

**PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD CYMERADWY/
APPROVED MINUTES OF THE QUALITY, SAFETY & EXPERIENCE COMMITTEE MEETING**

Date of Meeting: **09:30, Thursday 15 August 2024**
Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

Present: Anna Lewis, Independent Member and Chair of the Committee
Andrew Carruthers, Executive Director of Operations
Ann Murphy, Independent Member (Part)
Ardiana Gjini, Director of Public Health
Cathie Steele, Head of Quality and Governance
Chantal Patel, Independent Member
Delyth Raynsford, Independent Member and Vice Chair
James Severs, Executive Director of Therapies and Health Science
Jill Paterson, Director of Primary and Long Term Care
Louise O'Connor, Assistant Director of Legal and Patient Experience
Sam Dentten, Llais Cymru Representative
Sharon Daniel, Interim Executive Director of Nursing, Quality and Patient Experience

In Attendance: Amanda Glanville, Head of Workforce
Charlotte Wilmshurst, Assistant Director of Assurance and Risk
Daniel Jones, Patient Experience Officer
Frances Howells, Head of Infection Prevention
Gina Beard, Lead Cancer Nurse
Kelly Rafique, Lead Clinical Nurse Cancer Specialist
Lisa Humphrey, Interim General Manager

Apologies: Mrs Joanne Wilson, Director of Corporate Governance and Board Secretary
Subhamay Ghosh, Associate Medical Director for Quality and Safety
Mark Henwood, Interim Medical Director
Sion James, Assistant Director of Primary Care

Minutes Ref.	Item	Action
	Governance	
QSEC (24) 59	Declarations of Interest Ms Ann Murphy declared an interest as Trade Union representative in relation to Risk 1548 within the Corporate Risk Report - Risk to the Health Board maintaining service provision due to industrial action.	
QSEC (24) 60	Minutes from the Previous Meeting, Table of Actions and Self Assessment Actions The minutes from the last meeting were approved subject to the inclusion of apologies provided.	KL

Mrs Chantal Patel sought assurance that the Committee will be continue to monitor actions that may be complete but require further work, and Mrs Daniel noted that actions are delegated and continuing work is picked up via the operational groups and sub committees sub structure.

In terms of action reference QSEC (24) 32: WHC: 1615 - Risk of Children and Young People with continence problems not receiving containment products or service required due to lack of cohesive service, Mrs Delyth Raynsford noted that there is a scoping exercise underway and requested further information on the current mitigations and any early themes emanating from the exercise when available. Mrs Daniel advised that a deep dive has been scheduled for Operational Quality, Safety and Experience Sub Committee on 12 September 2024.

In terms of action reference QSEC (24) 48: Cleaning Standards Audit, Mrs Raynsford queried whether the Directorate are confident the follow up audit report will be ready by December 2024 and asked whether there are any issues in progressing actions at the moment. In response, Mrs Daniel has not been informed of any issues progressing the actions however is aware that an update is being presented to the Hygiene Group the following week and will provide an update to Mrs Raynsford.

SD

Ms Anna Lewis queried the timeline of January 2025 for a number of the self-assessment actions including revising templates and Ms Wilmshurst advised that these actions are taking place as part of a wider piece of work including a scoping exercise and developing an impact assessment form and the revised templates will dovetail into this process.

QSEC (24) 61

Duty of Quality and Duty of Candour Annual Report 2023/24

Mrs Sharon Daniel introduced the Duty of Quality and Candour Annual Report 2023/24, and advised that the purpose of the report is to provide an overview of how the Health Board has met its duties during 2023/24 and evidence learning and quality improvement. A special thank you was passed on to Ms Cathie Steele and the Quality Assurance and Safety Team who have worked closely with operational teams to pull the information together.

Ms Steele presented the report which has been developed in a similar format as other Health Board's across Wales and advised that the intention was to publish the report in the MS Sway format however due to a number of conflicting priorities within the team this has not been achievable this year.

Ms Steele noted that the key highlights from the report which include the learning and themes emanating from the Duty of Candour incidents and investigations during 2023/24, with a

number of actions planned to share learning across the organisation including the use of the VIVA technology digital information sharing tool.

Ms Steele provided a summary of the content of the report and highlighted that during 2023/24, 23 final investigation reports were received from the Public Services Ombudsman for Wales (PSOW). Of the 23 final investigation reports, 3 were upheld and 16 were partially upheld. Ms Steele also highlighted the role of the Listening and Learning Sub Committee and provided an overview of activity during 2023/24 in terms of learning and themes. During the development of the report, Ms Steele shared that it became apparent that Service Leads need to improve mechanisms for promoting the positive actions undertaken in response to incidents and events.

