

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 7 th December 2021
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> • Table of Actions From the QSEC Meeting Held on 5th October 2021 QSEC(21)110 Strategic Log for Paediatric Risks: The Committee discussed potential thematic learning from high cost compensatory claims against the Health Board (HB) and undertook to determine the most appropriate governance pathway for a thematic learning review. • Risk 1032 Mental Health and Learning Disabilities (MHL) Waiting Lists: The Committee received an update on waiting lists and timely access to services within MHL Services. Members noted that in line with other HBs across Wales, MHL have witnessed a significant increase in the number of referrals and in the acuity of MH cases since the COVID-19 pandemic. Members further noted the range of interventions and treatment packages that are delivered which create challenges in forecasting an accurate timeframe for waiting list management. Members were assured of actions to ensure implementation of the Welsh Patient Access System (WPAS) within the MHL Directorate which will improve data systems and monitoring and allow for capacity and demand modelling. Members were also assured that the service is working hard to address waiting list reduction with a number of groups established to provide a focus on strategic planning and effective communication with patients. Members were informed of a capacity modelling exercise underway in the Integrated Psychological Therapies Service and the exploration of options to improve access to support services such as group Dialectical Behavioural Therapy. <p>Members received an update from the Autism Spectrum Disorder (ASD) service and noted the increase in demand for diagnostic assessments for Autism in adults during the previous 5 years. Members noted that Welsh Government (WG) has initiated a national review of Neurodevelopment Services with the outcome due for release in March 2022. In the interim responsive actions have been undertaken by the service, including the recruitment of additional staff and the appointment of a Service Delivery Manager to map out capacity and demand within the service. Collaborative working is also underway with schools across the region to develop early intervention and assessments. Members were informed of plans to commission an external provider to support the ASD service provision to manage the waiting lists which will be further explored following the outcome of the ASD Action Plan from WG in March 2022. Members also received the revised governance arrangements in place within the MHL Directorate, which will streamline the process for the escalation of risks. It was noted that the Directorate has committed additional resources for recruitment and developing the role-redesign initiative in line with the MHL Scheme of Delegation with the aim of maximising the capacity of registered speciality professionals. Members were advised that the Nurse Consultant within MHL is leading on discussions with education providers to encourage curriculum that will complement</p>	

future workforce within the service. In addition, the MHLD Workforce Working Group are in discussions to secure Health Education and Improvement Wales (HEIW) representation at their meetings which will be helpful in workforce planning terms. It was agreed to discuss how the workforce and re-design initiatives raised under this agenda item link with the People, Organisational Development and Culture Committee (PODCC) outside of the Committee meeting.

Given that the improvement trajectory in relation to waiting times would remain unclear until the WPAS can be implemented within the MHLD Directorate to improve data systems and monitoring and allow for capacity and demand modelling, only limited assurance could be received from the report.

- **Radiology Services:** The Committee received a Deep Dive Report from Radiology Services and noted the significant demand and capacity pressure due to the workforce and recruitment challenges. Members were assured that the service is working closely with the HB's Recruitment Team to streamline the recruitment process and maximise opportunities to recruit. It was noted that Everlight, the outsourcing company that is providing additional services for the Health Board's Radiology Service, cannot currently meet the additional demand therefore the option of commissioning a second provider is being explored.
- **Epilepsy and Neurology:** The Committee received a verbal update on Epilepsy and Neurology Services within Learning Disabilities (LD) Services and noted the externally supported assessment of services that is taking place to help inform the further development of the local service in line with national standards. It is anticipated that the outcome of the assessment will be available in March 2022 and will be reported to QSEC in April 2022.
- **Update on COVID-19 and Winter Planning Related Activity:** The Committee received an update on COVID-19 and Winter Planning Related Activity and noted the progress of the roll out of the COVID-19 vaccinations. Members discussed the new guidance that has been introduced following a recommendation from the Joint Committee for Vaccinations and Immunisations due to the new COVID-19 variant, Omicron. Similar to other HBs across Wales, Members acknowledged the risk that HDdUHB will struggle to increase capacity sufficiently quickly to deliver the vaccine to newly eligible groups. However, Members were assured that strategic planning is underway to ensure delivery of the mass vaccination programme. It was noted that expressions of interest have been sought from GP colleagues to support the mass vaccination programme during evenings and weekends, in order to ensure that routine access to Primary Care services in-hours is not compromised.
- **Paediatric Services:** The Committee received an update on Paediatric Services and noted the ongoing temporary relocation of the Paediatric Ambulatory Care Unit (PACU) and the transfer of specialist staff to Glangwili General Hospital (GGH) Carmarthen as part of the COVID-19 response provision in Withybush General Hospital (WGH). Members were advised that a number of processes have been established to receive and collate patient feedback on this, including ward-based interviews with patient experience apprentices. Members noted the helpful feedback that has been received from the Community Health Council (CHC) and the variety of comments via social media, and received assurance that all opportunities are taken to engage with the

