

**COFNODION CYMERADWYO O GYFARFOD Y PWYLLGOR SICRWYDD ANSAWDD,
DIOGELWCH A PROFIAD
APPROVED MINUTES OF THE
QUALITY, SAFETY AND EXPERIENCE COMMITTEE (QSEC) MEETING**

Date and Time of Meeting:	1.45pm, 7 th December 2021
Venue:	Boardroom, Ystwyth Building/ MS Teams

Present:	<p>Ms Anna Lewis, Independent Member (Committee Chair) (VC)</p> <p>Mrs Judith Hardisty, Hywel Dda University Health Board (HDdUHB) Vice Chair (VC)</p> <p>Mr Paul Newman, Independent Member (VC)</p> <p>Ms Ann Murphy, Independent Member (VC)</p> <p>Ms Delyth Raynsford, Independent Member (VC)</p> <p>Professor John Gammon, Independent Member (VC)</p>
In Attendance:	<p>Ms Selina Marshall, Service Delivery Manager, Psychological Therapies Service (VC)</p> <p>Mr Andrew Carruthers, Director of Operations (VC)</p> <p>Professor Philip Kloer, Medical Director & Deputy Chief Executive (VC)</p> <p>Ms Jill Paterson, Director of Primary Care, Community and Long Term Care</p> <p>Ms Angela Lodwick, Head of Service, Specialist Child and Adolescent Mental Health Services and Psychological Therapies (VC)</p> <p>Ms Melanie Evans, Head of Learning Disabilities Service (VC)</p> <p>Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience</p> <p>Ms Sian Passey, Assistant Director of Nursing (VC)</p> <p>Mr Steve Court, Head of Programme, Bowel Screening, Public Health Wales (VC)</p> <p>Dr Sharon Hillier, Director, Screening Division (Public Health Wales) (VC)</p> <p>Ms Mel Jenkins, Senior Nurse, Infection Prevention (VC)</p> <p>Mrs Sara Rees, Assistant Director of Nursing, Mental Health and Learning Disabilities (VC)</p> <p>Ms Annette Edwards, Palliative Consultant (VC)</p> <p>Ms Gail Roberts-Davies, Head of Radiology Services (VC)</p> <p>Ms Cathie Steele, Head of Quality and Governance (VC)</p> <p>Ms Alison Gittins, Head of Corporate and Partnership Governance (VC)</p> <p>Ms Katie Lewis, Committee Services Officer (Secretariat)</p> <p>Mr Shaun Ayres, Assistant Director of Commissioning (VC)</p> <p>Mr William Oliver, Assistant Director of Therapies and Health Science (VC)</p> <p>Ms Donna Coleman, Hywel Dda Community Health Council (VC)</p> <p>Mr Keith Jones, Director of Secondary Care (VC)</p> <p>Ms Sharon Davies, Occupational Therapy Lead (VC) (shadowing AL)</p> <p>Ms Sarah Perry, General Manager, Unscheduled Care Services (VC)</p> <p>Mr Nick Davies, Service Delivery Manager, Acute Paediatric and Neonatal Services (VC)</p> <p>Ms Anne Simpson, Head of Head of Strategic Commissioning (VC)</p> <p>Ms Bethan Andrews, Service Delivery Manager, Stroke Services (VC)</p> <p>Ms Catherine Evans, Head of Strategic Performance Improvement (VC)</p> <p>Mr Gareth Powell, Screening Division, Laboratory Services Manager (VC)</p> <p>Ms Chris Hayes, Nurse Staffing Programme Lead (VC)</p>

INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
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QSEC (21)123	The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Committee (QSEC) meeting.
	<p>Apologies for absence were received from:</p> <p>Ms Maria Battle, Chair, HDdUHB Mrs Joanne Wilson, Board Secretary Ms Alison Shakeshaft, Director of Therapies and Health Science Mr Subhamay Gosh, Assistant Medical Director for Quality and Safety Ms Louise O'Connor, Assistant Director (Legal and Patient Support) Mrs Ros Jervis, Director of Public Health Dr Barbara Wilson, Hywel Dda Community Health Council</p>

QSEC (21)124	DECLARATIONS OF INTERESTS
	There were no declarations of interests.

QSEC (21)125	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 5th OCTOBER 2021
	<p>RESOLVED - that the minutes of the meeting held on 5th October 2021 be approved as an accurate record with the following clarification:</p> <ul style="list-style-type: none"> • QSEC (21)110 Strategic Log for Paediatric Risks: Ms Donna Coleman clarified that Hywel Dda Community Health Council (CHC) has not been directly involved in the development of a patient survey for 'Out of Hours' or the 'Emergency Department'. Ms Coleman advised that the CHC has developed surveys relating to GP access and the temporary relocation of Paediatric Ambulatory care service from Wwithybush General Hospital (WGH) to Glangwili General Hospital (GGH).

QSEC (21)126	TABLE OF ACTIONS FROM THE MEETING HELD ON 5th October 2021
	<p>An update was provided on the Table of Actions from the meeting held on 5th October 2021, with the following noted:</p> <ul style="list-style-type: none"> • QSEC (21)110 Strategic Log for Paediatric Risks: In response to the Committee's request for further information regarding high cost maternity claims within Paediatric services, Mr Paul Newman informed Members that an overview of compensatory claims within the Health Board had recently been reported to the Health Board's Sustainable Resources Committee. Mr Newman suggested a thematic review be undertaken in relation to the outstanding claims and shared with Members of QSEC to highlight the investment that could be made from either avoiding or reducing the number of claims. Members were informed that the Director of Nursing, Quality & Patient Safety has liaised directly with the Assistant Director of Legal Services (Patient Support and Experience) regarding thematic learning that can be demonstrated to the Welsh Risk Pool, NHS Wales Shared Services. Mrs Rayani acknowledged that improved engagement with clinical staff at an earlier stage can potentially reduce the risk of high value compensatory claims. Members noted that compensatory claims made against the Health Board are paid directly

	<p>from the Welsh Risk Pool as part of an NHS Wales Shared Services arrangement, other than for the initial £25k, although Mr Newman expressed concern that this process may result in a lack of ownership within services. Ms Cathie Steele confirmed that where the WRP do not receive an assurance through the process involved, the whole cost of the claim falls back on the Health Board, and suggested that a thematic review of high cost claims could be reported to the Health Board's Listening and Learning Sub-Committee. Ms Anna Lewis noted the benefits of undertaking the thematic review and suggested a further discussion with Mrs Mandy Rayani to agree the most appropriate governance pathway.</p>	MR
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QSEC (21)127	<p>MATERNITY SERVICES PATIENT STORY</p> <p>The Committee was informed that the Maternity Services Patient Story had necessarily been deferred to the QSEC meeting scheduled for 8th February 2022 due to unforeseen circumstances.</p> <p>The Committee conveyed their thanks to Ms Julie Jenkins, Head of Midwifery Services, for all her hard work, commitment and leadership to the Health Board and Maternity Services ahead of her planned retirement in the New Year.</p> <p>Mrs Rayani informed Members that an appointment has been made to the Head of Midwifery (HoM) post in light of Ms Jenkins planned retirement, with it anticipated that the new HoM should be in post to present the patient story to the next QSEC meeting and share some of the learning involved.</p>	
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QSEC (21)128	<p>UPDATE: RISK 1032 MENTAL HEALTH AND LEARNING DISABILITIES (MHL) WAITING LISTS</p> <p>The Committee received an update on waiting lists and timely access to services within MHL Services.</p> <p>Mr Andrew Carruthers thanked Members for the opportunity to provide an update on the waiting lists within MHL following a request to provide assurance on the associated risks.</p> <p>Mrs Sara Rees informed Members that in line with other Health Boards across Wales, Hywel Dda University Health Board (HDdUHB) has witnessed a significant increase in the number of referrals and acuity of MH cases since the COVID-19 pandemic, which has placed significant pressure on the service. Mrs Rees provided an overview of the Integrated Psychological Therapies Service (IPT) pathway and the range of interventions and treatment packages that are delivered which create challenges in forecasting an accurate timeframe for waiting list management. Whilst it is not currently possible to provide a trajectory on waiting list reduction, Mrs Rees assured Members that the service is working hard to address these with a number of groups established to provide a focus on strategic planning and effective communication with patients.</p> <p>Ms Selina Marshall advised Members that a capacity modelling exercise is underway within the IPT and Local Primary Mental Health Services and echoed the challenges raised by Mrs Rees in providing data on time frames due to individualised treatment packages and the availability of suitable care</p>	
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settings. Ms Marshall provided further context and explained that Dialectical Behaviour Therapy (DBT) practitioners for instance, are restricted to delivering up to four appointments a week due to the intense and complex nature of the sessions. Ms Marshall assured Members of the robust supervision arrangements in place to support the practitioner which is of the utmost importance for the staff members' wellbeing and providing a sustainable service. Ms Marshall explained that the introduction of DBT group therapy sessions are being explored as an option which will further improve access to support services if appropriate and mutually agreeable with the patient.

Members noted that practitioners within the IPTS deliver a range of intervention and support treatments which is useful in providing tailored support for patients, however this makes the task of providing timeframes for access to services for new patients challenging. Members were informed of actions undertaken to maximise capacity including validation of waiting lists, review of Did Not Attend (DNA) and Could Not Attend (CNA) rates to maximise clinical time, and the implementation of the Welsh Patient Access Scheme (WPAS) within the MHLD Directorate which will improve data systems and monitoring and allow for capacity and demand modelling. Mrs Rees explained that the MHLD Directorate has agreed to fund two posts to work with Informatics to accelerate the implementation of the WPAS system.

Ms Marshall informed Members of the development of a 'Keep in Touch' Working Group to develop and monitor effective communication with patients who have been referred to the service. The group are currently monitoring non-attendance frequencies and engaging with clients to encourage communication with services in order to minimise wasted sessions. Ms Marshall also informed Members of the focused work underway to recruit into vacant posts within the service.

Ms Angela Lodwick provided an overview of the Autism Spectrum Disorder (ASD) service and highlighted the complexities of the Children's Neurodevelopment service and the demand for diagnostic assessment for autism in adults. Ms Lodwick provided an overview of the diagnostic assessment process which comprises 15-20 hours of patient assessment undertaken by three professionals including a clinical psychologist, with the assessment carried out in accordance with the National Institute for Health and Care Excellence guidelines.

Members noted that the previous five years has seen an increase in demand for diagnostic assessments for Autism in adults and Ms Lodwick advised of the national plans to improve provision on a wider scale. Welsh Government (WG) has initiated a national review of neurodevelopmental services, with the outcome report due for release in March 2022 which should include recommendations to address the current challenges.

Members were provided with the responsive actions taken by the service to address the increase in referrals to the service such as the recruitment of additional staff on a fixed term basis. A Service Delivery Manager has also been appointed to map out capacity and demand within the service. Ms Lodwick also informed Members of the collaborative working undertaken with schools across the region to introduce early intervention and assessments in line with the Nurturing, Empowering, Safe and Trusted (NEST) Framework which aims to ensure a whole system approach to developing support services.

Ms Lodwick informed Members of ongoing communication with those who are waiting for an assessment with 'Keep in Touch' letters, providing information on how to access online support services. Ms Lodwick also raised the importance of looking after the staff involved given its small size.

Members were also informed of plans to commission an external provider to support the ASD service provision to manage the waiting lists which will be further explored following the outcome of the WG review of the service in March 2022.

Ms Lodwick advised Members that the key areas of focus for the service are outlined within the Strategic Action Plan from WG, with Regional Partnership Boards required to report on progress. It was noted that a three Counties Steering Group has been formed to progress the implementation of the Code of Practice.

Mrs Rees informed Members of the revised governance arrangements within MHLD which will streamline the escalation process for the reporting of risks within the service, and advised of a pilot taking place on inpatient wards within MHLD utilising a QR Code to gather patient feedback. Dependent on its success, the pilot, will be expanded to the Community Mental Health Teams.

In response to a query from Professor Gammon on whether there is a timeline in place for the additional funding to recruit staff in light of the workforce challenges in providing the specialist services, Mrs Rees confirmed that the MHLD Directorate has committed additional resources for recruitment and that a number of fixed term posts have been secured. Mrs Rees updated Members on the development of a role re-design initiative in line with the MHLD Scheme of Delegation, with the aim of maximising the capacity of registered speciality professionals through the delegation of appropriate tasks. Terms of Reference are being developed with colleagues in the Workforce and Organisational Development department in this regard.

In response to a further query from Prof. Gammon on the anticipated timeline for the commissioning of the external services to undertake the ASD assessments in order to have a positive impact on waiting times, Ms Lodwick advised that the ASD Strategic Action Plan in March 2022 will provide further clarity on the development and commissioning of services for people with ASD. Ms Lodwick informed Members that regular communication takes place with WG and additional resources to support the service would be welcomed as an outcome of the review.

Mr Newman enquired whether previous roll out issues relating to the implementation of WPAS have now been resolved and Mrs Rees responded that following issues arising from the audit of Phase 1, the mapping process for Phase 2 has now been completed. Whilst there is no definitive timeframe for implementation of Phase 2, an effective Informatics Group is currently working on this.

Mrs Judith Hardisty welcomed the presentation and update from colleagues illustrating the complexities within the MHLD pathways. Mrs Hardisty highlighted the collaborative funding opportunities in conjunction with the Local Mental Health Partnership Board and in line with the NEST scheme. Mrs

	<p>Hardisty raised a potential opportunity to link in with university education providers to encourage a range of training programmes to enhance the accessibility of qualifications and skill sets to encourage future workforce within MHLD. In response, Mrs Rees advised that the Nurse Consultant within MHLD is leading on discussions with education providers to encourage curriculum that will complement future workforce within the service and added that the MHLD Workforce Working Group are in discussion to secure Health Education and Improvement Wales (HEIW) representation at their meetings which will be helpful in workforce planning terms. Mr William Oliver added that HEIW's development of Clinical Associate Psychologists may help to bridge a gap.</p> <p>In response to Prof. Gammon's query regarding the timeframe for an anticipated reduction in waiting lists, Mrs Rees explained that whilst the Directorate is not yet in a position to provide a definitive timeframe to the Committee, the implementation of WPAS will be instrumental in streamlining current data systems which will help clarify the demand and capacity position for future reporting, and provide the tool by which the waiting list can be managed.</p> <p>It was agreed to discuss how the workforce and re-design initiatives raised under this agenda item link with the People, Organisational Development and Culture Committee (PODCC) outside of the Committee meeting.</p>	JG/ LG
	<p>The Committee RECEIVED LIMITED ASSURANCE from the mitigation and actions in place to address the MHLD waiting list. While the implementation of the WPAS Informatics System will improve the mechanisms for data reporting and other measures are in place to mitigate current risks, the improvement trajectory remains unclear and must be a priority for ongoing work.</p>	

QSEC	DEEP DIVE REPORT RADIOLOGY	
(21)129	<p>The Committee welcomed Ms Gail Roberts-Davies following her recent appointment as Head of Radiology Services to present her Deep Dive Report, highlighting the following:</p> <ul style="list-style-type: none"> • Members were informed of 6 Radiologist vacancies and the reliance on locum staff within HDdUHB as the national workforce and recruitment challenges continue to put pressure on the service. Members were assured that the service is working with the Health Board's Recruitment Team to streamline the recruitment process and maximise opportunities to recruit. Ms Roberts-Davies informed Members that a Computerised Tomography (CT) Assistant role is also being considered to release capacity for the radiographers. • Ms Roberts-Davies highlighted current demand and capacity challenges and informed Members that Everlight, the outsourcing company that is providing additional services for the Health Board's Radiology Service, cannot currently meet the additional demand therefore the option of commissioning a second provider is being explored. <p>In response to a query from Mrs Hardisty on whether the future provision of scanning equipment at Community Hospitals is feasible, Ms Roberts-Davies acknowledged the benefits of bringing services closer to patients whilst recognising the current workforce constraints. Ms Roberts-Davies assured</p>	

	<p>Members that options are continuously being explored to enhance provision within the service. Members were informed of strategic discussions underway, initiated by the Lead Sonographer at Prince Philip Hospital, Llanelli to provide scanning services at Tenby Hospital if appropriate equipment and staffing arrangements can be secured.</p> <p>Ms Jill Paterson acknowledged the links in place to new models of service delivery including Same Day Emergency Care (SDEC) and that rapid diagnosis will be an important part of delivering services.</p> <p>Highlighting the unsuitable referrals that have been made to the service that are referenced within the update report, Ms Paterson queried the process for communicating this with Primary Care services to avoid repeated occurrences. Ms Roberts-Davies explained that these are discussed directly with the referring clinician and the respective team as part of the process involved.</p> <p>With reference to the number of vacancies within Radiology Services, Ms Delyth Raynsford queried whether posts are advertised in the West Midlands, particularly for posts in Bronglais General Hospital. Confirmation was received that the Medical Recruitment team are working with individual services to focus on specific recruitment opportunities. In addition, Ms Roberts-Davies noted the significance of referencing progression opportunities in advertisements to attract recruitment.</p>	
	<p>The Committee RECEIVED ASSURANCE from the Deep Dive Report for Radiology Services and mitigation actions in place.</p>	

<p>QSEC (21)130</p>	<p>DEEP DIVE REPORT- EPILEPSY AND NEUROLOGY</p> <p>The Committee received a verbal update on Learning Disabilities Epilepsy and Neurology Services. Mr Andrew Carruthers informed members that Professor Rohit Shankar has been engaged to support an assessment of the current service provision and help to inform the further development of the local service in line with national standards. It is anticipated that the outcome of the assessment will be available in March 2022.</p> <p>Ms Melanie Evans updated Members on the positive collaborative working that has been undertaken as part of A Regional Collaboration for Health (ARCH) which is a unique collaboration between three strategic partners: Swansea Bay University Health Board, HDdUHB and Swansea University, which is enhancing access to services within Neurology Service.</p> <p>The Committee agreed that in light of the externally supported assessment and subsequent improvement plan, the Neurology and Epilepsy in LD services Deep Dive report will be available in March 2022, and will be included on the QSEC agenda for the meeting scheduled for April 2022.</p>	<p>KL</p>
	<p>The Committee NOTED the verbal update from the Neurology and Epilepsy Service.</p>	

<p>COMMISSIONING FOR QUALITY OUTCOMES</p>	
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<p>QSEC (21)131</p>	<p>The Committee received the Commissioning for Quality Outcomes report and noted the increase in waiting times for services from other Health Boards within Wales and the ongoing work to mitigate the impact on the population. Mr Shaun Ayres shared the Metrics with Members highlighting areas with significant waiting times, advising that where possible alternative pathways are being considered.</p> <p>Mr Ayres drew Members attention to Clinical Immunology & Allergy which has the greatest number of patients waiting over 36 weeks and confirmed that alternative pathways have been explored. An NHS Trust in North Bristol has now confirmed capacity to provide a long term service agreement with HDdUHB. Mr Ayres acknowledged the additional travel this would mean for the HDdUHB population, however this additional access to the service is welcome in light of the extended waiting list and the lack of alternative options.</p> <p>Mr Ayres informed Members of the changes in terms of quality monitoring of Long Term Agreements (LTA) through review meetings and the updated contract arrangements for LTA capturing and addressing areas of concern in terms of quality.</p> <p>Members noted that patient experience feedback is gathered via the utilisation of the Patient Reporting Experience Measures (PREMs) questionnaires.</p> <p>The Committee requested assurance that HDdUHB's population is not being affected in terms of access to services due to their post code. Mr Ayres assured Members that all decisions are made in terms of clinical priority.</p> <p>Mr Newman queried whether the patient experience reporting metrics that are detailed within the report would be developed further. In response, Mr Ayres advised that metrics have been developed as part of the Regional Commissioning Group and added that the intention is to evaluate the patient experience from HDdUHB patients through the utilisation of the PREMs and PROMs (Patient Experience Outcome Measures) which will initially report back internally.</p> <p>Following discussion on how to influence and leverage the expectations of quality services for HDdUHB residents, Mr Ayres advised of the proactive steps underway to source additional capacity from within neighbouring Health Boards in order to support access to appropriate services.</p> <p>The Committee RECEIVED ASSURANCE of the mitigating actions in place within the Commissioning for Outcomes report.</p>	
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<p>QSEC (21)132</p>	<p>UPDATE ON COVID-19 AND WINTER PLANNING RELATED ACTIVITY</p> <p>The Committee received an update on COVID-19 and Winter Planning Related Activity and noted the progress of the roll out of the COVID-19 vaccinations.</p> <p>Ms Passey highlighted the new guidance that has been introduced following a recommendation from the Joint Committee for Vaccinations and Immunisations due to the new COVID-19 variant, Omicron. All 16-17 year olds are now eligible to receive two doses of Pfizer BioNTech vaccine 8+ weeks apart, and all over 18 year olds are eligible for a booster vaccine 3 months+ after their 2nd dose.</p>	
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There is a risk that HDdUHB, similar to the rest of Wales, will struggle to increase capacity sufficiently to quickly deliver the vaccine to newly eligible groups. However, Ms Passey provided assurance that strategic planning is underway to provide the delivery of the mass vaccination programme.

Members noted the ongoing operational challenges and Ms Passey reiterated the feedback expressed to Independent Members during operational service visits that staff are exhausted. However, Ms Passey assured the Committee of the governance structures and escalation processes in place to mitigate this.

Members also received an update on the revised Social Distancing guidance from WG and noted the challenges of maintaining compliance as wider lockdown restrictions are introduced as part of Risk 1016: The Risk of non-compliance with Regulations 16 of the Health Protection (Coronavirus Restrictions) (No.5) (Wales) Regulations 2020 (the “Coronavirus Regulations”)

Members received feedback from Mr Carruthers from a Welsh Government meeting held earlier in the day in regard to the Omicron variant of COVID-19. Mr Carruthers advised of the main uncertainties raised at the meeting which are the extent to which the vaccine is effective against the Omicron strain, the impact of vaccine wane and booster take up. Once more data is available these concerns may resolve, although due to the high levels of community incidence leading to enforced isolation, an adverse impact on workforce capacity and capability could be anticipated. Given the Omicron strains ability to re-infect, Mr Carruthers advised of his concern regarding possible hospital reinfections as the learning continues to build around this strain. The Committee received assurance that tactical arrangements would be progressed to mitigate any impact.

Mrs Raynsford emphasised the importance of ensuring sufficient workforce capacity at the mass vaccination centres to accommodate the provision of additional booster vaccines and the accelerated deadlines that have been announced Mr Mark Drakeford, First Minister of Wales. Ms Paterson confirmed that expressions of interest have been sought from GP colleagues to support the mass vaccination programme during evenings and weekends, in order to ensure that routine access to primary care services is not compromised.

The Committee **NOTED** the information provided as part of the COVID-19 and Winter related activity update and were **ASSURED** of the continued mitigating actions taking place to reduce the risk.

QSEC	PAEDIATRIC SERVICES
(21)133	The Committee received an update on Paediatric Services including Welsh Ambulance Trust Service (WAST) activity within Paediatric Services from Mr Nick Davies, noting the positive utilisation of ‘Lightfoot’ data to track patients in more depth and to establish where referrals are emanating from. Members were informed that clinical coded data has been broken down for the Dedicated Ambulance Vehicle (DAV) that has been established to ensure access to rapid

transfer from WGH to GGH, and WAST information regarding 999 community calls and intra-hospital transfers.

Members noted the ongoing temporary relocation of the Paediatric Ambulatory Care Unit (PACU) and the transfer of specialist staff to Glangwili General Hospital (GGH) Carmarthen as part of the COVID-19 response provision in Withybush General Hospital (WGH). Mr Davies advised that a number of processes have been established to receive and collate patient feedback including ward-based interviews with patient experience apprentices, in addition to ongoing social media scrutiny.

Professor Philip Kloer acknowledged the concerns raised by members of the public in regard to the relocation of PACU from WGH to GGH and noted the significant increase in demand on the service as a result of the temporary arrangements. Prof. Kloer informed Members of operational challenges within the Paediatrics pathway at GGH however emphasised that due to the COVID-19 response, this continuation of the temporary arrangement remains necessary.

In response to a query from Mrs Hardisty regarding the nature of the concerns that have been raised through patient feedback, Prof. Kloer relayed the helpful feedback that has been received from the CHC and the variety of comments via social media, and confirmed that all opportunities are taken to engage with the families involved regarding their experience in order to learn from these and to improve and inform the patient pathway.

The Committee received assurance from the proactive engagement with the public in terms of receiving feedback and noted that all learning from the process would be taken forward.

The Committee **RECEIVED ASSURANCE** by the content of the Update Report from Paediatric Services.

QSEC (21)134	NATIONAL SCREENING PROGRAMMES	
	<p>Dr Sharon Hillier, Director of Screening Division, Public Health Wales (PHW) provided a presentation on the National Screening Programmes in Wales. Dr Hillier informed Members that the national screening programme reinstated during Summer 2020 followed a pause in adult screening due to the COVID-19 pandemic. Whilst the recovery of a number of screening programmes including breast screening had been delayed due to the safe pathways on capacity and limitations on venues, the team is working hard to address the issues involved. Members were also informed that the bowel screening programme is being reinstated.</p> <p>Mr Paul Newman queried in regard to the increase in diagnoses through the screening programmes, whether PHW is working with cancer treatment centres to increase treatment provision. Dr Hillier confirmed this is the case adding that those presenting earlier with symptoms should require less impactful treatment.</p> <p>Members expressed thanks to Dr Hillier for the helpful presentation which provides a road map for restoring services following the COVID-19 pandemic and for reinstating the screening services in Wales.</p>	

	The Committee NOTED the presentation provided in regard to the National Screening Programmes in Wales.	
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QSEC (21)135	UPDATE ON THE PROGRESS OF THE RECOMMENDATIONS CONTAINED WITHIN THE NATIONAL AUDIT OF CARE AT THE END OF LIFE (NACEL) REPORT	
	<p>The Committee received an update on the progress of the recommendations contained within the NACEL report and the implementation of the Palliative and End of Life Care Strategy (PEOLC).</p> <p>Dr Annette Edwards summarised the findings of the audit that Hospitals and Trusts had been requested to contribute towards. These national findings have been divided into key themes relating to palliative care services. Members noted that HDdUHB scored lower than the national average and Dr Edwards advised of the key areas for improvement including individualised end of life care planning and discussions with patients to discuss the possibility of imminent death.</p> <p>Mrs Rayani conveyed her thanks to Dr Edwards and the team involved for taking forward the recommendations within the report and welcomed the strategic work underway to address the findings of the national audit in light of the workforce and resource challenges.</p>	
	The Committee RECEIVED ASSURANCE that the implementation of the Palliative and End of Life Care Strategy is addressing the recommendations contained with the NACEL Audit Report.	

QSEC (21)136	STROKE SERVICES NURSE STAFFING REQUIREMENTS	
	<p>The Committee received an update on current guidelines for the nurse staffing levels within Stroke Services, noting that a robust scrutiny process has taken place with the replacement of a Registered Nurse (RN) with an Assistant Practitioner on the roster agreed by the appropriate Professional Designated Person. Members further noted that the deployment of RNs on wards is agreed by the senior RN and is dependent on the capacity and demand required for a particular shift.</p> <p>The decision to replace one RN on the roster with an Assistant Practitioner will mean that the Health Board is fundamentally non-compliant with the National Stroke staffing standards. Mrs Rayani assured Members that the decision has been agreed with colleagues in Stroke Services in light of current staffing deficits.</p> <p>Members were informed that the employment of an Assistant Practitioner to replace one RN will be reviewed by the Sentinel Stroke National Audit Programme (SSNAP) data, with Mrs Rayani agreeing to circulate this data to Members once available.</p>	
	The Committee RECEIVED ASSURANCE that the nurse staffing levels that are in place have undertaken a robust challenge and scrutiny process and approved by the Designated Person as professionally appropriate.	

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QSEC (21)137	PROGRESS REPORT TO SWANSEA BAY UNIVERSITY HEALTH BOARD (SBUHB) OF THE REVIEW OF CARDIAC SERVICES IMPROVEMENT PLAN- GETTING IT RIGHT FIRST TIME (GIRFT)	
	The Committee received the Progress Report to SBUHB of the Review of Cardiac Services Improvement Plan by GIRFT, with no comments received from Members.	
	The Committee NOTED the progress report to SBUHB of the review of Cardiac Services and RECEIVED ASSURANCE by the improvement plan.	

QSEC (21)138	QUALITY MANAGEMENT SYSTEM (QMS) APPROACH	
	<p>The Committee received an update on the development of the QMS Framework, HDdUHB's principal structure for providing quality services to the population. Members noted that the channel for delivering the QMS will be the Improving Together framework which aims to empower staff to strive for continuous improvement within services.</p> <p>Members received an overview of the strategic framework which comprises four components and noted that the Improving Together framework will align to the Health Board's strategic objectives and enable the delivery of the overarching Quality Assurance Management system. Ms Passey informed Members of the services that have come forward to engage and co-design the Improving Together strategy, including Woman and Children's services. It was noted that the key priorities will be aligned with corporate objectives and produced through an operational lens within services.</p> <p>Ms Passey advised that updates would be presented to the Strategic Steering Group, which will feed back on the progress of 'Improving Together'.</p> <p>Ms Passey highlighted the next steps in the progression of the QMS, ensuring it aligns with the 'Achieving Quality and Safety Improvement Strategy' to provide regular reviews of the framework to reflect the development of the Health and Social Care (Quality and Engagement) (Wales) Act.</p> <p>Ms Anna Lewis conveyed the Committee's thanks to Ms Passey, welcoming the progress made and recognising the work undertaken to reach this stage in the process.</p>	
	The Committee NOTED the progress of the overarching QMS Approach.	

QSEC (21)139	QUALITY AND SAFETY ASSURANCE REPORT	
	<p>The Committee received the Quality and Safety Assurance Report.</p> <p>Mrs Hardisty noted the success of the actions taken to improve pressure damage at Dewi Ward, GGH and enquired whether the changes involved would be implemented across other wards in light of the positive outcomes. Ms Passey referred to the Health Board wide work underway to reduce pressure damage on wards and improve staff reporting of these incidents. The Committee received assurance that learning outcomes would be communicated to clinical teams. Ms Passey informed Members of the development of Staff Champions</p>	

	<p>in this area and advised that patient information leaflets have been helpful in raising awareness.</p> <p>Mrs Rayani noted the data provided within the quality and safety report and reported on some improvement actions taking place to reduce inpatient falls, particularly for those extremely frail and elderly patients. Concerns were also noted at the number of patients admitted with pressure damage from within community services. Ms Steele confirmed that this links with the work being undertaken as part of the EQLiP programme supporting those in the community.</p>	
	<p>The Committee RECEIVED ASSURANCE on the processes in place to review and monitor patient safety and experience and also the improvement work being carried out which is outlined in the report.</p>	

<p>QSEC (21)140</p>	<p>AUDIT WALES REVIEW OF QUALITY GOVERNANCE ARRANGEMENTS</p> <p>Following a request made at a recent Audit & Risk Assurance Committee (ARAC) meeting, Mrs Rayani presented the Wales Audit Office Review of Quality Governance Arrangements within HDdUHB. For assurance, it was noted that the outcome of the review has been shared with operational teams to ensure the recommendations are progressed.</p> <p>Mrs Rayani noted the positive practice currently in place that will be taken forward and assured Members of the intention to progress the areas of improvement within their remit.</p> <p>Mr Newman requested an update on whether an interim milestone would be developed as agreed by the Director of Operations, Director of Nursing, Quality and Patient Experience and the Medical Director at ARAC. Mr Carruthers confirmed that a meeting has been arranged for 09.12.2021 to discuss this.</p> <p>The Committee RECEIVED ASSURANCE of the progress to date in response to the recommendations made by the Wales Audit Wales.</p>	
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<p>QSEC (21)141</p>	<p>NURSING ASSURANCE ANNUAL AUDIT 2021</p> <p>The Committee received the Nursing Assurance Annual Audit 2021 which has been undertaken using the Welsh Nurse Care Record system (WNCR) and the key areas for improvement in practice. Members noted that the Welsh Nurse Care Record System (WNCR) has been implemented widely throughout the organisation, and noted the challenge in benchmarking against previous data due to the utilisation of a new system.</p> <p>Mrs Rayani highlighted the salient findings from the audit and informed Members that the report has been shared with the Senior Nursing Team and that further audits and assessments are being consistently implemented.</p> <p>In response to particular areas of improvement, Mrs Rayani noted the ongoing endeavours to keep noise to a minimum during night shifts to allow patients rest and recuperation, in addition to the distribution of eye masks and ear plugs. The Senior Nursing Team has also been made aware of areas of concern and Mrs Rayani raised a potential anomaly with the audit findings at Tregaron Community Hospital following a previous service visit where it was noted that the ward was exceptionally clean. Mrs Rayani informed Members that a further service visit would be undertaken in due course.</p>	
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	The Committee RECEIVED ASSURANCE by the Nursing Assurance Annual Audit and the actions to address the areas of practice for improvement.	
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QSEC (21)142	OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB COMMITTEE (QQSESC) UPDATE REPORT AND TERMS OF REFERENCE	
	<p>The Committee received the QQSESC Update Report together with the revised QQSESC Terms of Reference (ToR) for approval.</p> <p>Ms Hardisty congratulated Ms Passey on the successful chairing of the meeting which had been focused and clear in setting out future reporting requirements.</p>	
	The Committee NOTED the content of the QQSESC Update Report and APPROVED the revised QQSESC Terms of Reference.	

QSEC (21)143	LISTENING AND LEARNING SUB-COMMITTEE UPDATE REPORT AND TERMS OF REFERENCE FOR QSEC APPROVAL	
	The Listening and Learning Sub-Committee Update Report and Terms of Reference for QSEC approval has been deferred to the next QSEC meeting.	

QSEC (21)144	STRATEGIC SAFEGUARDING WORKING GROUP UPDATE REPORT	
	<p>The Committee received the Strategic Safeguarding Working Group (SSWG) Update Report.</p> <p>Mrs Hardisty queried whether the 22 incidents of non-compliance with child safeguarding procedures involving Health Board services is exceptional. Ms Passey responded that this is the first time an audit of this information had been requested as part of the Strategic Safeguarding Working Group. Ms Passey assured Members of the changes within service to address this such as incorporating safeguarding procedures as part of the Emergency Departments handover briefs.</p> <p>Discussion took place around the launch of a national review of Social Services in the aftermath of a tragic event involving the murder of a child in England during the pandemic. Ms Passey noted the challenges faced within the Safeguarding Service in terms of the sheer volume of referrals and the complexities of cases being received.</p> <p>Mrs Rayani echoed the significant rise in safeguarding activity since the COVID-19 pandemic and the significance of ensuring that operational staff receive adequate support and appropriate supervision.</p>	
	The Committee NOTED the update provided from the Strategic Safeguarding Working Group.	

QSEC (21)145	INFECTION PREVENTION STRATEGIC STEERING GROUP (IPSSG) UPDATE REPORT	
	<p>The Committee received the IPSSG update report. Ms Jenkins informed Members of the eleven outbreaks of COVID-19 during the third wave of the pandemic. Members were assured of the good practice in place in terms of collaborative working between services such as the Outbreak Control meetings and the ongoing working partnership with Estates colleagues which has been fundamental in reducing the timeframes of outbreaks on inpatient wards.</p> <p>Ms Jenkins informed Members of an increase in E-coli blood stream infection and Clostridium Difficile (C.difficile) and advised that an All Wales C.Difficile forum has been developed with associated sub groups which will focus on review, diagnosis, epidemiology, diagnosis, root cause analysis, prevention and any effects due to COVID-19.</p> <p>Ms Jenkins also informed Members of the Environmental Group that is being established by Mr Simon Chiffi, HDdUHB's Head of Operations, which will progress the transition to the Synbiotix audit system within cleaning services and also explore equipment options on Respiratory wards such as the potential use of air purifiers.</p>	
	The Committee NOTED the update provided from the Infection Prevention Strategic Steering Group	

QSEC (21)146	UPDATE OF PLANNING OBJECTIVES (POs) ALIGNED TO QSEC	
	<p>The Committee received an update on the POs aligned to QSEC.</p> <p>Members noted the challenges faced in terms of communication within PO 1E which is linked to workforce pressures and recruitment, however Ms Rayani advised that 400 Ear, Nose & Throat (ENT) patients would be contacted this week, to be followed by 500 Orthopaedic patients.</p> <p>Mrs Rayani informed Members that the Health Board's Executive Team will be undertaking planning discussions regarding written communication barriers and resources for communication for patients with a visual impairment.</p> <p>Mr Newman enquired as to how the process for communication interacts with the waiting list verification system. Mr Carruthers assured Mr Newman that there are mechanisms in place to ensure no duplicate correspondence for patients.</p>	
	The Committee RECEIVED ASSURANCE from the update provided on PO's aligned to QSEC.	

QSEC (21)147	HEALTHCARE INSPECTORATE WALES (HIW) WINTER UPDATE	
	The Committee received the HIW Winter Update.	

QSEC (21)148	WHSCC QUALITY REPORT	
	The Committee received the WHSCC Quality Report.	

QSEC (21)149	QUALITY, SAFETY AND EXPERIENCE COMMITTEE DECISION TRACKER 2021/2022	
	The Committee noted the QSEC Decision Tracker 2021/2022.	
QSEC (21)150	QUALITY, SAFETY AND EXPERIENCE SUB- COMMITTEE DECISION TRACKER 2021/2022	
	The Committee noted the Quality, Safety and Experience Sub-Committee Decision Tracker 2021/22.	
QSEC (21)151	QUALITY, SAFETY AND EXPERIENCE COMMITTEE WORK PROGRAMME	
	The Committee noted the QSEC Work Programme 2022/ 2022.	
QSEC (21)152	MATTERS FOR URGENT ATTENTION	
	No matters for urgent attention were raised by the Committee.	
QSEC (21)153	Date of Next Meeting	
	The date of the next QSEC meeting is scheduled for 9:30am, 8 th February 2022.	