



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 April 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Quality, Safety & Experience Committee Annual Report 2022/23
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Anna Lewis, Chair, Quality, Safety & Experience Assurance Committee
SWYDDOG ADRODD: REPORTING OFFICER:	Mandy Rayani, Director of Nursing, Quality and Patient Experience

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to present the Quality, Safety & Experience Committee(QSEC) Annual Report 2022/23 to the Board.

The QSEC Annual Report provides assurances in respect of the work that has been undertaken by the Committee during 2022/23 and outlines the main achievements that have contributed to robust integrated governance across the University Health Board (UHB).

Cefndir / Background

The Health Board's Standing Orders and the Terms of Reference (ToR) for the QSEC require the submission of an Annual Report to the Board to summarise the work of the Committee and to identify how it has fulfilled the duties required of it.

The fundamental purpose of the Committee is to provide assurance to the Board around the organisation's strategy and delivery plans for quality and safety.

This QSEC Annual Report specifically comments on the key issues considered by the Committee in terms of quality, safety and experience, and the adequacy of the response, systems and processes in place during 2022/23.

Asesiad / Assessment

The Health Board (HB) established QSEC, under the Board's Scheme of Delegation in 2015. Since then, the ToR have been subject to an annual review and were most recently approved by the Board at its meeting on 28 July 2022.

These ToR clearly articulate that the Committee's purpose is to provide assurance to the Board that the organisation's strategy and delivery plans for quality and safety are appropriate and that it can provide evidence based and timely advice to the Board to assist it in discharging its responsibilities.

The Committee provides leadership and ensures that the appropriate enablers are in place to promote a positive culture of quality improvement based on best evidence.

As identified within the most recently revised ToR, the Sub-Committees directly reporting to QSEC during 2022/23 are as follows:

- Operational Quality, Safety and Experience Sub-Committee
- Listening and Learning Sub Committee

The ToR for the above Sub Committees have been reviewed and approved during 2022/23.

Constitution

From the ToR approved by the Board in July 2022, the membership of the Committee has been agreed as the following:

Members

Independent Member (Chair)

6 x Independent Members (including Audit & Risk Assurance Committee Chair and People, Organisational Development & Culture Committee Chair)

In Attendance

Director of Nursing, Quality & Patient Experience (Lead Executive)

Medical Director & Deputy CEO

Director of Operations

Director of Therapies & Health Science

Director of Public Health

Director of Primary Care, Community & Long Term Care

Associate Medical Director Quality & Safety

Assistant Director of Nursing, Assurance and Safeguarding

Assistant Director of Therapies and Health Science - Professional Practice, Quality and Safety

Assistant Director, Legal Services/Patient Experience

Hywel Dda Community Health Council (CHC) representative (not counted for quoracy purposes)

MEETINGS

QSEC meetings have been held on a bi-monthly basis throughout the year and all were quorate as follows:

- 12 April 2022
- 22 June 2022
- 9 August 2022
- 11 October 2022
- 14 December 2022
- 14 February 2023

In Committee sessions have been held during 2022/23 as necessary, to discuss either potentially sensitive matters or identifiable patient data, including the following:

- Cardiac Surgery – Progress on the Getting It Right First Time (GIRFT) review of Swansea

Bay University Board services

- Healthcare Inspectorate Wales (HIW) Update

As QSEC is directly accountable to the Board for its performance, the Chair of QSEC has provided assurance or escalated matters to the Board through a formal written update report following each Committee meeting.

Targeted Intervention

On 29 September 2022, Welsh Government (WG) advised that following discussion between WG, Audit Wales and Healthcare Inspectorate Wales, the Health Board's escalation status was raised to Targeted Intervention for planning and finance, but will remain at Enhanced Monitoring for quality issues related to performance (long waiting times and poor patient experience: urgent and emergency care, cancer; Part 1 Child and Adolescent Mental Health Services (CAMHS), C-Difficile rates, ITU Prince Philip Hospital; and Maternity Services). The following groups were established: Escalation Steering Group, Chaired by the Chief Executive; Targeted Intervention Working Group, Chaired by the Director of Finance; Enhanced Monitoring Working Group (EMWG), Chaired by the Director of Operations. The Chair of the Quality, Safety and Experience Committee is invited to the EMWG and updates have been shared with QSEC. QSEC has and continues to request specific updates and deep dives into the areas of concern raised within its remit and will continue to closely monitor the quality, safety and patient experience for the Hywel Dda population.

Patient Stories

During the year, patient stories were a key area of focus for the Committee for feedback on patient experience and lessons learnt.

Community Paediatric Service: In June 2022, the Committee received a story from the mother of a patient, providing their experience of the Community Paediatrics service transition from Children's Services to the Adult Learning Disabilities Service. The overall feedback was positive, highlighting areas for improvement in the lead up to the transition stage such as communication regarding the next steps, resources for service provision and appropriate parking facilities for clinical appointments. The patient story commended the nursing staff for their helpfulness and knowledge once the referral to the Adult Learning Disabilities service was made, and the patient's mother felt at ease to come forward with any questions or concerns. The Committee were pleased to note that the recently established Transition Team has reflected upon the feedback provided and actions have been taken to address the issues and will continue to develop and expand the service.

Waiting List Support Service (WLSS): In October 2022, the Committee received positive feedback from a patient describing their contact with the WLSS. The kindness, sensitivity and helpfulness of the call handler was clearly noted. Members' attention was drawn to the significant developments, including the ongoing patient experience focussed evaluation of the service, staff supervision and governance arrangements in place and Welsh language provision. The risks associated with the fixed-term funding arrangements until March 2023 were noted.

