

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 10 th August 2021
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> • Approval of QSEC Self-Assessment Process: The Committee received the Self-Assessment of Effectiveness Questionnaire template and approved its use in the Committee's annual self-assessment exercise for 2020/21. • QSEC Terms of Reference: The Committee received and noted its revised Terms of Reference, which had had been approved by the Board at its meeting on 29th July 2021. • Deep Dive Review: Waiting Times for Single Cancer Pathway (Risk 633): The Committee received a presentation outlining the findings from a Deep Dive review of the Health Board's (HB's) ability to meet the 75% waiting times target for the new Single Cancer Pathway (SCP) by March 2022. Members were advised that Tertiary Specialist Centre capacity pressures at Swansea Bay University Health Board (SBUHB) continue to compromise access to cancer services, and - notwithstanding work which is being undertaken to mitigate delays and increased confidence engendered by the more formalised governance structures which are now in place - it was recognised that broader pan-specialty conversations may be required at Executive level in regard to this access, given the existing challenges. Members were advised of a wider SCP programme of work which will support Health Boards in identifying common themes and trajectories for anticipated levels of demand for cancer services in future years and noted that a briefing paper would be circulated providing further detail of the modelling undertaken. • Deep Dive Review: Stroke Services: The Committee received a presentation outlining the findings from a Deep Dive review of the provision of Stroke services within the HB. Members were advised that while the Stroke teams on all 4 sites are committed to their patients and to the service, it is recognised that improvements are required, given the significant challenges in maintaining high standards of care across the sites - chiefly relating to staffing capacity, the need to re-model services, and recovery from the COVID-19 pandemic. Members were also advised of resource shortfalls for psychological support and early supported discharge, which play a significant role in the treatment and rehabilitation of stroke patients, and were assured that the service is working closely with the Psychology Team to develop a plan/ business case to support the provision of psychology therapy. Members were informed that in order to achieve a fundamental improvement in the performance of the HB's Stroke service, short-to medium-term re-design work must be undertaken, while noting that there is no expedient solution. It was agreed that further Sentinel Stroke National Audit Programme (SSNAP) audit data, providing a refreshed view of Stroke Units' performance would be provided to the QSEC meeting on 7th December 2021, by which time it is anticipated that a clearer view of strategic decisions and trajectories will be available. Members also noted that an update regarding the Stroke services business plan would be presented at the Public Board meeting on 30th September 2021. 	

- Update on COVID-19 Related Activity:** The Committee received an update on the HB review of suspected nosocomial COVID-19 in-patient infections, together with an update on related COVID-19 activity, with the aim of the review being to understand the factors that contributed to the 48 COVID-19 outbreaks experienced during October 2020 and February 2021, to identify the impact upon patients, and to identify potential learning from these outbreaks which would be shared across the organisation. Members were assured that many areas for improvement had been identified at an early stage from reviews, together with evidence of good practice, and advised that individual patient reviews are currently 70% complete. Members noted that next steps include the progression of thematic outbreak reviews and the establishment of a multi-disciplinary Control Group to discuss the findings from each infection review and to share learning.
- Quality and Safety Assurance Report:** The Committee received the Quality and Safety Assurance Report, providing information on internally and externally reported patient safety incidents, quality improvement, Welsh Health Circulars (WHCs) and inspections by Healthcare Inspectorate Wales. Members noted that the term 'Serious Incident' (SI) has been replaced by 'Patient Safety incident' – these being reportable nationally, and that recording incidents as SIs is left to individual Health Boards' discretion, with a quality assurance system in place for incidents which are recorded on *Datix*. Members were assured that the Quality Improvement Team has resumed its support in priority clinical areas with a high number of inpatient falls, with the introduction of monthly Falls Improvement Meetings, and were advised that WHCs - many of which are rated 'Amber' - relating to previous years will be reviewed, being anticipated that by December 2021, these will either be closed, or a rationale will be provided for retaining 'open' status.
- Accessing Emergency Specialist Spinal Services:** The Committee received the Accessing Emergency Specialist Spinal Services Update report, providing assurance that services and positive outcomes are being achieved for HB residents. Members were informed that while access to emergency spinal services has historically proven challenging and that transferring patients to the relevant tertiary teams in a timely and safe manner continues to be an issue, significant progress has been made upon the spinal pathway, with a number of multidisciplinary task and finish groups having been established to undertake a holistic assessment of the entire patient pathway, and a final project report having been presented to the NHS Wales Collaborative Executive Group on 6th April 2021, where all recommendations had been accepted. Members were assured that the establishment of the Major Trauma Network (MTN) has facilitated easier access to spinal services in Cardiff and Vale UHB and SBUHB for Hywel Dda patients, resulting in a significant improvement in patient turnaround time and in post-surgery support, and improved patient repatriation pathways. The Committee received assurance that ongoing work on emergency specialist spinal services continues, and that the introduction of the spinal pathways through the MTN, together with the identified work streams being explored through the South Wales Spinal Network team, is continuing to improve patient experience in this area.
- Clinical Audit Update and the role of the National Joint Registry:** The Committee received a report providing a position statement with regard to clinical audit activity. Members noted that the Clinical Audit Department has been working with relevant services to conclude the 2019/21 audit programme and has been developing the 2021/22 audit programme, which will be expanded to a wide range of forums and specialties to

