

Enw'r Pwyllgor / Name of Committee	Quality, Safety and Experience Committee (QSEC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Ms Anna Lewis, Independent Member
Cyfnod Adrodd/ Reporting Period:	9 th August 2022
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 meeting held on 22nd June 2022: QSEC (22) 52: Welsh Health Specialised Services Committee (WHSCC) Update on the Children and Young People's Mental Health Services (CAHMS) Tier 4 Pathway: The Committee received an update from the WHSCC Joint Committee with regard to recent recruitment into key posts and patient engagement initiatives underway. WHSCC's Director of Nursing and Quality welcomed an invitation to a future QSEC meeting, if required. The Committee noted that the Health Board's Director of Mental Health and Learning Disabilities is undertaking a piece of work to understand why the Health Board's element of the Tier 4 pathway is taking longer in comparison to other Health Boards in Wales, the outcome of which will be shared with QSEC once available. • QSEC 22 (55): Corporate Risks assigned to QSEC: Members received an update on the '111' and out of hours national IT system outage due to a cyber-attack, which is expected to be ongoing for longer than originally advised, with work underway at a national and regional level to address the problem. Contingency meetings are underway, together with a review of GP out of hours services. Discussions are being held with WAST to put in place mitigating actions in regard to capacity, conveyance and safer alternatives for patients to present to. • Three Year Annual Plan Discussion: Following a request at Public Board on 4th August 2022 that the three year Annual Plan is scrutinised to ascertain the impact of choices and opportunities on quality, safety, finance and performance prior to the next Board meeting in September, the Committee requested that further information and the relevant impact assessments are shared to ensure meaningful input into the discussions. The Committee agreed that an extraordinary meeting will be convened prior to the Board meeting in September 2022. • Unscheduled And Emergency Care (UEC) Deep Dive Report and Patient Story: The Committee received the key updates from the UEC Deep Dive Report and Patient Story, noting the significant challenges faced within the pathway. The actions underway to mitigate the impact on quality, safety and patient experience include the establishment of an Operational Delivery Group led by Welsh Ambulance Service Trust (WAST), the implementation of an integrated Advanced Paramedic Practitioner (APP) integrated with a GP led Community Intermediate Care service, the implementation of Paramedic access to social care information, Paramedic direct referral to Same Day Emergency Care (SDEC) and a Safer Patient review, and the development of the Transforming UEC Programme. The Committee discussed the WAST Red Release process, with assurance provided that WAST is undertaking a review of the process following concerns raised regarding incidents of 'rejected releases' to ensure a joint approach in clinical risk management. The Committee received further assurance that the process is being monitored closely in the 	

Health Board, with the aim to implement a paper-based recording of incidents process to ensure the rationale for decisions is clearly documented. In response to a query regarding timescale/trajectory for improvement on the average of 43 days it takes for the Health Board to receive incident reporting from WAST, the Committee noted that WAST have been asked to notify the Health Board's Quality Assurance Team immediately when an incident has taken place, with the conveyed stance that joint investigations should take place. Unfortunately, there are ongoing delays in the process and instances whereby reviews have already been carried out prior to the Health Board being made aware. The Board Secretary agreed to establish if the protocol for a WAST Independent Member to attend the Public Board meetings is still in operation.

- **Public Health Update:** The Committee received key updates from the Public Health Update Report including:
 - 37 cases of Monkey pox have been reported across Wales, none of which have been reported in the Hywel Dda region.
 - Tuberculosis (TB) screening has been somewhat successful in the Health Board's response to Ukrainian refugees relocating to the region; however, the risks in people moving on and not updating contact information or re-registering with GPs was highlighted. The health system variances in the UK have caused some challenges; however, support is being provided to families by the Community Development Outreach Team to offer advice on access to the healthcare system.
 - A national decrease in Measles Mumps Rubella (MMR) vaccinations possibly due to accessibility issues due to the difference in MMR1 and MMR2 uptake, which is being explored by the service. A deep dive will be presented to the Public Health Quality and Safety Experience Group and to the Strategic Development and Operational Delivery Committee in Autumn 2022, following which a strategy focussed on increasing uptake, accessibility and acceptability of childhood vaccines across Hywel Dda will be developed for implementation in 2022-23.
 - The Directorate has implemented revised governance arrangements and established a Quality and Safety Experience Group.
- **Corporate Risks assigned to QSEC:** With reference to Risk 684: *The lack of an agreed replacement programme for radiology equipment across the Health Board*, the Committee noted that some equipment has been installed and is operational. A costed plan, along with a rolling programme for the installation of additional equipment, is in place. The Committee was advised that the next batch of equipment for replacement has been prioritised and that securing the funding will be key in risk mitigation. An update will be provided to the next QSEC meeting as part of the Corporate Risk Register update.
- **Commissioning for Quality Outcomes Report:** the Committee received the Commissioning for Quality Outcomes Report and noted that the Long Term Agreement (LTA) contracts now have a quality-focussed section to address specific service and quality concerns. The LTA monitoring meetings also include a focus on clinical services and the Committee received assurance that this would be rolled out across commissioned services. The Committee was also advised that Birmingham University Hospital has confirmed support to the Allergy and Immunology service based in Cardiff and Vale University Health Board (CVUHB) on a pilot and interim basis until a longer term pathway model is developed. With regard to the waiting lists for Oral Surgery at Swansea Bay University Health Board (SBUHB), the Committee was advised that the Service Specification, which has been developed by SBUHB, is currently being reviewed. The Committee was advised that the Health Board has liaised with neighbouring health boards

