

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

Date and Time of Meeting:	1.30 pm, 5 th October 2021
Venue:	Boardroom, Ystwyth Building/ MS Teams

Present:	<p>Ms Anna Lewis, Independent Member (Committee Chair) Mrs Delyth Raynsford, Independent Member (Committee Vice-Chair) (VC) Mrs Judith Hardisty, HDdUHB Vice Chair (VC) Mr Paul Newman, Independent Member (VC) Ms Ann Murphy, Independent Member (VC) Professor John Gammon, Independent Member (VC) Miss Maria Battle, HDdUHB Chair (VC)</p>
In Attendance:	<p>Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Dr Philip Kloer, Medical Director & Deputy CEO (VC) Mr Andrew Carruthers, Director of Operations (VC) Ms Jill Paterson, Director of Primary Care, Community and Long Term Care Mrs Joanne Wilson, Board Secretary (VC) Dr Subhamay Ghosh, Associate Medical Director for Quality and Safety (VC) Mr Keith Jones, Director, Secondary Care (VC) (<i>part</i>) Ms Sarah Perry, General Manager, Unscheduled Care (VC) (<i>part</i>) Ms Lisa Humphrey, Interim General Manager (VC) (<i>part</i>) Ms Cathie Steele, Head of Quality & Governance (VC) Mr David Richards, Service Delivery Manager OOH/111 (VC) (<i>part</i>) Mr William Oliver, Assistant Director of Therapies & Health Science (VC) Mr Sam Dentten, Hywel Dda Community Health Council (VC) Ms Rachel Anthony, Deputy Head of Legal Services (VC) (Observing) Mr Luke Lenton, Complaints Manager (VC) (Observing) Ms Sonja Wright, Committee Services Officer (Secretariat) Ms Kirsty Walker, Committee Services Officer (Secretariat)</p>

QSEC (21)105	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
	<p>The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Committee (QSEC) meeting and acknowledged the unprecedented pressures which are currently impacting upon all Health Board (HB) services, and which in turn highlight the importance of the role of the Quality, Safety and Experience Committee in seeking assurance that patient and staff safety is upheld and that the quality of services provided is continually scrutinised. In providing updates and reports to the Committee to enable it to fulfil its scrutiny function, Ms Lewis recognised the competing demands which are currently placed upon operational teams.</p>	
	<p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mrs Ros Jervis, Director of Public Health • Ms Sian Passey, Assistant Director of Nursing 	

	<ul style="list-style-type: none"> • Mrs Louise O'Connor, Assistant Director (Legal Services/Patient Experience) • Ms Alison Shakeshaft, Director of Therapies and Health Science • Dr Barbara Wilson, Community Health Council • Ms Donna Coleman, Chief Officer, Community Health Council 	
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QSEC (21)106	DECLARATIONS OF INTERESTS	
	There were no declarations of interests.	

QSEC (21)107	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 10th AUGUST 2021	
	<p>RESOLVED - that the minutes of the meeting held on 10th August 2021 be approved as an accurate record.</p> <p>Under Matters Arising, Members were advised that a deep dive review of staffing and rota issues impacting upon the provision of Radiology services, which had been scheduled for inclusion on this month's agenda, had been deferred to the next meeting on 7th December 2021 in order to present a revised overview of issues and plans to address these following the commencement in post in November 2021 of a new Head of Service within the Radiology Directorate.</p> <p>An update was provided regarding the current position in Radiology services with Ms Sarah Perry highlighting the following key points:</p> <ul style="list-style-type: none"> • Work is underway with Radiology modality and Site Leads to review the current staffing establishment and issues relating to on-call rotas; • Staffing vacancies are compounded by a lower-than-expected intake of student trainees to the service, with only 5 of the 14 expected radiography graduates being recruited to the HB; • Activity within the service has increased between Quarter 1 2020 and the corresponding period in 2021; • Where there are waiting lists for diagnostic services at a particular hospital site, patients are requested to travel to other HB sites in order to access services; however, patients are often reluctant to do this, resulting in Radiology staff being moved between sites to meet demand. <p>With reference to this last point, Mrs Delyth Raynsford queried the impact upon patient experience of requests to travel to a different site for diagnostic services, and whether support for patients who cannot travel is offered. Ms Perry informed Members that no assistance for travel is routinely provided, although assistance from Welsh Ambulance Service Trust (WAST) is sought where any downtime is identified.</p> <p>Responding to a further query from Mrs Raynsford as to the involvement of staff in the review of the workforce within Radiology services, Ms Perry confirmed staff participation, and advised that staff fully recognise and support the need to change current on-call arrangements.</p>	