ensure it is representative of the whole HB. Members further noted that the new programme will seek to focus on the recovery from COVID-19, reflecting audits that assess care both during and after the pandemic, and to provide evidence for effective new ways of working, service redesign or areas that have been identified as a risk during the pandemic.

Members also received a presentation outlining the role of the National Joint Registry (NJR), which provides information for patients, surgeons, Orthopaedic departments and Health Boards in relation to joint replacement operations and outcomes, and supports shared decision-making between all parties in relation to implant surgery choices. Members were advised that the NJR utilises continuous audit outcomes to update relevant data, and noted recommendations that it be actively used to provide information to patients, to undertake performance analysis and to inform consultant appraisal processes.

- **Waiting List Support Programme Update:** The Committee received an update in relation to the Waiting List Support Service (WLSS) Programme, established to deliver Planning Objective 1E within the HB's strategic priorities, in terms of providing and maintaining personalised contact with patients awaiting elective care. Members were advised that the WLSS offers a single point of contact for patients, replacing a number of disparate communication and advice channels which had previously been available to patients, and centralising all information within a single online resource. Members noted that a further, more detailed update on the WLSS would be provided at the Board Seminar meeting on 19th August 2021.
- **Operational Quality, Safety and Experience Sub-Committee (OQSESC) Update Report:** The Committee received the Update Report from the OQSESC meeting held on 6th July 2021, together with the OQSESC revised Terms of Reference for approval. Referencing the 73 risks which have a current risk score exceeding the risk tolerance level which are assigned to the Sub-Committee, Members expressed a level of concern in view of the fact that these risks exceed tolerances and queried how these risks might be contextualised and calibrated in terms of a management view of what constitutes an acceptable number of risks. Members were assured that robust risk escalation and governance processes are in place within the organisation, and advised that the number of assigned risks is proportionate to the size of the organisation, given they include those which are covered by the Operations and Primary Care, Community and Long Term Care Directorates. Members were informed of on-going discussions on the way in which incidents and risks are recorded on the *Datix* system, and further assured that work is being undertaken to review the level at which individual risks should be reflected. The Committee approved the OQSESC's revised Terms of Reference.
- **Listening and Learning Sub-Committee (LLSC) Update Report:** The Committee received the LLSC Update Report, being advised that Mr Paul Newman, Independent Member, has taken the position of Chair of the Sub-Committee, and that meetings would now be held bi-monthly, rather than monthly. Members were informed that work has been undertaken to review and rationalise existing patient surveys, and that the LLSC has offered to assist services in undertaking surveys which will enable them to improve patient experience. Members were assured that patient concerns which are fed into the LLSC will be addressed and shared with the wider organisation in order to identify learning opportunities.

