

## COMMITTEE UPDATE REPORT / ADRODDIAD DIWEDDARU'R PWYLLGOR - QUALITY, SAFETY AND EXPERIENCE COMMITTEE

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 5 December 2024

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Ms Anna Lewis, Chair

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### KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

**Alert<sup>1</sup>** (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

There were no items to **alert** the Board to.

**Advise<sup>2</sup>** (to monitor)/ **Cynghori** (i fonitro)

QSEC wish to **advise** members of Board that:

Concerns were raised on the **Corporate Risk Report** that expected timelines in the "gaps in control" section were not being achieved. QSEC also advise the Board that assurance was unable to be provided that the following risks were being managed effectively with the remainder of the risks detailed within the risk section:

- **Risk 797: Risk to the ability to deliver ultrasound services due to workforce pressures:** While this risk is being closely monitored, there has been no improvement over a significant period. Potential options to mitigate include regional collaboration. Whilst assurance was provided that no harm to patients had been identified to date, it was acknowledged that this risk required focus to ensure impacts to quality, safety and performance were being mitigated as far as reasonably practicable. QSEC concluded that it was not adequately assured and this required thorough triangulation with incident data to provide adequate assurance. This will be brought back to the Committee.
- **Risk 1664: Risk to Ophthalmology service delivery due to a national shortage Consultant Ophthalmologists and the inability to recruit:** This risk has been on the risk register for a significant period. Whilst plans are being developed for the next financial year, given the absence of quality data for QSEC to review patient impacts, it was agreed that an update detailing how the risk including the quality and safety impacts were being mitigated with this to be presented to QSEC on 13 February 2025.
- **Risk 684: Risk to the timely investment and replacement of Radiology equipment and supporting infrastructure:** Due to insufficient capital funding from Welsh Government (WG), management of this risk is outside the Health

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<sup>1</sup> There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action, or intervention required.

<sup>2</sup> There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

Board's control. A regional solution may be explored with SBUHB. The potential quality and safety impacts were discussed.

- The Health Board's **aging estate** is impacting on completing recommendations related to the National Nosocomial COVID-19 Programme Learning Action Plan. From a national perspective there are links regarding infection control and quality and safety challenges with an ageing estate.
- Whilst the Committee received assurance from the process to **complete Healthcare Inspectorate Wales (HIW) outstanding actions** included as part of the Quality Assurance Report, the update resulted in a wider discussion regarding the significant delays in completing some HIW Mental Health recommendations. QSEC concluded that an appropriate course of action was required for the Committee to be able to scrutinise any delays. In terms of the number of nursing staff on duty, the importance of including triangulation of clinical incident data where there are shortfalls on some shifts was recognised. An update will be provided at the next meeting via the quality assurance report.
- The Committee were not assured by the update provided on the Welsh Health Circular - **guidance for the provision of continence containment products for children and young people: a consensus document**. The implementation date had moved from August 2023 until May 2025, with the Committee agreeing this was not acceptable. There is currently no budget or establishment for Paediatric incontinence with it noted this is part of a wider service review of Hywel Dda Children's disability services. Furthermore, it was noted there is currently no children's disability provision in Pembrokeshire. Due to the concerns raised, the Chair requested that the Chief Operating Officer provide an update prior to the Board meeting.
- At the September 2024 Public Board meeting, the Board requested QSEC review the three **agreed temporary service changes** to seek assurance that any quality, safety, and experience impacts were being identified and mitigated. The paper had not been prepared in time for the meeting and the Chair, on behalf of the Committee, expressed disappointment that the Committee could not discharge its duties effectively. The Chair asked that a written update be provided within two weeks of the meeting with this appended to the Board update report.

### **Assure<sup>3</sup> (to note)/ Sicrhau (i nodi)**

The QSEC wishes to **assure** members of the Board that:

- The **Patient Story** identified several recurring themes including a lack of understanding and ineffective communication between departments when parents with a young child currently in the adoption process, when the parent and child have differing surnames. It was agreed that any departmental and Health Board wide learning be presented to the Listening & Learning Sub-Committee and reported to QSEC.

