

**COFNODION HEB EU CYMERADWYO O GYFARFOD Y PWYLLGOR SICRWYDD
ANSAWDD, DIOGELWCH A PROFIAD
UNAPPROVED MINUTES OF THE
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE MEETING**

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| Date and Time of Meeting: | 9.30am, 8 th June 2021 |
| Venue: | Boardroom, Ystwyth Building/MS Teams |

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| Present: | <p>Ms Anna Lewis, Independent Member (Committee Chair) Mrs Delyth Raynsford, Independent Member (Committee Vice-Chair) (VC) Mrs Judith Hardisty, HDdUHB Vice Chair Professor John Gammon, Independent Member (VC) Mr Paul Newman, Independent Member (VC) Ms Ann Murphy, Independent Member (VC) Miss Maria Battle, HDdUHB Chair (VC) (part) Mr Winston Weir, Independent Member (VC)</p> |
| In Attendance: | <p>Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Dr Philip Kloer, Medical Director & Deputy CEO Mr Andrew Carruthers, Director of Operations (VC) Mrs Ros Jervis, Director of Public Health (VC) Mrs Louise O'Connor, Assistant Director (Legal Services/Patient Experience) (VC) Ms Jill Paterson, Director of Primary Care, Community and Long Term Care Mrs Joanne Wilson, Board Secretary (VC) Mrs Cathie Steele, Head of Quality & Governance (VC) Ms Mandy Davies, Assistant Director of Nursing and Quality Improvement (VC) (part) Ms Mandy Nichols-Davies, Head of Safeguarding (VC) (part) Ms Sara Rees, Head of Nursing, Mental Health and Learning Disabilities (VC) (part) Ms Liz Carroll, Director of Mental Health and Learning Disabilities (VC) (part) Dr Barbara Wilson, Vice Chair, Hywel Dda Community Health Council (VC) Ms Donna Coleman, CHC (VC) Mr Paul Smith, Service Delivery Manager Unscheduled Care (VC) (part) Mr Clive Weston, Locum Consultant Acute Physician (VC) (part) Mr Shaun Ayres, Assistant Director of Commissioning (VC) (part) Dr Annette Edwards, Consultant Palliative Care (VC) (part) Ms Jina Hawkes, General Manager Community Primary Care (VC) (part) Ms Catherine Evans, Head of Transformation Programme Office (VC) (part) Mrs Sarah Bevan, Committee Services Officer (Secretariat)</p> |

| QSEAC (21)61 | INTRODUCTIONS AND APOLOGIES FOR ABSENCE | Action |
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| | The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Assurance Committee (QSEAC) meeting. | |
| | <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Ms Alison Shakeshaft, Director of Therapies and Health Science • Ms Rebecca Jewell, Healthcare Inspectorate Wales • Ms Lydia Davies, Service Delivery Manager - Orthopaedics, Trauma & Plaster Services • Ms Chris Hayes, Nurse Staffing Programme Lead • Mrs Sian Passey, Assistant Director of Nursing, Safeguarding and Assurance | |

