

<b>Enw'r Pwyllgor / Name of Committee</b>	Quality, Safety And Experience Assurance Committee (QSEAC)
<b>Cadeirydd y Pwyllgor/ Chair of Committee:</b>	Ms Anna Lewis
<b>Cyfnod Adrodd/ Reporting Period:</b>	Meeting held on 13 <sup>th</sup> August 2020
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:</b>	
<ul style="list-style-type: none"> <li> <p><b>COVID-19 Learning Disability Patient Story:</b> QSEAC received an account from a patient's perspective of the care received from the Community Team Learning Disabilities during COVID-19, for their condition known as Spastic Cerebral Palsy, which has a number of clinical features including difficulty in swallowing attributed to how the patient holds their head. Prior to COVID-19, the patient would routinely attend a spasticity management clinic to receive botulinum toxin injections which relax the neck muscles to improve head posture. However as these have not taken place, the patient was referred to the Community Team Learning Disabilities in order to receive physiotherapy intervention. QSEAC was advised that the team followed the guidance introduced to support a COVID-19 pathway for safe intervention on a face to face basis, prior to visiting the patient. The patient confirmed that following the visit, their non-verbal communication had improved, they are less fatigued, and more engaged with everyone. The patient story provided QSEAC with an excellent example of the positive impact of person centred care. QSEAC welcomed the presentation, noting the life changing work of the team which has continued during COVID-19.</p> </li> <li> <p><b>Critical Care Medicines - Update Position (Risk 848):</b> QSEAC received the Critical Care Medicines - Update Position (Risk 848) report, noting that given that the expected COVID-19 demand did not materialise, supplies of critical medicines are now in a more robust position. However, recognising that the restarting of more routine care will have a further impact on medical supplies, a system has been established which provides an alert when stock is low which can then be brought to the attention of the service in order to mitigate this. This is in addition to a national system that has also been established where stock levels for all Health Boards across Wales are visible, including a process to ensure that medicines are transferred rapidly to wherever they are required. QSEAC received assurance that when establishing the all Wales process to ensure timely access to end of life (EOL) medicines, access in rural areas had been considered. Whilst concerns still remain regarding the supply of medicines due to Brexit, QSEAC received further assurance that regular discussions take place regarding the supply and distribution of medicines in light of COVID-19 and Brexit. QSEAC noted that the risk score for Risk 848 has been reduced from 16 to 8 as a result of the established safeguards.</p> </li> <li> <p><b>Risk 855 - Risk that UHB's Normal Business will not be Given Sufficient Focus:</b> QSEAC received an update on Risk 855 - Risk that UHB's normal business will not be given sufficient focus, and acknowledged the complexities involved in restarting services whilst ensuring that patient safety and experience</p> </li> </ul>	

are taken into consideration. QSEAC noted the steps taken to mitigate harm during COVID-19, and recognised an inherent risk to service delivery for a number of pathways, resulting in additional risks having been identified during the pandemic. Given that early in the pandemic the Cabinet Secretary suspended elective surgery, post COVID-19, QSEAC accepted that an increase in patient numbers on the waiting lists would be inevitable, despite HDdUHB being on course to deliver zero patients waiting over 36 weeks at the point of suspension. QSEAC acknowledged the difficulty in quantifying the quality aspect of this impact to patients due to delays in treatment, and suggested that simpler metrics should be made available which the Health Board can review in order to understand patient harm, including both the physical and psychological, to recognise the true extent of the impact of waiting on patients. In addition, QSEAC requested clarity as to which part of the system is responsible for maintaining oversight of the patient's condition while waiting; the referrer or the service referred to, recognising the importance of real time patient contact. QSEAC directed that the Health Board should be proactive in this oversight, rather than relying on deteriorating patients to self-report. QSEAC proposed that a plan be formulated, which Gold Command should consider, and that once agreed, included within the COVID-19 update report to Board and presented to a future QSEAC meeting.

- **Quality and Safety Assurance Report:** QSEAC received the Quality and Safety Assurance Report noting that the top three reported incidents are consistent with those previously reported to QSEAC. QSEAC were advised that the Health Board wide Falls Improvement Group and the Pressure Damage Working Group will be refreshed with new Terms of Reference to ensure that system wide learning and improvement is progressed. In relation to never events, QSEAC received assurance that a report has been presented to the Listening & Learning Sub-Committee (L&LSC) where the improvement and learning plans to address the issues identified have been discussed. QSEAC were advised that the majority of complaints received have been in relation to general practice including access to services and appointments, although during COVID-19, there has been a reduction in formal complaints to the Health Board. Whilst receiving assurance from the report, QSEAC requested that for comparison purposes, trend data over an extended period should be included within future reports to enable the Committee to understand the long term trajectory of incidents.
- **Mortality Update:** QSEAC received the Mortality Update including a position statement in relation to reported mortality indicators. QSEAC acknowledged that as a consequence of COVID-19, the team involved had been redirected, which delayed planned improvement work, which may have contributed to a recent decline in Stage 1 compliance. However, for assurance purposes, QSEAC noted that the planned improvement work would re-commence as soon as possible. QSEAC welcomed the benchmarking of data against other Health Boards and that this would be aligned to any learning from COVID-19 related deaths, including confirmation of the development of an all Wales toolkit. QSEAC noted the implementation of the Medical Examiner Service, which should improve the quality of Stage 2 mortality reviews and facilitate learning going forward. QSEAC agreed that in order to ensure learning is shared across the organisation, mortality outcomes should be presented to the L&LSC.