Ms Jill Paterson queried whether current discussions relating to the development of Urgent and Emergency Care (UEC) and Same Day Emergency Care services, and the need for urgent Primary Care access to diagnostic services are being factored in to Radiology Directorate Planning, recognising the impact upon delivery of these pathways which any gaps in diagnostic provision might involve. Ms Perry acknowledged this risk, and confirmed that liaison is taking place with GP Cluster leads in regard to prioritising UEC pathways for access to Radiology services and advising GP leads in relation to length of wait for each modality.

Mr Keith Jones highlighted the competing demands upon Radiology services, notably the need to address backlogs in Cancer and Planned Care services arising from the COVID-19 pandemic, adding that given these demands, it is inevitable that the HB would need to rely upon independent sector support to provide diagnostic services while it develops more sustainable solutions.

Noting the deferral of a deep dive review of Radiology services to the next QSEC meeting on 7th December 2021, Mr Paul Newman requested that further detail regarding the demand for the service - particularly out-of-hours demand - be provided in that report, to include plans to match service provision with demand in the most effective way, and to address any gap between supply and demand.

Responding to a query from Prof John Gammon as to whether there is capacity for patients to access diagnostic services provided by Swansea Bay University Health Board, and whether this option would be cost-effective, Mr Jones explained that Radiology service provision within neighbouring Health Boards is currently limited.

Members noted ongoing issues relating to graduate recruitment to Radiology services, which have impacted significantly upon the HB's plans to replace the current out-of-hours service provision, despite Health Education and Improvement Wales (HEIW) arrangements whereby universities are commissioned to provide student places on the basis of Health Boards' workforce plans and NHS Wales Shared Services Partnership's (NWSSP) 'streamlining' processes in place around graduate recruitment. Mr William Oliver commented that, while earlier streamlining processes may assist in recruitment, data relating to graduate choice of Health Boards suggests a need to highlight Hywel Dda University Health Board as an attractive option. Mrs Joanne Wilson confirmed that HEIW arrangements are being considered by the People, Organisational Development and Culture Committee (PODCC) as part of the strategic relationship between the HB and HEIW.

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The Committee **NOTED** the update provided in relation to issues impacting upon the delivery of Radiology services, and were **ASSURED** that further detail would be provided in relation to plans to address service capacity issues at the next meeting on 7th December 2021.

<p>QSEC (21)108</p>	<p>TABLE OF ACTIONS FROM THE MEETING HELD ON 10th AUGUST 2021</p>	
	<p>Members reviewed the Table of Actions from the meeting held on 10th August 2021, and noted that all actions had been completed, or were being progressed.</p>	

	<p>In regard to action ref. QSEC(21)84: Matters Arising: Timescales for the implementation of plans to manage Mental Health and Learning Disability (MHL) waiting lists – to share an update relating to planned timescales with Members, Mrs Mandy Rayani advised Members that an update relating to Risk 1032 – MHLD waiting lists had been deferred from the agenda for this meeting, for inclusion at the next QSEC meeting on 7th December 2021, and that the Table of Actions would therefore be amended to reflect this.</p> <p>Members were informed that, given the significant amount of work which is required to clear waiting lists, an additional appointment to MHLD services has been made, and that the new post holder will work towards developing the same approach to managing waiting lists as those in place within other areas of Scheduled Care. Members were assured that the HB is actively seeking to further strengthen capacity and skill-sets within MHLD services, and that scrutiny of recovery work in this area would be included within the HB’s overarching Recovery Programme.</p> <p>Mrs Judith Hardisty welcomed this update, and, whilst querying why a shortfall in staffing complement within MHLD services had not previously been notified to Members, nevertheless expressed her assurance that any staffing capacity issues had been recognised and addressed, and that work is progressing to ensure that MHLD patients have the same access to care as that which is available for other Secondary Care services.</p> <p>Responding to Mr Paul Neman’s query regarding the point at which timescales for the provision of meaningful data relating to waiting lists and actions to address the patient backlog within MHLD services could be provided to Members, Mr Andrew Carruthers referred to the development of IT solutions to enable demand and capacity analysis to be undertaken within the Directorate, and undertook to provide a further update in relation to the next stages in planned work, including the appointment of further staff to MHLD teams.</p>	<p>SW</p> <p>AC</p>
	<p>The Committee RECEIVED an update relating to actions to address waiting lists within MHLD services and NOTED that further detail would be provided at the next QSEC meeting on 7th December 2021.</p>	