Unscheduled and Emergency Care: In December 2022, the Committee received a story, told by a patient's wife via an audio recording, who attended Unscheduled Care Services with her husband. A number of concerns were raised following their attendance which included inconsistent mask wearing by patients and staff, a lack of communication during their wait and feedback that the patient's mental health issues were not being considered. The Committee recognised the extent of the distress caused by this experience and sought assurance that measures were in place to improve communication in A&E. Whilst acknowledging the sheer

scale of pressure being faced by staff at the moment, the Committee noted that the story will be a useful learning tool to raise awareness in service provision for people with complex needs across the Health Board and agreed that further information could be shared on the Health Board's website regarding support for patients with complex needs. Members received assurance that a daily assessment of risk is undertaken by the Senior Nursing and Infection Prevention staff to ensure a balanced approach to Personal Protective Equipment (PPE) and that discussions are underway to explore how the Single Point of Contact service can be utilised to answer queries, address concerns or re-direct patients to an alternative service pathway if appropriate. Improvement focussed meetings to address staff concerns took place following a recent Healthcare Inspectorate Wales (HIW) inspection. The Committee noted that the patient and his wife were receiving support by the Patient Advice and Liaison Service.

COVID-19 Specific

During the year, the Committee received numerous updates in relation to operational services delivery and performance issues including the following COVID-19 specific item:

De-Escalation Of Health Board Covid-19 Infection Prevention Control Measures: In June 2022, the Committee received an update on the de-escalation of Health Board COVID-19 infection prevention control measures to a risk based management approach with the majority of Health Board sites reverting to Pre COVID-19 substantive practice. The Committee noted that daily risk assessment and COVID-19 position discussions were taking place between the Director of Nursing, Quality and Safety Experience and Senior Management to ensure patient safety with lessons learnt from patient feedback, with the intention to get back to normal working practice as much as possible. The revised guidance was shared with the Health Board's Community Health Council and via the intranet's Frequently Asked Questions web page for consultation. The Patient Testing Framework has been updated and presented to the Health Board's Operational Programme Delivery Group.

Planning Objectives Assigned to QSEC

As part of the Annual Recovery Plan, the Board agreed a set of specific, measurable Planning Objectives for 2022/23 and the Committee received regular updates on progress in the delivery of the Planning Objectives aligned to QSEC:

1E: Personalised Contact for Patients Waiting for Elective Care: In October 2022, Members were pleased to note that over 10,800 Stage 4 patients had been contacted with an offer of support via a single point of contact service. WLSS had fully recruited the team, with clinical and non-clinical call handlers and secured funding until March 2023. Feedback for the service had been actively sought and was generally positive. The website was noted as being useful for signposting and offering advice to patients. Members received an update on the development of scripts for clinical and non-clinical call handlers. Members were pleased to note that patient contact following the initial call is determined on an individual basis according to preference. In February 2023, the Committee discussed the risks relating to funding past March 2023 to keep providing the service for patients on waiting lists to support the shift towards 'Waiting Well' and the Committee will continue to be updated on the developments.

5X Quality Management System: The Committee received an update on the developments of the Quality Management System (QMS) as a Health Board wide approach to achieving quality of care in a way that secures continuous improvement to adhere with the Health and Social Care (Quality and Engagement) (Wales) Act 2020 which comes into force in Spring 2023. The QMS update included four key components including Planning, Assurance, Control and Improvement focussed initiatives and what the changes will mean in practice for all staff. The next steps were presented including the development of a lightweight, accessible document for the website which

will include a diagram and hyperlinks to provide updates and work underway to develop the objectives by the end of the financial year.

5W Develop and deliver implementation of the Liberty Protection Safeguards legislation:

In February 2023, the Committee received an update that the implementation of Liberty Protection Safeguards has been deferred due to the delay in the publication of the UK Government's response to the consultation on the new Mental Capacity Act code of practise with no date confirmed.

At the meeting in February 2023, the Chair requested an update on the anticipated changes in statutory requirements and impact on the medical assessments due to the delays and an update has been scheduled for the Committee in April 2023.

Quality Assurance Report

The Health Board uses a number of assurance processes and quality improvement strategies to ensure that high quality care is delivered to patients. The Committee received a Quality Assurance Update Report at each of its meetings in 2022/23 which provided an update on patient safety incidents, externally reported patient safety incidents, nosocomial COVID-19 infections, Welsh Health Circulars and HIW Inspections.

In regards COVID-19 reviews, in April 2022 the Committee noted the confirmation of funding from Welsh Government for a two-year period to support resources, infrastructure, engagement with patients affected by incidents and the establishment of a Corporate Assurance Nosocomial COVID-19 Assurance Scrutiny Panel within the Health Board. The Committee also discussed negligence claims within the Health Board and enquired whether there are themes emerging. In response, Members heard that an analysis is carried out for each negligence claim. The Committee noted that a Deep Dive Thematic Claim Review was being undertaken in Maternity Services, which will report to the Listening and Learning Sub-Committee.

The Committee received an update on the recent HIW virtual inspection at Llandoverly Hospital, observing that no immediate actions were required.

In June 2022, the Committee received an update that the Quality Improvement Team had been tasked with producing a collaborative falls framework in conjunction with key stakeholders for falls prevention.

Walkarounds recommenced following a break due to COVID-19, and a forward scheduling programme had been agreed with Independent Members and the Executive Directors. Positive feedback was provided from a visit undertaken to Dewi Ward, Glangwili Hospital (GGH), with comments made that the nursing team had a clear awareness of the falls statistics and communicated the challenges and mitigations in place.

In August 2022, the Committee were advised of a national increase in NHS incident reporting with 2,791 incidents reported in May and June 2022, of which 2,396 were patient safety related. The Quality Assurance Information System Team (QAIST) undertakes scrutiny of all reported incidents daily.

The Committee received an update on the new mortality review process, in line with the All Wales Learning from Mortality Review Model Framework, which has been embedded successfully across Prince Philip Hospital (PPH) and Bronglais Hospital (BGH), with minor technical matters to resolve at GGH.