Thanking Ms Steele and the team for the interesting report which contains a lot of information that Independent Members may not necessarily be aware of, Mrs Patel asked whether going forward the Health Board will be able to demonstrate the impact of the improvements and learning made in this space particularly in terms of the Health Board's financial position. Referring to the wide-ranging quality and process matters highlighted in the report, Mrs Patel noted that the themes contained within are not new and suggested a piece of work to ascertain why these recurring issues have not been addressed, whether it is due to temporary staffing, capacity challenges etc

Mrs Daniel advised that going forward there will be opportunities to link in with Quality Improvement in this space and highlighted that there is benchmarking exercise underway looking at the downgrading rates across Wales to ensure these are warranted following review. Reflecting upon the report content, Ms Anna Lewis suggested including a sentence or two within the report to clarify that there may be a discrepancy between initial staff incident grading and the rating following review.

CS

In terms of the themes picked up from the PSOW complaints, Mr Severs queried what the next steps are in terms of quality improvement and how to upscale improvements Health Board wide. Ms Murphy also queried the next steps in terms of embedding the learning from the incidents. In response, Ms Steele highlighted that there are links within the report that provide information on a learning framework in development to upscale learning and the intent to rapidly roll this out across the Health Board.

Ms Anna Lewis commented on the various logos relating to the domains of quality within the report and it may be helpful to be consistent.

Decision: QSEC noted and support the proposed next steps for the Duty of Quality and Candour report 23/24 and onward presentation to Board.

QSEC (24) 62

Patient Story- Oncology Services

Mrs Louise O'Connor presented an audio story from an Oncology patient who shared their experience of attending A&E. Following a round of chemotherapy the patient attended A&E with a high temperature. After showing the cancer card the patient was isolated from the general public in a cubical. The cubical had no toilet facilities and this obviously caused the patient difficulty as they were experiencing post chemotherapy bowel issues. There was also a problem with the lights and the air conditioning fans were extremely noisy. The patient was prescribed paracetamol, antibiotics and sent home. Similar issues occurred after the patients second round of chemotherapy which required attendance at A&E. On one occasion, the patient was moved to the general waiting area with no isolation to mitigate the risk of infection. The patient shared positive feedback for the care they received on Puffin Ward when they were admitted after long delays. The patient was treated appropriately and sent home with antibiotics and paracetamol.

The patient shared their fears around attending A&E and worries of being told it is not urgent. The patient felt that improvements are needed in communication with the family and also that a triage nurse should be the first point of contact not the receptionist.

Ms Anna Lewis commented that the story has been sobering and noting the reference to social distancing, queried whether this was during the COVID-19 pandemic. Mrs O'Connor confirmed it was during the later stages of the pandemic. Ms Lewis asked that the Committee's thanks are extended to the patient for sharing his experience, highlighting that the feedback seems more specific to A&E as opposed to Oncology services.

Assurance

QSEC (24) 63

Oncology Services Deep Dive

Ms Lisa Humphrey thanked the Committee for the invitation to present a deep dive in Oncology services and highlighted a couple of key points for the Committee to note. Although the Health Board do not directly employ their own Oncologist, the Oncology team are a team of highly skilled and knowledgeable individuals who have developed innovative ways of working which have at times been adopted nationally. Ms Humphrey added that the team also have a close and positive working relationship with the cancer centre at Swansea Bay University Health Board.

Ms Gina Beard shared a PowerPoint presentation highlighting areas of interest for the Committee to note.

- All patients receiving cancer treatment receive a bilingual cancer treatment helpline card, the helpline is available 24/7 and the card provides advice for patients presenting unwell at healthcare settings and instructions for medical professionals.
- Members noted that usage of the emergency helpline has increased by 300% since 2021 which highlights that there was previously an unmet need. In terms of cancer treatment, the service have experienced approximately 12% increase in patients having chemotherapy on an annual basis.
- 70% of patients who contact the helpline are supported to remain in their own homes through different means of support such as advice or GP review.
- Patient feedback is being captured for the helpline service via smart phone questionnaire and Ms Beard shared a slide which pulled out a range of comments received, including one comment from a patient calling it the 'helpline wonder line', and also feedback which is reflective of the patient story regarding long waits in A&E. Ms Beard advised that improvement work is underway nationally to increase patient presentation at the Same Day Emergency Care service, as it is recognised that A&E is not fit for purpose for this cohort of patients.
- Ms Beard provided an overview of the Heads Up Cancer treatment hair loss service, with Hywel Dda being the only Health Board in Wales providing this training service for nursing and local hairdressers from a Cancer Haircare service from London. Positive patient feedback was shared for this service.