and independent providers to ascertain capacity to support the NSTEMI pathway in Cardiology Services. However, this has not been successful. Patient feedback is being captured from all Spinal and Cardiology patients who had surgery at SBUHB in 2020/21 and this will be shared with QSEC once available.

- **Quality and Safety Assurance Report:** The Committee received the Quality and Safety Assurance Report, noting a national increase in NHS incident reporting with 2,791 incidents reported in May and June 2022, of which 2,396 were patient safety related. Scrutiny of all reported incidents is undertaken daily by the Quality Assurance Information System Team (QAIST). The Committee received assurance that Patient Safety Incidents where the harm is severe or catastrophic and those flagged by the QAIST are reviewed by the Patient Safety Team. An Incident Management Group is arranged with the Triumvirate to review incidents and implement measures from learning. The Committee was advised of the new mortality review process, in line with the All Wales Learning from Mortality Review Model Framework, which has been embedded successfully across Prince Philip Hospital (PPH) and Bronglais General Hospital (BGH), with minor technical matters to resolve at Glangwili General Hospital (GGH). The Committee noted the greater level of detail provided within the Nurse Staffing Levels (Wales) Act data and the mitigating actions in place when the staffing levels do not meet the standards, including the use of clinical judgement and risk assessments carried out for inpatient care needs. The Committee requested that the number of vacancies are included within future reports. The Quality and Assurance Team await the final published report from Healthcare Inspectorate Wales (HIW) regarding the inspections undertaken from the period 7th June – 19th July 2022. The Committee received assurance that learning will be scrutinised at service level quality governance meetings and specific areas for improvement and quality programmes will be fed through the Operational Quality, Safety and Experience Sub Committee, with a quality panel to pull out risks and ensure delivery of the estates actions.
- **Nursing Assurance Annual Report:** The Committee received the Nursing Assurance Annual Report as part of the annual audit, noting that the data included has derived mostly from the Welsh Nursing Care Record (WNCR) system between 1st January 2022 and 1st July 2022. The Committee noted that the data is made available on a monthly basis and is shared with the Health Board's Heads of Nursing for learning opportunities, and that a number of different professionals, including Therapists can access the system. A pilot will take place for Student Nurses to access the system in the early Autumn 2022. The Committee was pleased to note the developments of the electronic system particularly that the WNCR will be accessible by other professionals and advocated that this is rolled out Health Board wide in the absence of another multi professional all Wales patient system record. Whilst noting the challenges with the pilot system, the Committee acknowledged that there is room to shape the system and provide input in terms of requirements. The Committee was pleased to note that targeted training will take place in response to the findings contained within the report through the Senior Nurse Management Team.
- **Clinical Audit Update:** The Committee received an update from Clinical Audit team. During the COVID-19 pandemic, clinical teams have been less able to engage in audit activity. While many audit projects are being maintained, and new audits are underway, additional reporting needs have been a challenge. The Health Board is currently rebuilding its clinical audit resources and developing the forward work plan, with the Committee noting recent discussions with the Risk and Assurance team to use audit findings to articulate risk mitigation.

- **Listening and Learning Sub-Committee Update Report:** The Committee received the Listening and Learning Sub-Committee Update Report, noting their receipt of a presentation from Legal and Risk Services regarding clinical negligence claims. The Sub-Committee also received a report summary of two incident cases highlighting the importance of effective communication following a serious incident. The importance and significance of the new legal duty of candour was recognised as well as the challenges that would be faced, particularly in relation to moderate harm incidents. The Sub-Committee noted the concern that one of the barriers related to the cultural fear around risk reporting and the process, and that this would need to be addressed as part of the training. The Sub-Committee also noted 4 Public Service Ombudsman Reports.
- **Effective Clinical Practice Group Update Report:** The Committee received the Effective Clinical Practice Group Update Report, noting the ratification of the Group's Terms of Reference with minor changes to the Membership. The Committee was informed that the Clinical Audit Team has started to use a new system, Audit Management and Tracking System (AMaT) for the registration and storage of clinical audit projects. The Committee was advised that the Clinical Standards and Guidelines Group has replaced the NICE and National Guidance Group with a revised Terms of Reference with the intention to meet quarterly and to invite a minimum of four teams/service areas per year to a dedicated meeting of the Group, which will provide a forum for support and challenge in relation to the service's clinical effectiveness activity. The Committee noted that the Clinical Director for Clinical Audit Post remains vacant.
- **Medicines Management Optimisation Group Update Report:** The Committee received the Medicines Management Optimisation Group Update Report, noting the implementation of a pathway for high-risk COVID-19 patients, for oral antiviral drugs or an intravenous infusion of the non-mono-clonal antibody drug, Sotrovimab, in line with Welsh Government guidelines, with 180 patients being treated. The Committee was advised that, due to ongoing service pressures, a community pathway is being proposed via the Acute Response Team, with governance arrangements and risk assessments being developed. The Group received the Local Intelligence Network Annual Report in line with the recommendation set out in the Department of Health: *Safer Management of Controlled Drugs: A Guide to Good Practice in Secondary Care* and the subsequent *Dangerous Drugs, Wales: The Controlled Drugs (Supervision of Management of Use) (Wales) Regulations 2008*.

