

<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 8 <sup>th</sup> June 2021
<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>Corporate Risks Assigned to QSEAC:</b> QSEAC received the Corporate Risks Assigned to QSEAC report. Assurance was sought in regard to Risk 1032 on how retention challenges within the Integrated Autism Service (IAS) are being addressed in light of the temporary funding arrangements in place, with Members advised that confirmation of more permanent funding had been received. Further assurances were provided through updates received regarding Risk 635 in relation to the closure of settled status applications at the end of June 2021, and Risk 684 in relation to the lack of an agreed replacement programme for radiology equipment across the Health Board. Further updates regarding Risk 1032 and Risk 117 were discussed as part of specific agenda items. The Committee received assurance that all identified controls are in place and working effectively, and that all planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.</p> </li> <li> <p><b>Deep Dive on Mental Health and Learning Disabilities (Risk 1032):</b> QSEAC received a presentation on the current management of the waiting list situation for services within the MH&amp;LD Directorate and received assurance from the processes and mitigating actions in place. Particular focus was given to the Integrated Autism Service (IAS) and the Specialist Child and Adolescent Mental Health Services (S-CAMHS) Autistic Spectrum Disorder (ASD) Service. QSEAC received confirmation that deep dives are presented bi-monthly to the MHL D Business Planning and Performance Assurance Group (BPPAG) meetings to discuss risks and mitigating actions. QSEAC requested a further update on the position when anticipated improvements would be evident at a future Committee meeting.</p> </li> <li> <p><b>Update on COVID-19 Related Activity:</b> QSEAC received an update on COVID-19 related activity, providing assurance that the Health Board has systems and processes in place to respond to, and monitor, emerging trends and issues associated with COVID-19. Focus was given to the review of COVID-19 related deaths and the plans in place to share early learning, which would include a review of documentation and communication with families. In terms of Primary Care services, the feedback received via the Community Health Council (CHC) that many patients are in support of virtual consultations alongside a return to more traditional face-to-face consultations was noted. QSEAC received assurance that a mixed model of care would be considered going forward, with patients having the option of requesting a face-to-face consultation should this be needed.</p> </li> </ul>	

- **Health Board Response to the National Audit of Care at the End of Life (NACEL):** QSEAC received the Health Board Response to the National Audit of Care at the End of Life (NACEL) slide-set, providing assurance that development of the Palliative and End of Life Care Strategy, and delivery of the short term improvements, would address the recommendations contained with the NACEL audit report to cement best practice and enhance the quality of service provided.
- **Commissioning for Quality Outcomes:** QSEAC received the Commissioning for Quality Outcomes slide-set, providing assurance that mitigating actions are in place to monitor the Health Board's commissioned services to address service and quality concerns. QSEAC received an overview of the challenges within Cardiology associated with the Acute Coronary Syndrome (ACS) pathway. Particular reference was made to Risk 117 on the corporate risk register relating to the delay in transfer of patients to Morriston Hospital. QSEAC received an overview of the current controls and mitigation in place for the ACS pathway together with the intermediate to longer term actions to further improve and sustain the pathway and was assured by these.
- **Children and Young People – Plan for Delivery:** QSEAC received the Children and Young People - Plan for Delivery slide-set, confirming that the plan to identify a phased strategy to answer the challenges that had been recognised following the launch of 'No Wrong Door' would be implemented by 2024. Noting that a number of specific issues would require a more urgent focus, the Committee was assured that these would be addressed in-year, as well as over the next 3 years. It was further noted that a Children and Young People's Working Group would be established to provide oversight on the development and delivery of the 3-year plan, and to be accountable for identifying key priorities.
- **Improving Together Update:** QSEAC received a verbal update on Improving Together, advising of the work undertaken by the team involved following publication of the Health Board's strategic objectives regarding quality management.
- **Quality and Safety Assurance Report:** QSEAC received the Quality and Safety Assurance Report and commended the effort of the team involved in enabling the Health Board to be early implementers of the new Once for Wales Concerns Management System. QSEAC was informed of the introduction of the all Wales concern coding list, which will affect the recording of pressure damage to present lessons learnt in addition to the number of incidents. QSEAC also noted the progress made in relation to the sustainability plan for Family Liaison Officer roles. The Committee received assurance that processes are in place to review and monitor patient experience highlighted through incident reporting, complaints and feedback mechanisms.
- **Operational Quality, Safety and Experience Sub-Committee (OQSESC) Update Report:** QSEAC received the Update Report from the OQSESC meeting on 11<sup>th</sup> May 2021, with concern raised relating to the limited assurance provided to the Sub-Committee that all operational risks had been reviewed and updated, and the lack of knowledge amongst senior colleagues regarding the Health Board's risk profile and risk appetite. QSEAC received assurance

that these concerns are being addressed via discussions with the Risk and Assurance Team to review the training and engagement of operational leads.

- **Listening and Learning Sub-Committee (LLSC) Update Report:** QSEAC received the LLSC Update Report, noting that the Resuscitation/RRAILS Group would be reviewing training provision, particularly in regard to Do Not Attempt Cardiopulmonary Resuscitation (DNACPR).
- **Research and Innovation Sub-Committee (RISC) Update Report:** QSEAC received the RISC Update Report, with attention drawn to the update regarding TriTech and its approach to systematising innovation, research and value-based care, and to explore how the population can benefit from technological advances. It was noted that TriTech brings together the following three functions to support new projects: clinical engineering, research and innovation, and health care, with a focus on improved outcomes. It was further noted that progress on this would continue to be reported via the RISC.
- **Strategic Safeguarding Working Group Update Report:** QSEAC received the Strategic Safeguarding Working Group Update Report, providing an overview of the work undertaken by the Group during 2020/21, and the emerging issues from case reviews. Attention was drawn to Risk 703, that staff would be unable to recognise and respond to violence against women, domestic abuse and sexual violence as a result of failure to complete Group 1 VAWDASV e-learning. Noting that this risk has been on the risk register since February 2019, QSEAC received assurance that a breakdown of each service areas compliance with the Group 1 Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) National Training Framework has been shared with relevant Executive Directors and operational teams to target areas where compliance has not been achieved, and that compliance would continue to be monitored via the Strategic Safeguarding Working Group.

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

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

No matters requiring Board level consideration or approval.

**Risgiau Allweddol a Materion Pryder /**

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

- **Deep Dive on Mental Health and Learning Disabilities (Risk 1032):** whilst assurance had been provided regarding the processes and mitigating actions in place for the management of the waiting list situation, further assurance was requested regarding trajectories for the next 6, 9 and 12 months and when the Committee could anticipate improvements becoming evident. It was agreed that a further update would be provided to a future Committee meeting.
- **Commissioning for Quality Outcomes:** concerns in relation to Risk 117 regarding delays related to the transfer of ACS/NSTEMI patients requiring tertiary centre angiography/coronary revascularisation within 72 hours of presentation to local secondary care hospital, with the Committee assured by the current controls and mitigations in place, and the intermediate to longer term actions to further improve and sustain this pathway.

**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:**

10<sup>th</sup> August 2021