Thanking Ms Beard and the team for the presentation, which was helpful in providing context, Mrs Patel queried what the service are hoping to achieve in terms of outcomes from the Advisory Group referenced within the SBAR and highlighted that while the report is useful in providing an overview of the remit of the service and the national objectives underway, does not provide the impact for patients and also queried how this features in the targeted intervention developments. Ms Kelly Rafique advised that the Clinical Advisory Group is to review outcomes of people who are being treated for existing cancers or had a follow up treatment.

Referring to the update on the hair loss project, Mrs Raynsford sought assurance that the service is available across all hospital sites and Ms Beard confirmed it is.

Discussion took place regarding outcomes for patients within cancer services and outcomes, in terms of survival, recurrence or follow up treatments. The Committee agreed to undertake a benchmarking deep dive to clarify how Hywel Dda are performing on a national level in terms of outcomes for cancer patients and schedule a deep dive for December 2024.

LH/ AC

Mrs Raynsford noted there is a national piece of work to promote the Same Day Emergency Care Service to reduce patient presentation at A&E. Ms Rafique added that All Wales Groups have been established, starting at the end of September to review how Health Boards are progressing in the development of pathways for SDEC, and there is recognition that all HB's are at different stages. Members noted that the Health Board have an excellent working relationship with SDEC which is a great resource for patients.

Mrs Daniel queried what steps are being taken in terms of improvements for oncology patients who are presenting to A&E. In response, Ms Rafique explained that discussions are underway via the Senior Nurse Managers team this month and feedback following discussions that staff are not always clear on the level of urgent response required for this cohort of patients therefore a piece of work will take place to review and improve communication processes. Mrs Daniel and Ms Janice Cole Williams undertook to raise this with education providers in terms of pre-registration programmes and training as there should be clinical awareness of due process.

SD/JCW

Mr Samuel Dentten undertook a recent visit to Withybush Hospital Same Day Emergency Care service and discussed with staff the evolving pathway. Mr Dentten suggested improvements to the information available to the public on the Health Board website to promote the SDEC which is an integral part to managing and supporting acutely unwell patients.

Noting Mr Dentten's comments, Mr Andrew Carruthers shared the historical challenges with influencing behaviours and feels that developing an urgent care service accessed via a single point of contact triage system is likely to be the answer to the challenges to manage flow and maximise resources. The challenge of managing this on a 24/7 basis was noted by the Committee and will require careful planning.

Ms Anna Lewis thanked Ms Beard for the update and noted that there is a lot of work to do and underway in this space. The discussions have surfaced wider questions in terms of quality services for cancer patients and a piece of work was agreed to look at how West Wales patients fair in terms of outcomes for cancer patients with a deep dive scheduled for later in the year. A special thank you was extended to Ms Beard, Ms Rafique and the team for their hard work supporting the service and patients.

Decision: QSEC took assurance from the Oncology Deep dive report

QSEC (24) 64

Listening and Learning Sub Committee Update Report and Inquest Guidance for Approval

Mrs Chantal Patel presented the Listening and Learning Sub Committee Update Report and Staff Inquest Guidance for approval. The Sub Committee report includes an update on

learning undertaken in response to complaints received by the Health Board from a number of statutory bodies and communication challenges continue to be a recurring theme.

Mr James Severs sought assurance that learning and actions undertaken in response to complaints received are upscaled across the organisation. In response, Mrs O'Connor recognised there is work to do in this space and the terms of reference are under review to ensure that where issues are identified the LLSC will take responsibility for delegating actions to ensure learning opportunities are with the appropriate groups and Directorate Leads to progress.

In response to a query from Ms Charlotte Wilmshurst regarding whether an Equality Impact Assessment (EQIA) has been undertaken for the Guideline for Inquests, Mrs O'Connor confirmed that an EQUA has been completed with assistance from the Policy Co-ordinator, and the document has been out for staff consultation.

Decision: QSEC took assurance and actions taken by the Sub-Committee to mitigate the risks are adequate to address the learning from previous events and improve the arrangements for the care of patients in future.

- Approved the Guideline for Inquests (018)
- Approved the request to extend the review period for guidelines (568) Production and Use of Surveys

QSEC (24) 65

Operational Quality, Safety and Experience Sub Committee (OQSESC) Update Report and Terms of Reference

The OQSESC update report was presented, however the Chair of the meeting was unable to attend Committee to provide the key updates and take questions.

