An update will be provided to the next QQSESC meeting on school entry hearing screening.

RADIATION PROTECTION GROUP (RPG): The Sub Committee received an update from the Radiation Protection Group from the meeting held on 9 November 2022 with the following highlights noted:

- The Health Board's Radiation Protection Advisor (RPA) (Consultant Clinical Scientist) presented a report outlining any potential issues and mitigation and received assurance that that all measures of protection are adequate in relation to dose compliance.
- The Laser Protection Policy would be considered by the Health & Safety Committee following the RPG meeting. The RPG noted an on-going issue that the Health Board, along with several other Health Board's in Wales, is not compliant with the Health and Safety Executive's (HSE) expectations, as it has been unable to recruit to the highly specialised role of Laser Protection Advisor (LPA). Limited LPA support was previously provided by SBUHB, however, they are currently unable to fill a vacant post which includes this expert role.
- The Health Board has been unable to comply with an HIW inspection improvement plan (17 and 28 July 2021, Radiology Risk 1399) that a Governance Radiographer should be appointed and a Quality Document Management system introduced. No additional funding

has been obtained and it is not possible to fund within existing Radiography financial resource limits.

- RPG noted an incident (Datix Reference HDD27502). A respiratory innovation chest clinic, operating within Hywel Dda, under the auspices of Respiratory Innovation Wales, had obtained a mobile X-ray unit and procured the services of a locum Radiographer who, upon attending the clinic to commence taking chest X-rays, noted serious concerns regarding Radiation Protection issues. The Radiographer refused to undertake any X-rays and reported the incident to the Head of Radiology Services. The matter was escalated to the weekly Executive Quality meeting.

PATIENT EXPERIENCE REPORT: The Patient Experience Report was shared with Members for information.

OQSESC FORWARD WORK PROGRAMME 2022/23: The OQSESC Forward Work Programme was shared with Members for information.

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Risks (include Reference to Risk Register reference):

BRONGLAIS HOSPITAL: Space for clinical and rehabilitation activities and storage on-site continues to present as a risk to safety, both in terms of potential for injury for both staff and patients and for fire evacuation. Off-site solutions are being investigated by the Estates Department to address the storage of essential equipment and stock that has no appropriate space to be stored on-site. Acknowledging the broader strategy is in development for an Integrated Care Centre in Aberystwyth, the Sub-Committee appreciate this does not resolve the immediate risks and the Hospital Manager undertook to liaise with the Risk and Assurance Team to escalate the risk via the Datix system to raise Board awareness and consideration will be given to raising the risks associated with limited management capacity.

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Recommendation:

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