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<sup>3</sup> *There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.*

- The development and implementation of the framework and governance for providing an effective process to recognise and respond to clinical services that are at risk of becoming **Fragile Services** is now in place.
- The development of the Health Board's **Listening and Learning (From Events) Framework** was welcomed, with the transfer to a more thematic organisational learning and patient outcome focused approach and its alignment to the new operational structure. The need to ensure that all staff networks have the time and access to articles and learning resources was recognised.
- The **Listening and Learning Sub Committee (LLSC)** update report provided assurance and the Terms of Reference were approved.
- The **Quality, Safety and Experience Sub Committee** update report noted the processes that have been established to reduce falls.
- The measures implemented following the **Cleanliness Standards Internal Audit** should be effective in preventing a recurrence of these issues in the future. The Committee were assured by the actions taken.
- The **Veteran Health** update report demonstrated that the Health Board is proactively implementing the Armed Forces Covenant in particular that veterans are not being disadvantaged in terms of health outcomes;. The work of the Health Board has been commended by the NHS Wales and Veteran Commissioner.
- The **Rheumatology Deep Dive** indicated progress regarding the work undertaken to meet capacity challenges; and a projected improvement in performance for patients waiting over 52 weeks for their first Outpatient appointment. There are potential options to consider regarding regional collaboration.
- The Committee was assured by the changes in managing patients on an elective care waiting list in **Planned Care** and the positive initiatives currently in place to support these patients. A systematic approach is being taken to identify harm and risk to patients on a waiting list, to date only 2% of patients have required a clinical review, which is reported to WG.
- The **Occupational Therapy (OT) (Paediatrics) Improvement Plan** indicated a continued improvement, with a reduction in the overall number of breaches in Paediatric OT and a decrease in the number of long waits. The Committee welcomed the significant improvement and that any patients on the waiting list are aware of the various ways to contact the team.
- The Committee approved the **Withybush Creche Statement of Purpose** operational documentation.

## Review of Risks/ Adolygiad o Risgiau

- **Corporate risk 1959: Risk of poor patient outcomes and experience due to inability to effectively recognise and manage acute deterioration:** Whilst the lack of compliance for resuscitation training was previously escalated to PODCC a quality dashboard will accompany the report presented to QSEC on 13 February 2025.

- **Corporate risk 1708: Risk of increasing fragility in primary care contractor services due to recruitment challenge:** Management processes are in place to manage fragility and services differently when contracts are handed back by independent contractors, which may impact on patients in the short term.
- **Corporate risk 1027: Risk to delivery of timely urgent and emergency care due to demand exceeding current capacity:** Whilst there was an improving trend regarding lengths of stay in Urgent and Emergency Care, further improvements are required particularly at Glangwili General Hospital.
- **Corporate risk 1531: Risk of being unable to safely support the Consultant on-call rota at Withybush Hospital (WGH) and Glangwili Hospital (GGH) due to workforce pressures:** Candidate interviews were scheduled for 12 December 2024; and a contingency plan is in place to divert patients when managing site capacity and emerging pressures.
- **Corporate risk 1032: Risk of timely diagnosis and treatment of MH&LD clients due to demand and capacity:** Following discussions at the Integrated, Quality, Finance and Performance Delivery (IQFPD) Group and the Targeted Intervention escalation meetings, the directorate had been tasked with establishing a plan to increase the level of capacity. In addition, engagement with stakeholders may also be required. This will result in a full review of the risk to clarify the mitigation measures required to manage the risk from a patient outcomes perspective.
- **Risk 1810: Risk to delivering effective and timely cancer service due to Aseptic Unit facilities being non-compliant with Quality Assurance of Aseptic Preparation Services (QAAPS):** The Aseptic Unit Business Justification Case was delayed due to a lack of response from contractors to the initial tender. Following support from WG, a more specialist procurement process is being undertaken, with assurance received that continual monitoring of the unit is taking place.

In addition to the risks outlined above, the impact of the Health Board estate due a lack of capital investment was recognised, which is resulting in an increase in requests being presented for approval to the Charitable Funds Committee. In order for QSEC and Board to fulfil their responsibilities in understanding the impacts on patients and communities, Clinical Executive Directors should clearly communicate the impacts on quality, safety, and experience associated with each risk.