The Committee noted the greater level of detail provided within the Nurse Staffing Levels (Wales) Act data since 2021 and the mitigating actions in place when the staffing levels do not meet the standards, including the use of clinical judgement and risk assessments carried out for inpatient care needs. The Committee requested that the number of vacancies are included within future reports which was agreed.

In October 2022 Members received the key highlights within the Quality Assurance Report including an update on the revised reporting process has been implemented as part of the Nosocomial COVID-19 infection reviews, which requires the Health Board to report directly to the Delivery Unit. The Health Board is progressing the reviews and taking cases to the Scrutiny Panel where appropriate and engaging with the families of patients effected.

Actions included within the Public Service of Wales Ombudsman reports are progressing well with one action outstanding relating to Section 12 Doctors and escalation processes in the Mental Health service, which is being addressed by the Directorate.

Members were pleased to note the learning shared as part of the mortality reviews process and the Datix Mortality Model.

In December 2022, the Committee received an update on an unannounced HIW visit that took place at A&E in GGH in November 2022, with immediate assurance actions underway. Concerns that were raised included the use of additional capacity surge bed and protecting patients' dignity and the process for re-assessment and observations for patients following triage during an extended stay. Feedback was also received regarding children having a separate waiting area for Paediatric Care Unit assessment. Work is underway on assessing the associated risks and developing actions to mitigate the risks. Members noted the positive steps undertaken to improve patient experience, such as providing access to hot meals and drinks for patients, and also the feedback regarding the kindness, caring and patience of staff and the team working ethos. It was noted that the inspection took place during a busy period; the positive comments were well received by colleagues. Members were pleased to note that a Standard Operating Procedure has been developed for clinical streamlining to support the emergency department in the central hub at Glangwili Hospital in taking children directly to the Paediatrics Unit from triage that will release some pressures on the Emergency Department.

In February 2023, the Committee received an update on the Safety Dashboard, noting that the performance data will be discussed at the Directorate Quality and Safety meetings going forward. The Committee noted the next phase of the Dashboard's development to incorporate the Datix 'Concerns' data which will be useful for the triangulation of information at the end of March 2023.

The Committee was informed that the Infection, Prevention and Control (IPC) Improvement Plan has been submitted to the Delivery Unit and will be monitored on a regular basis. The Committee noted a recent outbreak of Norovirus within the Prince Philip Hospital under the management of Senior Staff and the Infection Prevention Control Team. The Clostridium Difficile (C.diff) rates continue to be high and the IPC Dashboard will be utilised for targeted intervention. The IPC team will continue to work closely with the clinical teams to step up cleaning standards and improve hygiene practices. The Committee were advised that the infection rates are predominantly contracted from the community, with a current hot spot in Prince Philip Hospital (PPH) and specific areas in Worthybush Hospital (WGH) requiring attention. Members were pleased to note the trialling of new cleaning products in WGH that are expected to support IPC and make financial savings. An engagement campaign will take place in collaboration with Public Health for communication with the public to support the IPC agenda.

Areas of good practice which had been identified from the COVID-19 Reviews were shared with the Committee, however, it was noted that sometimes there were inconsistencies across the Health Board. There was found to be good use of The Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decision-making practice which was used at the appropriate time to make justifiable decisions.

Members received an update on the routine relationship management meeting undertaken with HIW and noted the helpful outcome with areas of concern discussed verbally and specific actions to take forward.

Quality Improvement Framework: In February 2023, the Committee received the Quality Improvement Framework and recognised how the EQliP programme has evolved over the past four years and continues to adapt and improve. The Framework commits the Health Board to delivering two EQliP Programmes per year with projects that can be identified as supporting one of the Health Board's Strategic Objectives and one of the five Quality Goals. The developing Improving Together system will inform the identification of improvement priorities for operational teams and will become a feeder for the EQliP programme. Over 200 staff have been trained on the EQliP with approximately 40 improvement coaches and 35 projects supported through the programme.

Corporate Risks Assigned to QSEC

The Committee received regular Corporate Risk Reports outlining current and new corporate risks assigned to QSEC from the Board throughout 2022/23.

In June 2022, the Committee discussed Risk 1337- Risk of reputational harm if the Health Board is found to have not managed the Llwynhendy Tuberculosis outbreak as well as it could have; the Committee noted that the review will be undertaken in Autumn 2022 and the outcome scheduled for the meeting in April 2023. With reference to Risk 129- Ability to deliver an Urgent Primary Care Out of Hours Service for HDdUHB patients; the Committee noted the out of hours response work underway to shape the service to support the workforce position.

In August 2022, Members received an update on the '111' and out of hours national IT system outage due to a cyber-attack, which lasted longer than originally advised and the actions underway to support services.

With reference to Risk 684: The lack of an agreed replacement programme for radiology equipment across the Health Board, in August 2022 the Committee noted that some equipment had been installed and operational. A costed plan, along with a rolling programme for the installation of additional equipment, is in place. The Committee was advised that the next batch of equipment for replacement has been prioritised and that securing the funding will be key in risk mitigation.

In December 2022, the Committee discussed the risks associated with Industrial Action and noted a significant level of work has taken place in planning for the Industrial Action to maintain safe services such as the establishments of the Industrial Action Group. The Committee expressed gratitude to the management teams across the organisation who worked hard to try and mitigate the risks relating to quality, safety and patient experience.

Discussion took place regarding the patient presentation challenges at the Minor Injuries Unit (MIU), Prince Philip Hospital as raised in the Operational Quality, Safety and Experience Sub Committee (OQSESC) Update Report, which has been managed via the Directorate Risk Register for some time. In January 2023, the Committee received an update that the risk has

been escalated to Directorate level and will be reported within the operational risk reports to QQSESC and discussed at the Improving Together Sessions with the Director of Operations.