<p>QSEC (21)109</p>	<p>OUTCOME AND ANALYSIS OF QSEC SELF-ASSESSMENT EXERCISE 2020/21</p> <p>Members received the Outcome and Analysis of QSEC Self-Assessment Exercise 2020/21 report.</p> <p>Noting that only 4 responses to the questionnaire had been received, it was suggested to Members that this may be due to the detailed responses required by the template, and that some amendment to the current format might be made in order to achieve a balance between the ‘tick-box’ exercise which had formerly been used and a format which did not require a potentially onerous level of detail to be provided in order to encourage an increased level of participation on the part of Committee Members.</p>	
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The Committee **RECEIVED ASSURANCE** that the actions described within the Self-Assessment report, which are based upon Members' responses, will be taken forward as part of a wider governance review.

**QSEC
(21)110**

STRATEGIC LOG - PAEDIATRIC RISKS

Ms Lisa Humphrey joined the Committee meeting

Members received the Strategic Log - Paediatric Risks slide set, being advised that although the first slide referred to 'strategic risks within the Women and Child Directorate', the subject of the presentation related specifically to children's services. Members were further advised that a final report of a review of the temporary service change to the Paediatric acute service model referenced on slide 5 would be submitted to the Board in Autumn 2022, rather than Spring 2022.

Prof Gammon highlighted references in the slides to risks relating to environmental issues (specifically, in Cilgerran Ward in Glangwili General Hospital - GGH), and commented upon further references in the Operational Quality, Safety and Experience Sub-Committee update report relating to environmental challenges within this ward. Ms Lisa Humphrey explained that a number of deep dive reviews are being undertaken to investigate environmental issues which affect a number of services across the HB estate, and suggested that, given the number of areas which are impacted by sub-optimal environmental conditions, the level of the recorded risk relating to these issues should be escalated from service to Directorate level.

Responding to a request from Mr Newman for further detail regarding a risk relating to inter-departmental communications which would be added to existing Directorate-level risks, Ms Humphrey informed Members that while no issues relating to integrated governance have been raised, this risk relates to concerns expressed regarding the level of communications between specialties within the Women and Child Directorate.

Mrs Rayani informed the Committee that these concerns had been fully discussed at a meeting of the Quality Panel held on 4th October 2021 and that an improvement plan to identify communication flow between the various teams had been identified. Members were assured that no patient harm or risks to patient safety arising from any communications issues had been identified, and that the improvement actions agreed would be monitored by the Medical Director and the Director of Nursing, Quality & Patient Experience. Dr Philip Kloer added that there is a desire among Directorate staff to develop an integrated understanding of the various roles and functions through education and training, and to build clearer communication channels between the various teams.

Responding to a query from Mr Newman as to the number of maternity-related claims received by the HB, given that these can be high-risk in terms of value, Ms Humphreys confirmed a reduction in the number of claims received and undertook to provide further detail to Members relating to high-cost maternity claims, recognising that these can be challenging to investigate as the majority are historical by nature.

Members' attention was directed to discussions at the Board meeting on 30th September 2021 regarding the extension to the temporary service change to

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the Paediatric acute service model. Mrs Rayani confirmed that mechanisms are being developed to monitor the impact upon patients of service transfer from Withybush General Hospital to GGH. Ms Humphrey added that current patient experience questionnaires are being reviewed to ensure that appropriate questions are included to enable the impact of the temporary arrangements to be effectively tracked, and that consideration is being given to methods of encouraging the uptake of survey completion among parents and children attending ED, with meetings held with the Community Health Council (CHC) to ensure joint working in gathering this information.