- **Claims Management Report – High Value/Novel Claims:** QSEAC received the Claims Management Report – High Value/Novel Claims, noting that one case had been settled by the Health Board since the previous report to QSEAC. QSEAC received confirmation that any themes and learning following this case would be presented to the L&LSC.
- **Nurse Staffing Levels (Wales) Act Update:** QSEAC received the Nurse Staffing Levels (Wales) Act update in order to provide further assurance regarding compliance with the Act and the processes undertaken in order to maintain day to day staffing levels on wards in line with principles of the Act. QSEAC received assurance that during COVID-19, the Act had not been stood down and that Heads of Nursing (HONs) hold weekly meetings to discuss nurse staffing in light of the increased demand due to the restart of services. Recognising that capacity may be a concern if all the additional 501 Field Hospital beds are required, QSEAC was assured that meetings are taking place to identify options to ensure an appropriate nursing team would be available, if required.
- **Operational Quality, Safety and Experience Sub-Committee:** QSEAC received the Operational Quality, Safety and Experience Sub-Committee (OQSESC) exception report noting that in relation to Hospital Acquired Thrombosis (HAT), an organisational wide approach has been agreed which is being supported by the Quality Improvement Team. Furthermore, QSEAC noted that a similar approach is being considered for Falls & Pressure Damage.
- **Listening and Learning Sub-Committee:** QSEAC received the exception report from the Listening and Learning Sub-Committee meetings held on 2nd July and 5th August 2020, noting that the Sub-Committee is currently meeting on a monthly basis to improve the timeliness of action plans, given that the Health Board only has 60 days to respond to learning plans prior to submission to the Welsh Risk Pool (WRP). QSEAC welcomed the progress made to date, including the escalation of concerns regarding an increase in falls to OQSESC, as noted in the Quality & Safety Assurance Report. Given that falls concerns are being received from a number of different sources, for assurance purposes it was agreed that a deep dive report on Falls Management be presented to a future QSEAC meeting.
- **Research & Development (R&D) Restart Activity Report:** QSEAC received the Research & Development (R&D) Restart Activity Report, outlining the approach taken to restarting R&D activity across the Health Board. QSEAC recognised the continuing challenge in regard to the team's access to appropriate accommodation to undertake R&D projects, and that whilst discussions are taking place to identify space in Glangwili General Hospital (GGH), further challenges in relation to social distancing regulations will require consideration. QSEAC emphasised that without appropriate R&D accommodation, the ability to increase research activity on behalf of the Health Board would be compromised, suggesting that the Board should be providing greater focus in order to resolve this issue as without robust R&D, the consequences include both reputational

damage and the omission of evidence based care for the Health Board. For assurance purposes, QSEAC was advised that the social distancing cell has discussed the issues experienced by clinical services and R&D staff going forward, however taking into consideration current infrastructure of the Health Board sites, an early resolution may not be possible. Given that QSEAC are not in a position to resolve this, it was proposed that the concern be escalated to the Executive Team (ET) to agree priorities, with an update on progress to be included within the R&D Sub-Committee exception report to QSEAC in October 2020. Notwithstanding these challenges, QSEAC credited the R&D team for the excellent research work undertaken during COVID-19.

- **Effective Clinical Practice Group:** QSEAC received the Effective Clinical Practice Group report noting that proposals for the future functioning of the Effective Clinical Practice agenda are due to be discussed at the Group's next meeting. QSEAC were advised that following correspondence received from the Deputy Chief Medical Officer (DCMO), the Health Board will be participating in a national COVID-19 audit, with clinical leads advised that clinical audits are due to restart.
- **Management and Distribution of Safety Alerts and Notices Policy:** QSEAC received the Management and Distribution of Safety Alerts and Notices Policy for approval, with confirmation received that comments made at QSEAC on 9th June 2020, had been addressed. Following assurance received that the Written Control Documentation Policy (Policy number 190) had been adhered to in the development of the policy, and with no further comments from Members, the Management and Distribution of Safety Alerts and Notices Policy was approved.
- **Any Other Business:** QSEAC were advised that a joint post has been established between HDdUHB and Swansea University which will focus on quality improvement and patient experience to support the work of QSEAC. It was confirmed that the successful applicant would commence in post on 17th August 2020.

**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer /**

**Matters Requiring Board Level Consideration or Approval:**

- None

**Risgiau Allweddol a Materion Pryder /**

**Key Risks and Issues/ Matters of Concern:**

- **Research & Development (R&D) Restart Activity Report:** given the continued concerns raised in regard to the R&D team accessing appropriate accommodation to undertake R&D projects, it was proposed that this concern be escalated to ET to agree priorities, with an update on progress to be included within the R&D Sub-Committee exception report to QSEAC in October 2020.

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /  
Planned Committee Business for the Next Reporting Period:**

**Adrodd yn y Dyfodol / Future Reporting:**

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

**Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:**

6<sup>th</sup> October 2020.