Referring to the 'Alert' item highlighting the Sub Committees concern regarding capacity to undertake requirements of the Medical Examiners (Wales) Regulations which will become duty in September 2024, Ms Anna Lewis recalled that these concerns were flagged to Board at the last meeting and members received verbal assurance from the Interim Medical Director that the issues being faced are being resolved.

In terms of the progress being made to implement 'Martha's Rule: Call for Concern' process and the concerns raised at the Sub Committee regarding the potential cross site working requirements and other potential implications, Mrs Daniel provided assurance that the Interim Assistant Director of Nursing for Operations and the Assistant Director of Nursing Quality Improvement are leading on a piece of national work and an update will be provided at the next meeting on the progress.

CG

With regards to concerns raised from Mrs Raynsford regarding staff receiving timely access to Resuscitation Training which has been an ongoing issue for months, Mrs Daniel explained that a

training needs analysis is underway to clarify staff requirements. The Committee noted that this is included as a Corporate Risk and has a number of actions aligned to it and it was agreed that these concerns would be brought to the attention of the People, Organisational Development and Culture Committee.

JW/KL

In terms of the outstanding Welsh Health Circular (WHC): Risk 1615 – “Care of CYP with Continence problems”; and lack of budget for Paediatric incontinence in Hywel Dda which is part of a wider service review of Hywel Dda Children’s disability services, Mrs Daniel advised that a piece of work is underway in terms of continence procurement for CYP and this is being picked up via a Task and Finish Group by Assistant Director of Nursing for Operations. Mrs Raynsford suggested this is also raised and discussed on the agenda for Children and Young Peoples Group. Referring to the Options Appraisal paper in process, Mr Carruthers noted that there are financial consequences to decisions relating to WHC’s and highlighted the current resource challenges being faced Health Board wide.

AC

The Committee received the revised QSESC Terms of Reference for review and requested the following amendments:

KL/CW

To add Strategic Safeguarding Committee on organogram.

- To include Acute, Mental Health & Learning Disabilities and Primary and Community services Quality Governance Meetings on organogram and S9.3
- To add the Assistant Director of Assurance and Risk to the Membership
- To amend membership Executive Medical Director (Vice Chair)

Decision: QSEC noted the update and approved the revised terms of reference subject to the amendments agreed.

QSEC (24) 66

Primary Care Quality and Safety Governance Arrangements and Health Inspection Wales Reports

Ms Rhian Bond presented a number of key updates from the Primary Care Quality, Safety Governance Arrangements and advised that the items contained within the report aim to provide assurance around the quality framework in place.

The Committee received an update on the General Medical Services Visiting Programme Inspection feedback and noted that the process for identifying practices will change in terms of how these visits are being utilised and how to identify areas of specific concerns.

Ms Bond updated Members that following a number of requests for clarity from Community Pharmacies relating to uncollected

dispensed prescriptions and the charging process, the Medicines and Healthcare Products Regulatory Agency have defined that the patient must have been supplied with the medication (collected from the Pharmacy) for it to be considered “dispensed” and therefore “claimable”. This guidance has been shared with contracted pharmacies.

Mrs Raynsford raised concern regarding the update within the report that between 1 January to 30 April 2024, there have been 84 closures across Community Pharmacies in Hywel Dda which seems high. Ms Jill Paterson provided an overview of the contractual arrangements in place whereby Community Pharmacies are required to inform the Health Board of any closures, even if this is for an hour or if there is no pharmacist on site. There are processes in place if there are breaches to this via an informal and formal warnings and potential financial consequences. A large number of the closures have been due to workforce issues which has an impact on patients in terms of prescriptions.

Mrs Raynsford queried whether this high number of closures is a national trend or whether Hywel Dda are an outlier in this space due to the rural setting. Ms Paterson confirmed this is a national issue and there has been a notable increase in short term closures since the COVID-19 Pandemic due to workforce challenges. Ms Bond added that the notification may come through within 30 minutes of closures due to sickness etc, and there are ongoing challenges with a shortage in locum staff availability.

Ms Anna Lewis queried whether the Directorate feel sighted on the potential for breaches in patient confidentiality due to dispensing errors. Ms Bond advised that the Directorate receive alerts from National Welsh Shared Services Partnership (NWSSP) for the breaches in dispensing prescriptions. Ms Bond also advised that she has recently undertaken a meeting with Medicines Management colleagues to discuss improvements in dispensing practices and also to explore patient experience being captured in this space.