Members were further advised that the Directorate would engage with the HB's Internal Audit Team to develop an audit process which can be used to monitor the effectiveness of a triage tool which has been developed to assist in rapid decision-making at WGH, should a child requiring Paediatric care services present at the hospital.

Mrs Rayani informed Members that QSEC would continue to monitor patient experience relating to the temporary transfer of Paediatric services, with an initial evaluation forward-planned for the QSEC meeting on 7th December 2021 and further updates planned for 2022. Members were assured that, notwithstanding the timings of future QSEC meetings, any emerging issues would be reported to Members and Executive Directors immediately, as and when they arise.

Ms Lisa Humphrey left the Committee meeting

The Committee **RECEIVED ASSURANCE** that strategic risks within the paediatric services are being managed.

<p>QSEC (21)111</p>	<p>CORPORATE RISKS ASSIGNED TO THE QUALITY, SAFETY & EXPERIENCE COMMITTEE (QSEC)</p>	
	<p>Members received the Corporate Risks Assigned to the Quality, Safety & Experience Committee (QSEC) Report.</p> <p>Referring to Risk 291: <i>Lack of 24 hour access to Thrombectomy services</i>, Ms Lewis requested clarification of the rationale underlying the decision to de-escalate the risk, given that, from a patient perspective, this continues to represent a quality issue. Mr Carruthers explained the organisation's position, informing Members that while the Thrombectomy service in Bristol does not provide a 24/7 service, based upon the lack of impact or incidents arising from current access arrangements, Executive Directors had taken a view that existing mitigations were adequate and that the recorded risk could therefore be de-escalated. Dr Kloer added that while Executive Directors initially held concerns regarding challenges in accessing 24/7 services, there are in fact very few Thrombectomy centres within the UK which offer these access hours, and it was felt that the HB had done all that is possible to offer equitable access to services for its patients. Members were informed that Risk 129 would remain at Directorate level in order that it might be escalated if required.</p> <p>Mrs Hardisty highlighted Risk 628: <i>Fragility of therapy provision across acute and community services</i> and, while noting the recruitment of Band 5 graduates listed against this risk as a mitigation, reflected that discussions in the Board meeting on 30th September 2021 indicated that the additional Band 5 post which had been recruited had been assigned to cover other demands,</p>	

	<p>and would not therefore have the expected impact upon therapy capacity. Mrs Rayani confirmed that having liaised with the Clinical Director of Therapies in order to identify issues impacting upon service provision, these were not budgetary in nature. Mrs Rayani added that support for therapy services would be included in the Nurse Staffing Review which is currently being undertaken, and reflected that, following changes to the awarding of budgets for student Therapy education, there is a need to understand the skills that are commissioned through the NWSSP streamlining process in order to fill any skills gaps which are identified.</p> <p>Mrs Hardisty commented that while there has been some mitigation of slippage in provision of Therapy services through the appointment of a Band 5 post, continued pressures remain due to the time required to fill vacant Band 6 and Band 7 posts within the Directorate. Members were advised that additional hours had been put in to support provision of some therapy services.</p> <p>Referring to Risk 177: <i>Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery</i> and Risk 1032 - <i>Delivery of Q3/4 Operating Plan - Timely access to assessment and diagnosis for Mental Health and Learning Disabilities clients</i>, both of which reflect long-standing issues and have no change in risk score indicated, Prof Gammon noted that in both cases historical narrative is provided as an update, however no detail of planned actions, mitigations and timescales to reduce the risk scores is included. Members agreed that the report needs to reflect planned action rather than historical context for the risks presented, and that a slight amendment to the Corporate Risk SBAR to incorporate some of the detail relating to mitigations which is included in the main report would be discussed outside of the Committee meeting.</p>	MR/ JW
	<p>The Committee RECEIVED 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. 	

