

Operational Quality, Safety & Experience Sub-Committee

Enw'r Cyfarwyddiaeth: Name of Directorate:	Operational Quality, Safety and Experience Sub-Committee (QQSESC)
Swyddog Adrodd: Reporting Officer:	Mrs Sian Passey, Assistant Director of Nursing Assurance & Safeguarding (QQSESC Chair)
Cyfnod Adrodd: Reporting Period:	6 th January 2022
Materion Ansawdd, Diogelwch A Phrofiad: Quality, Safety & Experience Matters:	
<ul style="list-style-type: none"> • Patient Experience Story The Sub-Committee received feedback from an individual patient following treatment for cancer during the COVID-19 pandemic, with the following key areas of concern highlighted: <ul style="list-style-type: none"> • 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. <p>Members discussed the concerns raised and received assurance that these would be shared with the Cancer Services Team and through the governance structure of the wider Locality / Directorates governance groups. The importance of patient experience stories was recognised, with Members proposing that this be a standing agenda item for QQSESC going forward.</p> • Audit Wales- Review of Quality Governance Arrangements – HDdUHB 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 of the quality governance arrangements in place 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 next QQSESC meeting in March 2022. • Patient Experience Report The Sub-Committee received the Patient Experience Report 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. The Sub-Committee requested that positive patient feedback is captured within the Exception Reporting at future OQSESC meetings.

- **Patient Safety Solutions (Patient Safety Notices and Alerts)**

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 *RRR/2009/004 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.

- **Resuscitation and RRAILS Group Update Report**

The Sub-Committee received an update from the Resuscitation and RRAILS Group and noted 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. The Sub-Committee was also informed of the reduced Sepsis Bundle activity in the Emergency Admissions Unit at Bronlais General Hospital (BGH) which may result in missed sepsis incidents, however assurance was given that reviews of the notes were undertaken to identify any learning. Members noted the unavoidable impact of current operational pressures on sepsis recognition and treatment but did receive assurances that the impact is being monitored.

- **Mental Capacity and Consent Group Update Report**

The Sub-Committee received an update from the Mental Capacity and Consent Group and were informed of the ongoing delay from Welsh Government (WG) in providing the draft Liberty Protection Safeguards (LPS) Code of Practice and Welsh Regulations. 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 Update Report**

The Sub-Committee received an update from the Medical Devices Group following their 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. The Sub-Committee was apprised of concerns relating to the current rate of compliance with Lifting Operations & Lifting Equipment Regulations 1998 (LOLER) and its Approved Code of Practice. Members noted that any hoists not inspected within the guidelines are in breach of the LOLER regulations and present a potential risk to the patients being handled as well as potential risks to staff involved in using the equipment. It was confirmed that the Medical Devices Group Chair would discuss the issues raised with senior colleagues across a number of HB functions including the Health and Safety Committee, with an update report to be provided at the next OQSESC meeting.

- **Any Other Business**

The Sub-Committee was informed that Healthcare Inspectorate Wales (HIW) is undertaking a National Review of Patient Flow to gain a better understanding of challenges and to test whether arrangements for patient flow are robust, which will focus on patients passage through the stroke pathway. Members noted that HIW has asked HDdUHB to review its current position against the thirteen recommendations from the 2018 HIW thematic review of Patient Discharge from Hospital to General Practice.

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Risks (include Reference to Risk Register reference):

- **Health Board (HB) Overview of Top Reported Risks and Actions Mitigation**

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.

- **Mental Health and Learning Disabilities (MH&LD) Directorate Exception Report**

The Sub-Committee received the MH&LD Directorate Exception Report and noted the key information contained within it. Members were informed that HIW undertook a virtual visit to Ty Bryn, Learning Disabilities Service, St David's Park, Carmarthen 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 next OQSESC meeting in March 2022.

- **Radiology Services Exception Report**

The Sub-Committee received the Radiology Services Exception report and noted the significant recruitment challenges, with 15 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 next OQSESC meeting.

- **Scheduled Care Exception Report**

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**

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. However, assurance was received that additional resource is being progressed for a Band 8A / 8B member of staff to support the workforce. Members were informed of a reported increase in Medical Emergency Team calls on Ward 4, WGH between September and November 2021. This concern was identified by the nursing team and a request made for QAST to support an external review of the incidents with the conclusions to be included with the Unscheduled Care Exception Report (WGH) to OQSESC in March 2022.

- **Unscheduled Care Glangwili General Hospital (GGH) and Prince Philip Hospital (PPH) Exception Report**

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 the significant number of Registered Nurse vacancies and the ongoing clinical risks being experienced due to extreme operational pressures. Whilst there are mitigations in place, there remains an impact on patient care which will be continually monitored. 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 Hospital at Night 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 on 10th January 2022. Members expressed concerns in regard to the ongoing recruitment challenges and the recent withdrawal of an application by a Physicians

Associate due to a delay in the recruitment process. It was therefore proposed that the rationale for these delays should be investigated to avoid a repeated occurrence.

- **Unscheduled Care Bronglais General Hospital (BGH) Exception Report**

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.

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Recommendation:

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