Thanking Ms Paterson and Ms Bond for the informative report, Ms Anna Lewis suggested it will be helpful to receive oversight reports at future meetings, possibly on a six monthly basis with anything specific that requires the Committee’s attention to be highlighted when needed. Ms Steele undertook to liaise with Ms Rhian Bond to include Duty of Quality and Candour data within the report.

RB

Decision: QSEC took assurance from the update report.

QSEC (24) 67

Therapies Referral to Treatment Plan Update

Mr Lance Steele presented an update on the Occupational Therapy Paediatric Improvement Plan since the last update to

Committee in April 2024 where it was agreed to focus on making improvements in this particular service due to the significant breaches in the 14-week referral to treatment performance for Occupational Therapy Paediatrics with the intention to upscale improvements across Therapies.

Mr Reed provided an overview of the work underway including clinical risk profiling to ensure those at the highest risk are prioritised, developing outcome measures to capture how improvements are impacting on waiting times and time in motion analysis to capture activity on a day by day basis. Mr Reed advised of the ongoing work to capture PROMS and PREMS information in a number of therapy areas and work underway with the Value in Health team to utilise the Proms and Prems digital system. Members also noted some ongoing actions such as embedding consistency in data reporting and training for clinicians and to develop a standard operating procedure with triage and treatment standards for each service/ patient group.

Ms Anna Lewis reflected that there seems to be a sense of grip on where improvements are required, where there has been a lack of clarity and evidence of that historically. Ms Lewis noted that a question remains that even with all of the work and extra capacity that may be injected in to the service, will the significant number of breaches to the Referral to Treatment time target remain by March 2025.

Mr Reed advised that there is an assessment process undertaken which is reported nationally and a recovery plan has been agreed in terms of the trajectory forecast for 2024/25 and an assurance plan will be mapped. In liaison with the Local Authority, an integrated service model for a Band 6 practitioner has been agreed to increase access and reduce waiting times for longest waits.

Mr Severs reflected that the Directorate are aware of the current position and have an understanding of the likely resource gap for 2025. The next steps for the Occupational Therapy team is how to make progress across the services at a faster rate and working smarter to upscale pieces of work across other professions to work smarter.

Mrs Patel queried whether there is a template of how children are streamlined and also designing the package of care around the child whilst taking opportunities to reduce burden of number of appointments for the child with careful planning for professional involvement and Mr Severs advising that these opportunities are being explored. Mrs Patel also requested that the Committee have sight of the impact of the weekend working pilot in Ceredigion within the next update report.

LR

Decision: QSEC took assurance that the Occupational Therapy (Paediatrics) improvement plan has progressed and agreed the proposal that next update against the Occupational Therapy

(Paediatrics) improvement plan for QSEC will be presented on 05 December 2024.

QSEC (24) 68

Quality Assurance Report

Ms Steele presented the Quality Assurance Report to the Committee including the key highlights:

- There has been a notable downward trend in moisture damage across the Health Board with support being received by the Quality Improvement Team.
- The COVID-19 programme national review on learning has been shared, the report will be considered and areas of particular interest will be brought back to a future meeting.
- The Statement of Purpose response to the Care Inspectorate Wales inspection of Withybush Hospital Creche which includes action plans and good practice in meeting CIW requirements has been drafted. Due to timing, Ms Steele requested that the Statement of Purpose is presented for approval via Chair's Action ahead of the Committee scheduled for October 2024. The Committee agreed and Ms Anna Lewis requested that Mrs Raynsford is in attendance during the Chair's Action meeting as Children and Young People's Champion.
- In terms of the Independent Member Walk Rounds, Ms Steele proposed the Committee receive feedback and themes on a six monthly basis via the Quality Assurance Report which was agreed.

CS

Ms Anna Lewis thanked Ms Steele for sharing the information regarding common themes arising from Public Services Ombudsman for Wales (PSOW) complaints including a long standing theme being communication which is not unique to this organisation.

Mrs Patel queried the process for the action plans following Health Inspectorate Wales Inspections highlighting that a number of the actions required should have been taking place anyway. Acknowledging Mrs Patels valid point, Ms Steele shared that a piece of work is underway developing a learning framework which aims to strengthen the ability to share learning.

Decision: QSEC approve the proposal that a thematic review of WalkRounds is presented on a six-monthly basis and agree that a Chair's Action can be taken to approve the statement of purpose for the Withybush General Hospital Creche. QSEC agreed the learning from the COVID -19 review programme would be considered and be presented at a future meeting.