The Committee discussed Risk 1027: Delivery of integrated community and acute unscheduled care services and raised concern that the impact of the pressures on the standard of services provided will become normalised and requested assurance that staff feel confident and comfortable escalating concerns if standards are not being met. Assurance was provided by the Director of Operations that an Emergency Department Risk Oversight Group has been established to discuss and address daily challenges and risks, performance measures and discuss patient experience and the quality of care. Engagement from medical colleagues has been forthcoming and the Executive Team feel assured that colleagues feel comfortable raising concerns and readily provide feedback and formal processes are in place to raise concerns and log incidents via the Datix system if required.

Specific Risks

Epilepsy And Neurology In Learning Disabilities Services Deep Dive: In June 2022 the Committee received an update on the externally commissioned independent review of the Epilepsy in the Learning Disabilities pathway. The review will include a questionnaire and workshop for service users to develop an improvement plan. The Committee enquired whether a review will be undertaken into lessons learned, recognising that certain services become reliant on a small group of senior staff. Members were assured that discussions have taken place to ensure communication and escalation processes are robust, in order to mitigate against a similar situation occurring in the future. The Committee received further assurance that the Director of Nursing, Quality and Patient Experience and the Director of Operations will continue to work with fragile services on contingency plans and actions.

In February 2023, the Committee received an update on the progress of the review, noting that the service continues to have oversight and actively monitor the current patients. Questionnaires were issued and returned from staff, patients and carers, however, only 54 responses were received. Following further engagement and meetings with family members and carers, an electronic email version was produced and distributed with the deadline for responses extended to 1 March 2023. Once the review is concluded, a report outlining the findings and next steps will be brought to QSEC.

School Nurse And Youth Health Team Deep Dive Report: In April 2022 a deep dive report on the topic of Children's Public Health Nursing: Provision of School Nursing and Youth Health Team was considered, with the Committee noting the impact of COVID-19 due to the deployment of school nurses to support the pandemic response and the ongoing workforce challenges. Members received an update on the recent review of the School Nurse staffing framework and staffing profile, including key risks within the service such as a budget shortfall, an ageing/insufficient workforce establishment (with 44% of staff nearing retirement) and accommodation challenges. Members noted the shortfall of Specialist School Nurses in Ceredigion and Carmarthenshire in particular and budget limitations which result in challenges in developing the framework.

Members were advised of further challenges experienced by the service, such as staff burnout, lack of professional development opportunities and the Welsh Language requirements in hard to recruit areas, which presents a further barrier to recruitment. Members were assured that feedback from the children of the area will be a significant factor in any decisions being made regarding language preference for School Nurse staff. Actions taken by the service to mitigate the risks include a workforce review in collaboration with the Workforce and Development team, exploration of recruitment opportunities in collaboration with Swansea University and education

leads in Ceredigion, and improving professional development opportunities for staff. The Committee was informed that opportunities with the volunteer sector and commissioned services have been explored, as well as collaboration with Health Education and Improvement Wales to establish a future workforce model.

The Committee received an update on progress to update the School Nurse framework requirements within the Hywel Dda region and the next steps to progress a detailed engagement plan for a more holistic approach to Children and Young People's services across the service.

Safeguarding Services Deep Dive Report: In April 2022, the Committee received a report detailing the significant increase in Safeguarding Services activity since the COVID-19 pandemic. The Adult Safeguarding Single Point of Contact Team is facing significant pressures, due to the small and fragile resource, an increase in referrals and requirements for statutory multi-agency meetings as part of a national review process. The Committee received an overview of the actions to mitigate the impact such as collaborative working, reviewing the structure in adult and child safeguarding teams to increase capacity and enable succession planning, and progressing opportunities for operational services to take a more active role in reviews.

The Committee queried the impact on the Health Board of Looked After Children placements from out of county and received information on the involvement of a number of services as part of the health needs assessment, including the Health Visiting Service, a Specialist Nurse and School Nurse. An update was provided on the national discussions underway to improve the health needs notification process. Recognising the complex and distressing work involved, the Committee received assurance that robust supervision arrangements are in place for staff.

Members further noted ongoing discussions with the Health Visiting and School Nurse Service around the current supervision model and managing stress and caseloads and that regular contact is made with safeguarding practitioners, who are routinely reminded of the wellbeing resources available. The Committee received an update in June 2022 that a discussion between the Head of Safeguarding Services and Director of Nursing, Quality & Patient Experience regarding team structure and capacity took place to ensure capacity planning is managed within the existing available resource. Statutory compliance is monitored and if deterioration in performance is identified, the resourcing of the service will be escalated to Executive Team for consideration.

Community Paediatrics Service: In June 2022 the Committee received a Deep Dive Report from the Community Paediatrics Service, noting the significant concerns raised by the Consultant workforce regarding the high number of patients waiting for an appointment within Community Paediatrics and the associated risks. Correspondence was received from the Lead Community Paediatrics Consultant expressing concern regarding the current service position and the request for a review of the Community Paediatrics Service. The Director of Operations described how the pre –COVID-19 patient waiting lists have not changed significantly, however, children are waiting longer for an initial appointment, some up to four years. The Committee was advised that the national clinical view is that there is an increased level of acuity and complexities for those children on the waiting list. The Committee was assured that an internal, evidence based review of the Community Paediatrics Service will be undertaken by the Paediatrics Consultant to identify gaps and areas for improvement and investment. Additionally, a Task and Finish Group was going to be established to ascertain the demand and capacity position, review the staff skill set and review the criteria for referrals. The Committee requested that the individual impact on the children and families affected is captured during these significant waits including the broader social impact for children and families. The Committee received assurance that a communications plan is in

development to capture the patient experience during the waiting periods and feedback will be presented to the QSEC upon completion of the review.

