

**COFNODION HEB EU CYMERADWYO O GYFARFOD Y PWYLLGOR ANSAWDD,
DIOGELWCH A PHROFIAD
UNAPPROVED MINUTES OF THE
QUALITY, SAFETY AND EXPERIENCE COMMITTEE (QSEC) MEETING**

Date and Time of Meeting:	9:30am, 8 August 2023
Venue:	Boardroom, Ystwyth Building/ MS Teams

Present:	<p>Ms Anna Lewis, Independent Member (Committee Chair) Mrs Delyth Raynsford, Independent Member (Committee Vice Chair) Mrs Judith Hardisty, Independent Member and UHB Vice Chair Ms Ann Murphy, Independent Member Mrs Chantal Patel, Independent Member</p>
In Attendance:	<p>Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience (Lead Executive) Professor Philip Kloer, Medical Director and Deputy Chief Executive Officer Ms Helen Williams, Llais Cymru Ms Jill Paterson, Director of Primary Care, Community and Long Term Care Ms Sharon Daniel, Deputy Director Nursing, Quality & Patient Experience Ms Caroline Burgin, Patient Safety and Assurance Manager Ms Cathie Steele, Head of Quality and Governance Ms Bethan Lewis, Assistant Director of Public Health deputising for Dr Ardiana Gjini, Director of Public Health Dr Subhamay Ghosh, Associate Medical Director for Quality & Safety Mr Andrew Carruthers, Director of Operations Mrs Joanne Wilson, Board Secretary Mrs Louise O'Connor, Assistant Director, Legal Services/Patient Experience Mr William Oliver, Assistant Director of Therapies and Health Science Mr Lance Reed, Clinical Director of Therapies Ms Frances Howells, Head of Infection Prevention Ms Stephanie Hire, General Manager Scheduled Care Ms Helen Humphreys, Head of Nursing for Professional Standards and Regulation Ms Liz Carroll, Director of Mental Health and Learning Disabilities Ms Angela Lodwick, Assistant Director, Mental Health & Learning Disabilities Ms Anne Simpson, Head of Strategic Commissioning Ms Katie Lewis, Committee Services Officer (Minutes)</p>

QSEC (23)50	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
	<p>The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Committee (QSEC) meeting and provided a gentle reminder to those presenting papers to take the papers as read in advance and to pull out the key highlights for the Committee to allow sufficient time for questions.</p>	
	<p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Professor Philip Kloer, Medical Director • Dr Ardiana Gjini, Director of Public Health • Ms Cathie Steele, Head of Quality and Governance 	

QSEC (23)51	DECLARATIONS OF INTERESTS There we no declarations of interest.	
QSEC (23)52	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 13 JUNE 2023 The minutes from the meeting held on 13 June 2023 were approved as an accurate record.	
QSEC (23)53	TABLE OF ACTIONS (TOA) FROM THE MEETING HELD ON 13 JUNE 2023 An update was provided on the Table of Actions held on 13 June 2023 on the following: QSEC (23)34 Epilepsy in Learning Disabilities Service: The Committee requested the timescale for the receipt of the final report following the external review of the service. Mrs Mandy Rayani provided assurance that regular conversations are underway between the service and the lead reviewer and a final date will be provided by the Director of Operations.	AC
QSEC (23)54	ENABLING QUALITY IMPROVEMENT IN PRACTICE (EQIIP) UPDATE Ms Mandy Davies introduced the Enabling Quality Improvement in Practice (EQIIP) presentation summarising the improvement activities undertaken since 2018 by the team. The key highlights include the development of the Single Point of Contact Communication Hub, the Waiting List Support Service, supporting the Transforming Urgent and Emergency Care programme and the Pelvic Health Improvement Programme. A summary document was shared which provided examples of the patient experience, quality of service and financial benefits realisation of the EQIIP programmes to date which would be forwarded to the Committee via email. Ms Davies highlighted that there are now over 40 Improvement Coaches across the Health Board and whereby the role was originally undertaken by Members of the Quality Improvement Team, they are now being led by a range of professions. Mrs Delyth Raynsford fed back from discussions undertaken with teams during Independent Member Visits of the EQIIP programmes working in silos and Ms Davies provided assurance that the team are proactive in encouraging the Improvement Coaches to share developments widely within their respective teams, and to make connections across the Health Board. Mrs Judith Hardisty echoed Mrs Rainsford’s comment and highlighted the incredible potential for the EQIIP programmes in light of the financial challenges, and commented that Value Based Healthcare input into projects will be valuable. Professor Chantal Patel highlighted that Health Education and Improvement Wales have advised that education providers will be required to embed quality improvement practice into their training modules, and the Health Board will be	CSO