### Sharing of learning/ Rhannu dysgu

Referencing the **patient story**, this will be shared with the equality, diversity, and inclusion teams to ensure that a training needs analysis is included in the staff training programmes going forward.

### Recommendation/ Argymhelliad

The Board is asked to **note** the items the Committee is advising them of and **take assurance** from the items that the Committee is providing assurance on.

Agenda, papers and minutes are available on our website/ Mae agenda, papurau a chofnodion ar gael ar ein gwefan: [Quality, Safety and Experience Committee \(QSEC\) - Hywel Dda University Health Board](#)

**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD  
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	17 December 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Quality, Safety and Experience Committee (QSEC) Chair's Briefing
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Interim Executive Director of Nursing, Quality & Patient Experience.
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Sharon Daniel, Interim Executive Director of Nursing, Quality & Patient Experience.

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

To provide assurance regarding Quality & Safety impact of service change/redesign relating to Minor Injuries Unit (MIU) overnight closure, Children's Continence Service, Bronglais Hospital (BGH) Post Anaesthetic Care Unit (PACU) + model and Tregaron in-patient bed closures.

**Cefndir / Background**

This is a briefing provided to the QSEC Chair to provide oversight of the impacts following the changes to the above service that were agreed at the Board Meeting in Public on 26 September 2024.

**Asesiad / Assessment**

**MIU Overnight Closure:**

There has been minimal service impact and no significant patient safety, quality, and experience concerns to date following the overnight closure of MIU.

There have been no obvious additional requirements for patients to be transferred/re-directed from MIU Prince Philip Hospital (PPH) to Emergency Department (ED), Glangwili Hospital (GGH) and Swansea Bay University Health Board (SBUHB), though this data is being collated. There has been one transfer delay (12 hours) from MIU to SBUHB (trauma patient) in November 2024. Acute Medical Assessment Unit (AMAU) admission activity remains consistent. This is risk assessed daily.

There has been one concern through Patient Advice and Liaison Service (PALS)/Complaints process from MIU in November: This is a reduction in trend of complaints in comparison to previous months.

## **Datix/Incidents:**

### **November 2024 – 8 incidents reported:**

- **HDD53566** – Self presenter to MIU (outside scope for MIU) - GP letter to attend ED though patient refusing to attend GGH. No Harm.
- **HDD54257** – Pressure Damage noted on admission to MIU. No Harm.
- **HDD64266** – Welsh Ambulance Service Trust (WAST) conveyed patient via taxi to MIU (outside scope of MIU). No Harm.
- **HDD64483** – WAST transfer delay of patient to SUHBB (post trauma). Scored as Moderate initially – but no harm to patient. Pending investigation.
- **HDD64548** – missed fracture. Low Harm.
- **HDD64646** - WAST conveyed patient via taxi to MIU (outside scope of MIU). No Harm.
- **HDD64757** - Self presenter to MIU (outside scope for MIU). Low Harm.
- **HDD64515** – Welsh Patient Administration System (WPAS) record issue. No Harm.

### **Children & Young People Contenance Service Update:**

Currently children and young people need to liaise with universal services such as GP, and are often referred into Acute Paediatrics for additional support. This is the mechanism for accessing products in a timely and effective manner currently.

Some of our more vulnerable children who are known to our Disability Teams in Carmarthenshire and Ceredigion are picked up by their practitioners and supported through their service.

The Directorate is in the process of formalising the job description for the Children's Contenance Nurse. However, recognising there are opportunities to build a service aligned with the adult service, a proposal is being developed to describe the challenges in both adult and children contenance service, related to its functioning, the extended waiting lists, the opportunities for cost containment and generally how they are organised.

The Directorate recognise that improvement is needed in this area. Via the revised care group structure, the newly appointed Assistant Director of Nursing Planned Care and Specialist Services will undertake a review of the service to determine what is required in the longer term.

