

## Bundle Public Board 30 July 2020

3.4 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 9 June 2020

QSEAC Update Report from meeting on 7 July 2020

<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 9 <sup>th</sup> June 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>Listening &amp; Learning Sub-Committee Verbal Update and Listening &amp; Learning Sub-Committee Terms of Reference:</b> QSEAC received a verbal update from the inaugural meeting of the Listening &amp; Learning Sub-Committee held on 3<sup>rd</sup> June 2020, where Sub-Committee Members had welcomed the opportunity to review case studies and actions plans to ensure their appropriateness to support improvements across the Health Board. QSEAC also received the Listening &amp; Learning Sub-Committee Terms of Reference (ToRs) for approval, and suggested that the Assistant Director of Therapies and Health Science together with direct representation from service users or patient groups be added to the attendance list. With the inclusion of these suggested amendments, the Listening and Learning Sub-Committee ToRs were approved.</p> </li> <li> <p><b>Research &amp; Development (R&amp;D) Activity Report /Annual Reports 2018/19 and 2019/20:</b> QSEAC received the Research &amp; Development (R&amp;D) Activity Report /Annual Reports 2018/19 and 2019/20, and noted the long standing concern regarding the lack of dedicated space for R&amp;D on Health Board sites. Despite these challenges, the team's focus has primarily been on COVID-19 projects, in particular, the Clinical Characterisation Protocol (CCP-UK) study, which has resulted in the Health Board achieving the highest recruitment to a study in Wales, and thanks were expressed for the proactive work undertaken during COVID-19 by the R&amp;D team. Given the lack of dedicated space for R&amp;D is not a concern that QSEAC can progress, it was suggested this be linked to the social distancing and capital discussions taking place involving the planning team, with an exploration of the offer of accommodation at Swansea University. QSEAC proposed additional narrative be included within the R&amp;D Sub-Committee Annual Report 2019/20, clarifying that during the period, the R&amp;D Sub-Committee had been accountable to the University Partnership Board for its performance. With the inclusion of the suggested amendment, the R&amp;D Sub-Committee Annual Reports for 2018/19 and 2019/20 were approved.</p> </li> <li> <p><b>Outcome of QSEAC Self-Assessment Process 2019/20:</b> QSEAC received the Outcome of the Committee's Self-Assessment Process 2019/20, welcoming the different approach undertaken this year in order to elicit broader feedback to influence the agenda of QSEAC going forward. QSEAC noted the resulting enriched narrative in comparison to the previous methodology, and suggested a similar approach be considered for other Board level Committees. It was agreed that confirmation of the agreed themes from the process would be included within the QSEAC work programme.</p> </li> </ul>	

- Corporate Risk Register:** QSEAC received the Corporate Risk Register report which had been reviewed to ensure that risks now take into account the impact of COVID-19 on patient safety. Members recognised that *Risk 855: Risk that UHB's normal business will not be given sufficient focus*, will be significant for all organisations and that the Coronavirus (COVID-19) NHS Wales Operating Framework for Quarter 1 (2020/21) identifies the impact on business as usual. In relation to *Risk 853 - risk that Hywel Dda's Response to COVID-19 will be Insufficient to Manage Demand*, whilst the current score has been reduced to 5, QSEAC acknowledged that as a novel disease with the long term trajectory difficult to predict, the likelihood that this will fluctuate during the year. QSEAC agreed that dual capacity (i.e. acute sites and field hospitals should be included within the risk register as a standalone risk. QSEAC noted that discussions are on-going with Werndale Private Hospital to continue to support cancer and/or more routine cases in the medium term, in addition to discussions with Swansea Bay University Health Board (SBUHB) regarding regional arrangements and field hospitals. QSEAC acknowledged the controls in place providing an assurance to the Committee.
- COVID-19 Risk Report:** QSEAC received the new COVID-19 identified operational risks assigned to QSEAC, noting in particular *Risk 720* and *Risk 574*, which are linked to concerns regarding staffing levels in Tregaron Hospital and Ceredigion, and the newly identified workforce risk in relation to the Black, Asian and Minority Ethnicity (BAME) risk assessment, with any attendant reduction in the level and/or quality of care for patients needing to be considered by QSEAC. Concerns were expressed at the significant length of time a number of these risks have been on the risk register with a suggestion that once normal business resumes, discussions should take place with operational teams in order to agree how each risk will be managed appropriately going forward, with the outcome reported to a future QSEAC meeting.
- COVID-19 Response Update:** QSEAC received the COVID-19 Response Update following its presentation to Public Board, and suggested that a report which focused on quality and safety as opposed to a performance-based report, would have been beneficial in order for QSEAC to provide an assurance to the Board. Caution was expressed that field hospitals do not become the default route when acute hospitals lack capacity and assurance was provided that a balanced approach would be required, with plans being established into the escalation process to mitigate against this, which will be regularly monitored. In response to queries regarding any emerging quality and safety concerns arising from non-face to face outpatient clinics, Members were advised that a patient experience review is being undertaken in conjunction with the work being undertaken by Hywel Dda CHC, and that Welsh Government (WG) are undertaking a national evaluation to inform the most appropriate platforms for future patient contact.
- Quality And Safety Assurance Report Including External Monitoring Final Reports:** QSEAC received the Quality and Safety Assurance Report, noting that due to the staff resource for quality improvement having been redirected during

