

Bundle Public Board 26 November 2020

4.7 Report of the Quality, Safety & Experience Assurance Committee / Adroddiad y Pwyllgor Sicrwydd Ansawdd, Diogelwch a Phrofiad

Presenter: Anna Lewis

QSEAC Update Report from meeting on 6 October 2020

QSEAC Update Report from meeting on 13 November 2020

Enw'r Pwyllgor / Name of Committee	Quality, Safety And Experience Assurance Committee (QSEAC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Ms Anna Lewis
Cyfnod Adrodd/ Reporting Period:	Meeting held on 6 th October 2020
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> <p>Ruby's and Staff Story: QSEAC received two videos relating to patient experience during the pandemic, focusing on communication to families of patients both before i.e. Ruby's Story, and after the implementation of the Family Liaison Officers (FLOs) i.e. Staff Story. Members were informed that the FLO role had been developed in response to the feedback received from a number of families during COVID-19. QSEAC noted that the Patient Experience Team have received positive feedback from patients and families following the implementation of the FLOs, with ward staff welcoming the initiative. Members expressed support for any initiative which improves communication with relatives, and recognised that the introduction of FLOs on wards has progressed this aspiration. Whilst commending the Health Board for this innovative response, it was recognised that improving communication is much wider than this initiative. The Chair expressed gratitude on behalf of QSEAC to Ruby's family for their honest account of their experience and also to the Patient Experience Team for the work undertaken in order to initiate the FLOs role at pace.</p> <p>Corporate Risks Assigned to QSEAC: QSEAC received the Corporate Risks Assigned to QSEAC report noting that future such reports to the Committee would be aligned to the Board's planning objectives. QSEAC received assurance, following discussions relating to <i>Risk 750, Lack of substantive middle grade doctors affecting Emergency Department (ED) in Worthybush General Hospital (WGH)</i>, that WGH has more registrars in its ED than previously, and that the risk has been mitigated with support from consultants. Whilst noting that as part of the Health Board's strategy, a business case to support alternative staffing models would be progressed; it was recognised that business continuity also needs to be considered. Following further discussions on the number of risks that have been on the risk register for a significant period of time, QSEAC noted that the interconnection between the Corporate Risk Register (CRR) and the Board's planning objectives has been recognised, and received an assurance that following Board approval, the focus of the Executive Team would be on taking this forward.</p> <p>Risk 628 Fragility of Therapy Provision across Acute, Community and Primary Care Services: QSEAC received a report on Risk 628 Fragility of Therapy Provision across Acute, Community and Primary Care Services, noting the lack of therapy staff historically to deliver the intensity of care patients require. QSEAC noted the three year plan to address workforce shortages, with funding secured for a number of therapy roles, and that further options have included reviewing service provision for specific roles, for example, stroke and COVID-19</p> 	

patients and on-call rotas, with support from Health Education and Improvement Wales (HEIW) to improve workforce plans and systems with Local Authority (LA) partners. Whilst welcoming the steps taken to manage Risk 628, given that it is too early to determine the impact of these actions and given that the Committee requires timescales for the agreed actions, it was proposed that this risk should be monitored by QQSESC, with an update provided to a future QSEAC meeting. QSEAC noted the proposal made at the previous Operational Quality, Safety and Experience Sub-Committee (QQSESC) meeting, that given the number of therapy risks that relate to staffing issues, these would be incorporated into a wider risk on staffing. QSEAC welcomed the current positive recruitment benefit derived from the rurality of the Health Board, as evidenced by the successful recruitment to a number of posts which have been vacant for a significant period of time.

- **Risk 684 - Lack of agreed replacement programme for radiology equipment across UHB:** QSEAC received a report on Risk 684 - Lack of agreed replacement programme for radiology equipment across the UHB, noting that radiology equipment has a limited lifespan and should be replaced in line with Royal College of Radiologist guidelines. Given the significant costs associated with replacing radiology equipment, these have previously been replaced from the All Wales Capital Programme. QSEAC noted that Welsh Government (WG) had agreed to fund four pieces of equipment that had the highest priority, with three of the four now complete. QSEAC further noted that whilst the intention had been to request funding from WG to replace CT scanners, this has not yet been progressed due to COVID-19. For assurance, QSEAC was informed that patients also have access to the Integrated Care Centres (ICCs), in Cardigan and Tregaron which have new radiology equipment. This enables patients to access tests closer to home, which is in line with the Health Board's strategic plan.
- **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. Furthermore, a scoping exercise has commenced across the three acute sites to ensure standards are consistent. In relation to medication errors, QSEAC noted that workshops would take place in order to understand why errors are occurring and whether the Management of Nursing and Midwifery Medication Errors/Near Misses Policy is fit for purpose. QSEAC discussed the increase in never events since the previous report presented and received assurance that the Director of Nursing, Quality & Patient Experience oversees the quality panel reviews, which are then progressed by the service. QSEAC received confirmation that the Welsh Health Specialised Services Committee (WHSSC) Quality and Patient Safety Committee held a workshop in September 2020, which focused on patient outcomes for commissioning services. Members discussed options relating to the data received within future reports to QSEAC to enable Members to have a better understanding of where targeted work may be required, which the QSEAC Chair agreed to discuss further with the Assurance and Safety Team.