In February 2023, the Committee received assurance from the significant progress within the service. The team was reported to be fully engaged with collective ownership of the action plans underway. The workforce within the Community Paediatric Team has increased since the launch of a Task and Finish Group and there have been several improvements in the Service including reducing waiting times, improved reporting and recording of data. Staff morale was also reported to have improved. These improvements have been achieved by the introduction of additional staffing with a varied skill-mix to include Specialty & Associated Specialist (SAS) grade doctors and Specialist Nurses. Engagement with children, young people and their families and a review of processes have also been instrumental in these improvements. The Committee noted the improvements and suggested that the good practice and learning from the positive cultural development is shared with the People, Organisational Development and Culture Committee. Members noted that 2000 families have been contacted by letter since November 2022 to ask whether they would like to remain on the waiting list and 405 responses have been received. Although most who responded confirmed they wished to remain on the list, some were signposted to alternative pathways of support or Single Point of Contact Centre to raise specific concerns.

Welsh Health Specialised Services Committee (WHSCC) Update On Children And Young People's Mental Health Services (CAMHS) Tier 4 Pathway: In June 2022 the Committee received an update from WHSCC on the commissioned CAMHS Tier 4 Pathway and raised concern regarding the period of time that the services has been in escalation and the impact it has had on children and young people. The Committee noted that the recently approved investment for the recruitment of a number of psychologists and therapists, including physiotherapy, dietetics and occupational therapists, is expected to transform the clinical model to a more therapeutic pathway. The Committee raised that the overview report would suggest that Hywel Dda patients are inpatients for longer periods in comparison to other Health Boards and requested that this is explored further to provide assurance on the clinical pathway models in place. In response to a request from the Committee on the anticipated timescale trajectory and contingency planning if the timescales are not met, the Director of Nursing and Quality at WHSCC responded that a contingency planning report and associated timeframes is being prepared for the WHSCC Joint Health Board Committee.

Maternity Services Action Plan Update: In June 2022, the Committee received the Maternity Services Action Plan Update and the actions underway in response to the Health Board's recommendations following the Ockenden Report. The report also provided an update on the CHC Report and the Welsh Branch Royal College of Midwives (RCM) Staff Survey. The Committee was advised that all health boards in Wales undertook a benchmarking exercise, led by the Maternity and Neonatal Network and Welsh Government. An All Wales Assurance Framework was developed and the Health Board requested to report by exception areas identified for improvement by 7 July 2022. A multidisciplinary workshop was scheduled to review each other's exception reports to identify opportunities for learning and to commence the development of Quality Assurance Indicators of what good looks like to support benchmarking against standards.

The Maternity and Neonatal Safety Support Programme commenced in November 2022 to support learning from a number of key reviews and improvements initiatives explored, based on local intelligence. The Committee was advised that local surveys were produced to capture patient experience in Neo-Natal and Post-Natal care, with positive feedback received so far across the Health Board; these will be contributory in shaping services going forward.

In December 2022, the Committee received an update from Maternity Services and the unannounced inspection from HIW at Glangwili Hospital in November 2022. The overall verbal feedback was positive, with findings such as good governance arrangements observed, women and families receiving excellent care, staff feeling safe to escalate issues and concerns, and compassionate and accessible senior leadership. It was acknowledged that the feedback has had a positive impact on staff morale. The Committee received assurance that an action plan has been developed to address the eight recommendations, with no immediate assurance requests received. The actions include steps to improve Performance Appraisal and Development Reviews, medical training compliance and addressing delayed pain relief on the post-natal ward.

The Committee was pleased to note an increase in engagement from staff in the Royal College of Midwifery survey, with no apparent themes identified. A number of initiatives are underway to support staff, including the development of a Wellbeing Committee and progression of the People and Culture Team directorate-wide action plan within the service, to allow staff to feel joy and pride in the important service they provide. The Committee received assurance from the positive developments in Maternity Services.

Unscheduled And Emergency Care (UEC) Deep Dive Report: In August 2022, the Committee received the key updates from the UEC Deep Dive Report, noting the significant challenges faced within the pathway. The actions underway to mitigate the impact on quality, safety and patient experience include the establishment of an Operational Delivery Group led by Welsh Ambulance Service Trust (WAST), the implementation of an integrated Advanced Paramedic Practitioner (APP) integrated with a GP led Community Intermediate Care service, the implementation of Paramedic access to social care information, Paramedic direct referral to Same Day Emergency Care (SDEC) and a Safer Patient review, and the development of the Transforming UEC Programme. The Committee discussed the WAST Red Release process, with assurance provided that WAST is undertaking a review of the process following concerns raised regarding incidents of 'rejected releases' to ensure a joint approach in clinical risk management. The Committee received further assurance that the process is being monitored closely by the Health Board.

Health Visiting Service Update on Staffing Levels: In October 2022, the Committee received an update on the challenging staffing position within the Health Visiting service, particularly in Ceredigion and North Pembrokeshire. Members noted the average 50+ age profile of Health Visitors in post, with the workforce planning actions underway to mitigate the risks within this important service, such as the continued development of the 'GROW YOUR OWN' model and the recruitment campaign which was carried out with the Workforce and Organisational Development Team and the Universities at end of February 2022. Members received assurance from the continuous efforts to explore opportunities to mitigate the risks for the population, including discussions with Social Care Services and Third Sector partners with the possibility of reviewing functions and mapping out actions to make the role more attractive and improve staff retention. Members were pleased to note that cross-border collaboration opportunities have been explored, however, noted the national and regional workforce challenges limiting opportunities.

Members discussed the potential wider strategic direction for the service to expand to support children and families, recognising the current national and regional workforce challenges. Members requested an update on the staffing position which is scheduled for April 2023.

'Y Lolfa' Alternative Care Unit Pilot, Glangwili Hospital: In December 2022 the Committee received an update on 'Y Lolfa' pilot in GGH, which is a 15 bed Alternative Care Unit created to

support improving an individual's care by preventing deconditioning during hospital stay and accelerating discharge once identified as ready to leave hospital. The Unit has Registered Nurse oversight and team 'huddles' take place on a 24 hour basis to discuss steps for improvement and any learning opportunities. The criteria for admission to the unit is strictly for Carmarthenshire residents who are medically-optimised, awaiting commencement of a domiciliary care package to support them in their return home. The Committee discussed the importance of partnership working with Social Services to avoid the Unit becoming backlogged with patients awaiting discharge. Highlighting the current Social Care challenges in Pembrokeshire, it was acknowledged that other areas in the Health Board region will also need to be considered to ensure equity.