the COVID-19 pandemic, no quality improvement data is available for this report. However, meetings have recently resumed with the Quality Improvement Team to discuss how quality assurance and safety data can play a greater part in the future planning for quality improvement. QSEAC's attention was drawn to a rise in the number of incidents per 1,000 patients in March and April 2020 compared to the same months in 2018 and 2019, however assurance was provided that this rise is potentially due to the acuity of the patients treated during the Covid-19 period, and primarily linked to pressure damage relating to the use of Continuous Positive Airway Pressure (CPAP) machines and extended mask wearing by patients; a trial of the use of gels to reduce pressure damage has since been undertaken. QSEAC received further assurance that from a recent review of Healthcare Inspectorate Wales (HIW) inspection reports across Wales relating to the number of immediate assurance requirements Hywel Dda is on a par with other areas of Wales.

- **Clinical Audit Position Statement:** QSEAC received the Clinical Audit Position Statement noting that the majority of clinical audit activity has been suspended by WG due to COVID-19. However, since preparing the report, notification has been received that a national COVID-19 Audit will be introduced, alongside a number of national audits which the Health Board has maintained during COVID-19. QSEAC noted that the Clinical Audit Scrutiny Panel has continued to hold meetings in an attempt to continue some of the core work around assurance for the national programme and that for the remainder of 2020/21, the clinical audit programme will consist of a smaller number of projects.
- **Cancer Treatments During COVID-19:** QSEAC received the Cancer Treatments During COVID-19 report providing an assurance on the extent of cancer services being undertaken in Hywel Dda, following guidance from WG. QSEAC noted that urgent cancer treatments have continued on all sites, in addition to endoscopy pathways on two sites and that further discussions are planned to consider increasing services, whilst acknowledging the challenges involved given the complexity of the required changes to pathways. QSEAC received an assurance that Hywel Dda compares favourably against other Health Boards in relation to the delivery of cancer treatments, including chemotherapy. QSEAC noted that whilst the Health Board has received a number of enquiries from patients regarding their cancer treatment during COVID-19, complaints to date have been low, which could be as a result of the widely circulated information issued reminding patients to access services if required.
- **Trans-Catheter Aortic Valve Insertion (TAVI) Progress:** QSEAC received a verbal Trans-Catheter Aortic Valve Insertion (TAVI) progress update, noting that due to the impact of COVID-19, SBUHB has only been undertaking emergency procedures, resulting in a number of Hywel Dda patients currently on the waiting list. QSEAC noted that the Royal College of Physicians (RCP) are due to commence a further review of 51 TAVI patients, 22 of whom are from Hywel Dda, with the final report expected within the next 3-6 months.

