

## QUALITY, SAFETY & EXPERIENCE

### SUB-COMMITTEE (QSESC) UPDATE REPORT

**Date of last meeting:** 14 November 2024

**Quoracy:** Met

**Report by:** Mr James Severs, Chair

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#### KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

**Alert<sup>1</sup>** (may require discussion)

There were no matters to alert the Committee to.

**Advise<sup>2</sup>** (to monitor)

The Quality, Safety & Experience Sub-Committee wish to **advise** members of the Committee that:

- Although progress has been made implementing recommendations arising from the **Falls Improvement Audit**, there is concern regarding the pace in developing the Falls Strategy. Progress on the investigation of 989 open incidents relating to falls since 2022 with various levels of reported harm, will be monitored via the Directorate Quality and Safety Experience Groups going forward and reported to QSESC. A Task and Finish Group is being established to develop a Falls Strategy and ensure focus and monitor the trajectory for the closure of incidents.
- Options are being explored via the **Radiology Service** for a sustainable service model for the DEXA bone density scanning pathway which is currently commissioned from Swansea Bay University Health Board (SBUHB) and there are concerns regarding length of waits and an inequity of service provision across the Hywel Dda region. QSESC have requested for options to be considered within the directorate and requested a briefing from the directorate which includes timelines ahead of the next meeting in January 2025.
- QSESC requested a briefing from **Women's and Children's Directorate** regards the Ultrasound Control Group in response to Risk 1936 (ultrasound service fragility) for the QSESC meeting due to be held in January 2025.

**WHC Provision of continence product for Children and Young People a consensus document:** The Lead Community Paediatric Nurse has carried out a scoping exercise and is considering how the service can meet the guidance for continence containment products within the current services however this is proving to be difficult due to being under-resourced across

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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.

Community services. The service is also looking to employ a continence nurse and a job description is currently being developed. The service is in the process of also exploring opportunities to repurpose the budget.

- A draft action plan has been developed for compliance with the Ionising Radiation (Medical Exposure) (Amendment) Regulations 2024 which came into force on 1 October 2024. A formal update and action plan will be presented by the **Medical Exposures Group** during the next group update.
- A request was made by the Charitable Funds Committee in September 2024 for assurance that there are appropriate processes in place for the replacement of medical devices across the Health Board via the **Medical Devices Group (MDG)**. Currently the replacement programmes are driven by capital planning as opposed to a specific process for the oversight of a formal rolling replacement scheme for medical devices. The MDG have been asked to provide assurance there is appropriate oversight of all medical devices as part of a rolling replacement scheme which is informed by an appropriate risk assessment and an update at QSESC in January 2025.

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

The Quality, Safety & Experience Sub-Committee wish to **assure** members of the Quality, Safety & Experience Committee that:

- The Outpatients senior nursing and operational team within **Scheduled Care Services** were winners in the Equitable Care category at the NHS Awards 2024. This quality improvement initiative empowers patients and enhances the patient experience. The prostate cancer rapid diagnosis pathway, PROSTAD team, won the Efficient Care award for improving prostate cancer outcomes and integration of this pathway into routine care.
- To ensure a unified approach for the **Medical Examiners (Death Certification Reform)** process, a meeting between key stakeholders will take place to monitor impact as legislation embeds into practice for Primary Care Services and to clarify the implications for body storage facilities within Mortuary Services which will continue to be monitored via QSESC.

### **Written Control Documents**

The Sub Committee approved the following Terms of Reference (ToR):

- Human Tissue Authority Assurance Group

And the following ToR were approved subject to transfer to the new Group ToR template:

- Medical Exposure Group
- Medical Devices Group

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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.

## Recommendation

The Quality, Safety & Experience Committee is asked to:

- Note the items that the Committee is advising them of
- Be assured on the items that the Committee is providing assurance on.