QSEC (21)112	<p>RISK 129 – ABILITY TO DELIVER AN URGENT PRIMARY CARE OUT-OF-HOURS SERVICE FOR HYWEL DDA UNIVERSITY HEALTH BOARD PATIENTS</p> <p><i>Mr David Richards joined the Committee meeting</i></p> <p>Members received a report and slides relating to Risk 129 – <i>Ability to Deliver an Urgent Primary Care Out-of-Hours (OOH) Service for Hywel Dda University Health Board Patients.</i></p> <p>Mr David Richards highlighted the following key points:</p> <ul style="list-style-type: none"> • Data relating to OOH call demand against % shift fill from 01.09.2021 to 03.10.2021 shows demand to be at its highest over weekends, and – conversely - the percentage of weekend shift-fill to be at its lowest. • The current risk level is 12 (High) and reflects the continuing instability of rotas, with little control of the sessional workforce who are able to volunteer for shifts at short notice, depending on the demands of their 	
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daytime working or times of the year where there are often common periods of holiday.

- Challenges within the OOH service relate chiefly to the following factors: a reduction in available GPs over the past 5 years from circa 100 to currently 48; tax and National Insurance status determining a threshold for GPs to work within before encountering effects on earning potential; a perceived lack of willingness to work with the HB in pursuit of an equitable and shared response to the demands of the 3 counties; dissatisfaction with the requirement to volunteer for shifts and the lack of 'rights' associated with the employment status of IR35/ sessional workers and changing service demands such as 111 and (currently) 111 First.
- Forecasts indicate that the level of OOH demand is nearly at pre-COVID-19 levels, even before the onset of winter.

Members were advised of measures in place within the HB to develop the OOH service model, which includes the recruitment of salaried doctors, the launch of surveys to understand both the workforce and the experience and needs of service users, on-going work with the Welsh Ambulance Services Trust (WAST) to understand demand and impact upon services, and the development of an effective multi-disciplinary team, making the OOH service more attractive by offering variety and rotation to a greater cohort of interested individuals.

Responding to queries from Mrs Hardisty in relation to the timescales planned for the staff survey referenced by Mr Richards, the linkage between plans to develop the OOH service and new initiatives within Primary Care, and whether it is intended to plan to retain Advanced Practice Paramedics once the pilot concludes (in under a month's time), Mr Harries informed Members that work is underway with the CHC to develop staff and patient surveys, including methods of circulating surveys and collating responses, and that discussions are being held with WAST in relation to confirming contracts with Advanced Paramedic Practitioners and considering how these posts may be used in a slightly different way, if required, to meet demand.

In regard to linkage between the OOH service and Primary Care, Members were advised that Mr Richards is working with the Assistant Director of Primary Care in developing the OOH model and that individual GP Practices are seeking to build a resilient 24/7 service. Ms Paterson informed Members that the OOH and 111 Team are exploring ways to make OOH work more attractive – for example, by enabling remote working rather than attendance at a physical base, and added that Mr Richards' appointment as Service Delivery Manager OOH/111 would greatly assist in the development of the OOH 24/7 model.

Mr Newman commented that while the report and slides presented to the Committee highlight challenges faced by the service, it would be helpful for Members to receive assurance regarding solutions to address the issues involved and a coherent plan to enable OOH services to meet current and future demand.

Responding to a query from Ms Lewis as to whether the strategic challenges facing OOH services are reflected in the HB's Planning Objectives, Ms Joanne Wilson advised that these are included under Planning Objective 5J (*Develop and implement a comprehensive and sustainable 27/7 community and*

	<p><i>Primary Care Unscheduled Care service model</i> - a specific requirement relating to which (5Ji) is <i>to address the fragility of the current GMS Out of hours service</i>), which is aligned to the Strategic Development and Operational Delivery Committee.</p> <p>Ms Lewis commented, from QSEC's perspective, that there remain unresolved queries and concerns relating to the strategic development of the OOH model, and sought clarity with regard to the alignment of OOH planning with both QSEC and SDODC.</p> <p><i>Mr David Richards left the Committee meeting</i></p>	JW
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the current position of the OOH Service in its ability to meet the needs of the service users; • CONSIDERED the actions that are underway to mitigate risk and develop the service and improve the situation in the longer term; • RECEIVED assurance that Risk 129 and the consequences of the Primary Care OOH service's fragility on patient safety and clinical needs are being addressed. 	