- Effective Clinical Practice Advisory Panel Update Report:** The Committee received the Effective Clinical Practice Advisory Panel Report, providing an update on the establishment of the Effective Clinical Practice Advisory Panel and a summary of key matters discussed at the Panel's meetings held in March and June 2021. Members noted that the Panel will play a key role in overseeing the development of an Effective Clinical Practice Strategic Framework, and has considered proposals for the introduction of Medical Clinical Governance Leads to act as a point of contact for clinical governance at each site, aligned to the relevant Committees and Directorates. Members were also advised of the role of the Panel in supporting the HB to develop systems and processes for disseminating, implementing and risk-assessing against NICE guidelines and quality standards, to identify any gaps and action required to improve the quality of services, and to provide assurance to WG that NICE guidelines have been considered. The important role of Whole Hospital Audit Meetings in enabling learning from best practice to be shared across the organisation was also highlighted.
- Medicines Management Operational Group Update Report:** The Committee received the Medicines Management Operational Group (MMOG) Update Report, providing an overview of the work undertaken by the Group during the previous 6-month period, together with the MMOG and Local Intelligence Network Annual Reports for 2020/21. Members' attention was directed to the significant work undertaken to ensure that the operational processes in the HB's Aseptic Units meet the necessary standards to mitigate risks, as evidenced in recent audits, and noted that work relating to the facilities in which Bronglais and Withybush General Hospitals Aseptic Units operate is required in order to move these units from a 'Critical' to a 'Satisfactory' risk position. Members were advised that an increasing risk has been identified in the lack of e-prescribing and medicines administration (EPMA) systems and the continued use of paper systems within the HB. Members were informed that while significant levels of engagement across all professions are required to implement an EPMA system, benefits of the system include significant reductions in medication errors, increased efficiency in prescribing processes, and the availability of live data to support audit, quality improvement and financial controls. Members recognised that while a significant financial investment would be required to implement e-prescribing within the organisation, this would be justified by the benefits in terms of increased patient safety.

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 Review: Waiting Times for Single Cancer Pathway (Risk 633): Access to Tertiary Services:** Being advised that Tertiary Specialist Centre capacity pressures at Swansea Bay University Health Board (SBUHB) continue to compromise cancer services, concerns were expressed in regard to access for Hywel Dda patients to tertiary services provided by SBUHB. Whilst acknowledging that commissioning services from an alternative provider would prove challenging given that the same issues are currently impacting all Welsh tertiary services, Members recommended that consideration be given to the point at which performance issues are escalated and alternative service provision is reviewed. Assurance was provided that monthly performance Touchpoint meetings with

SBUHB have been established, with any performance issues highlighted at regular meetings held with the SBUHB Chief Executive.

- **Deep Dive Review: Stroke Services:** Acknowledging that in order to achieve a fundamental improvement in the performance of the HB's Stroke service, short-to medium-term re-design work must be undertaken, Members were assured that a planned discussion of risks and strategic developments relating to Stroke services would be undertaken at the Public Board meeting on 30th September 2021.
- **Operational Quality, Safety and Experience Sub-Committee Update Report: Assigned Risks:** Concerns expressed at the number of risks assigned to the Sub-Committee which have a current risk score exceeding the risk tolerance level. Members were advised that in some cases there may be duplication of records, and received assurance that work is being undertaken to review the level at which individual risks should be reflected.
- **Medicines Management Operational Group Update Report:** In respect of the increasing risk identified in the lack of e-prescribing and medicines administration (EPMA) systems and the continued use of paper systems within the HB, assurance was received that a meeting would be held to consider the development of a business case for an e-prescribing system, with a framework outlining specifications having already been developed. Further assurance was provided that both the HB and WG are supportive of a move to an EPMA system.

**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:

- Outcome of QSEC Self-Assessment Process
- Strategic Log Risk – Paediatrics, Obstetrics and Neo-Natal Services
- Deep Dive – Radiology
- Mortality Review and Nosocomial COVID-19 Work

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

5th October 2021