families involved regarding their experience in order to learn from these and to improve and inform the patient pathway.

- **National Screening Programmes:** The Committee received a presentation on the National Screening Programmes for Wales, providing a road map for restoring screening services in Wales following the COVID-19. Whilst the recovery of a number of screening programmes including breast screening had been delayed due to the capacity issues and limitations on venues, it was noted that the teams are working hard to address the issues involved.
- **Update on The Progress of The Recommendations Contained Within the National Audit of Care at the End of Life (NACEL) Report:** The Committee received an update on the findings of the national audit that hospitals and trusts had been requested to contribute towards, noting that overall, HDdUHB scored lower than the national average. Members were apprised of the key areas for improvement including individualised end of life care planning and discussions with patients to raise the possibility of imminent death.
- **Stroke Services Nurse Staffing Requirements:** The Committee received an update on current guidelines for the nurse staffing levels within Stroke Services, noting that a robust scrutiny process has taken place, with the replacement of a Registered Nurse (RN) with an Assistant Practitioner on the roster as agreed by the appropriate Professional Designated Person. Members further noted that the deployment of RNs on wards is agreed by the senior RN and is dependent on the capacity and demand required for a particular shift. It was noted that the decision to replace one RN on the roster with an Assistant Practitioner has resulted in the Health Board being non-compliant with the National Stroke staffing standards, however for assurance, this has been agreed with colleagues in Stroke Services in light of current staffing deficits and will be reviewed by the Sentinel Stroke National Audit Programme (SSNAP) data.
- **Progress Report to Swansea Bay University Health Board (SBUHB) of the Review of Cardiac Services Improvement Plan- Getting it Right First Time (GIRFT):** The Committee received and noted the Progress Report to SBUHB of the GIRFT review of Cardiac Services Improvement Plan.
- **Quality Management System (QMS) Approach:** The Committee received an update on the development of the QMS Framework, HDdUHB's principal structure for providing quality services to the population. It was noted that the key priorities will be aligned with the HB's corporate objectives and the QMS Framework produced through an operational lens within services. Members were informed of the next steps in the progression of the QMS Framework, ensuring it aligns with the 'Achieving Quality and Safety Improvement Strategy' to provide regular reviews to reflect the development of the Health and Social Care (Quality and Engagement) (Wales) Act.
- **Quality and Safety Assurance Report:** The Committee received the Quality and Safety Assurance Report and noted the success of the actions taken to improve pressure damage at Dewi Ward as part of the HB wide target to reduce pressure damage on wards. Members received assurance that learning outcomes would be communicated to clinical teams. Members also noted the number of improvement actions taking place to reduce inpatient falls, particularly for those extremely frail and

elderly patients. Concerns were raised at the number of patients admitted with pressure damage from within community services. Members were assured that work is underway as part of the Enabling Quality Improvement in Practice (EQIIP) programme supporting those in the community.