	<p>pleased to welcome new staff who actively look for improvement opportunities on a day-to-day basis.</p> <p>Ms Sharon Daniel updated the Committee that Swansea University have developed, as part of the Enhanced Professional Practice MSc, a Module in Quality Improvement that offers 30 academic credits at Level 7. It was also highlighted that conversations are progressing to attach academic credits to the Health Board EQliP Programme (estimated 10 credits).</p> <p>Ms Anna Lewis, thanking Ms Davies for the helpful overview of the EQliP programmes to date, enquired whether the programmes are aligning to particular hot spots or areas of concern in terms of pressures and challenges being faced across the Health Board. Ms Anna Lewis also suggested it will be helpful for the topical areas that require improvements to form part of an objective process.</p> <p>Mrs Rayani, noting that the next cohort of the Quality improvement programme have been agreed to deliver national priorities, for example transforming urgent and emergency care services. Noting Ms Anna Lewis' helpful comment, Mrs Rayani suggested deploying additional resource from within the team to provide focus on areas of concern coming through the system in terms of quality and experience such as pressure damage for improved outcomes and to drive quality.</p> <p>The Committee were content as an action for Ms Davies to create a process to align quality improvement objectives 2023/24 with current areas of pressure and challenges that are being reported across the Health Board.</p>	MD
	<p>The Committee:</p> <ul style="list-style-type: none"> • ACKNOWLEDGED the QI activity currently underway within the Health Board. • RECOGNISED the progress, maturity and uniqueness of the EQliP programme within healthcare in Wales • PROVIDED recommendations for specific QI objectives for 2023-2024 	
QSEC (23)55	<p>COMMISSIONING CAMHS TIER 4 UPDATE</p> <p>Ms Liz Carroll and Ms Angela Lodwick provided the Committee with an update in relation to the length of stay by Health Board young people accessing Tier 4 inpatient beds at Tŷ Llidiard, Princess of Wales Hospital, Bridgend in comparison with other Health Boards across Wales. Concern was raised at QSEC in June 2022 during a Welsh Health Specialised Services Committee (WHSCC) update report that the data presented suggested that Hywel Dda patients stay longer at the facility than patients from other Health Board's and the Committee enquired whether this was due to pathway challenges. Following this, the Directorate undertook to explore this further.</p> <p>Providing context, Ms Lodwick advised that two crisis beds have been identified for young people whose presentation requires the need for a further mental health assessment or to manage a serious risk to themselves or others, such as; serious self-harm, suicidal intent or presentations. The two beds are located within Glangwili General Hospital (GGH), within Cilgerran Paediatric unit and Morlais acute adult inpatient unit. The beds are not</p>	

suitable for long-term admission to hospital, and have been developed to enable Specialist Child and Adolescent Mental Health Services (S-CAMHS) to undertake a mental health assessment. The usual period of admission for these beds is 72 hours. If a further period of admission is necessary, a mental health assessment is to be requested from the Tier 4 assessment and admission unit at Tŷ Llidiard. Tŷ Llidiard unit is located within the Princess of Wales Hospital in Bridgend, and is commissioned as the specialist inpatient facility for SCAMHS in South and West Wales. The Tier 4 admission services are commissioned by the WHSSC.

Ms Lodwick highlighted that the data within the SBAR suggests that the Health Board's admissions data is comparable to other health boards with a higher population number including Swansea Bay University Health Board. The Health Board has a single Crisis Support team and due to the geographical area of the Health Board, as well as the necessity for the CAMHS Crisis Team to cover three counties, the range of services which can be provided by one team is limited.

The Committee were pleased to note the recent development of a Crisis Hwb and Sanctuary Service, which is directed at proving alternatives to admission to hospital and reducing the need for onward referral and admission especially to the Tier 4 unit. The new development is funded by Welsh Government and opened on 3 July 2023.

The Bro Myrddin Crisis Hwb facility is available 24/7 and has 2 self-contained suites where young people can spend time with clinically trained staff or have some safe space that provides an alternative to hospital admission. Two Sanctuary provisions for children and young people have also been commissioned based in Haverfordwest and Ceredigion which will provide low level emotional support for young people who may present in a crisis and would benefit from having one to one support. The service will provide a safe non - clinical environment for children and young people who present with emotional distress. The facility is available Friday to Saturday between the hours of 5-10pm.

Referring to the comment made within the report regarding Hywel Dda having a Crisis Assessment and Treatment Team (CATT) whereby other Health Boards have developed Community Intensive Therapy Teams (CITT) and differences in services provided by Health Board's across Wales, Mrs Hardisty enquired whether there has been a national evaluation of the models to ascertain which works best for children and young people. Ms Lodwick, explained that the crisis model Hywel Dda have in place was developed due to the geographical response requirements across the Health Board region and provided assurance that an evaluation of the models and outcome measures will take place once all Health Boards have developed their Crisis Teams.