QSEC (24) 69

Transforming Urgent and Emergency Care – Discharge Management Final Internal Audit Report

Mr Andrew Carruthers presented an update to the Committee on the Transforming Urgent and Emergency Care final audit report management response which has also been presented to the

Audit, Risk and Assurance Committee the same week. This audit followed a previous review in 2021/2022 which highlighted that discharge processes were inconsistent and inefficient across the three counties and that government guidance in relation to managing patient discharge and hospital flow were not adhered to. Mr Carruthers highlighted that the main challenge has been providing feasible timeframes for the recommendations, and it is recognised that a number of dates will have slipped from the original plan which should not take away from the hard work undertaken by Assistant Director of Nursing for Operations and the team to address the challenges.

Ms Ceri Griffiths provided the key updates from the management response including:

- The Discharge Strategy Group will review and update the Discharge and Transfer of Care Adults Policy in line with recent Welsh Government (WG) National Discharge Guidance.
- An overview of the work underway to review discharge processes and training to support staff with communication.
- In terms of the Discharge Policy, a toolkit is in development and a draft version will be available by September 2024 which will be accessible via Sharepoint and work will take place to embed this operationally.

Highlighting that the original internal audit report took place in 2021/ 2022 and noting the challenges working with three local authorities who have different discharge processes, Ms Lewis queried whether the internal audit actions have helped to improve performance for the population and sought evidence of this in due course. Mr Carruthers agreed that consideration will need to be given to capturing the direct impact of work the work underway in response to the IA delivers.

Mrs Patel queried how often and consistent communication takes place with patients in terms of length of stay . In response Ms Ceri Griffiths advised that part of the work relating to patient experience is empowering staff to have frank conversations with patients from the beginning of their journey. Ms Lewis added that communication with family members is also central around discharge. Mr Carruthers highlighted the wider challenges as if staff do not feel empowered to be clear in messaging regarding discharge, how will the process work.

Ms Griffiths advised that the work underway will simplify the processes and empower staff which will include educational element in terms of discharge legalities.

Mr James Severs sought and received assurance that Allied Health Professional representatives will be involved in the engagement events taking place.

The Committee agreed that an update would presented in February 2025 focussing on the metrics around quality

improvements underway. Noting there are a number of outstanding actions, QSEC will continue to monitor the action plan.

Decision: QSEC took assurance that the Discharge Internal Audit report and management actions are under ongoing review and aligned to 6 Goals of Urgent and Emergency Care workstreams, however due to outstanding actions will continue to monitor developments.

QSEC (24) 70

Nursing Assurance Report 2023/24

Ms Janice Cole Williams presented the Nursing Assurance Report 2023/24 who advised that the report focusses on Quality Care Standards as reviewed across Nursing & Midwifery. Every year a process of audit is undertaken by Hywel Dda University Health Board (HDdUHB) to provide assurance on Quality Care Standards to the Executive Board. There has been a national move to align and standardise many of these audit tools and work is underway to place these tools in the AMAT digital system for ease of use clinically. These audits are considered against a history of Fundamentals of care (FoC) and via the Health Care Monitoring System (HCMS). The annual assurance methodology aims to explore care delivered across NHS organisations in line with the new Health and Care Quality Standards which comprises of six domains of quality and six quality enablers.

Ms Cole Williams provided the key highlights from the report including:

- The risks from drawing the audit information from part digitalised information from the Welsh Nursing Care Record.
- Audits, spot checks, peer and validation reviews will be carried out across the next 12 months. This will accompany clinical dashboard data outlined within this report ensuring the organisation is moving towards a multi professional approach to review and evaluation of care quality standards.
- The audits relate to inpatients and don't relate to the day case healthcare facilities.
- Based on the data available in May 2024, it is noted that documentation and assessment completion remains relatively stable across all areas however improvement required in the timeliness of undertaking risk and fundamentals of care assessments needs, with a significant proportion of documentation not being completed within 24hrs of admission to hospital.
- The quality of data on the digital record for specific assessments such as continence or nutritional assessments have been difficult to assess from the digital record and requires improvement in terms of quality of data and a piece of focus work with a piece of work planned with the Quality Improvement team in the coming year.

- Focussed work to continue in relation to awareness and implementation of passports for those with Learning Disabilities accessing acute care settings part.
- The Clinical Information Nurse is leading on a piece of work on the discharge checklist and improvement work is anticipated from this.

Ms Anna Lewis commented that it is striking to read how many tasks the nursing staff have to perform as part of their role. Ms Lewis also noted from the report that there has been a surge in Safeguarding training however compliance is unchanged. Mrs Daniels advised that the Head of Safeguarding is doing a piece of work on training to understand the recent dip in compliance for acute safeguarding and to ensure those who require the training complete the course.

