

## Operational Quality, Safety & Experience Sub-Committee

<b>Enw'r Cyfarwyddiaeth: Name of Directorate:</b>	Exception Report from Operational Quality, Safety and Experience Sub-Committee (OQSESC)
<b>Swyddog Adrodd: Reporting Officer:</b>	Alison Shakeshaft, Director of Therapies and Health Science (Sub-Committee Chair)
<b>Cyfnod Adrodd: Reporting Period:</b>	7 <sup>th</sup> September 2021
<b>Materion Ansawdd, Diogelwch A Phrofiad: Quality, Safety &amp; Experience Matters:</b>	
<ul style="list-style-type: none"> <li>• <b>Decisions Taken via Chair's Action:</b> The Sub-Committee ratified the approval via Chair's Action of Policy 243 – Consent to Post Mortem Examination Policy.</li> <li>• <b>Nutrition and Hydration Group Update Report and Revised Terms of Reference:</b> The Sub-Committee received the Nutrition and Hydration Group Update Reports from the meetings held on 23<sup>rd</sup> June and 24<sup>th</sup> August 2021, and gained assured from the update.</li> <li>• <b>Mental Capacity Act And Consent Group Update Report:</b> The Sub-Committee received the Mental Capacity Act and Consent Group Update Report from its meeting held on 24<sup>th</sup> June 2021, advising of the further 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. Referring to the Welsh Risk pool e-consent pilot, it was noted that HDdUHB has been selected to pilot the scheme and a further update would be presented at the next Sub-Committee meeting. The Sub-Committee gained assured from the update.</li> <li>• <b>Medical Devices Group Update Report:</b> Due to the cancellation of the July 2021 Medical Devices Group meeting, no update report from discussions was presented. 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.</li> <li>• <b>Ophthalmology – Quality and Safety Impacts:</b> 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.</li> </ul>	

- **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. Concerns were raised regarding the outstanding Estates works in Tenby Surgery and other HDdUHB managed GP practices, impacting on health and safety requirements and it was agreed to escalate this matter to the Quality, Safety & Experience Committee (QSEC) through the Sub-Committee Update Report.
- **Resuscitation/RRAILS Group Update Report:** The Sub-Committee received the Resuscitation/RRAILS Group Update Report, advising of the utilisation of a sepsis bundle as a checklist to recognise sepsis and to ensure timely treatment, and noted that the use of the bundle has tripled since June 2021. A request has also been received to provide more workplace based training for agency staff due to the anticipated increase in sepsis amongst patients entering Emergency Departments.

#### **Risgiau:**

#### **Risks (include Reference to Risk Register reference):**

**Health Board Overview on Top Reported Risks and Actions for Mitigation** – the Health Board Overview on Top Reported Risks and Actions for Mitigation report was presented to Members, consisting of 78 risks assigned to the Sub-Committee, as at 20<sup>th</sup> August 2021, which have a current risk score exceeding the risk tolerance level. It was noted that 33 of the 78 risks have been reviewed since the previous meeting, and Members were pleased to note that 14 risks have been removed from the register. Concern was expressed relating to a number of risks allocated to the Therapies Services which had not been reviewed since February/March 2021 and the Assurance and Risk Team undertook to liaise with the Therapies Service to review these.

#### **Directorate Risk Exception Reports**

- **Mental Health and Learning Disabilities Directorate (MH&LD):** The Sub-Committee received the “Exception Report from Mental Health and Learning Disabilities Directorate”, following a deep dive into Risk 1032 *Safety – patient staff or public. Delivery of Q3/4 Operating Plan – Timely access to assessment and diagnosis for Mental Health and Learning Disabilities clients*, noting that the 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 MH&LD 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 Legislative Group, and that a newly established all-Wales Task and Finish Group has been tasked with producing an all-Wales Ligation Policy, and is attended by the Assistant Director of Nursing (MH&LD).

The Sub-Committee received assurance that the MH&LD Directorate has robust processes and mechanisms in place to ensure it is providing a safe, quality, effective and efficient service for service users.

**Women & Children’s Directorate:** The Sub-Committee received the “Exception Report from Women and Children’s Directorate”, noting 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 4<sup>th</sup> 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.

- **3 Counties Community Services:** The Sub-Committee received the “3 Counties Community Services” report, highlighting Domiciliary Care provision and Care Homes access and availability as two key areas for escalation to QQSESC. 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.

#### **Argymhelliad: Recommendation:**

The Quality, Safety and Experience Committee is requested to note the content of the QQSESC update report and the following areas of concern:

- The outstanding Estates works in Tenby Surgery and other HDdUHB managed GP practices which have been escalated to the Director of Nursing, Quality and Patient Safety and the Director of Primary Care, Community & Long Term Care.
- Concerns regarding the extremely fragile situation across all services, particularly in regard to unscheduled care, with discussions to be held on where best to escalate these challenges to gain an understanding of the extra support required.