### **BGH PACU + model – Angharad Ward:**

The revised model now operates as a PACU+ with reduced in-patient bed capacity from 11am – 4pm including a stabilisation space. The PACU referral criteria has been revised accordingly. This new model is aligned with the Royal College of Paediatrics and Child Health (RCPCH) standards for Short Stay Paediatric Assessment Unit (SSPAU) PACU is a form of SSPAU.

### Activity

From 18 November 2024, the average length of stay (LoS) has been 0.93 bed days decreasing in December to 0.5 bed days, with 24 ward attenders in November and to date, in December eight ward attenders. There were 85 in-patients in November and to date, in December, 113 in-patients treated.

Emergency activity has increased with 85 episodes in November and 109 episodes to date, in December. There have been no day case admissions during this period and two children have been transferred to GGH.

There have been 10 occasions where children have remained on the ward for over 36 hours, ranging from 38 hours to 118 hours (4.9 days). Each case was clinically reviewed by the Multi-Disciplinary Team (MDT) and the decision to keep the children on the ward was made based

on clinical condition and improvement. One case remained as parents had no means of transport to GGH. The child's condition was appropriate to be managed on the ward.

### Incidents

There have been no patient harm incidences relating to the PACU + model.

### Complaints

There have been no complaints relating to the PACU + model from 18 November 2024.

### Risks

All risks managed appropriately, and the register is reviewed monthly at Directorate level. No issues have been highlighted in the thrice weekly touch point which has been established to support the staff. The Senior Sister has been very proactive meeting with the teams to discuss any anxieties or concerns. The practice education team are supporting skills updates as well as working clinically on the unit as required.

### Patient feedback

To date there has been no patient feedback regarding the change in service model to the PACU+. On 9 January 2025, the communications team will be meeting again with the new staff, as well as preparing a patient story following on from the October press release.

It is anticipated that the model will be reverting in February 2025 once staff have on-boarded following a successful recruitment campaign.

### **Tregaron Hospital:**

Assurance has been obtained via the Quality, Assurance and Safety Team that there have been no adverse incidents reported since the service change.

The decommissioning of the remaining beds in Tregaron Community Hospital was undertaken through the multidisciplinary process in conjunction with the patient and their family with long term plans for discharge based on their needs and ensuring safe discharge.

It is also essential to ensure that the future workforce is developed in a safe, sustainable, and appropriate way. Following the consultation period and Board approval, the implementation process commenced with the decommissioning of the beds. In summary:

- All nursing staff have had one-to-one meetings with a Human Resources (HR) representative, a trade union representative and a senior nurse to discuss the community plan and what their preferred option would be.
- There have been regular meetings held with staff to ensure good communication is maintained with opportunities for any concerns to be raised and addressed.
- Staff allocated to community teams and out-patient teams as per their preferred preference. Opportunities have been provided for staff development to ensure that Tregaron staff have the skills they require to support the Community Nursing Teams.
- Individual training plans discussed with staff on a one-to-one basis; this will remain ongoing and bespoke training programmes developed in conjunction with one-to-one meeting.
- Competency workbooks have been developed and provided to all staff to support in obtaining and maintaining competencies in the community setting.
- The training programme is flexible and is tailored to once Tregaron staff are trained and competent individual learning needs.
- Next meeting with staff and mentors to be held in January with a plan to invite staff back into Tregaron to work with the community nursing services in this area to provide care closer to home.

- Scoping with Infection Prevention and Control (IP&C) colleagues and estates in Tregaron hospital to look at moving Outpatient clinics into the building. Some clinics are already up and running with more planned in the new year.

### Argymhelliad / Recommendation

QSEC Chair is asked to review the content of this briefing document and to consider whether further assurance is required in relation to the three Service changes described, and consider sharing the briefing with QSEC members.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Safe 2. Timely 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 3 Transforming Urgent and Emergency Care programme 10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 8. Transform our communities through collaboration with people, communities and partners

### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Not applicable



Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Not applicable
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<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not applicable
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal
<b>Gweithlu: Workforce:</b>	Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal
<b>Risg: Risk:</b>	Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal
<b>Cyfreithiol: Legal:</b>	Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal
<b>Enw Da: Reputational:</b>	Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal
<b>Gyfrinachedd: Privacy:</b>	Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal
<b>Cydraddoldeb: Equality:</b>	Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal