

Enw'r Pwyllgor / Name of Committee	Quality, Safety and Experience Committee (QSEC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Ms Anna Lewis
Cyfnod Adrodd/ Reporting Period:	Meeting held on 5 th October 2021
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> <p>Outcome and Analysis of the QSEC Self-Assessment Exercise 2020/2021 – The Committee received the Outcome and Analysis of QSEC Self-Assessment Exercise 2020/2021 report. Despite the low number of responses, the Committee received assurance that the actions described within the self-assessment report would be taken forward as part of a wider governance review.</p> <p>Strategic Log- Paediatric Risks – The Committee received the Strategic Log – Paediatric Risks slide set presentation. Given the number of areas impacted by sub-optimal environmental conditions, it was suggested that the level of the recorded risk relating to these issues should be escalated from service to Directorate level. Inter departmental communications within the Women and Children's Directorate was also raised as a key risk. The Committee was assured that an improvement plan has been developed to identify communication flow and will be monitored by the Medical Director and Director of Nursing, Quality & Patient Experience. With regard to the temporary service change to the paediatric acute service model, the Committee noted that mechanisms are being developed to monitor the impact of service transfer from Wilybush General Hospital to Glangwili General Hospital on the patients involved. Meetings are also being held with the Community Health Council (CHC) to ensure joint working in gathering this information.</p> <p>Corporate Risks Assigned to the Quality, Safety and Experience Committee – The Committee received the Corporate Risks assigned to the Quality, Safety and Experience report. In terms of Risk 291 (<i>Lack of 24 hour access to Thrombectomy services</i>), clarification was requested on the decision to de-escalate the risk given the quality issues involved. It was noted that following Executive Directors review, it had been agreed that whilst existing mitigations are considered adequate, this risk would remain at Directorate level in order that it may be escalated if required. In terms of Risk 628 (<i>Fragility of therapy provision across acute and community services</i>), whilst acknowledging there has been some mitigation of slippage in provision of therapy services through the appointment of a Band 5 post, continued pressures remain due to the time required to fill vacant Band 6 and Band 7 posts within the Directorate. The Committee received confirmation that additional hours have been put in to support provision of some therapy services. Discussion took place regarding the Corporate Risk report format, with it agreed that the report needs to reflect planned action rather than historical context for the risks presented, and that an amendment to the Corporate Risk SBAR to incorporate some of the detail relating to mitigations which is included in the main appendices, would be reflected in future reports.</p> <p>Risk 129 - Ability to deliver an Urgent Primary Care Out of Hours Service for Hywel Dda University Health Board Patients – The Committee received a report and slides relating to Risk 129 (<i>Ability to deliver an urgent Primary Care Out of Hours Service for</i></p> 	

Hywel Dda University Health Board Patients), noting that the current risk level is 12 (High) and reflects the continuing instability of rotas, with little control of the sessional workforce who are able to volunteer for shifts at short notice. Factors contributing to the challenges within the OOH service were shared with Members, together with the measures in place within the Health Board to develop the OOH service model, including the recruitment of salaried doctors, the launch of surveys to understand both the workforce and the experience and needs of service users, on-going work with the Welsh Ambulance Services NHS Trust (WAST) to understand demand and impact upon services, and the development of an effective multi-disciplinary team making the OOH service more attractive by offering variety and rotation to a greater cohort of interested individuals. While the report and slides highlighted many of the challenges faced by the service, it was agreed that assurance is required regarding the solutions to address the issues involved, together with a coherent plan to enable OOH services to meet current and future demand.

- **Update on General COVID- 19 Related Matters** – The Committee received a presentation providing a summarised update regarding general COVID-19 related matters, noting that 94% of Wave 2 COVID-19 patient deaths have been reviewed in the assessment of potential and nosocomial COVID-19 infection. As part of the learning processes involved, the Health Board is seeking to undertake more timely reviews of Wave 3 COVID-19 patient deaths, and communications with family members in these cases will be progressed. Summary Thematic Outbreak Reports are also being prepared for circulation within Directorates, with each report reviewed and validated by multi-disciplinary control teams prior to issue. The Committee received assurance that continued monitoring of the local and national situation is being undertaken with the Health Board adapting to and adopting changes and requirements at pace.
- **Quality and Safety Assurance Report** – The Committee received the Quality and Safety Assurance Report providing information regarding patient safety incidents, including externally reported patient safety incidents, quality improvement, Welsh Health Circulars (WHCs) and inspections by Healthcare Inspectorate Wales. Given the consistently high figures relating to inpatient falls, it was agreed that further detail relating to inpatient falls and falls management measures should be included in future Quality and Safety assurance reports, and that a deep dive review of inpatient falls would be included on the Committee's work programme. Whilst welcoming the improvement in Hospital Acquired Thrombosis (HAT) summarised within the report, further information was requested on the impact of this work upon the risk of patients suffering HAT. It was agreed to share further data regarding the impact of the HAT improvement plan with the Committee.
- **Winter Planning: Managing Urgent and Emergency Care Risks, Quality and Experience** – The Committee received a presentation summarising the HB's Winter Planning: Managing Urgent and Emergency Care (UEC) Risks, noting that the most recent patient experience survey demonstrates that 20% of patients indicated a negative experience when attending hospital emergency department, reflecting the current pressures on UEC. Whilst Welsh Government (WG) guidance is awaited on how Health Boards approach planning for the winter period, HDdUHB's approach continues to be based on risk mitigation, reflecting system-wide working between acute and community teams in order to develop a robust approach to the management of UEC risks. The Committee received an assurance on the cohesiveness of the Health Board's winter planning process, whilst acknowledging that plans to improve the efficiency of UEC processes depend upon the availability of sufficient staff to implement them.