- **Safeguarding Report:** QSEAC received the Safeguarding Report, providing a focus on Hywel Dda's safeguarding response during the COVID-19 pandemic. QSEAC noted that whilst nationally the number of referrals are lower than pre-COVID-19, Hywel Dda activity has remained consistent, which could be due, in part, to the work of the team in raising awareness amongst staff that every contact counts and thus ensuring that all concerns are raised appropriately. However, QSEAC's attention was drawn to the increase in the number of domestic abuse related reports involving employees, and assurance was provided that support has been made available to these individuals. QSEAC also noted an increase in the numbers of Looked After Children (LAC) during the previous 5 weeks, with a review on themes from a regional perspective currently being undertaken. The outcome of this work is to be reported to a future QSEAC meeting. QSEAC received assurance that the corporate safeguarding team are continuing to monitor and scrutinise safeguarding activity during the COVID-19 period.
- **Infection, Protection and Control (IP&C) Update:** QSEAC received the Exception Report from the Infection Prevention Operational Group meeting held on 12th May 2020, noting that due to the impact of COVID-19 on Isolation Room requirements within the Health Board, once re-opened, wards may require re-configuration in order to accommodate this. QSEAC was informed that the capital and accommodation requirements regarding this would be included within the Quarter 2 and Quarter 3 framework returns to Welsh Government and would assist the Health Board in planning to manage the forthcoming winter period.
- **Putting Things Right (PTR) Policy:** QSEAC received the Putting Things Right: Management and Resolution of Concerns Policy, noting that whilst the principles of the policy are not new and reiterate the process already in place, this represents the first time these two elements have been brought together within a single policy of the Health Board. The need for a seamless Health Board process was acknowledged, recognising it can be overwhelming for a complainant where they are referred to a number of individuals following concerns raised. It was agreed that the Assistant Director (Legal Services/Patient Experience) would arrange a meeting with the CHC to discuss any further concerns they may have following on from discussions already held with CHC advocates. QSEAC approved the Putting Things Right: Management and Resolution of Concerns policy following assurance that due process had been followed.
- **Management and Distribution of Safety Alerts and Notices Policy:** QSEAC received the Management and Distribution of Safety Alerts and Notices Policy, noting this represents an updated policy which reiterates the process already in place. It was suggested that the document should be referred to as a 'Procedure' rather than a 'Policy' and that it should include additional narrative in relation to Welsh Government guidance. It was also suggested that Section 5 should include all types of alerts that could be relevant to the Health Board. It was proposed that once the suggested amendments have been included, the policy should be presented for approval to a future QSEAC meeting.

**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:**

- **COVID-19 Risk Report:** given concerns expressed at the significant length of time that a number of the risks have been on the risk register, discussions will take place with operational teams to agree how each risk will be managed appropriately going forward, with the outcome reported to a future QSEAC meeting.

**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:**

7<sup>th</sup> July 2020.

<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, Independent Member
<b>Cyfnod Adrodd/ Reporting Period:</b>	Meeting held on 7 <sup>th</sup> July 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>Nurse Staffing Levels:</b> QSEAC received the Nurse Staffing Levels report, highlighting HDdUHB's approach in establishing revised processes to ensure that nurse staffing levels are systematically calculated and agreed in line with the requirements of the Act during COVID-19. QSEAC noted that weekly meetings are in place with all Heads of Nursing to agree ward configurations which are continually under review, with further ward configurations now required as the Health Board restarts its routine procedures. QSEAC received an assurance that on those occasions where gaps have been identified, professional judgement has been exercised, with appropriate mitigations established, including the transfer of staff and temporary bed closures when the number/skill mix of nursing staff on duty is not as per the planned roster and does not meet the clinical needs of patients, in order to comply with the Act.</p> </li> <li> <p><b>Corporate Risk Report (CRR):</b> QSEAC received the Corporate Risk Report (CRR), recognising the synergy between the Corporate Risk Register and the Operational Risks Incorporating COVID-19 report. QSEAC queried the rationale behind the inclusion of a number of risks on the CRR, in particular <i>Risk 733 - Failure to meet its statutory duties under Additional Learning Needs and Education Tribunal (ALNET) Act (Wales) 2018 by September 2020</i>. Whilst QSEAC acknowledged the potential to include a single risk on the CRR where the Health Board may not comply with legislation, it was suggested that similar risks of non-compliance with various legislation would need to be included within other relevant Committees' portfolios. QSEAC proposed that those responsible may require a reminder of the process in regard to the inclusion of risks on the CRR, which will be imperative following COVID-19. QSEAC noted that the Welsh Government (WG) Coronavirus (COVID-19) NHS Wales Operating Framework (2020/21) required the identification of risks since COVID-19, highlighting the need to review the Health Board's corporate risks. Following a number of queries regarding the clarity of the risks contained within the CRR, and concerns around the priority afforded to this work, QSEAC reflected that only limited assurance could be received from the report. In order for the Committee to provide an assurance to the Board, it was agreed that additional narrative would be provided confirming that the process outlined within the report has been applied (see Key Risks and Issues/Matters of Concern section below).</p> </li> </ul> <p>It was agreed that the Director of Nursing, Quality &amp; Patient Experience would liaise with the Board Secretary to review the arrangements in place for the updating of the CRR and operational risk register and seek to identify the key</p>	

risks facing the organisation as a consequence of COVID-19. A deep dive process into the risks on the CRR would be implemented from the next meeting.