- Assurance Reports Winter Planning on Risks 129 & 810:** QSEAC received an Assurance Report Winter Planning on Risk 129 & 810, noting that given the number of overlapping risks which relate to winter preparedness, it had been proposed to review these risks in light of the Quarter 3 and 4 returns to WG, with a suggestion that the risks are merged into one overarching risk. In relation to *Risk 129 - Ability to Deliver an Urgent Primary Care Out of Hours (OOH) Service for Hywel Dda Patients*, QSEAC noted that due to COVID-19, performance indicators relating to service performance had been suspended by WG in March 2020 although these have now re-convened. QSEAC was advised that given the current shortfalls in capacity and increase in demand, the risk score cannot currently be reduced. In addition, whilst the Advanced Paramedic Practitioner (APP) model has benefited the service, additional GPs were available at the beginning of the pandemic; as this has now reduced to pre COVID-19 capacity, additional GPs are now required. QSEAC received assurance that one of the planning objectives for the Health Board includes a 24 hour care model, which will incorporate this service. QSEAC noted that a first point of contact service has been piloted in Cardiff & Vale University Health Board (C&VUHB) with early indications that this may be expanded to support part of the response to winter pressures. Following discussions on the tolerance level of Risk 129 which is consistently above the agreed level, the Committee agreed to accept this and to review the risk again later in the year. In relation to *Risk 810 Poor quality of care within the unscheduled care pathway*, QSEAC received a verbal update confirming that this risk would be included within the review of the Quarter 3 and 4 returns to WG. Following evidence that demand within the unscheduled care pathway is increasing and presenting additional pressures on the system, QSEAC noted that a report relating to the quality and safety of services which are identified within the winter plan would be presented to QSEAC in December 2020. It was confirmed that a whole system approach, including delayed transfers of care (DTC), the impact for patients and any identified harm associated with reduced performance would be included within the report.
- Trans-Catheter Aortic Valve Insertion (TAVI) Progress Report:** QSEAC received the Trans-Catheter Aortic Valve Insertion (TAVI) Progress Report from Swansea Bay University Health Board (SBUHB) demonstrating significant improvements in service for HDdUHB patients. However, QSEAC recognised that with the combination of the winter period and the expected increase in COVID-19 patients, TAVI patients may experience further delays, and that the outcome of the planned review into the second cohort of patients would determine any further concerns.
- Mortality Review of the Impact on Patients Waiting for a Procedure During the COVID-19 Pandemic:** QSEAC received the Mortality Review of the Impact on Patients Waiting for a Procedure During the COVID-19 Pandemic report, noting this is a preliminary report to determine whether mortality data has been comparable to non-COVID-19 activity within HDdUHB and also across Wales. On initial analysis, whilst the mortality rate in March 2020, was significantly higher, over an extended period until July 2020, the average percentage mortality rate has remained significantly lower for Hywel Dda compared to the All Wales

average. Recognising that the current analysis does not highlight any immediate concerns, that triangulated data (not yet available) is required to determine the full impact upon those waiting for treatment, and that a formal review requires comprehensive analysis, it was agreed that a further update would be presented to QSEAC in February 2021. However, the Medical Director's team will retain an oversight of data as it becomes available and any concerns will be flagged for immediate attention prior to February 2021 if necessary.

- **Operational Quality, Safety and Experience Sub-Committee:** QSEAC received the Operational Quality, Safety and Experience Sub-Committee (OQSESC) exception report and revised OQSESC Terms of Reference for ratification. With no suggested amendments from Members, the revised OQSESC Terms of Reference were approved.
- **Research & Development (R&D) Sub-Committee:** QSEAC received the Research & Development (R&D) exception report and revised R&DSC Terms of Reference for ratification, noting that the meeting had been well attended, with discussion progressing in an appropriate direction. With no suggested amendments from Members, the revised R&DSC Terms of Reference were approved.
- **Infection Prevention Strategic Steering Group:** QSEAC received the Infection Prevention Strategic Steering Group exception report, with no comments received from Members.
- **Strategic Safeguarding Working Group:** QSEAC received the Strategic Safeguarding Working Group exception report noting that the Group received a presentation outlining learning for the service following the publication of the Adult Practice Review (APR) CWMPAS 012019 on 21st August 2020. For assurance purposes, confirmation was received that the Regional Safeguarding Board would develop a regional action plan for the Health Board to progress.