- **Audit Wales Review of Quality Governance Arrangements:** The Committee received the Audit Wales Review of Quality Governance Arrangements within HDdUHB and assured that the outcome of the review has been shared with HB operational teams to ensure the recommendations are progressed. It was noted that discussions were due to take place on 9th December 2021, to develop an interim milestone as agreed by the Director of Operations, Director of Nursing, Quality and Patient Experience and the Medical Director at Audit & Risk Assurance Committee.
- **Commissioning for Quality Outcomes:** The Committee received the Commissioning for Quality Outcomes report and noted the increase in waiting times for services from other HBs within Wales and the ongoing work to mitigate the impact on the population. The metrics were shared with Members and areas with significant waiting times were highlighted, noting that where possible alternative pathways are being considered. Members received an update on the changes in terms of the quality monitoring of Long Term Agreements (LTA) through review meetings and the revised contract arrangements for LTA which will capture and address areas of concern in terms of quality. Following discussion on how to influence and leverage the expectations of quality services for HDdUHB residents, Members were advised of the proactive steps underway to source additional capacity from within neighbouring HBs in order to support access to appropriate services.
- **The Nursing Assurance Annual Audit 2021:** The Committee received the Nursing Assurance Annual Audit 2021, noting the salient findings and the key areas for improvement in practice. Members were assured that the report has been shared with the HB's Senior Nursing Team and that further audits and assessments are being consistently implemented.
- **Operational Quality, Safety and Experience Sub Committee (QQSESC) Update Report and Terms of Reference:** The Committee received the QQSESC Update Report and approved the revised Terms of Reference.
- **Strategic Safeguarding Working Group Update Report:** The Committee received the Strategic Safeguarding Working Group Update Report and queried whether the 22 incidences of non-compliance with child safeguarding procedures involving HB services is exceptional. Members were assured that changes within services are underway to address this such as incorporating safeguarding procedures as part of handover briefs within Emergency Departments. Members noted the challenges within the Safeguarding Service in terms of the volume of referrals and the complex nature of cases being received. Members acknowledged the significant rise in safeguarding activity since the COVID-19 pandemic and the need to ensure that operational staff receive adequate support and appropriate supervision.
- **Infection Prevention Strategic Steering Group (IPSSG) Update Report:** The Committee received the IPSSG Update Report and noted the eleven outbreaks of COVID-19 during the third wave of the pandemic. Members received assurance on the

robust practice in place including working with Estates colleagues in order to reduce the timeframes of outbreaks on inpatient wards.

- **Update on Planning Objectives (POs) Aligned to QSEC:** The Committee received an update on the POs aligned to QSEC and noted the current challenges in delivery against PO 1E which is linked to workforce pressure and recruitment. Members' further noted that the Executive Team will be undertaking planning discussions regarding written communication barriers and resources for communication for patients with a visual impairment.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

There were no matters raised for Board Level consideration or approval.

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

- **MHLD Waiting Lists:** Concerns regarding the waiting lists within MHL D. Members received limited assurance from the mitigation and actions in place to address the MHL D waiting list, however acknowledged that implementation of the Welsh Patient System (WPAS) will streamline current data systems and help clarify the demand and capacity position for future reporting and provide the tool by which the waiting list can be managed.
- **Update On COVID-19 And Winter Planning Related Activity:** Concerns raised regarding the new Omicron variant and the current uncertainties as to whether the vaccine is effective against the Omicron strain, the impact of vaccine wane and booster take up. However, assurance was received that tactical arrangements would be progressed to mitigate any such impacts.
- **Quality and Safety Assurance Report:** Concerns regarding the number of patients admitted with pressure damage from within community services, with work being undertaken as part of the EQliP programme to support actions to address this within community services.
- **Strategic Safeguarding Working Group Update Report:** Concerns raised regarding the 22 incidents of non-compliance with child safeguarding procedures involving HB services, with assurance received on the proposals to address this such as incorporating safeguarding procedures as part of the Emergency Departments handover briefs.

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:

- Llwynhendy Tuberculosis Review Update
- Patient Story and Deep Dive Review of Health Visiting Service
- COVID-19 Review Update
- Long COVID-19 Pathway Review

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

8th February 2022