QSEC (21)113	<p>UPDATE ON GENERAL COVID-19 RELATED MATTERS</p> <p>Members received a presentation providing a summarised update regarding general COVID-19 related matters.</p> <p>Ms Cathie Steele highlighted the following key points:</p> <ul style="list-style-type: none"> • Further to data relating to the interim COVID-19 position, provided to Members in the QSEC meeting held on 10th August 2021, 94% of Wave 2 COVID-19 patient deaths have been reviewed, which represents good progress. Approximately 20 case notes remain to be reviewed in the assessment of potential and actual nosocomial COVID-19 infection. • Learning identified to date remains the same as that presented in the interim position report. • As part of this learning, the HB is seeking to undertake more timely reviews of Wave 3 COVID-19 patient deaths, and communications with family members in these cases will be progressed. • Summary thematic Outbreak Reports are being prepared for circulation within Directorates, with each report reviewed and validated by multi-disciplinary control teams prior to issue. <p>Mrs Rayani highlighted differences in the methodology underlying COVID-19 patient death reviews within Wales and England, which had been identified at recent All-UK Infection Prevention and Control Nosocomial meetings, rendering direct comparison between the respective data sets invalid.</p> <p>Members were advised that the management of hospital visiting arrangements is unlikely to change in the near future, and that a watching brief would be maintained upon community infection transmission levels in order to assess whether patient visiting regulations can be reviewed, ensuring at all times that the safety of hospital patients and staff is prioritised.</p>	
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	<p>The Committee NOTED the content of the Update on COVID-19 Related Activity report and RECEIVED ASSURANCE that continued monitoring of the local and national situation is being undertaken and that the Health Board is adapting to and adopting changes and requirements at pace.</p>	
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QSEC (21)114	QUALITY AND SAFETY ASSURANCE REPORT	
	<p>The Quality and Safety Assurance Report was presented to the Committee, providing Members with information regarding patient safety incidents, including externally reported patient safety incidents, quality improvement, Welsh Health Circulars (WHCs) and inspections by Healthcare Inspectorate Wales.</p> <p>Commenting upon figures relating to inpatient falls, which remain consistent despite initiatives to address the issue, Mr Newman requested further detail regarding the reasons for this consistency. Mrs Rayani noted a significant increase in the acuity of patients suffering falls, and explained that the number of inpatient falls numbers is relatively high in Bronglais General Hospital, as a result of which work is being undertaken with Heads of Nursing and Ward Sisters to review current preventative measures across the site and to identify further measures which might be employed to address the issue. Members were further informed that falls management work undertaken in Ward 9 Prince Philip Hospital has been successful in significantly reducing numbers of inpatient falls.</p> <p>It was agreed that further detail relating to inpatient falls and to falls management measures would be included in future Quality and Safety assurance reports, and that a deep dive review of inpatient falls would be included on the Committee’s work programme.</p> <p>While welcoming the Hospital Acquired Thrombosis (HAT) improvement as summarised in the report, Prof Gammon sought further information as to the impact of this work upon the risk of patients suffering HAT. Ms Steele undertook to work with the Assistant Director of Nursing, Quality Improvement to obtain further data regarding the impact of the HAT improvement plan, which would be shared with Members.</p>	<p>SP</p> <p>SW</p> <p>CS</p>
	<p>The Committee RECEIVED ASSURANCE:</p> <ul style="list-style-type: none"> • from the Quality and Safety Assurance Report that processes are in place to review and monitor: <ul style="list-style-type: none"> ➤ patient safety highlighted through incident reporting ➤ patient experience highlighted through external inspections ➤ from the hospital acquired thrombosis improvement work 	

QSEC (21)115	WINTER PLANNING: MANAGING URGENT AND EMERGENCY CARE RISKS, QUALITY AND EXPERIENCE	
	<p>Members received a presentation summarising the HB’s Winter Planning, with a focus upon the management of UEC Risks, Quality and Experience.</p> <p>Mr Jones highlighted the following points:</p>	