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:

- **Risk 628 Fragility of Therapy Provision across Acute, Community and Primary Care Services** – recognising it is too early to determine the impact of the actions taken to manage the risks involved, and given that the Committee requires timescales for the agreed actions, this risk will be monitored by OQSESC, with an update provided to a future QSEAC meeting.
- **Assurance Reports Winter Planning on Risks 129 & 810** – given that demand within the unscheduled care pathway is increasing and presenting additional pressures on the system, a winter plan report will be presented to QSEAC in December 2020 incorporating a whole system approach, including delayed

transfers of care, the impact for patients and any identified harm associated with reduced performance.

- Mortality Review of the Impact on Patients Waiting for a Procedure During the COVID-19 Pandemic** - recognising that triangulated data is required to determine the full impact upon those waiting for treatment from a mortality perspective, and acknowledging this would be a labour intensive process against the backdrop of increasing COVID-19 demand, it was agreed that a further update would be presented to QSEAC in February 2021.

**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:

13th November 2020.

Enw'r Pwyllgor / Name of Committee	Quality, Safety And Experience Assurance Committee (QSEAC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Ms Anna Lewis
Cyfnod Adrodd/ Reporting Period:	Meeting held on 13 th November 2020
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	

- Risk Assessments for the Recommencement of Orthopaedic Activity Report:** QSEAC received the Risk Assessments for the Recommencement of Orthopaedic Activity report, following discussions at Board Seminar on 15th October 2020, where the Board had approved in principle the recommencement of Orthopaedic activity, it had been agreed that for assurance purposes, the risk assessments relating to the recommencement of Orthopaedic activity should be presented to QSEAC. This was due to concerns raised by the Health Board's clinical teams at Prince Philip Hospital (PPH) that the that the plans being proposed would only meet the Bronze standards set by the British Orthopaedic Association, rather than Silver or Gold. Given the complexities of the four acute hospital sites across the Health Board, QSEAC acknowledged that the Orthopaedic Clinical Team would be unable to fully satisfy the principles reflected in guidance issued by the British Orthopaedic Association for the recommencement of urgent elective surgery. However, members were advised that in order for the Health Board to apply the operating framework of mixed COVID-19 and non-COVID-19 pathways for Quarter 3 and 4, Orthopaedic activity needs to restart on acute sites. Members were assured that an overarching risk assessment has been undertaken, in addition to site specific risk assessments, taking into account the COVID-19 environment and the challenges with other specialities on each acute site. QSEAC noted the risks associated with recommencing Orthopaedic services whilst recognising that on balance, the clinical risk to these patients is greater if they do not receive the procedures than if they do, providing the Committee with assurance on the actions taken.
- COVID-19 Update and also the Learning from COVID-19 Outbreaks Report:** QSEAC received a verbal COVID-19 update and the Learning from COVID-19 Outbreaks Report, following the three COVID-19 outbreaks experienced by the Health Board. QSEAC noted this is an extremely challenging time for both the Infection, Prevention and Control Team (IP&C) and the Operational Teams in terms of managing these outbreaks. QSEAC received an update on the status of the three outbreaks, which had been declared in Bronglais General Hospital (BGH), PPH and Glangwili General Hospital (GGH). Members were assured that following each Outbreak Control Team (OCT) meeting, findings are quickly shared with all teams in order to facilitate rapid learning across the Health Board. In addition, daily sit-rep reports are undertaken, with a new streamlined process currently being developed. Welsh Government (WG) has also issued a 16 point plan for transmissions, which is being supported by Executive Directors to ensure oversight of infections; it is anticipated that intra-hospital transfers and transfers between other Health Boards will now be more robust. QSEAC noted that

discussions have taken place in a number of fora regarding the appropriateness of the COVID-19 testing regime, and received assurance that the Health Board is following guidance issued by Public Health Wales (PHW). QSEAC noted that regular conversations are taking place to thank staff for all their hard work during these challenging times and added their thanks to all involved in managing the current outbreaks.