Infection Prevention Control Update: In December 2022, the Committee received an update on the Infection Prevention and Control (IPC) Healthcare Associated Infection Improvement Plan, developed in response to the increase in escalation status for Clostridium Difficile infection (C-Diff) which is applicable across Primary, Community and Secondary Care. Members were pleased to note the implementation of a dashboard in IPC, which will be a tool to identify hot spot areas based on data triangulation. The dashboard is utilised to undertake targeted intervention where required and, although the dashboard shared with the Committee was not the final version, work is underway to finalise. The team is aware that across Wales there has been an evident correlation between the COVID-19 Pandemic and hospital acquired infections, with four key areas of focus including targeted work to encourage hand washing, Antimicrobial Stewardship, environmental cleaning and patient isolation placements. The Committee agreed to schedule routine updates from the IPC Team on the ongoing developments.

Cancer Services Update: In December 2022, the Committee received an update from Cancer Services, highlighting the pathway backlog challenges due to the COVID-19 Pandemic in terms of demand and capacity. Sustainable progress is being made and the team are optimistic and confident that progress will translate into significant improvement, despite the fact that there are now 1298 more patients entering the pathway than in February 2020. The Chair, acknowledging that the backlog has never been greater for Cancer Services, asked whether data is being captured on prognosis, to ascertain the impact due to the delays in assessments. Highlighting the challenges in defining harm and how to capture the information in light of the wider context, the Committee agreed that it will be helpful for the Committee to receive a deep dive in to Cancer Information Support Services to gain an insight in to the impact the delays have had on individual patients.

In February 2023, the Committee received an update on the Cancer Information Support Service which is a contact line for anyone with a cancer concern - personally or for a friend or family member. Members were pleased to note that the service operated remotely during the COVID-19 pandemic whereby many neighbouring Health Boards closed their hubs. Members were also pleased to note the development of the Power App which was developed to capture and share information and noted the benefits to analyse the types of requests received and what it is telling the organisation. It was noted that issues are often resolved through conversations with the team and capturing this information is useful, with work underway to develop patient feedback in the CIVICA system, to analyse the Cancer Services Support Service.

Real Time Demand and Capacity Programme: In December 2022 the Committee received an update on the roll out plan of the Real Time Demand and Capacity (RTDC) programme in HDdUHB following the pilot success in Glangwili Hospital, highlighting the improvement in discharge times in hours. The approach uses a tool to identify key challenges to mitigate risks and facilitate hospitals to respond to changes in the environment which could be impacting upon discharge. Members noted key learning from the pilot, such as areas to improve engagement

and ownership and ensuring alignment with the Transforming UEC Programme. An Allied Health Professionals (AHP) video was shared with the Committee, which provides a summary of the key principles to ensure patients are discharged from hospital as efficiently and quickly as possible if appropriate. Communication and planning are key and the approach aims to optimise patient experience from the moment of admission. Members were advised that, as part of the enhanced monitoring actions, the RTDC will be built upon and implemented across all hospital sites as a tool to support the transforming UEC and will be supported by Improvement Cymru.

Risk of Harm and Patient Experience Due To Operational Pressures: In February 2023, the Committee received an update on the risk of harm and patient experience due to the current operational pressures. The Committee noted the wealth of data provided from the Safety Dashboard which was valuable in setting the scene. In some instances, the data offered a conflicting picture in terms of pressures and patient feedback, which could be seen as a tribute to the care provided by staff and also an indication that the population were recognising the pressures faced and the efforts by staff to provide the best care possible. Referring to the incident data within the Safety Dashboard, the Committee was advised that the number of incidents reported has decreased during the period of increased pressures. However, there is a notable upward trend in the themes of the incidents that have been reported, such as the increase in reported pressure damage for patients. It is clear that the Dashboard supports the service with intelligence and allows the service to demonstrate hot spot areas for targeted input and intervention. A monthly paper will be prepared for the Executive Team on the risks and what the Safety Dashboard is highlighting in terms of performance, potential harm and areas of pressure. The Assistant Director of Legal Services and Patient Experience suggested that information on complaints that are resolved prior to reaching the formal stage is another area which could be analysed for learning opportunities. The Committee was pleased to note that the culture for reporting incidents had improved; most incidents reported are lower harm events. Members also noted exemplary improvements undertaken at Withybush Hospital for patient flow with positive feedback from patients and staff regarding the changes.

Therapies Waiting List: In February 2023, the Committee received the Therapies Waiting List Deep Dive report together with an update on the actions underway in response to the increase in waiting times for Therapies Service since the COVID-19 Pandemic. Clinical teams have reported increasing complexity in caseloads, especially in frail populations, and this has impacted 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 during the COVID-19 pandemic and challenges accessing healthcare across specialities in both urgent and routine pathways. Referring to the management of risk, Members received assurance on behalf of the Committee that referrals are prioritised according to urgency with times adjusted according to patient risk and regular clinical assessment to screen referrals are undertaken. The patient is advised to contact the service if their condition worsens or deteriorates. Regular waiting list audits to scrutinise at Directorate level are undertaken. Members noted that Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measured (PREMS) are undertaken across the service and the Dr Doctor digital communication tool is being rolled out as a routine service provision. The Committee agreed that an improvement trajectory is presented to a future meeting.

Key Risks and Issues/Matters of Concern

During 2022/23, the following key risks and issues/matters of concern were raised at QSEC and escalated to Board:

Epilepsy And Neurology In Learning Disabilities Services Deep Dive: In April 2022 concerns were raised regarding the 34 letters of complaint and concern received by the Chief

Executive's office and asked whether any themes had been identified. Members were informed that the majority of the concerns related to the wider epilepsy pathway and received assurance that correspondence outlining the developments within the service were issued to the families concerned.