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

- **Corporate Risks Assigned to QSEC:** Concern was raised regarding Risk 1027 - Delivery of integrated community and UEC, with the situation remaining at concerning levels of risk across the acute sites on a daily basis and agreed that this required escalation to Board for further discussion.

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

- **Unscheduled Care Service Deep Dive and Patient Story:** Concern raised regarding waiting room facilities and the clinical observation in the UEC with Members assured that the waiting areas in the UEC are being reviewed. A Task and Finish Group has been developed with the UEC Head of Nursing, Glangwili General Hospital (GGH) as the Chair

and working in collaboration with Manual Handling colleagues, Arts in Health and the Nutrition and Hydration Group. Members received an update on the models of care workforce developments, which will support the UEC service and the quality improvement projects underway at Withybush General Hospital (WGH) UEC Service to support patient facing reception staff in training to escalate clinical deterioration.

Concern was raised regarding staff morale with the Committee sharing anxieties regarding the ongoing current pressures being faced by staff. Senior Management are working closely with Workforce and Organisational development relationship managers to create listening spaces and are being pro-active with recruitment opportunities.

- **Quality and Engagement (Wales) Act:** Concern was raised regarding the potential challenges in meeting the timeline for delivery for the Quality and Engagement (Wales) Act with an update scheduled for Board Seminar in October 2022 and a further update to QSEC in 6 months' time in line with the national consultation.
- **Operational Quality, Safety and Experience Sub Committee:** Concern was raised regarding the fragility of the Radiology Workforce challenges in WGH which is experiencing significant recruitment challenges. The Sub-Committee also discussed the significant nursing workforce deficits and capacity pressures, the complexities of patient presentation and the ongoing challenges in the UEC at GGH and PPH. Several initiatives are underway on all sites to support the deficits, including the recruitment of overseas nurses and a centralised recruitment pilot on the PPH site which, if successful, will be considered across other sites within the Health Board. The Sub-Committee noted mitigating actions such as GP calls/referrals being managed through the Same Day Emergency Care (SDEC), the Welsh Ambulance Service Trust (WAST) Direct Referral to SDEC and the further development of the SDEC model and recruitment into the frailty pathway. The Sub-Committee reported the number of significant workforce and funding challenges within the Audiology service and acknowledged that further actions are required to progress the Ear Wax Management Welsh Health Circular, which sit outside the ability of the service, to progress independently; opportunities are however being continuously explored.
- **Corporate Risks Assigned to QSEC:** Concern raised regarding ASD waiting lists and further deterioration of the current position with assurance provided that the Mental Health and Learning Disabilities Service undertaking work to make the impact more visible and the progression of a separate business case for ASD services and the development of a trajectory for improvement.
- **Any other Business:** Concern was raised regarding sustaining safe Intensive Care Consultant cover across Carmarthenshire, which has since intensified. The Committee was advised that due to sickness, retirement and role changes, there are currently 4 consultants covering 8 posts; requests for agency staff have not been fulfilled and requests for assistance have been made to other locations across Wales, which have not been successful. The Committee was advised that an executive decision has been made to temporarily restrict level 3 access to the unit at PPH until 2nd October 2022. The unit remains open for level 2 patients on a 24/7 basis, with patients supported by experienced speciality doctors and Nursing staff and remote Consultant advice available. Discussions are underway for critical care transport to support if required. The Committee noted that a further discussion will take place during the In-Committee meeting and an update will be provided to Public Board in September 2022.

**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:

- Patient Story – Waiting List Support Service
- Winter Planning Update 2022/23
- Health Visiting Service Update on Staffing Levels
- Planning Objective Deep Dive: 1E Personalised Contact for Patients Waiting for Elective Care.
- An Update on the CHC Report on access to GP Services.
- General Medicine Services Managed Practices Update Report
- How to Improve/ Improvement Cymru

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

11th October 2022