

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:	September 2023

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

Patient Story: The Sub Committee received a patient story from a husband about his experience whilst his wife was giving birth to their child. The woman and the Consultant involved had also recorded their experiences which has provided a valuable opportunity to hear about the experience from different perspectives and make service improvements. The long term implications of inappropriate comments made by clinicians and staff, as well as inappropriate non verbal communication was discussed. The Head of Patient Experience encouraged Members to circulate the details of the 'Making a Difference' training within their Directorates which supports staff to use appropriate language and strengthen communication skills and takes place on a monthly basis. Noting the psychological impact of childbirth which can often be traumatising for women and their families, the Assistant Director of Nursing, Mental Health and Learning Disabilities undertook to explore preventative opportunities to support mothers and families following events that may have long term mental health implications which can be referred by the Midwifery service.

Unscheduled Care Withybush Hospital: The Sub Committee received an Update Report from Unscheduled Care at Withybush Hospital. The key highlights include the ongoing challenges due to the Reinforced Aerated Autoclave Concrete (RAAC) survey works which have caused significant disruption due to the operational changes required to ensure the safety of patients and staff. Members noted that over 80 beds have been decanted and a reduction of 39 beds has been required. A staggered re-phasing approach will take place from October 2023 with some of the clinical areas returning to their intended purpose such as the Day Surgery Unit. The Sub Committee passed on a special thanks to all of the staff for their hard work and efforts in managing the situation, with Members noting minimal staff concerns received by the Trade Unions, which highlights the exemplary practice undertaken to communicate effectively with staff.

Unscheduled Care Bronglais Hospital: The Sub Committee received the Unscheduled Care update report from Bronglais Hospital. Referring to Risk 1592 (the risk that the trainee experience across the Medical Specialties in Bronglais is not meeting the required standards) which was highlighted as an area for improvement during a visit from Health Education Inspectorate Wales (HEIW), Members noted that the risk remains on the Operational Risk Register and a follow up visit from HEIW has been scheduled for 16 October 2023.

Members noted ongoing capacity concerns and challenges with an increase in patient beds in inappropriate areas such as corridors and treatment rooms as well as ambulance handover delays which was noted across all unscheduled care sites.

It was highlighted within the report that Bronglais Hospital accounts for 1046 of 9995 open incidents on the Datix system across the Health Board, with a backlog of investigating incidents relating to pressure sores being the incident type with the largest number of open incidents. Members noted that

work is underway by the Senior Nurse Manager to review outstanding actions on Datix system and going forward this will be monitored by the Sub Committee.

Space on site continues to cause challenges, with Members noting ongoing discussions with the Local Authority to progress accommodation opportunities, with discussions underway to lease additional office space in progress. The ongoing challenges in recruitment, a high withdrawal rate from posts, agency staff shortage and additional support required for medical staff that have been trained overseas continues to have an impact on quality and patient experience. Opportunities are being explored as far as possible in terms of apprenticeship programmes, reviewing nurse staffing level requirements and the team are looking forward to a fresh cohort of Internationally Educated Nurses in September and October 2023. Members were also pleased to note the positive news that 1.8 Whole Time Equivalent (WTE) members of staff have been recruited for the site manager role which has been challenging to cover for some time.

Unscheduled Care Glangwili and Prince Philip Hospital: The Sub Committee received the Unscheduled Care update report from Glangwili Hospital (GGH) and Prince Philip Hospital (PPH) and were pleased to note the improving vacancy position particularly at GGH, while noting however that the medical workforce fill rate remains challenging.

Members noted the continued use of surge beds across sites and ambulance handover delays which remain challenging, with mitigation in place as far as possible with revised processes in place to manage flows and extending the Ambulance Red Release Standard Operation Procedure to include Amber release requests.