Ms Jill Paterson raised concern regarding recent cases that have emerged resulting in potential legal challenges for the Health Board, due to events whereby young people under the care of the Local Authority that have been assessed and who do not require detention under the Mental Health Act and whereby the Deprivation of Liberty Safeguards has expired. Concern was raised regarding the young person receiving inappropriate care during ongoing discussions between the Organisations, the challenges in securing appropriate placements for vulnerable young people and the potential for a

LC/AL

	<p>tribunal for the Health Board. A meeting will be arranged between Heads of Service at Local Authority and Mental Health Services to develop an appropriate process to mitigate the risks for young people.</p> <p>Following an enquiry from Mrs Raynsford regarding the All-Wales position that are unlikely to be exceptional to Hywel Dda, Ms Carroll undertook to explore good practice nationally. It was agreed for an update on this via the Table of Actions for December 2023 to develop a mutual arrangement to ensure the best outcome for the young person and to avoid legal challenges. Mrs Hardisty undertook to discuss the safer accommodation challenges with the Children's Commissioner during their upcoming visit.</p>	LC/AL
	<p>The Committee RECEIVED ASSURANCE that Hywel Dda University Health Board are not an outlier in length of stay within the Tier 4 inpatient unit.</p>	

<p>QSEC (23)56</p>	<p>QUALITY ASSURANCE REPORT</p> <p>Ms Caroline Burgin presented the key highlights from the Quality Assurance Report to the Committee including:</p> <ul style="list-style-type: none"> • An update on hand hygiene and the improvement work underway in response to pressure damage figures has been included within the slides following a request from the Committee. It was noted that the highest proportion of pressure damage figures are reported on admission to the A&E department following initial assessment. • Referring to the National Nosocomial COVID-19 Programme on June 2023, 78.28% of reviews are completed. • The All-Wales Maternity and Neonatal Safety Support Programme (MatneoSSP) Report has been received by Maternity Services and is under review by the team with the development of governance arrangements to implement the improvement programme underway. <p>Mrs Hardisty noted disappointment regarding the hand hygiene compliance update provided within the report and did not feel like enough information had been included from across the Health Board. In response, Mrs Rayani provided assurance that the hand hygiene audit data has been received in considerable detail and will be analysed. A follow up discussion will take place on actions to improve the position and a more detailed slide set will be shared with the Committee.</p> <p>Recognising that the majority of pressure damage is reported on admission to services from the community, Ms Bethan Lewis enquired whether there is an opportunity to explore 'making every contact count' in collaboration with the Public Health team. Ms Bethan Lewis suggested looking at opportunities to improve awareness through interactions with community health care professionals for services such as home vaccinations.</p> <p>Referring to the graph on page 7 that identifies that the completion of care plans and documentation is a key cause for concern, Ms Bethan Lewis raised concern that this would suggest a wider problem in care planning and enquired how this will be investigated. In response, Mrs Burgin explained that work is underway with the Quality Improvement team to looking at themes emanating from documentation completion and explore opportunities to make improvements and an update will be provided.</p>	<p>CSO/MR</p> <p>CS</p>
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In response to a query regarding the Tissue Viability Nurse (TVN) workforce challenges, Mrs Rayani advised that the team has expanded following an investment made into the service in 2022, however, there have been ongoing recruitment challenges. The recently appointed Lead TVN is proactive across the organisation in their role and Mrs Rayani assured the Committee of the steps underway to improve understanding of the differences between wounds, moisture damage and pressure damage and the appropriate dressing and treatment in response to a recent Ombudsman report. Changes will be implemented for care plans as a three month pilot and if effective will be rolled out across the Health Board.

Mrs Rayani provided the Committee with an update on a report received at a recent Senior Nurse Management Team meeting from the Manual Handling team, with proposals to introduce new equipment and techniques to support cleaning and dressing patient wounds. The Committee noted that the Charitable Funds Committee will be requested to support the initiative.

Ms Anna Lewis highlighted an increase in Intravenous (IV) fluid medication errors and enquired whether there is a trend aligned to this reportable incident. In response Ms Burgin was not aware of any consistent themes emerging from this type of incident however undertook to investigate this further. Mrs Rayani noted that the team are pleased to note an increase in the reporting figures and that this is a positive step in process.

CS/CB

In response to a request from the Chair for an update on the Health Inspectorate Wales visit to Prince Philip Hospital, Mrs Rayani advised that a meeting is being arranged with HIW to clarify some of the specific expectations. In some respect, there were no surprises from the feedback received and the team were already aware of the challenges with patient presentation challenges at the Minor Injury Unit and were able to articulate the plans in progress. In agreement with Mrs Rayani, Mr Carruthers advised that the improvement work to review the current model is underway is part of the wider recovery plans.

Ms Lewis acknowledged the challenges at the Minor Injury Unit which are being monitored by the QSEC along with the actions underway in response to the challenges. The Committee recognised that the main issues are due to the excessive demand on front door services which are being managed as best as possible.

In response to a request for an update on the outstanding actions from the HIW visit to A&E at Glangwili Hospital, Ms Burgin advised the Committee that the team are in the final stage of gathering information in line with the deadlines and a further update will be available within the week ahead.

CB

In response to a query raised regarding an outstanding action to replace curtains at Bryngofal Ward Llanelli, Ms Carroll undertook to check on why there has been a significant delay.

LC

Clarity was sought from Ms Lewis on the escalation process for slippages or outstanding actions by the QAST team, and was advised by Mrs Rayani that she herself is notified and they are addressed with the Directorate leads directly, via a Quality Panel or the weekly 'Hot and Happening' meetings.