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| QSEAC (21)62 | <p>DECLARATIONS OF INTERESTS</p> <p>There were no declarations of interests made.</p> | |
| QSEAC (21)63 | <p>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 13th APRIL 2021</p> <p>RESOLVED - that the minutes of the meeting held on 13th April 2021 be approved as a correct record.</p> | |
| QSEAC (21)64 | <p>TABLE OF ACTIONS FROM THE MEETING HELD ON 13th APRIL 2021</p> <p>An update was provided on the Table of Actions from the meeting held on 13th April 2021, with no further comments from Members.</p> | |
| QSEAC (21)65 | <p>CORPORATE RISKS ASSIGNED TO QSEAC</p> <p>The Corporate Risks Assigned to QSEAC report was presented to Members, and Ms Lewis invited comments on the risks detailed within the report.</p> <p>Mrs Judith Hardisty requested assurance in respect of Risk 1032 on how retention challenges are being addressed. Acknowledging that the Integrated Autism Service (IAS) is part funded by the Integrated Capital Fund (ICF), and also via regional means, Mrs Hardisty queried the plans in place to fund the service on a more permanent basis. Mr Andrew Carruthers assured Members that funding confirmation had recently been received.</p> <p>In relation to Risk 635, Mr Paul Newman enquired whether there would be any residual risk associated with the closure of settled status applications at the end of June 2021. Mrs Mandy Rayani advised that the Director of Workforce and Operational Development would be discussing any emerging issues regarding settled status with the Directorate on 11th June 2021, however, no issues have been raised to date. Mrs Rayani undertook to establish and confirm the situation following the Committee meeting.</p> <p>In relation to Risk 684, Mr Newman queried the position on the lack of an agreed replacement programme for radiology equipment across the Health Board. Mrs Rayani undertook to provide an update following the Committee meeting, whilst providing assurance that this continues to be flagged to Welsh Government. Mrs Rayani also provided assurance that this could be raised at the upcoming Joint Executive Team (JET) meeting with WG. Mr Carruthers advised of the potential to resource additional activity externally and to consider commissioning private contractors whilst awaiting the required capital, if necessary.</p> <p>In relation to Risk 750, Mr Newman queried whether any action had been taken to address the lack of substantive middle grade doctors. Dr Phillip Kloer advised that, whilst this is a recurrent problem, there has been a slight improvement recently. In relation to the recruitment of 4 middle grade posts, Mrs Joanne Wilson drew Members' attention to the update provided within the risk register that these posts are out to advert. However, successful candidates are currently overseas and are affected by current travelling restrictions to the UK due to the pandemic. Mr Newman queried any underlying themes attributed to the challenges in recruitment, to which Dr Kloer responded that it remains a 'buyer's market', with staff increasingly likely to accept posts in one organisation whilst negotiating with another. Dr</p> | <p>MR</p> <p>MR</p> |

Kloer added that more remote areas tend to be less attractive to Accident & Emergency (A&E) doctors who are likely to favour working within large centres where there are more consultants, trainees and activity.

In regard to the recruitment process, Mr Winston Weir raised concern over possible reputational issues affecting recruitment and retention, particularly at Withybush General Hospital (WGH). Mrs Rayani advised that whilst Prince Phillip Hospital (PPH) has traditionally been a relatively easy hospital to recruit to, recruitment to Swansea Bay University Health Board (SBUHB) has recently increased. Mrs Rayani added that, although the Health Board's reputation has improved over the past few years, there is still a challenge to recruit to the further West of Wales.

Dr Kloer assured Members that overseas recruitment and the on-boarding of doctors is also being reviewed to improve recruitment. Mr Weir queried the option of having nurse practitioners and pharmacists to complement the service and suggested the use of other professionals to shore up the lack of middle grade doctors as a possible contingency plan. Dr Kloer responded that whatever mitigating actions are put in place, there remain intrinsic issues related to the structure of the organisation. In addition, there is no paediatric service at WGH, which could deter middle grade doctors. Mr Weir queried when the Committee could receive a deep dive into Risk 750. Ms Lewis suggested that Mr Weir and Dr Kloer undertake a discussion around the issue of recruitment and reputation outside of the Committee meeting in the first instance.

WW/PK

In relation to Risk 117, Mrs Delyth Raynsford expressed concern regarding a potential increase in waiting lists due to acute site pressures within SBUHB. Mrs Rayani suggested that this be discussed under item QSEAC (21)69 Commissioning for Quality Outcomes. Mrs Raynsford also raised a query relating to Risk 1032, regarding staff on fixed term contracts, which it was agreed would be discussed under item QSEAC (21)66 Mental Health and Learning Disabilities presentation.

In relation to Risk 628 and the fragility of therapy provision across acute and community services, Professor John Gammon noted that the conversation regarding therapy waiting times has been ongoing for some time. Mrs Rayani responded that there have been changes to how and where staff are working within therapy services over the past 12-15 months, which may reflect the progress being made in how the service is being modernised.

The Committee **RECEIVED ASSURANCE** that:

- All identified controls are in place and working effectively.
- All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.

QSEAC (21)66 DEEP DIVE ON MENTAL HEALTH AND LEARNING DISABILITIES (RISK 1032)

The Deep Dive of Mental Health and Learning Disabilities (MHLD) slide set was presented to Committee. Mr Carruthers introduced the presentation by acknowledging the challenges experienced by the Directorate over the past 18 months in delivering and maintaining essential services due to the impact of COVID-19. However, Mr Carruthers recognised that performance issues

existed pre-pandemic, which has required the Directorate to work extremely hard to recover this position.