Ms Paterson raised that it will be helpful to undertake a similar assurance standards process for nursing staff at the commissioned care home services and would welcome support to explore this methodology and developing tools to gather the information from Ms Cole-Williams and the team.

Decision: QSEC received assurance of Nursing & Midwifery Care Standards Delivery from June 2023 – April 2024.

QSEC (24) 71

Child Practice Review (CPR)

Introducing the update on the outcome of the Pembrokeshire Child Practice Review, Ms Anna Lewis noted the horrific events that led to this review and the Committee wishes to share condolences to all of those affected by the tragedy.

Ms Mandy Nichols Davies thanked the Committee for the invitation to share the outcome of the review in terms of the multi professional learning. The chronological events that led to the tragic death of the child has been provided to share the context in terms of missed opportunities from professional services to carry out home visits and the red flags with issues with engagement with the mother of the child. The events demonstrated missed opportunities for joint working.

The review has had a profound impact on professionals involved and on services more widely and immediate improvements have been put in place in response to the events which are detailed within the PowerPoint presentation shared with the Committee. There will be a formal session detailing the multi agency service improvement plan in September 2024 which will involve a number of changes to be agreed including process for non engagement and escalation if a professional does not agree with a response received from an agency. A regional action plan is being developed in response to the individual recommendations and strengthening actions for professional curiosity, information sharing and record keeping standards.

Mrs Patel suggested the learning is shared via the Listening and Learning Sub Committee as the safeguarding role is applicable across the organisation. In response Mrs Daniel advised that the learning from the review will be shared via the Executive Peer Group in September 2024.

Ms Bethan Lewis advised that the Health Visitor directly involved in the case has indicated that they would like to share their reflections of the events in the future which will be welcome by the Committee. Ms Anna Lewis emphasised the impact on the staff involved and offered to undertake an informal visit to provide moral support, and Ms Nichols Davies offered to extend this kind offer to the service.

Decision: The Committee:

- noted receipt of the published CYSUR 1 2021 and recommendations.
- noted that the Health Board will contribute to the regional action plan co-ordinated by the Corporate Safeguarding Team (to be developed).
- took assurance that the Health Visiting Service have put in place immediate improvements and are further developing their improvement plan.

Break

Risk

QSEC (24) 72

Corporate Risk Report- Executive Leads

The Committee received the Corporate Risk Report and noted on new risk, reference 1859 - Risk of poor patient outcomes and experience due to inability to effectively recognise and manage acute deterioration. Mrs Daniel provided an update that the Safer Care Collaborative are looking at the deteriorating patient and deconditioning for the next phase of the programme. The risk score will be reviewed by September 2024.

RW/MD

In terms of 1699 - Risk of loss of service capacity at Withybush General Hospital due to surveys and remedial work relating to reinforced autoclaved aerated concrete (RAAC), Mr Carruthers provided an update that all clinical services have been reinstated apart from a change to kitchen facilities

Ms Anna Lewis queried the current position in terms of Risk 1531 - Risk of being unable to safely support the Consultant on-call rota at Withybush General Hospital (WGH) and Glangwili General Hospital (GGH) due to workforce pressures, and asked if there is a contingency plan if the rota collapses. In response, Mr Carruthers advised that this is an ongoing challenge and it is anticipated that come September this service will become fragile again where the model may need to change on safety grounds. The slightly changing dynamic is that Glangwili Hospital are fragile in a similar way and service feedback is that having one rota will make deliverability easier. Discussions will take place via

Executive Team in the next few weeks in terms of the proposal to revert to the temporary change from last year.

Decision: The Committee received assurance that the Health Board are managing risks effectively and will advise Board of the intent to continue to monitor the risks discussed.

QSEC (24) 73

Update on Autism Spectrum Disorder (ASD) Diagnostic services for Children, Young People & Adults

Ms Angela Lodwick and Ms Catherine Vaughan joined the meeting to present the key highlights from the ASD diagnostic assessment waiting times report. Ms Lodwick advised that in July 2024, Welsh Government de-escalated the Specialist Child and Adolescent Mental Health Services (S-CAMHS) from Targeted Intervention due to a sustained performance improvement across a number of clinical areas. In addition ASD services were identified by Welsh Government as an area that cannot meet the current 26 week performance standard due to increased demand and a lack of local service provision and this is a national view across Wales. In view of this it was agreed to focus on the quality of support available to the population by continuing to provide Diagnostic assessments but to also ensure pre and post diagnostic support is available. Ms Vaughan provided the Committee with an overview of actions to improve performance across ND services and to mitigate associated risks of lengthy waiting lists during a period of national transformational change detailed within the report.