	Mrs Joanne Wilson advised that the HIW Recommendations are reported via an Audit Tracker to the Audit and Risk Assurance Committee which highlights any concerning trends. There could be the potential for this to be discussed at the committee Chairs meeting in terms of ensuring QSEC is sighted on these areas.	JW
	The Committee TOOK ASSURANCE that processes, including the Listening and Learning Sub Committee, are in place to review, manage and Monitor.	

QSEC (23)57	A PRESENTATION ON THE REVISED OPERATIONAL GOVERNANCE ARRANGEMENTS	
	<p>Mr Andrew Carruthers provided an update on the work underway to streamline the existing operational governance arrangements which was highlighted as complex.</p> <p>Providing context, Mr Carruthers explained that due to the current flow in place particularly with the Operational Quality, Safety and Experience Sub Committee, matters are sometimes escalated to Public Board prior to discussion at the Operational Programme Delivery Group and suggested that whilst the Executive Team fully support the element of transparency, the parameters of escalation need refining. One suggestion that is being considered is a fortnightly business meeting, with focussed sessions on quality and safety, performance and business case considerations with a wider Executive team Membership. A further discussion will take place with Mrs Rayani regarding the quality and safety governance flow and the current structure will be revisited once this has progressed.</p> <p>On behalf of the Committee, Ms Anna Lewis supported the intention to streamline the governance flow to ensure the Committee receives the necessary information to discharge its duties. Ms Lewis highlighted that the Committee encourages the Executive Team to create operational capacity to ensure the expertise is being provided from front line services. In agreement, Mrs Rayani acknowledged that there is a gap in a key role at the moment due to a recent departure of the Assistant Director of Nursing, Acute and Operational Services who was integral for operational business discussions.</p> <p>The Committee recognised that there is further work to undertake on refining the governance structure, and encouraged creating more capacity operationally and making sure the process for escalating challenges to the Board is carefully judged and aligned with Policies and Protocols and tested through real examples. Mrs Joanne Wilson highlighted Audit Wales are in the process of undertaking a review of the governance arrangements for quality and safety and have found the structures in place to be confusing.</p>	
	The Committee NOTED the update provided.	

QSEC (23)58	NURSE STAFFING LEVELS (WALES) ACT: ANNUAL REPORT AND REVIEW OF ESTABLISHMENT	
	Ms Helen Humphreys introduced the Nurse Staffing Levels (Wales) Act: Annual Report and an SBAR that was presented to the Use of Resources	

Group, which sets out the changes to the nurse staffing levels following the Spring 2023 Nurse Staffing Calculation Cycle.

Referring to the summary data within the report, there has been an overall decrease in percentage of wards where nurse-staffing levels have not been met however, an increase in adult inpatient wards.

Ms Humphreys explained that for those Adults inpatient wards where the uplift requirements is via the nurse staffing funding allocation, this is the second cycle where the additional requirements has seen a reduction (- £51,825 following the autumn 2022 cycle and -140,356 following this cycle). The main driver for those wards requiring additional Registered Nurses (RN) and/or Health Care Support Workers (HCSW) is changes to the service models and these wards require an additional £1,285,897; compared to £1,566,969 following the autumn 2022 cycle. The reduction between the autumn 2022 and spring 2023 position is mainly changes to the proportion of long days worked on these wards.

The Committee noted that for the Paediatric wards, the additional requirements of £393,810 which is currently being met from within the Women and Children Directorate is mainly due to changes to the non-rostered staff.

- Report to Board annually and any changes outside of reporting period.
- Impact and harm for nurse staffing levels being met.
- Percentage where not met decrease in 22/23.
- Increase in where planned care not met in adult ward increase.
- Ward 25b of the act. We haven't provided summary around 25a, all other areas slide 7 brief summary work we have undertaken.

Mrs Rayani passed on a special thanks to Ms Helen Humphries for the commitment and hard work undertaken to monitor the nurse staffing levels across the Health Board. In response to a query regarding how nurse staffing funding allocation is managed, Mrs Rayani explained that if the establishment requires review, this will be raised at Executive Team meeting to discuss how the financial consequences will be met and decisions made will be put forward to Board for sign off. If a decision is made by Board to not allocate the recommended funding, the consequences of that decision will also need to be clarified and agreed. If necessary, pathways could require review to ensure safe staffing levels.

In light of the current modelling which includes qualified and non-qualified nurse staffing, Professor Patel enquired whether the models in place could be revised to maximise resources more effectively. Mrs Rayani updated the Committee that the Health Board is leading a piece of work relating to 'team around the patient' which looks at learning opportunities through observation. The teams are asked what the most suitable workforce model would be to provide the best services to patients, exploring alternative trained individual such as Advanced Practitioners and other roles to maximise resources and ensure the most effective workforce to meet the needs of patients.

The Committee **RECEIVED** the two reports referred to in this paper, and **TOOK ASSURANCE** that the necessary processes and reviews have been

enacted to enable the HDdUHB to remain compliant with its duties under the Nurse Staffing Levels (Wales) Act 2016.