- The most recent patient experience report reflects the current pressures impacting upon UEC, with 20% of patients clearly indicating a negative experience when attending hospital emergency departments.
- Welsh Government (WG) guidance is awaited in regard to how Health Boards approach planning for the winter period, recognising that ‘winter planning’ can to an extent be regarded as a misnomer as current planning needs to address all-year-round UEC demands.
- The purpose of the presentation is to evidence that the HB’s approach to planning is based upon risk mitigation, recognising that the success of this relates directly to the availability of staff to deliver key planning components – for example, the HB’s Bridging Scheme to provide Domiciliary Care relies upon its ability to recruit the requisite number of Healthcare Support Workers.
- The plan reflects system-wide working between acute and community teams in order to develop a robust approach to the management of UEC risks.

Mrs Hardisty expressed assurance regarding the cohesiveness of the HB’s winter planning, while Mr Carruthers reflected that this is the first time that all teams involved in UEC have worked together as a whole system.

Ms Lewis requested further detail relating to the scale of the risks presented in the slides and the extent to which the HB is effectively using modelling to forecast demand and capacity within UEC. Mr Jones explained that the main risk relates to staffing capacity, adding that stress and pressure upon staff represents a key risk factor. Members were advised that plans to improve the efficiency of UEC processes depend upon the availability of sufficient staff to implement them.

In regard to modelling capacity, Mr Jones assured Members that the sophistication and effectiveness of the HB’s modelling has increased over the course of the pandemic period, and that increased confidence may be placed in the ability of the modelling cells to forecast capacity and demand within services. Mr Jones cautioned, however, that while assurance may be taken in the accuracy of demand forecasting, this assurance remains contingent upon staffing capacity, and Ms Lewis acknowledged the importance for Members to understand the inter-dependencies between the various risks presented.

Mr Carruthers informed Members that WAST has moved from a demand management plan to a clinical safety plan, which poses a potential challenge to the HB in terms of ensuring the safety of its population through communicating with individuals to advise regarding ambulance transportation delays in the event of a status escalation, as specified within the Clinical Safety plan, and assessing individuals’ health condition to determine what, if any, assistance is required prior to ambulance arrival.

The Committee **RECEIVED ASSURANCE** from the Winter Planning: Managing Urgent and Emergency Care Risks, Quality and Experience presentation.