- **Operational Risks Incorporating COVID-19:** QSEAC received the Operational Risks Incorporating COVID-19 report. Whilst noting that the score for *Risk 848* relating to critical care medicines has remained static, QSEAC received an assurance that the all Wales agreement to support access to medicines during COVID-19 has been effective, with the Health Board maintaining 4 days' of stock at any one time, to ensure that adequate supplies are in place. QSEAC received an assurance that operational risks are being reviewed and updated to reflect the impact of COVID-19, noting that work is continuing, whilst also acknowledging that additional work will be required.
- **Field Hospital Update:** QSEAC received the Field Hospital Update, identifying that the temporary field hospital in Carmarthen, Ysbyty Enfys Caerfyrddin, has now opened for two cohorts of patients. Whilst feedback from the first cohort of patients has been positive, QSEAC recognised that the experience received will require further analysis once capacity within the field hospital is increased. QSEAC received an assurance that the Health Board has been proactive in issuing press releases ahead of opening the Carmarthen field hospital facility, in addition to providing leaflets for patients and families utilising the service. QSEAC expressed their thanks to all involved for the significant work undertaken in establishing Hywel Dda's field hospitals.
- **Health & Care Standards Fundamentals of Care Audit 2019:** QSEAC received the Health & Care Standards Fundamentals of Care Audit 2019 report and presentation and, whilst noting the overall patient satisfaction of 93%, recognised that improvement work is required for a number of aspects of care. QSEAC received an assurance that the Quality Improvement team will focus on initiatives to improve patients' rest and sleep; pressure & tissue damage and record keeping. Whilst the Health & Care Standards Fundamental of Care Annual Audit focuses on nursing care, QSEAC recognised that in order to ensure improvements take place across all healthcare services, a whole system, multi-disciplinary approach will be required. QSEAC received an assurance that the Senior Nurse Management Team will monitor progress and agreed that an update on progress regarding the identified actions will be presented to QSEAC in December 2020.
- **Personal Protective Equipment (PPE):** QSEAC received a verbal update in regard to Personal Protective Equipment (PPE). Noting the current delay involved with supplies due from China and Turkey, QSEAC received an assurance that mitigations are in place, specifically mask fit testing on a range of alternative products, with additional hoods also being sourced. To further ensure that adequate supplies are available, PPE is transferred to where it is required across the organisation, when necessary. QSEAC also received confirmation that, in addition to the Hywel Dda PPE Cell which meets fortnightly to discuss Health Board supplies, Hywel Dda is represented on the National PPE Cell to support the supply of PPE on an all Wales basis.

- Incident Reporting during COVID-19:** QSEAC received the Incident Reporting during COVID-19 report, noting that, whilst the number of reported safety incidents has reduced, there has been a rise in the number of incidents per 1,000 patients during the COVID-19 period. Whilst recognising the challenges in identifying why this has occurred, QSEAC suggested that this could be linked to the acuity of patients being treated, and received an assurance that the Assurance, Safety & Improvement Team would continue to monitor this in order to identify any themes involved. Given that staff who have reported positive with COVID-19 are captured on a separate system to DATIX, making it difficult to establish how many staff have been affected, QSEAC received an assurance that new cases are now being added to DATIX; with a review to be undertaken using the all Wales toolkit and feedback to be presented to the Health & Safety Assurance Committee. QSEAC received confirmation that, following a review undertaken into previous concerns raised by the Committee, no significant increase in hip fractures has been identified during the COVID-19 pandemic. However, as changes to data collection made since April 2020 now include fractures to the shaft of the femur, it is difficult to determine whether COVID-19 has had an impact to date. QSEAC received an assurance from the processes in place to monitor incident reporting during the COVID-19 pandemic, and that appropriate action is subsequently taken.

**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:**

**Corporate Risk Report (CRR):** given the number of queries regarding the clarity of the risks contained within the CRR, together with concerns around the priority afforded to this work, QSEAC has requested further information regarding the timescales for a review of any new risks to be added to the register, for assurance purposes. The agreed timescale for the completion of the CRR review is through August and September 2020, with the updated Risk Register presented to QSEAC at its subsequent meeting.

**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:**

13<sup>th</sup> August 2020.