**QSEC
(23)59**

THERAPIES SERVICES WAITS, PERFORMANCE, TRAJECTORY AND IMPACT

Mr Lance Reed introduced the Therapies Services Waits, Performance, Trajectory and Impact report highlighting the graphs within the report which provide data on the current waiting times position across Therapies services which are failing to meet the 14 week targets. The report provides the current position, future forecasting and actions underway to address the risks.

Mr Reed informed the Committee that reports have been presented to QQSESC and the Strategic Development and Delivery Committee which have predominantly highlighted the four areas of concern within the Therapies Directorate which are Weight Management Service (WMS), Paediatric Dietetics, Occupational Therapy for Children and Young People and Rheumatology.

Mr Reed advised that the demand on services increased substantially due to the recent COVID-19 pandemic as patients experienced delays or cancellations which posed risks to deterioration of patient's conditions whilst waiting, and potentially affect the proposed treatment. Clinical teams have reported an increased complexity in caseloads, especially in frail populations, and this has an impact on overall service capacity. Changes to acuity in these caseloads are multifactorial and include a development of more complex conditions due to limited health care provision over the pandemic and challenges accessing healthcare across specialities in both urgent and routine pathways. Patients have experienced delays or cancellations that have intensified the risk to planned care and delays increase the risk of deconditioning whilst waiting which potentially affects the value of the proposed treatment.

Professor Patel highlighted that the challenges being faced across services are due to workforce shortages and sought clarity on the escalation process to secure the additional resources to address the issues identified. In response, Mr Rees explained that requests for additional resources are presented to the Operational Programme Delivery Group unless it can be managed internally.

Referring to the comment made within the report that the majority of patients waiting for non-urgent referrals for Speech and Language services are people with learning disabilities, Mrs Hardisty sought assurance that there are no underlying discriminatory factors as part of the pathway. In response, Mr Reed explained that the Speech and Language service for people with learning disabilities sits under the remit of Mental Health and Learning Disabilities, and understands that there has recently been a service reconfiguration to address the shortfall.

Mrs Hardisty raised concern regarding the apparent default rationalisation of resources and asked whether Therapies Services needs to adapt the services it provides and focus on the services that pose the highest risk to the Hywel Dda population. Mr Reed advised that the professional structure is being reviewed in terms of how resources are spread to expand skill sets within the team and possibly aligning models more effectively. Mr Reed added that the separation of WMS from Dietetics as part of the trajectories as the WMS are run by a separate Multi-Disciplinary Team.

LR

	<p>With reference to the forecasting data contained within the report, Ms Anna Lewis enquired whether the team are confident that the position will improve by March 2023 and whether the trajectory is realistic. In response, Mr Reed feels confident to deliver the improving trajectory for Physiotherapy services, to maintain the Occupational Therapy position however has a lower level of confidence in the Children and Young People's Occupational Therapy and WMS. It was noted that with the potential move for teams within the Medical Day Centre may impact on trajectories for services.</p> <p>Mr Carruthers noted that the broader challenges will be discussed at In Committee Board on Thursday 10 August and a follow up discussion with Welsh Government following this. The Committee agreed to monitor the developments within the service by requesting an update at the next meeting via the Table of Actions. Mr Carruthers undertook to liaise with Mr Reed ahead of the Board meeting to continue to develop the improvement plan in response to the questions and challenges at hand.</p>	AC/LR
The Committee RECEIVED LIMITED ASSURANCE from this report		

QSEC (23)60	<p>COMMISSIONING FOR QUALITY OUTCOMES REPORT</p> <p>Ms Anne Simpson introduced the Commissioning for Quality Outcomes presentation updating the Committee that the Commissioning team circulated a patient questionnaire via the Doctor Doctor system to all Spinal and Cardiology patients who had elective and emergency treatment/surgery during 2021/22 at Swansea Bay University Health Board (SBUHB). The team have been working with the Value Based Healthcare team to review the results.</p> <p>Ms Simpson provided the key highlights from the feedback including the following:</p> <ul style="list-style-type: none"> • 84% of Cardiology patients were very or fairly satisfied with the outcome of the procedure. • There is room for improvement in areas such as communication with patients and family members. • Further work to be undertaken on action plans in encouraging patients to take control of their own health. • The next steps include sharing the feedback with SBUHB for awareness and utilise the information as an opportunity to work collaboratively to review and improve patient care. <p>Referring to the patient feedback regarding 'inadequate communication', Mrs Rayani enquired whether this comment was made regarding communication from the commissioned provider or the Health Board. In response, Ms Simpson assured the Committee that the comment will be looked in to, and an evaluation of the communication gaps as part of the commissioned services will take place.</p> <p>Responding to an enquiry from Ms Helen Williams regarding whether formal complaints are being looked at as part of the feedback evaluation, Ms Simpson highlighted that the survey feedback is a small part of a wider piece of work to triangulate the information and noted that the suggestions regarding including formal complaints. Mrs Louise O'Connor highlighted that patient experience forms part of the Long Term Contract Review meetings</p>	AS/MR
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	<p>with providers which is attended by the Head of Quality and Governance and any complaints are discussed at these meetings via the CIVICA Patient Experience System.</p> <p>In response to a query from Professor Patel regarding the amount of patients that have been contacted as part of the survey, Ms Simpson advised that over 400 patients were contacted and 177 responses were received.</p> <p>Professor Patel, sharing personal experience, felt unsatisfied with the follow up communication after a procedure undertaken, and enquired whether the questions in the survey will be reviewed to capture follow up feedback. Ms Simpson assured Professor Patel that the survey was a starter for ten and the team will reflect on the questions and metrics used for future reporting.</p> <p>On behalf of the Committee, Ms Lewis thanked Ms Simpson for the work undertaken by the team to gather patient feedback which has been insightful and will look forward to receiving an update on further developments as part of the Commissioning for Quality Outcome reports which are scheduled on the Committee work plan.</p>	
	<p>The Committee TOOK ASSURANCE from the work undertaken to gather feedback from patients to make quality improvements within the services.</p>	