Ms Anna Lewis reflected on the report and noted the amount of work underway with available resources to mitigate risks for the population during a period of national transformational change. Ms Anna Lewis raised concern on the pace of national progress in this space and the impact of unsupported children and families, and suggested that Board need to be alerted on the long term impact this is having on people.

AL

Mr Carruthers agreed with Ms Anna Lewis, and has been undertaking reflective discussions with Ms Lodwick in terms of putting aside the performance target, looking at the need coming through via referrals and how to support the patient population differently. Mr Carruthers added that Ms Liz Carroll, Director of Mental Health and Learning Disabilities will be joining the National Network of Directors to put forward interest in Hywel Dda taking part in a pilot early with the use of AI technology to diagnose neurodiversity at the point of referral to try and avoid long waiting times for those cohort of patients who may already know the outcome to put in support at an earlier stage.

Decision: QSEC assurance that the Neurodiversity service is working hard to support CYP and families during period of transformational change, however noted concern regarding the progress at a national level and will alert Board to these concerns due to the ongoing impact on children and young people.

Due to apologies from the service leads, Ms Anna Lewis requested email update in next couple of weeks on the key updates from the Leadership Group and progress of the Quality Panel action plan.

CL/KH

Decision: Due to apologies, the Chair requested an update to be shared via email on the progress of the action plan developed following the Quality Panel.

Operational Group Update Reports

Infection, Prevention and Control Steering Group

Ms Frances Howells presented the key updates from the Infection, Prevention and Control Steering Group meeting and performance report.

In terms of the monthly infections report for C-Difficile, Ms Howells highlighted that between April and August 2024, there were 25 hospital onset infections and 29 community onset and the informatics within the performance report shows the breakdown by County. The Bacteraemia report provides detail on source.

While recognising that the Health Board remain in Enhanced Monitoring for C-Difficile infections, sustained improvements have been seen in both Prince Philip and Glangwili Hospital with reduction in hospital acquired C.diff, however improvement is required at Bronglais and Withybush Hospital with actions underway to address this.

Ms Howells highlighted that there have been 18 successful procedures with nurse led Faecal Microbiota Transplant (FMT) since March 2023 for patients with recurrent C.Diff and comments received from patients include:

“ I have now been able to return to swimming”

“ I can now go shopping with my daughter”

The Committee noted water safety issues highlighted during walkabouts/audits including the need to remove water coolers from clinical areas - further investigation including water sampling and environmental swabbing is planned.

Ms Howells highlighted that a Health Board wide review of ‘Start Smart then Focus’ Audits antimicrobial prescribing audits is underway.

Investigations confirmed that a water source was the likely source of a recent cluster of *Stenotrophomonas maltophilia* cases in Glangwili Hospital (GGH) Intensive Care Units (ITUs). The organism was isolated in a number of hand wash basin outlets and tap ends. An extraordinary Water Safety Group (WSG) was held and a number of remedial actions taken with ongoing

surveillance. All ITUs reminded of best practice regarding use of hand wash basins for hand hygiene only.

Providing an update on the WHC (2018)-033 negative pressure isolation suites, and the requirement to have two across the Health Board in A&E departments, the feasibility study has been done with the approximate cost of 1.5 million. It was noted that 50% of Health Boards across Wales are not meeting the requirements however a reasonable response will need to be submitted if this is not taken forward.

Issues regarding the implementation of DiffX (new sporicidal disinfectant) including staff complaints of skin and rash issues have been discussed within The Environmental Hygiene Subgroup, the concerns appear to be related to a training issue as opposed to product issue.

Noting the comment in the update report regarding the decision to remove water coolers, Mr Severs queried whether the Water Safety Group have the authority to remove these from sites. Ms Howells advised that a review of the water coolers was undertaken in BGH and as it was found that no contracts were in place their removal is required to avoid contamination. Ms Janice Cole Williams advised that a review of hydration stations in all departments is ongoing to ensure staff have access to wholesome water for hydration for compliance with the non-pay element or Welsh Health Circulate (WHC) (2024)-17.

Mrs Delyth Raynsford proposed training medical champions for improving infection prevention control rates.

Decision: QSEC took assurance from the mitigations in place

For Approval

QSEC (24) 75

Long Term Care Operational Policy

Decision: QSEC approved the Long-Term Care Operational Policy.

For Information

- **Patient Experience Report**
- **QSEC Work Plan 2024-25**
- **Welsh Government Integrated Quality, Planning and Delivery minutes**
- **Joint Commissioning Committee Chair's Report**

Date of Next Meeting : 8 October 2024