<p>QSEC (21)116</p>	<p>OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE UPDATE REPORT</p> <p>Members received the Exception Report from the Operational Quality, Safety and Experience Sub-Committee (QQSESC) meeting held on 7th September 2021.</p> <p>Mrs Hardisty commented that the fragility of services, referenced briefly in the update report, had not been reflected upon the QQSESC agenda, and noted also that agenda did not reflect the Sub-Committee’s Terms of Reference (ToR). Mrs Rayani confirmed that she would be undertaking a review of the QQSESC ToR and work programme, and that some amendments may also be made to the Sub-Committee’s current chairing arrangements.</p> <p>While agreeing that the QQSESC governance arrangements required review, Ms Lewis recommended that the function of the Sub-Committee in reflecting the anxieties of the various teams and staff experiences must be recognised. Mrs Rayani added that service engagement activities are undertaken between herself, the Director of Workforce and Organisational Development and the Director of Operations to encourage senior managers and staff to share their experiences, recognising the need for support on the part of all staff members, including senior and general managers.</p> <p>In regard to governance issues, Mr Newman informed Members that the findings of an Audit Wales review of Quality Governance would be presented at the Audit and Risk Assurance Committee meeting on 19th October 2021, and suggested that these might be shared with QSEC Members for information.</p> <p>In regard to concerns which had been highlighted in the update report regarding the outstanding Estates works in Tenby Surgery and other HDdUHB managed GP practices, and the associated impact upon health and safety requirements, Mr Newman sought assurance that actions are being taken to address these issues. Ms Paterson assured Members that a plan is in place to ensure that estates works in the Tenby practice are completed, and that an action plan has been developed in conjunction with the HB Estates team to maintain premises for all HB managed practices.</p> <p>Mrs Rayani directed Members’ attention to concerns recorded in relation to the fragility of all services, and advised Members that risks associated with shortfalls in staffing capacity are fully recognised and that the HB is managing emerging risks to the best of its ability.</p> <p>Recognising the unprecedented levels of pressure currently facing all teams, Ms Lewis offered the Committee’s support to Managers and teams wherever this might be needed.</p> <p>Members were informed that the Listening and Learning Sub-Committee is now meeting on a bi-monthly basis, and that the Director of Nursing, Quality and Patient Experience would work with the Assistant Director, Legal Services/ Patient Experience to arrange meeting dates for the remainder of 2021/22.</p> <p>The Committee NOTED the update from the Operational Quality, Safety and Experience Sub-Committee meeting held on 7th September 2021 and ACKNOWLEDGED the areas of concern highlighted in the report.</p>	<p>MR/ LoC</p>
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<p>QSEC (21)117</p>	<p>PLANNING OBJECTIVES UPDATE</p> <p>Members received the Planning Objectives Update, providing an update on the progress made in the development (delivery) of the Planning Objectives (POs) under the Executive Leadership of the Director of Nursing, Quality and Patient Experience which are aligned to QSEC:</p> <ul style="list-style-type: none"> • 1E - <i>During 2020/21 establish a process to maintain personalised contact with all patients currently waiting for elective care;</i> • 3C - <i>By September 2021 complete a review of all Health Care Standards including evidence of compliance. From this review, propose new Planning Objectives for implementation in 2022/23</i> <p>Members were advised of some slippage in the delivery of PO 1E as a result of staff recruitment challenges - specifically in relation to call-handling staff – due to funding arrangements which restrict the HB’s employment offer to temporary appointments until the end of March 2022.</p> <p>In relation to the delivery of PO 3E, Members were informed that the Director of Nursing, Quality and Patient Experience is chairing an All-Wales workstream to review all Healthcare Standards, with findings to be reported on a national basis.</p> <p>Referring to challenges in recruiting call handlers and administrative staff within Primary Care, Mrs Hardisty voiced concern in relation to the level of verbal abuse which is frequently faced by staff where long telephone waits are unavoidable and queried whether there are any plans to establish an Administration Bank arrangement.</p> <p>Mrs Rayani informed Members that PO 1E would be merged with PO 1B (<i>Building on the success of the Command Centre, develop a longer-term sustainable model to cover one single telephone and email point of contact</i>).</p> <p>Ms Lewis requested that further clarity be provided in future PO updates relating to the process of aligning POs with Board Committees, and suggested the need to be more specific in regard to slippage in PO delivery, rather than describing status merely in terms of ‘behind’. Mrs Rayani undertook to follow up the level of detail provided, and the terminology relating to status included within the PO Update Report with the Director of Strategic Development and Operational Planning, and the Head of Planning.</p> <p>In regard to the alignment of POs with Committees, Mrs Wilson confirmed that she would provide details to Ms Lewis outside the meeting.</p> <p>The Committee RECEIVED ASSURANCE regarding the current position relating to progress of the Planning Objectives aligned to the Quality, Safety and Experience Committee, in order to assure the Board where Planning Objectives are progressing and are on target, and raised concerns where Planning Objectives are identified as ‘behind’ in their status and/ or not achieving against their key deliverables.</p>	<p>MR</p> <p>JW</p>
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<p>QSEC (21)118</p>	<p>QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE WORK PROGRAMME 2021/22</p> <p>The Committee received the Quality, Safety & Experience Assurance</p>	
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	Committee Work Programme 2021/22, noting that this would be updated in light of discussions held at the meeting.	
	The Committee NOTED the Quality, Safety & Experience Assurance Committee Work Programme 2021/22.	
QSEC (21)119	QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE DECISION TRACKER 2021/22 - AMBER ACTIONS ONLY	
	No report presented as all actions have been completed.	
QSEC (21)120	QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE SUB-COMMITTEES' DECISION TRACKER 2021/22 – AMBER ACTIONS ONLY	
	No report presented as all actions have been completed.	
QSEC (21)121	MATTERS FOR URGENT ATTENTION	
	No matters for urgent attention were raised.	
QSEC (21)122	DATE & TIME OF NEXT MEETING	
	Tuesday 7th December 2021, 1.30 pm - 4.00 pm	