<p>QSEC (23)61</p>	<p>CORPORATE LEVEL RISK REPORT</p> <p>The Committee received the Corporate Level Risk Report.</p> <p>Referring to Risk 1699: Risk of loss of service capacity at Withybush Hospital due to surveys and remedial work relating to RAAC, Ms Lewis enquired whether this is being reported and monitored via the Strategic Development and Operational Delivery Committee. In response, Mr Carruthers, confirming that the risk will be reported to the appropriate Committees, advised that the risk requires revision and separated in to two. One risk will relate to the estates infrastructure and the other to the clinical service disruption. The Committee discussed the significant challenges being faced at the Withybush hospital and noted that the Communications Team are keeping the public up to date with developments.</p> <p>Drawing attention to Risk Reference 797 - Risk to the ability to deliver ultrasound services due to workforce pressures, Ms Lewis enquired what the clinical risks to patients are due to the inability to access the service in a timely way. Providing context to the risk, Mrs Rayani advised the risk itself sits with Radiology Services however the impact is being faced by Maternity Services. As part of the Growth Assessment Protocol, there is a requirement to scan mothers up to every two weeks and due to the workforce challenges within Radiology Services this is not being met. The scans are not being undertaken frequently enough for those who meet the requirements for the Gap Growth monitoring and the potential risks could include child death and this level of risk needs to be captured more clearly within the Risk Register.</p> <p>Mrs Raynsford highlighted that the challenges relating to Sonography workforce are being faced nationally and enquired whether the workforce model can be adjusted so that staff trained in Sonography who may not</p>	<p>AC</p>
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	<p>necessarily be a registered midwife. In response Mrs Rayani updated the Committee of the recent 21 applications for midwifery post which opens options for exploring Sonography possibilities. The challenges in meeting the workforce capacity commissioning requirements was noted by the Committee, as the Sonography training is a lengthy programme.</p> <p>Mrs Rayani advised that an Ultrasound Control Group has been established and the Maternity Services are working closely with Radiology services to try and mitigate the risks however the limited Sonography workforce is causing extreme challenges for the Health Board. Ms Lewis requested that when the risk is reviewed, if it can capture more clearly the clinical consequences of the challenges for patients.</p>	KG
	<p>The Committee TOOK ASSURANCE that:</p> <ul style="list-style-type: none"> • 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. • Challenge where assurances are inadequate. 	

QSEC (23)62	CRITICAL CARE, PRINCE PHILIP HOSPITAL	
	<p>The Committee received an update position on the temporary changes at the Critical Care service provision at Prince Philip Hospital (PPH) position. Since 25 July 2022 the Critical Care Unit in PPH has worked to an amended admissions protocol due to challenges in the anaesthetic rota.</p> <p>The Committee received assurance from Ms Stephanie Hire that the current patient pathway and governance arrangements have appropriate mitigating actions and monitoring, and that patient safety is maintained. There have been no reported incidents or complaints relating to individual episodes of care, or reported to the Adult Critical Care Transfer Services (ACCTS) colleagues supporting the transfer arrangements, despite the challenges faced in consultant anaesthetic recruitment.</p> <p>Ms Hire advised the Committee that under the leadership of the Director of Operations, the Sustained Model for Critical Care in Carmarthenshire and Medical Emergencies in Prince Philip (PPH), a Task and Finish Group has been established. The Group will consider more sustainable alternative staffing models for the longer term with the potential for greater consultant physician input for patients with higher level needs in PPH but not requiring intensive care management/transfer.</p> <p>The Committee were advised that staff are bring kept up to date and involved with any developments or changes required.</p> <p>Mrs Hardisty felt assured by the arrangements in place to provide the safest service possible for patients, and enquired whether the intention is to make this process a permanent arrangement in light of medical workforce challenges. In response, Mr Carruthers advised the Committee that the purpose of the Task and Finish Group is to discuss any clinical concerns emerging from the temporary arrangements, discuss planned work and develop a sustainable model. Feedback has been received from Consultants that covering ITU's across two sites is not feasible</p>	

	<p>In light of the ongoing temporary arrangements, Mr Carruthers undertook to liaise with the Executive Director of Strategy and Planning regarding providing an update to Public Board on the longer term critical care plan as part of the Clinical Strategy.</p>	AC
	<p>The Committee:</p> <ul style="list-style-type: none"> • CONSIDERED the information provided in the report. • TOOK ASSURANCE that the critical care provision in Carmarthenshire is safe, effective and equitable, as evidenced by the lack of any reported incidents relating to individual episodes of care, or reported via AACTS colleagues supporting the transfer arrangements, despite the challenges faced in consultant anaesthetic recruitment. 	