The Sub Committee received an update on the risks due to hospital cleanliness in particularly at GGH due to staffing challenges in the Hotel Services team. Following a site meeting between Nursing and the Infection Prevention and Control team, a pilot has been agreed in terms of staff rota's to try to resolve the issues. Targeted work continues within GGH & PPH (as part of a Health Board wide work-stream) to reduce incidences of hospital acquired infection and Clostridium Difficile (CDI) rates. Whilst wider engagement is improving, there remain issues with clinical engagement which is being addressed by Clinical leads. Members noted that prolonged length of stays and delayed discharges remains a significant challenge within both GGH and PPH. This is causing harm, including hospital acquired infections, which has in some cases caused/contributed to patients' untimely passing. These cases are being thoroughly investigated and recorded via Datix, to include Safeguarding screening.

It was positively noted that the Quality Assurance Team has supported targeted intervention across the inpatient wards in relation to reducing Inpatient falls. The outcome data to date is positive with reduced incidences of falls in these areas.

Mental Health and Learning Disabilities Directorate: The Sub Committee received the Mental Health and Learning Disabilities (MHL) update report and noted the following key highlights:

- Patient Stories have been introduced as a standing agenda item at the MHL Quality and Safety Group meetings which sets a focus for the meetings.
- An update was shared on Point of Ligature (POL) work being undertaken across the Directorate. Assurance was received in relation to the identification of points of ligature risks within built environment through the POL assessment process.
- Positive progress of the work to implement actions following receipt of recommendations from the HIW Discharge in Mental Health Review.

- Positive improvements to practice have been noted where there has been collaboration between the Reducing Restrictive Practice Team and clinical teams where high uses of prone, supine or seated restraint. The Reducing Restrictive Practice Team report a reduction in staff anxiety around restraint, a move away from prone restraint and most importantly have seen positive feedback from the service users about their experience. It was noted that the establishment of Health Board wide Restrictive Practice Group is being explored.

Community Services: Apologies were noted from the Community Nursing service and Members noted the Directorate Update Report.

Primary Care Service: Apologies were noted from Primary Care service and Members noted the Directorate Update Report.

Nutrition and Hydration Group Update: The Sub Committee noted that recently the main focus for the Nutrition and Hydration team has been to implement the changes in catering provision at the Withybush Hospital site in response to the RAAC works, from an in-house plated service to ordered in cook/ freeze meals from Cwm Taf University Health Board.

The key focus of the Nutrition and Hydration Group meeting that took place on 9 August 2023 was to explore complaints and concerns received by the Health Board and explore activities to target themes. It was agreed that any concerns relating to nutrition and hydration would be managed by Dietetics team. One concern that was raised at the meeting is the delay in the Nutrition and Hydration team becoming aware of complaints as often the concerns form part of wider service complaints.

Radiation Protection Group (RPG): The Sub Committee received an update from the Radiation Protection Group from its meeting on 17 May 2023. The RPG had discussed the need to strengthen the reporting regime from the Medical Exposure Group to RPG in order to strengthen assurance regarding the Ionising Radiation (Medical Exposure) Regulations compliance across the Health Board.

It was noted that the Medical Physics advisor has reported that a previously discussed international study had suggested female surgical staff required additional radiation protection. There is now an emerging UK consensus that the study methodology was not strong enough to support this opinion and that additional measures are not required for this staff group. As such, the Group accepted the recommendation that additional protection is not required, subject to final confirmation by the Medical Physics Team.

The Laser Protection Policy has been agreed in principle with multiple amendments being incorporated following extensive consultation. This is on the Risk Register as there is no laser protection service available from Swansea Bay, qualified laser protection experts/advisors being very rare and difficult to recruit. The new policy does contain a contingency to train an appropriate Clinical Engineer to provide a local service, should staffing capacity allow for this. RPG received assurance that appropriate Laser Protection advice is currently being provided by an outsourced company.

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Risks (include Reference to Risk Register reference):

- The Sub Committee received an update regarding a technical failure with the GAMMA 3D Scanner at Withybush Hospital. Following repair, the technician has advised that the equipment will need to be used to ensure it is working effectively and scanning has recommenced following a dynamic risk assessment.

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Recommendation:

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