Corporate Risks assigned to QSEC: In June 2022, referencing Risk 1027 - Delivery of integrated community and acute unscheduled care services; the Committee noted the significant levels of emergency demand, due to the broader impacts of COVID-19 and workforce deficits. The Committee acknowledged steps taken to reshape services such as Same Day Emergency Care model and the Mental Health specific 111 telephone service, recognising however that the impact will take time to be realised within the unscheduled care (USC) system. The Committee agreed to escalate the risk to Board.

Stroke Services Pathway Update: In June 2022, the challenges in providing effective stroke services in rural locations were raised the need to balance multidisciplinary specialist care with care closer to home, timely assessment and treatment with travel considerations across a wide geographical area were highlighted. Recognising that the operational risks are being managed as far as possible. The Committee agreed that the risks remain significant for the Health Board's population and therefore agreed to escalate the pathway challenges for further discussion at Board.

Welsh Health Specialised Services Committee (WHSSC) Update On Child and Adolescent Mental Health Services (CAMHS) Tier 4 Pathway: In June 2022, highlighting the ongoing quality and safety concerns, the Committee agreed to continue to closely monitor the position and risks.

Unscheduled Care Service Deep Dive and Patient Story: In August 2022, concern was raised regarding waiting room facilities and the clinical observation in the Unscheduled Emergency Care (UEC) with Members assured that the waiting areas in the UEC are being reviewed. A Task and Finish Group was developed with the UEC Head of Nursing, Glangwili General Hospital (GGH) as the Chair and working in collaboration with Manual Handling colleagues, Arts in Health and the Nutrition and Hydration Group. Members received an update on the models of care workforce developments, which will support the UEC service and the quality improvement projects underway at WGH UEC Service to support patient facing reception staff in training to escalate clinical deterioration.

Concern was raised regarding staff morale with the Committee sharing anxieties regarding the ongoing current pressures being faced by staff. It was noted that senior management are working closely with Workforce and Organisational development relationship managers to create listening spaces and are being pro-active with recruitment opportunities.

Quality and Engagement (Wales) Act: In August 2022 concern was raised regarding the potential challenges in meeting the timeline for delivery for the Quality and Engagement (Wales) Act with an update scheduled for Board Seminar in October 2022 and a further update to QSEC scheduled for April 2023.

Corporate Risks Assigned to QSEC: In August 2022 the deterioration of the waiting list timescales for the Autistic Spectrum Disorder (ASD) service was raised as a concern. The Committee was advised that the Mental Health and Learning Disabilities Service is undertaking work to make the impact more visible and received an update on the progression of a separate business case to Welsh Government to support the ASD service. A meeting has since taken place with the Delivery Unit to establish trajectories, along with the commissioned service which have been agreed in March 2023.

Critical Care Services: In August 2022 concern was raised regarding sustaining safe Critical Care Consultant cover across Carmarthenshire. The Committee was advised that due to sickness, retirement and role changes, there are currently four consultants covering eight posts; requests for agency staff have not been fulfilled and requests for assistance have been made to

other locations across Wales, which have not been successful. The Committee was advised that an executive decision has been made to temporarily restrict level 3 access to the unit at PPH until 2 October 2022. The unit remains open for level 2 patients on a 24/7 basis, with patients supported by experienced speciality doctors and Nursing staff and remote Consultant advice available. The arrangements continue to be monitored closely and updates provided through the QQSESC.

Winter Planning 2022/23 Discussion: In October 2022, concern was raised from the Director of Operations that the winter ahead is anticipated to be the most challenging since the COVID-19 pandemic partly due to the broader social care system challenges.

Concern was also raised at the meeting regarding the prioritisation list for Flu and COVID-19 boosters which is being managed by the Joint Committee on Vaccinations and Immunisations.

Y Lolfa' Alternative Care Unit Pilot, Glangwili Hospital: In December 2022 concern was raised regarding 'Y Lolfa' becoming an extended ward area for patients awaiting discharge. Members acknowledged that the unit would not solve the wider system challenges.

Operational Quality, Safety and Experience Sub Committee Update Report: In February 2023 concern was raised regarding the risks reported at the last meeting in respect of the commissioned Neurology and Tertiary Pathway and the closure of the service due to the retirement of a member of staff and the detrimental impact this may cause in terms of provision of service.

Medicines Management Operational Group Update: In February 2023 concern was raised regarding the risk that prescribers will not access up to date thrombosis guidelines as they are not currently available on an easy to access App which could lead to patients receiving inappropriate treatment. Members asked if there is an alternative way to ensure prescribing guidelines are up to date. Members received assurance that the team has utilised a Micro Guide which has been successful and further guidelines will be included

Matters Requiring Board Approval

- Approval of the QSEC revised ToR
- Approval of the QSEC Annual Report 2022/23

Update Reports from Sub-Committees

QSEC received regular update reports from its Sub Committees during 2022/23. As the full annual reports from each Sub-Committee will be presented to QSEC separately only the key risks and issues/matters of concern from each Sub Committee are reported below:

Operational Quality, Safety & Experience Sub Committee (QQSESC)

QQSESC met six times during 2022/23 and the following key risks and issues/matters of concern were raised to QSEC:

- The workforce pressures across a number of services and the risks on quality and experience was a theme that emanated from the Directorate Exception reports in 2022/23 with actions underway to mitigate the risks as far as possible.
- In July 2022, Members received an update on the temporary supply issues of Iodine based Contrast Media due to global supply challenges. The supply is now restored.

- In September 2022, Members raised concerns regarding the risk and lack of appropriate electronic record system for district nursing and health visitors and the likelihood that without an acceleration programme to support the service, the implementation of an electronic system could take a number of years.
- In January 2023, space for clinical and rehabilitation activities and storage on-site continues to present as a risk to safety at BGH, both in terms of potential for injury for both staff and patients and for fire evacuation.