Mr Carruthers highlighted accommodation as a significant issue in terms of estates work and sites being fit for purpose. Members were assured that an urgent Task and Finish Group has been established to address these accommodation issues.

Ms Sara Rees provided an update on the current management of the waiting list situation within the Directorate's services, including the Memory Assessment Service (MAS), Autistic Spectrum Disorder (ASD) Service, Adult Attention Deficit and Hyperactivity Disorder (ADHD) Service, Integrated Psychological Therapies Service (IPTS) and Specialist Child and Adolescent Mental Health Services (S-CAMHS). Ms Rees assured Members that a deep dive is presented bi-monthly at MHLD Business Planning and Performance Assurance Group (BPPAG) meetings to discuss risks and mitigating actions.

Furthermore, each service has a system in place whereby referrals are screened and prioritised according to risk, with active monitoring of waiting lists in all service areas. Each service also has a Keeping in Touch process, whereby contact is maintained with those on the waiting list, via letter or telephone. The Directorate has established a MHLD Principles of Good Practice for Waiting Lists Management Group. The Directorate also identifies any slippage to further fund waiting list initiatives. Members were assured that patient experience and quality indicators are reported via the MHLD Quality, Safety and Experience Group, and the Directorate is linked into the all Wales outcome measurement project.

Ms Rees informed Members of a current lack of health informatics to support the reporting of service activity and clinical intelligence data, with services utilising their own local systems. This risk will be reviewed as part of the all Wales outcome measurement project.

Ms Rees informed Members of the development of virtual platforms to enable the continuation of face to face interventions and highlighted the involvement of the third sector in supporting users and carers to participate in digital platforms and improve confidence in their use. Digital Champions have also been identified within the Health Board to promote and support IT solutions and digital platforms for the workforce.

In terms of workforce, staff have been supported to work flexibly during the pandemic, with Personal Appraisal Development Reviews (PADR) and protected learning time for mandatory training being maintained. Ms Rees praised the support provided by the Staff Psychological Wellbeing Service.

Ms Lewis drew Members' attention to the queries raised earlier in the meeting. In relation to ASD funding streams, Members were informed that funding for the IAS had initially been non-recurring, however, the issue of funding has been raised within national meetings to substantiate continuous funding. With regard to fixed term contracts, Ms Rees advised that an applicant with ASD skills had requested a fixed term contract originally. Ms Rees informed Members that consideration had been given to utilise slippage to fund waiting list initiatives. Ms Rees further informed Members that demand and capacity modelling undertaken with the Delivery Unit is still in progress, and that the

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| | <p>adult and S-CAMHS ASD services have now been combined under one management structure.</p> <p>Ms Lewis queried when the Directorate would be able to provide the Committee with a clear understanding of timescales to address the challenges over the next few months and years. Ms Liz Carroll acknowledged that the referral rate into S-CAMHS ASD services is consistent and unlikely to reduce, therefore additional resource is of vital importance. Ms Carroll acknowledged the reliance on resources outside of the Directorate, for example, assessments undertaken by the education sector. Mr Carruthers assured Members that the Directorate has specifically identified specialist skill sets for recruitment, which will have a major positive impact. Mr Carruthers highlighted that the workforce challenges are a national challenge and that the Directorate had utilised monies that would have been underspent to improve the waiting list situation.</p> <p>Mrs Hardisty highlighted the complexity of the bidding process for allocated monies, which has been raised by Health Board Vice Chairs nationally. Mrs Hardisty advised of the importance of linking in with the development of the NEST (Nurturing, Empowering, Safe Trusted) Framework, delivered by the Regional Partnership Board, to gain an understanding of when waiting list issues should ease. Mrs Hardisty recognised the efforts of the Directorate in successfully removing the historic waiting lists pre-pandemic, however, demand for services is unlikely to recede and therefore waiting list issues need to be tackled immediately in addition to implementing measures to enable a sustainable way of supporting children.</p> <p>Ms Carroll concluded by reiterating that the issue of accommodation space cannot be underestimated; Mrs Hardisty and Ms Lewis offered their support and assistance with any discussions with WG on this and any other issues.</p> <p>Ms Lewis conveyed thanks to the Directorate's teams involved in doing their best under the prevailing circumstances. From a Committee perspective, Ms Lewis requested a clear sense of what the next 6, 9, and 12 months would look like and when the Committee could anticipate improvements being evident. Ms Carroll and Ms Rees undertook to provide a further update to a future Committee meeting.</p> <p><i>Ms Sara Rees and Ms Liz Carroll left the Committee meeting</i></p> | SR/LC |
| | <p>The Committee NOTED the update on the current management of the waiting list situation for services within the MHLD Directorate and RECEIVED ASSURANCE from the processes and mitigating actions in place.</p> | |
| <p>QSEAC (21)67</p> | <p>UPDATE ON COVID-19 RELATED ACTIVITY</p> <p>The Update on COVID-19 Related Activity was presented to Committee. Mrs Rayani advised Members of further improvements made since the slide set had been circulated and informed Members of the refreshed government guidance regarding infection prevention and control. Mrs Rayani assured Members there is no change within the parameters of healthcare provision services and that social distancing arrangements continue to be monitored and policed.</p> <p>Mrs Rayani informed Members that non-COVID-19 activity levels have increased, with 'pinch points' being observed in A&E departments.</p> | |

Members' attention was drawn to the 4 harms identified within the slide set. Ms Cathie Steele informed Members that 265 COVID-19 related deaths are currently under review, with 48% of these reviews having been completed by a relatively small team. Hospital acquired COVID-19 infections are also being reviewed utilising an all Wales toolkit. Ms Steele assured Members that an interim report would be prepared to share early learning and would include a review of documentation and communication with families.

Dr Kloer advised Members that a mortality and nosocomial review is due to be presented to Board Seminar on 17th June 2021 and that an update would be brought back to a future Committee meeting.

PK/MR

Noting that the presentation does not explicitly include issues experienced within Primary Care, Ms Jill Paterson advised Members of the concerns raised by WG regarding the backlog of demand. In terms of social distancing, Ms Paterson noted that many GP properties are private properties and are often relatively small, which has resulted in practices reverting to closed door policies. Concerns raised by the Community Health Council (CHC) relate to a return to face to face consultations, advising there are many people in support of virtual consultations and that a blended approach going forward would be viewed as appropriate. Ms Paterson advised of consideration of a mixed model of care going forward with those patients requesting a face to face consultation having the ability to do so.

With regard to case and vaccination activity, Mrs Ros Jervis informed Members that the Health Board has a case rate average of 9.6 per 100,000 and a positivity rate of 1.2%. Mrs Jervis further informed Members that contact tracing continues to be conducted to mitigate the spread of a very small number of Delta variant cases identified. Approximately 267,000 of the Health Board's population have received their first dose of the vaccine and approximately 161,000 have received their second. Members were advised that the Health Board is nearing 84% of the over 18 population having received their first vaccination, which represents an incredible achievement. It was noted that community pharmacists are also participating in the administration of second vaccinations.

Mrs Raynsford queried the potential impact of the increase in tourism on the area, considering the forthcoming school holidays and warmer weather. Mrs Jervis responded that current concern surrounding the easing of restrictions, such as indoor hospitality, and impact upon case incidence rates would be evident within the next few weeks. Mr Carruthers advised that a recent urgent meeting held between health boards' Chief Operating Officers discussed the volume of 999 calls in tourist hotspots and acknowledged the need to consider plans for the summer months.

Mr Carruthers informed Members there are currently no COVID-19 cases within the Health Board's acute sites, however, preparations are being requested of Primary Care and the community for a possible increase in demand at the end of July 2021.

Ms Lewis concluded by accepting the recommendations made within the slide set, whilst acknowledging that the situation is fluid may change.

The Committee **NOTED** the content of the Update on COVID-19 Related Activity report and **RECEIVED ASSURANCE** that

- the Health Board has systems and processes in place to respond to, and monitor, emerging trends and issues associated with COVID-19;
- whilst the local COVID-19 rate is currently low, continued monitoring of the local and national situation is being undertaken and the Health Board is adapting and adopting to changes and requirements at pace.

**QSEAC
(21)68**

HEALTH BOARD RESPONSE TO THE NATIONAL AUDIT OF CARE AT THE END OF LIFE (NACEL)

The Health Board Response to the National Audit of Care at the End of Life (NACEL) report and slide-set was presented to Committee. Ms Paterson provided Members with an overview of the national audit commissioned by the Healthcare Quality Improvement Partnership (HQIP) to cement best practice and enhance the quality of service provided.

Dr Annette Edwards informed Members that the audit covered anticipated deaths in acute and community hospitals across England and Wales and is measured against nationally agreed standards. Dr Edwards advised that the audit would also include data for mental health and learning disabilities in the near future.

The key findings illustrated that, although most people felt that the patient and families had received good care overall, there remains a gap in identifying the needs of families and others. 80% of participants perceived that hospital was the 'right' place to die; however, 20% observed there was a lack of peace and privacy. Dr Edwards informed Members that, whilst 71% of patients had an individualised end of life care plan, there is room for improvement in this area, including clarification around the preferred place of care, medication use and conversations regarding nutrition and hydration. The audit also illustrated that two thirds of hospitals lack face-to-face specialist palliative care provision seven days a week, particularly in terms of Clinical Nurse Specialists (CNS). A further area of improvement surrounds conversations held with patients and carers/relatives, and the recording of these conversations.

Dr Edwards informed Members of the specific recommendations from the audit, which included:

- The strengthening of management and governance; highlighting that there was no lead for the service.
- The development of a strategy, building on the outcomes from the Attain review.
- Ensuring adequate Specialist Palliative Care (SPC) CNS support and dedicated SPC pharmacy support.
- Promoting the use of the all Wales Advance and Future Care Planning Document.
- Establishing a mechanism to ensure all hospital sites have access to adequate numbers of syringe drivers.
- Reviewing training and education in end of life care; highlighting that there is currently no end of life care mandatory training.

Dr Edwards informed Members of specific workstreams established to resolve these issues, including a Workforce and Service Development workstream to address equity in training and 'growing our own' staff, a Data and Business Intelligence workstream to improve data collection and focus on pathway

development, and a Digital and Estates workstream to embed digital solutions to work remotely and to improve the environment in terms of privacy. Dr Edwards assured Members of the development of the Health Board's first Palliative and End of Life Care Strategy.

Mrs Hardisty noted that end of life conversations continues to be a consistent recommendation and enquired whether this is being included within training programmes for professional staff. Dr Edwards responded that dedicated CNS are supporting staff to build confidence in having these conversations with patients.

With regards to the Attain work, Ms Jina Hawkes assured Members that engagement with carers and relatives is contributing to the development of the Palliative and End of Life Care Strategy.

Ms Paterson reminded Members that the audit report presented data from 2019/20 when there were gaps in the workforce. Since then, an Executive Lead for the service has been appointed and a clinical directorate for palliative care is being considered. Ms Paterson advised that a health board wide management of palliative care would be more beneficial than this being managed regionally. Ms Paterson further advised Members that training needs to be embedded widely and not only provided as specialist palliative care training.

Ms Paterson informed Members that the funding of palliative and end of life care had historically been provided via the community, however alternative funding streams are being explored. Links with the Health Board's Bereavement Service are also being reviewed for inclusion in the strategy.

Ms Donna Coleman informed Members that the Community Health Council has received concerns from families not having been involved in conversations, particularly in relation to Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). Mrs Louise O'Connor assured Members that this issue has been identified by the Listening and Learning Sub-Committee and that further work is being undertaken regarding DNACPR.

Dr Edwards advised Members that a third round of the NACEL would commence shortly, which would include a staff survey, the results of which would inform future training.

Ms Lewis thanked Dr Edwards and Ms Hawkes for the informative presentation and welcomed an update at a future Committee meeting.

JP

Dr Annette Edwards and Ms Jina Hawkes left the Committee meeting

The Committee **SUPPORTED** the recommendations from the NACEL audit and **RECEIVED ASSURANCE** that the development of the Palliative and End of Life Care Strategy, and the delivery of the short-term improvements, will address the recommendations contained with the NACEL audit report.

QSEAC (21)69 COMMISSIONING FOR QUALITY OUTCOMES

The Commissioning for Quality Outcomes slide-set was presented to Committee, with the following points highlighted by Mr Shaun Ayres:

- Concerns regarding Long Term Agreements (LTA), and their focus on activity and finance, led to discussions being held regarding the

inclusion of a quality section to address specific service and quality concerns.

- Mitigating actions include workforce triangulation to understand the whole time equivalent required to deliver the service, recovery plans to include a refresh of demand and capacity plans, and inclusion of the Improving Together principles in discussions with SBUHB.

Mr Ayres assured Members that mechanisms have been implemented to enable robust discussions at an operational, quality, and financial level. Any remedial actions are agreed with SBUHB to mitigate pressures and concerns that arise. Members were also informed that initial discussions had been held with other Health Boards with capacity, should another service provider be required.

Mr Paul Smith and Dr Clive Weston provided Members with an overview of the challenges within Cardiology, associated with the Acute Coronary Syndrome (ACS) pathway. Particular reference was made to Risk 117 on the corporate risk register relating to the delay in transfer of patients to Morriston Hospital.

It was noted that the ACS/ Non-ST Segment Elevation Myocardial Infarction (NSTEMI) 'treat and repatriate' service was established in January 2019 and provided 6 ring-fenced beds at PPH and improved transfer times for Bronglais General Hospital (BGH) and WGH patients in particular to address the historical delays experienced by the Health Board in transferring patients to SBUHB's tertiary cardiac service for a range of cardiac investigations, treatments and surgery. These delays related to the transfer of ACS/NSTEMI patients requiring tertiary centre angiography/coronary revascularisation within 72 hours of presentation to local secondary care hospital.

Mr Smith provided an overview of the current controls and mitigation in place for the ACS pathway including:

- maintaining the current level of clinical and managerial interaction with SBUHB for weekly escalation and planning purposes;
- regular prioritisation and risk-scoring of patients;
- bi-monthly operational meetings with SBUHB to monitor activity and patient flow and address risk or issues;
- possible restoration of the treat and repatriation element of the pathway to improve the BGH/WGH situation;
- Welsh Cardiac Network invited to undertake a peer review at the end of Autumn 2021.

Mr Smith also provided an overview of the intermediate to longer term actions to further improve and sustain the pathway, including:

- Restoring in-house standard diagnostic angiography capacity back to pre-COVID levels;
- Increasing in-house diagnostic and angiography capacity;
- Commissioning more activity from other providers across Wales and in England;
- Considering the development of an in-house Percutaneous Coronary Intervention (PCI) service.

Mrs Raynsford queried how the pathway for BGH patients is being developed potentially with providers in England. Mr Carruthers responded that the Health

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| | <p>Board is actively exploring opportunities with other providers, e.g., Telford for BGH patients.</p> <p>Mr Weir took assurance from the mitigating actions identified within the intermediate to long term plan and enquired whether there is the possibility of developing a hub and spoke model. Dr Weston responded that careful consideration would need to be given to patient safety should a PCI stent procedure encounter difficulty and require a surgeon on site.</p> <p><i>Mrs Ros Jervis left the Committee meeting</i></p> <p>Professor Gammon expressed some concern at the statistics within the slide set and queried the extent of the in-house capacity deficit and the action that is being taken to address this. Dr Weston responded that the Health Board's current Transformation project would provide a review of 2 years' worth of data, rather than 4 months' worth of data presented in the slide set. Dr Weston further assured Members that the management of patients is being reviewed, with consideration of weekend working in SBUHB to increase capacity.</p> <p>Mr Newman suggested that the issues raised should be included within the Committee's update report to Board.</p> <p>Ms Lewis thanked Mr Ayres, Mr Smith and Dr Weston for their presentation and advised that an update would be welcomed at a future Committee meeting.</p> <p><i>Mr Shaun Ayres, Mr Paul Smith and Dr Clive Weston left the Committee meeting.</i></p> | <p>AL/MR</p> <p>SA</p> |
| | <p>The Committee NOTED the content of the Commissioning for Quality Outcomes report and RECEIVED ASSURANCE that mitigating actions are in place to monitor the Health Board's commissioned services.</p> | |

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| <p>QSEAC (21)70</p> | <p>CHILDREN AND YOUNG PEOPLE – PLAN FOR DELIVERY</p> <p>The Children and Young People (CYP) – Plan for Delivery slide set was presented to Committee, with Mr Carruthers advising that the plan to identify a phased strategy to answer the challenges that have been recognised following the launch of 'No Wrong Door' would be implemented by 2024. Mr Carruthers recognised that a number of specific issues would require a more urgent focus and assured Members that these would be picked up in-year, as well as over the next 3 years.</p> <p>Mr Carruthers informed Members that a Children and Young People's Working Group would be established to provide oversight on the development and delivery of the 3-year plan and to be accountable for identifying key priorities.</p> <p>Mrs Raynsford acknowledged that mental health challenges are on the rise and noted the vital importance of preventative action and lower tier interventions.</p> <p>Members acknowledged that consideration also needs to be given to A&E and Primary Care, in addition to the six directorates across the Health Board detailed within the slide set who have responsibility for CYP. Mr Carruthers</p> | |
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| | assured Members that robust conversations would be held with these directorates. | |
| | The Committee NOTED the content of the Children and Young People – Plan for Delivery slide-set. | |

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| QSEAC (21)71 | IMPROVING TOGETHER UPDATE | |
| | <p>The Committee received a verbal update on Improving Together by Ms Catherine Evans, advising of the work undertaken by the team following the publication of the Health Board’s strategic objectives regarding quality management.</p> <p>It was noted that feedback received from staff regarding the engagement exercises, such as the importance of a common vision and shared goals, and workforce camaraderie, would be built into the framework.</p> <p>Ms Evans informed Members that draft performance metrics had been discussed at Board workshops held on 27th May 2021.</p> <p>Ms Mandy Davies highlighted the cultural change for the organisation, which requires operational teams to be involved as early as possible.</p> <p>Ms Lewis concluded by acknowledging that this currently remains work in progress.</p> | |
| | The Committee NOTED the verbal update on Improving Together. | |

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| QSEAC (21)72 | QUALITY AND SAFETY ASSURANCE REPORT | |
| | <p>The Quality and Safety Assurance Report was presented to Committee, with Mrs Rayani acknowledging the effort of the team in enabling the Health Board to be early implementers of the new Once for Wales Concerns Management System.</p> <p>Mrs Rayani highlighted the following points from the data presented in the slides:</p> <ul style="list-style-type: none"> - A change in the presentation of Information on pressure ulcers to demonstrate the number of pressure ulcers present before admission, and those developed or worsened during care. - Work on inpatient falls is continuing. - Changes to national reporting requirements to WG from 14th June 2021. <p>Ms Steele informed Members of the introduction of the all Wales concern coding list, which will affect the recording of pressure damage to present lessons learnt in addition to the number of incidents. Ms Steele further informed Members that the number of incidents is comparable with those seen in April and May 2019, which is positive.</p> <p>Ms Lewis queried the reason behind the majority of Healthcare Inspectorate Wales Quality Checks, carried out between March and May 2021 involving Mental Health and Learning Disabilities wards, to which Ms Steele responded that this was purely coincidental.</p> | |
| | <p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the content of the Quality and Safety Assurance Report, | |

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| | <ul style="list-style-type: none"> • RECEIVED ASSURANCE that processes are in place to review and monitor patient experience highlighted through incident reporting, complaints and feedback mechanisms, and • NOTED the progress made in relation to the sustainability plan for Family Liaison Officer roles. | |
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| QSEAC (21)73 | OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE UPDATE REPORT | |
| | <p>Ms Lewis advised that, due to time constraints, the Operational Quality, Safety and Experience Sub-Committee Update Report would be taken as read and invited comments from Members.</p> <p>As a Member of the Sub-Committee, Mrs Hardisty expressed concern about the limited assurance provided to the Sub-Committee that all risks had been reviewed and updated, and the lack of knowledge amongst senior colleagues regarding the Health Board’s risk profile and risk appetite.</p> <p>Mr Carruthers assured Members that these concerns are being addressed via discussions with the Chair of the Sub-Committee and the Health Board’s Risk and Assurance Team to review the training and engagement of operational leads.</p> <p>Ms Lewis acknowledged the weakness in the chain of assurance, however, was confident that this would continue to be monitored via the Sub-Committee and that there was no requirement to escalate this concern to the Board on this occasion.</p> | |
| | The Committee NOTED the content of the Operational Quality, Safety and Experience Sub-Committee Update Report and RECEIVED ASSURANCE from the actions taken by the Sub-Committee to mitigate the risks articulated. | |