<p>QSEC (23)63</p>	<p>WITHYBUSH EMERGENCY SURGERY</p> <p>Ms Hire updated the Committee on the arrangements put in place in April 2023 regarding the Surgical On Call Rota at Withybush Hospital (WGH). The General Surgical Clinical team had been unable to sustain a 24/7 consultant on-call cover at due to staffing vacancies and staff absences. The Surgical consultants at Bronlais Hospital (BGH) and Glangwili Hospital (GGH) have agreed to take on the out-of-hours surgical responsibility for WGH patients on a planned rota basis and the arrangements continue.</p> <p>The Committee noted that the Surgical consultants at BGH and GGH have supported the out-of-hours surgical responsibility for WGH patients on a planned rota basis since April 2023. In the event of patients requiring complex / major surgery, the speciality on-call doctor at WGH contacts the named consultant on-call at GGH/WGH as applicable for advice. If a transfer of patients is required, surgical bed capacity on the accepting site will be prioritised to mitigate the risk of delayed transfer for surgical patients.</p> <p>Ms Hire advised that recruitment efforts continue, with challenges highlighted in terms of candidates withdrawing and ongoing sickness in the team. The Committee were advised that in June 2023, an Incident Management Group (IMG) was convened to explore the circumstances relating to one patient transfer, and the review is in its early stages.</p> <p>Ms Lewis enquired whether in the aftermath of the incident, there have been reflections from the medical team regarding the feasibility of the contingency arrangements in place. In response, Ms Hire advised that a meeting took place by the clinical leads and it was agreed that the current arrangements are safe and will continue and this will be reviewed if any causes for concern arise.</p> <p>Following a request from Ms Helen Williams for patient experience feedback, Ms Hire updated the Committee that the Head of Nursing in Scheduled Care is undertaking a piece of work to gather patient experience and this can be fed in to the Quality Assurance Report for the next Committee meeting in October 2023.</p> <p>Mr Carruthers informed the Committee of a broader piece of work underway to review the footprint at GGH and the number of pathways that run through the site, to ensure quality patient experience in anticipation of the winter pressures ahead.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • CONSIDERED the information provided in the report. 	<p>SH/CS</p>
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- **TOOK ASSURANCE** that mitigation was implemented to support the unsustainability of the WGH general surgery on-call rota from April 2023 and the arrangements remain in place. The governance and monitoring arrangements remain in place while attempts are made to recruit into the vacant posts.

QSEC (23)64	INFECTION PREVENTION AND CONTROL STEERING GROUP UPDATE REPORT	
	<p>Ms Frances Howell presented an Infection Prevention and Control Steering Group Update Report to the Committee, highlighting the following salient points:</p> <ul style="list-style-type: none"> • The Clostridioides difficile (<i>C.diff</i>) figures remain on course to meet 20% reduction trajectory with an improving position over past three months. • Trials of a new disinfectant are continuing - the current product has been used for the last ten years. This will potentially reduce costs without impact on efficacy. • Start Smart Then Focus (SSTF) audits have improved compliance in WGH and BGH but further work is needed on other sites • A total of 241 Asylum seekers are expected to arrive in Llanelli mid July 2023 and the provision of onsite health screening is being developed • The IP&C team are involved in an Enabling Quality Improvement in Practice (EQliP) project to develop a Nurse led faecal microbiota transplant (FMT) service; whilst this is still in progress there has been an increase in the number of successful FMT procedures for those patients with recurrent <i>C.diff</i>. • There has been an increase in reported Escherichia coli (<i>E. coli</i>) cases with 92% reported as onset in the community. Work is underway with Public Health to raise public awareness regarding the hydration and hygiene improvements. <p>Ms Lewis on behalf of the Committee thanked Ms Howells for the helpful update and was pleased to hear of the progress and improvements.</p> <p>Ms Daniel advised of the work underway to address the rise in E-Coli cases. An EQliP project was undertaken last year for E Coli. A patient leaflet was developed which is now sent to all patients that are identified with this infection, giving instructions on what it is and measures to help prevent avoidance of reoccurrence. The team are working to adapt this for a wider audience to include Urinary Tract Infections in general.</p> <p>Ms Daniel explained that the team are exploring looking at the number of blood cultures taken by the Health Board in comparison with other Health Boards across Wales.</p>	
	<p>The Committee NOTED the Infection Prevention and Control Steering Group Update report.</p>	