- **Update Regarding Field Hospital Utilisation and the Outcome from the Healthcare Inspectorate Wales (HIW) Inspections:** QSEAC received a verbal update regarding Field Hospital Utilisation and Outcomes from the Healthcare Inspectorate Wales (HIW) Inspections, following HIW's visit to both Ysbyty Enfys Carreg Las at Pembrokeshire's Bluestone site, and Ysbyty Enfys Selwyn Samuel in Llanelli, on 8th November 2020. Noting that the formal report should be received by 21st November 2020, Members were advised that HIW had commended the clinical environment and robust governance structure in place, welcomed the consideration offered in respect of patients' dignity and noted that staff were enthusiastic and engaged. However, concern was expressed regarding access and security at Ysbyty Enfys Carreg Las, given the multiple access points in place. For assurance, it has now been agreed that any areas not being used would be locked to increase security. In terms of Ysbyty Enfys Selwyn Samuel, HIW provided positive feedback relating to site access, signage and security. QSEAC welcomed the fact that the Health Board's governance structure and underpinning processes have been noted as an exemplar and as such will be shared with other Health Boards in Wales. Members were advised that Ysbyty Enfys Selwyn Samuel should become operational from 16.11.2020, with patients transferring from GGH & PPH to the field hospital. QSEAC welcomed the verbal update, acknowledging the work undertaken to operationalise the two field hospitals and expressed thanks to the teams involved for the comprehensive and professional manner of the Health Board during the pandemic.
- **Health Response to the use of the MOD Training Camp at Penally for Men Seeking Asylum in the UK:** QSEAC received the Health Response to the Use of the MOD Training Camp at Penally for Men Seeking Asylum in the UK report, acknowledging the work undertaken by the Health Board and stakeholders in order to provide support, particularly in light of the immense challenges due to the COVID-19 pandemic. As a result, 156 residents can be offered a core service for Primary Care needs out of South Pembrokeshire Hospital, in addition to an enhanced service, which is over and above that which the Home Office requested. Members noted that the identified quality and safety concerns relating to the Penally site, have been expressed in correspondence to the Home Office, with it emphasised that the Health Board is not in a position to be the regulators of the site. Furthermore, stakeholders have expressed concerns that they do not have the infrastructure to provide appropriate services for this cohort of patients. It was acknowledged that even with the significant amount of work that has been undertaken, risks still remain, which have been referenced within the latest correspondence to the Home Office on 4th November 2020. In addition to this, Members were advised that the Health Board has provided clarity on the assurance required from the Home Office in order to continue to provide the care and support to this cohort of patients, with a response currently awaited. In terms

of support for Health Board staff, QSEAC received assurance that this is being provided by the Health Response Team. Whilst recognising that the challenges for the Health Board and stakeholders are multi-faceted, QSEAC expressed thanks to all involved for the professional and compassionate manner in which the work undertaken has been progressed, in order to support this cohort of patients. Given the significant concerns cited within the correspondence to the Home Office, it was agreed to escalate these via the QSEAC update report to Board.

- Thematic Review of Never Events During COVID-19:** QSEAC received the Thematic Review of Never Events During COVID-19 report which provides an overview of the incidents, and the learning identified through Root Cause Analysis (RCA) review. Members were assured that following each never event, a Control Group is established, which works with operational teams to identify any themes arising from the incidents. Further to this, discussions have taken place with the Delivery Unit (DU), in order to establish whether these are comparable with the rest of Wales. For assurance purposes, and to ensure wider Health Board learning is possible, all never events are presented to the Listening and Learning Sub-Committee (L&LSC) to identify themes. Given that the review identified that a number of the never events took place during the evening and weekends, to mitigate this, shift patterns have been changed, with additional capacity available since the beginning of the pandemic. QSEAC noted that the review has not found evidence that suggests an escalating trend of never events, but rather a spike that is associated with changes in the working environment due to COVID-19, alongside a greater risk of staff fatigue. This situation requires ongoing vigilance and QSEAC will maintain close oversight of the position. The importance of maintaining an open approach to reporting of serious incidents was emphasised.

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

Matters Requiring Board Level Consideration or Approval:

- Health Response to the use of the MOD Training Camp at Penally for Men Seeking Asylum in the UK:** concerns expressed by both Health Board staff and stakeholders regarding the quality and safety concerns relating to the Penally site, and the inadequate infrastructure to provide appropriate services for this cohort of patients. Whilst the significance of the concerns have been cited within the correspondence to the Home Office, the Health Board is currently awaiting a response; it was therefore agreed to escalate this concern to the Board.

Risgiau Allweddol a Materion Pryder /

Key Risks and Issues/ Matters of Concern:

- Update Regarding Field Hospital Utilisation and the Outcome from the Healthcare Inspectorate Wales (HIW) Inspections:** concerns regarding access and security at Ysbyty Enfys Carreg Las, with confirmation received that areas not being used are locked to increase security.

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:

1st December 2020.