Listening and Learning Sub-Committee (LLSC)

The LLSC met four times during 2022/23 and the following key risks and issues/matters of concern were raised to QSEC:

- In April 2022, endorsed the LLSC Annual Report 2022/23.
- In August 2022, the Committee was informed of the risk of further harm identified following a second incident associated with lack of repositioning of the oximeter. The Directorate nurse who was updating previous action plans and training/education on an urgent basis.
- In December 2022 the Committee received an update that there is a risk that patients may suffer harm and the Health Board may be exposed to prosecution by the Health and Safety Executive (HSE) if remedial action is not taken in response to absconding patients. However a review of incidents relating to absconding patients is being undertaken, to verify actions have been taken to address any lessons learnt to ensure prevention of further incidents.
- The Sub Committee met in December 2022 and received a number of presentations and individual cases from across the Concerns and Safeguarding Portfolio, relating to palliative care. Final reports received from the Public Services Ombudsman during the relevant period were also reviewed.

Group Update Reports

QSEC received regular update reports from the following working groups in 2022/23 and the key risks and issues/matters of concern from each working group are reported below:

Strategic Safeguarding Working Group Update Report

The Strategic Safeguarding Working Group met 3 times during 2021/22 and the following key risks and issues/matters of concern were raised to QSEC:

- In June 2022, Members acknowledged the significant rise in safeguarding activity since the COVID-19 pandemic.
- Risk reference 1114 was discussed. The risk identifies that without maximising the opportunities for early identification and strengthening the use of preventative remedies available to primary care services through IRISi, the Health Board will not be able to intervene early in response to domestic violence and abuse. An overarching group which includes primary care representatives has commenced to address the risks.
- In December 2022, Members noted the increase in activity as a result of an increase in Looked After Children (LAC) and movement of LAC in and out of the area. This is causing delays in completing initial and review health assessments to ensure their needs are identified and met. Additional resource was identified to mitigate the risk.

Effective Clinical Practice Advisory Panel Update Report

The Effective Clinical Practice Advisory Panel (ECPAP) met four times during 2022/23 and the following key risks and issues/matters of concern were raised to QSEC:

- In August 2022, the Committee noted the ratification of the Group's Terms of Reference with minor changes to the Membership.
- The Clinical Audit Team has started to use a new system, Audit Management and Tracking System (AMaT) for the registration and storage of clinical audit projects.
- The Clinical Standards and Guidelines Group has replaced the NICE and National Guidance Group with a revised Terms of Reference with the intention to meet quarterly and to invite a minimum of four teams/service areas per year to a dedicated meeting of the Group, which will provide a forum for support and challenge in relation to the service's clinical effectiveness activity.
- In February 2023, the Committee was advised that The Medical Examiner Service (MES) is due to become statutory from April 2023 and will include all primary care and community deaths.
- The Effective Clinical Practice Strategic Plan has been approved by ECPAP, which sets out the Health Board's overarching vision for clinical effectiveness and contributes to the delivery of Planning Objective 5K.

Medicines Management Operational Group (MMOG) Update Report

The MMOG met six times during 2022/23 and the following key risks and issues/matters of concern were raised to QSEC.

- In August 2022, the Committee received the MMOG Update Report, providing an overview of the work undertaken by the Group during the previous six month period, together with the MMOG and Local Intelligence Network Annual Reports for 2020/21.
- In August 2022, Members noted the lack of e-prescribing and medicines administration (EPMA) systems and the continued use of paper systems. This was initially identified in the Wales Audit Office 2016 Report on Medicines Management. WG is supportive of Health Boards progressing this work.
- In February 2023, the Committee was advised that Aseptic Units continue to be a high risk due to the current position of the facilities. Significant work has been undertaken to mitigate the risks to ensure the operational processes meet the necessary standards to mitigate risks. An interim business case for a medium term demountable unit, fully aligned to the Transforming Access to Medicines Programme.
- The risk associated with the failure to complete and document the thromboprophylaxis risk assessment for all hospital inpatients was raised which may lead to failure to prescribe or inappropriate prescribing of thromboprophylaxis. This could lead to potential patient harm, complaints and claims.

Infection Prevention Strategic Steering Group (IPSSG) Update Report

The Infection Prevention Strategic Steering Group met five times during 2022/23 and the following key risks and issues/matters of concern were raised to QSEC.

- In April 2022 the Committee noted the establishment of the Ventilation Group and the capital investment secured to convert two positive ventilation cubicles to negative pressure suites at BGH and GGH. The installation of Isolation pods for Critical Care and that the review of air purifiers in collaboration with Shared Services and SBUHB has resulted in the purchase of 60 air purifiers. The allocation will be agreed and the Standard Operating Procedure is in development. Members further noted the development of an Audit tracker by the Infection Prevention Team to record progress against Infection Prevention environmental audits.
- In December 2022, the Committee received the Infection Prevention Control Steering Group Update. It was noted that a new Chair was appointed at the meeting held in September 2022 and that the Terms of Reference for the Group had been updated . The Consultant Practitioner for Infection Prevention now Chairs the Group, with other membership remaining unchanged.

Argymhelliad / Recommendation

The Board is requested to endorse the QSEC Annual Report 2022/23.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of QSEC meetings 2022/23
Rhestr Termiau: Glossary of Terms:	Contained within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	QSEC Chair, Lead Directors and Committee Members Quality, Safety and Experience Committee

Effaith: (rhaid cwblhau)	
Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	A sound system of internal control, as evidenced in the Committee's Annual Report, will assist with ensuring financial control, and the safeguard of public funds
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the report
Gweithlu: Workforce:	SBAR template in use for all relevant papers and reports.
Risg: Risk:	Contained within the report
Cyfreithiol: Legal:	Contained within the report
Enw Da: Reputational:	Contained within the report
Gyfrinachedd: Privacy:	Contained within the report
Cydraddoldeb: Equality:	SBAR template in use for all relevant papers and reports.