QSEC (23)65	WELSH HEALTH CIRCULAR: AIRBORNE ISOLATION FACILITIES UPDATE	
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	<p>The Welsh Health Circular: Airborne Isolation Facilities Update was presented to the Committee and Ms Daniel advised that despite the requirements of the WHC that was received in 2019 requiring significant capital investment from Welsh Government, creating a Negative Pressure Suite (NPS) pathway within GGH and BGH has been identified as a priority.</p> <p>Since the previous update report to QSEC on the WHC, Ms Daniel advised that a potential location has been identified in GGH within the Clinical Decisions Unit (CDU) and agreed in principle by senior clinicians, the Infection Prevention Control team and the Estates Department.</p> <p>In response to a query from Ms Lewis on whether Welsh Government are content with the proposed pathway, Ms Daniel advised that the Ventilation Safety Group (VSG) will consider the proposal at their next meeting on 5 September 2023 in more detail and discuss how to progress to a feasibility survey and business case.</p> <p>Ms Howells added that discussions will take place with Welsh Government regarding the challenges as if the pathway is accepted it does not fulfil the requirements of the WHC. Ms Daniel commented that an all-Wales regional approach could be explored during the discussion Welsh Government as despite the risks, the NPS has not been required for a considerable time.</p>	
	<p>The Committee TOOK ASSURANCE from the actions underway to mitigate the risks relating to WHC (2018) 033.</p>	

<p>QSEC (23)66</p>	<p>OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE UPDATE REPORT AND TERMS OF REFERENCE FOR APPROVAL</p>	
	<p>The Operational Quality, Safety and Experience Sub Committee (OQSESC) report was presented to the Committee.</p> <p>Mr Oliver verbally reported an emerging risk in Withybush Hospital due to the failure of the Gamma camera which will have a major impact on quality of diagnostic service for patients and will be reported to HIW. The Committee were advised that the camera can cost between £800k and £2 million to replace. A further update will be included on the next Operational Quality, Safety and Experience Sub Committee update report.</p> <p>Referring to the concern raised within the report regarding the risks due to failure of staff to follow the Health Board's Transfusion Policy for pre-transfusion sampling and fraudulently completing sample forms, Ms Lewis sought and received assurance that the matter is being dealt with via the appropriate disciplinary process.</p>	<p>WO</p>
	<p>The Committee NOTED the content of the OQSESC Update Report and APPROVED the OQSESC Terms of Reference.</p>	

<p>QSEC (23)67</p>	<p>LISTENING AND LEARNING SUB COMMITTEE UPDATE REPORT</p>	
	<p>Mrs Louise O'Connor presented The Listening and Learning Sub Committee Update Report to the Committee.</p>	

	Ms Lewis enquired how the learning from the Sub Committee influences practice across the Health Board and whether it is being fed back effectively. In response Mrs O'Connor confirmed that evidence of learning in practice is shared with the Sub Committee and when themes are identified, an update is scheduled for a future meeting to allow services time to make improvements in practice.	
	The Committee: <ul style="list-style-type: none"> • DISCUSSED whether the assurance and actions taken by the Sub-Committee to mitigate the risks are adequate. • The Sub-Committee is asked to ratify the decision to discontinue the Being Open/Duty of Candour Guideline. 	
QSEC (23)68	SERVICE USER/ PATIENT ACCESS POLICY	
	The Service User/ Patient Access Policy was presented to the Committee who received assurance that the Policy has been through the relevant processes and Written Control Documentation Group. Mr Carruthers highlighted that the Policy is the first of its kind across Wales and passed on thanks to Ms Selina Marshall for the work undertaken to prepare the Policy.	
	The Committee TOOK ASSURANCE that the Patient Access Policy has been developed in line with Policy 190 and APPROVED the policy.	
QSEC (23)69	MANAGEMENT OF CLAIMS AND CONCERNS POLICY (004)	
	The Policy was deferred for a staff consultation period.	
QSEC (23)70	PUTTING THINGS RIGHT POLICY (894)	
	The Policy was deferred for a staff consultation period.	
QSEC (23)71	TUBERCULOSIS (TB) EXTERNAL REVIEW ACTION TABLE	
	Ms Bethan Lewis introduced the Tuberculosis (TB) External Review Action Table. A further discussion will take place with the Medical Director regarding a future update to QSEC and it was recognised that further work is required on the action table to provide detail of the outcomes and completion status. Mrs Wilson advised that the Public Health Wales actions will be updated following their Quality and Safety Committee in October 2023.	CSO
	The Committee NOTED the Tuberculosis (TB) External Review Action Table.	
QSEC (23)72	QSEC WORKPLAN 2023/24	
	The QSEC Workplan 2023/24 was circulated for information.	

QSEC (23)73	WELSH HEALTH SPECIALISED SERVICES COMMITTEE QUALITY AND SAFETY JOINT CHAIR'S REPORT	
	The Committee received the Welsh Health Specialised Services Committee Quality and Safety Joint Chair's Report.	
QSEC (23)74	INTEGRATED QUALITY PLANNING AND DELIVERY MEETING (IQPD) MINUTES	
	The Committee received the Integrated Quality Planning and Delivery Meeting (IQPD) Minutes.	
QSEC (23)75	DATE OF NEXT MEETING	
	1.30pm, 5 October 2023	

UNAPPROVED