- Planning Objectives Update** – The Committee received the Planning Objectives Update, providing an update on the progress made in the development (delivery) of Planning Objectives (PO 1E and 3C) under the Executive Leadership of the Director of Nursing, Quality and Patient Experience which are aligned to QSEC. Slippage was acknowledged in the delivery of PO 1E (*During 2020/21 establish a process to maintain personalised contact with all patients currently waiting for elective care*) as a result of staff recruitment challenges - specifically in relation to call-handling staff – due to funding arrangements which restrict the Health Board’s employment offer to temporary appointments until the end of March 2022. It was noted that PO 1E would be merged with PO 1B (*Building on the success of the Command Centre, develop a longer-term sustainable model to cover one single telephone and email point of contact*) going forward. In relation to the delivery of PO 3E (*By September 2021 complete a review of all Health Care Standards including evidence of compliance. From this review, propose new Planning Objectives for implementation in 2022/23*), Members were informed that the Director of Nursing, Quality and Patient Experience is chairing an All-Wales work-stream to review all Healthcare Standards, with findings to be reported on a national basis. It was requested that further clarity be provided in future PO update reports relating to the process of aligning POs with Board Committees, together with further detail on slippage in PO delivery.
- Operational Quality, Safety and Experience Sub-Committee Update Report** – The Committee received the Operational Quality, Safety and Experience Sub-Committee report. Disparities were noted between the content of the update report and the Sub-Committee’s agenda, with further disparity noted between the agenda and the Sub-Committee’s Terms of Reference. The Committee received assurance that a review of the OQSESC Terms of Reference and work programme is currently underway. The Committee also received assurance that concerns highlighted in the update report regarding the outstanding Estates works in Tenby Surgery and other HDdUHB managed GP practices are being addressed through an action plan developed in conjunction with the Health Board’s Estates team to maintain premises for all Health Board managed practices.

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:

- Strategic Log - Paediatric Risks**
 Concerns regarding sub-optimal environmental conditions within paediatric services, acknowledging that a number of Deep Dive Reviews are underway to address the issues involved. Concerns also regarding interdepartmental communication, with assurance received that the issues have been raised at Quality Panel meetings and are being monitored by the Medical Director and the Director of Nursing, Quality & Patient Experience.
- Corporate Risks Assigned to the Quality, Safety and Experience Committee**
 Concerns regarding Risk 628: *Fragility of therapy provision across acute and community services*, with the Committee noting that support for therapy services would be included in the Nurse Staffing Review which is currently being undertaken.

- Risk 129 - Ability to deliver an urgent Primary Care Out of Hours Service for Hywel Dda University Health Board Patients.**

Concerns regarding the continued instability of the Primary Care Out Of Hours service with the Committee appraised of the measures in place to develop the OOH service model. It was noted that the strategic challenge facing OOH services is reflected in PO 5J (*Develop and implement a comprehensive and sustainable 27/7 community and Primary Care Unscheduled Care service model - a specific requirement relating to which (5Ji) is to address the fragility of the current GMS Out of hours service*), which is aligned to the Strategic Development and Operational Delivery Committee (SDODC). Clarity would be sought with regard to the alignment of OOH planning with both QSEC and SDODC.
- Quality and Safety Assurance Report**

Concerns regarding the significant increase in the acuity of patients suffering falls. It was agreed that further detail relating to inpatient falls and falls management measures would be included in future Quality and Safety assurance reports, and that a deep dive review of inpatient falls would be included on the Committee's work programme.
- Operational Quality, Safety & Experience Sub-Committee Update Report**

Concerns regarding the disparity between the content of the update report, the Sub-Committee agenda and the Sub-Committee Terms of Reference, with assurance received that a review of the QQSESC Terms of Reference and work programme is underway.

**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, the following items will be included on the agenda for the next QSEC meeting:

- Update - Risk 1032: Mental Health and Learning Disabilities Waiting Lists
- Deep Dive Review - Radiology, Epilepsy and Neurology
- SSNAP Audit and Actions
- Update on Progress of the Recommendations Contained within the National Audit of Care at the End of Life (NACEL) Report

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

6th December 2021