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| QSEAC (21)74 | LISTENING AND LEARNING SUB-COMMITTEE UPDATE REPORT | |
| | <p>Ms Lewis advised that the Listening and Learning Sub-Committee Update Report would be taken as read and invited comments from Members.</p> <p>Mrs Rayani advised that the Resuscitation/RRAILS Group would be reviewing the training provision, particularly regarding DNACPR.</p> <p>It was noted that the Listening and Learning Sub-Committee’s revised Terms of Reference would be submitted to the Committee at its meeting on 10th August 2021 for approval.</p> | LO’C |
| | The Committee NOTED the content of the Listening and Learning Sub-Committee Update Report and RECEIVED ASSURANCE from the actions taken by the Sub-Committee to mitigate the risks articulated. | |

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| QSEAC (21)75 | RESEARCH AND INNOVATION SUB-COMMITTEE UPDATE REPORT | |
| | <p>Ms Lewis advised that the Research and Innovation Sub-Committee Update Report would be taken as read and invited comments from Members.</p> <p>Dr Kloer drew Members’ attention to the update regarding TriTech and its approach to systematising innovation, research and value-based care and to explore how the population can benefit from technological advances. TriTech brings together three functions to support new projects: clinical engineering, research and innovation, and health care, with a focus on improved outcomes.</p> | |

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| | Dr Kloer assured Members that discussions in relation to governance are being held with the Board Secretary and that progress will continue to be reported via the Research and Innovation Sub-Committee. | |
| | Dr Kloer conveyed thanks to Professor Gammon for his support with University partners. | |
| | The Committee NOTED the content of the Research and Development Update Report. | |

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| QSEAC (21)76 | STRATEGIC SAFEGUARDING WORKING GROUP UPDATE REPORT | |
| | The Strategic Safeguarding Working Group Update Report was presented to Committee, providing an overview of the work undertaken by the Group during 2020/21 and the emerging issues from case reviews. | |
| | Ms Mandy Nichols-Davies drew Members' attention to Risk 703, highlighting compliance with the Group 1 Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) National Training Framework, which has been on the risk register since February 2019 and details the risk that staff would be unable to recognise and respond to violence against women, domestic abuse and sexual violence as a result of failure to complete Group 1 VAWDASV e-learning. It was noted that a breakdown of each service compliance has been sent to relevant Executive and operational teams to target areas where compliance is not achieved. Ms Nichols-Davies assured Members that compliance would continue to be monitored via the Strategic Safeguarding Working Group and that the risk would be further reviewed, with anticipated improvement in compliance, at the end of Quarter 1 2021/22. | |
| | In relation to professional concerns, Mrs Raynsford enquired as to the actions being undertaken by the Workforce team in supporting staff involved in domestic related incidents. Mrs Raynsford also queried the increase in Looked After Children (LAC). Ms Lewis requested that Mrs Raynsford and Ms Nichols-Davies discuss this matter outside of the Committee meeting and for Mrs Raynsford to notify the Chair and Committee Services Officer should anything further require documenting within the minutes. | DR/MND |
| | The Committee NOTED the content of the Safeguarding Group Update Report and RECEIVED ASSURANCE that actions taken by the Group to mitigate the risks are adequate. | |

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| QSEAC (21)77 | QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE WORK PLAN 2021/22 | |
| | The Committee received the Quality, Safety & Experience Assurance Committee Work Plan 2021/22. | |
| | The Committee NOTED the Quality, Safety & Experience Assurance Committee Work Plan 2021/22. | |

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| QSEAC (21)78 | QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE DECISION TRACKER 2021/22- AMBER ACTIONS ONLY | |
| | No report presented as all actions have been completed. | |

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| QSEAC (21)79 | QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE SUB-COMMITTEES' DECISION TRACKER 2021/22 – AMBER ACTIONS ONLY | |
| | No report presented as all actions have been completed. | |

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| QSEAC (21)80 | ANY OTHER BUSINESS | |
| | No further business was raised. | |

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| QSEAC (21)81 | DATE & TIME OF NEXT MEETING | |
| | Tuesday 10 th August 2021, 1.30-3.30pm | |