

<b>Enw'r Pwyllgor / Name of Committee</b>	Quality, Safety and Experience Committee (QSEC)
<b>Cadeirydd y Pwyllgor/ Chair of Committee:</b>	Ms Anna Lewis, Independent Member
<b>Cyfnod Adrodd/ Reporting Period:</b>	Meeting held on 8 <sup>th</sup> February 2022
<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>• <b>A Patient Story from the Health Visiting Service</b> – the Committee received a patient story from a Health Visitor in the Ceredigion area who supported a 15-month-old child whose family had recently relocated to the area from overseas. The mother had expressed concerns regarding the child's inability to eat solids and following examination the Health Visitor contacted the GP to arrange an appointment at the surgery. The numerous functions of the Health Visitor role, the staffing challenges and the risks encountered due to current workforce pressures were highlighted within the reflective account.</li> <li>• <b>Health Visiting Service Deep Dive Report</b> – the Committee received a Deep Dive Report from the Health Visiting Service, noting the significant workforce challenges, in particular in the Ceredigion and Pembrokeshire area, and the current age profile of the majority of staff with a high number of planned retirements for March 2022. An overview of the Healthy Child Wales Programme (HCWP) was provided, and the expectation communicated from the Chief Medical Officer for Wales that all Health Boards offer the full range of services within the programme. Members acknowledged the significant risk of non-compliance with delivery of the programme due to the staffing deficits and expressed concern regarding the delay in escalating to QSEC the significant workforce challenges and the high caseload per Health Visitor which is significantly higher than national guidance. Assurance was provided from the recent leadership restructure within the service, including the interim appointment of the Assistant Director of Nursing-Public Health, in order to strengthen the professional leadership within the team. Members were also advised that the service had been in discussion with partner Universities to increase the number of students and placements, although this approach had not been as successful as anticipated. It was noted that these challenges have been escalated at a national level to the Chief Nursing Officer for Wales who has agreed to support the skill mix strategy on a national basis to maximise workforce capacity. It was further noted that the development of a 'grow your own model' is being progressed within the Health Board's Workforce and Organisational Development team and it was proposed that the development of a longer term workforce planning model be presented to the People, Organisational Development and Culture Committee. Given the residual risks within the Health Visiting Service, it was agreed that only limited assurance could be received from the report and Members requested that the concerns raised be escalated to Board. In addition, it was proposed that a further update be provided to QSEC in August 2022 to include an overview of staffing levels post the anticipated deficit in March 2022</li> <li>• <b>Corporate Risks assigned to QSEC</b> – the Committee received the Corporate Risks assigned to QSEC report. In terms of <i>Risk 628 - Fragility of therapy provision across acute, community and primary care services</i>: clarification was requested on the rationale for the de-escalation of this risk from the Corporate Risk Register (CRR), given that a number of services are experiencing similar challenges due to staffing deficits. It was</li> </ul>	

noted that Risk 628 had been included at a point in time when workforce challenges significantly compromised service delivery. Following the monthly review at the Executive Risk Meeting, it was agreed that given that this position has improved, it met the criteria for de-escalation to the Directorate Risk Register.

- **Llwynhendy Tuberculosis (TB) Review Update** – the Committee received an update on the TB outbreak in Llwynhendy which had been declared twelve years previously and has since reopened three times. Members were informed that the screening and vaccination programme has now resumed, with all children who had been due to attend Bacillus Calmette-Guérin (BCG) vaccine clinics at the start of COVID-19 pandemic in March 2020 contacted for rescreening and BCG. A commissioned external review is also underway and the findings are anticipated for May 2022. Members discussed the learning outcomes from communication with the public and also the process by which key contacts had been identified. In light of the complexities involved, it was suggested that learning from the outbreak may be of interest to other communities across the UK. A further update would be presented to QSEC once the most recent outbreak has been closed, when the external review report has been received or in 6 months' time - whichever is the soonest.
- **Cardiac Services Pathway Delays** – the Committee received an update on Cardiac Services Pathway delays and the combination of factors affecting these, such as the referral process from Hywel Dda University Health Board (HDdUHB) to Swansea Bay University Health Board (SBUHB) and Cardiac Catheter Laboratory capacity constraints at Morrison Hospital. It was noted that this is further compounded by transport and logistical challenges in transferring patients in a timely manner, particularly from Worthybush General Hospital (WGH) and Bronglais General Hospital (BGH). Members expressed their concern regarding whether the 72 hour pathway guideline is achievable given challenges within the infrastructure. However, assurance was provided due to the advancement in processes and increased availability of data, in addition to ongoing discussions with the Welsh Ambulance Service Trust (WAST) to improve timely access to transport. The risks that delayed Non-ST Elevation Myocardial Infarction (NSTEMI) treatments for patients were highlighted, including the associated reduction in patient flow for Morrison Hospital and HDdUHB acute sites. The geographical inequity of the pathway was also recognised by Members who welcomed the development of the Treat and Repatriate service to reduce this. Given the current pressures, the Medical Director and Deputy Chief Executive undertook to clarify with the Commissioning team whether external providers have been contacted to support the service and an update on progress will be included within the next Commissioning for Quality Report to QSEC. Whilst the Committee noted the longer term strategic work underway to improve timely access to the Cardiac Services Pathway, it was agreed that only limited assurance could be received given the current gaps in controls.
- **Update On The Review Of Nosocomial COVID-19 Infections** – the Committee received an update on the review of Nosocomial COVID-19 Infections, noting the observations on infections from the third wave of the COVID-19 outbreaks which have been successfully contained to bays or parts of wards rather than the whole ward. Members were informed that planning is underway to contact patients and next of kin as part of the review process. Whilst Welsh Government funding has been confirmed the specific Health Board funding allocation is due imminently, with the next stage to embark on the attendant recruitment process.

- **Long COVID-19 Patient Pathway** – the Committee received an overview of the Long COVID-19 patient pathway within the Health Board including both community based rehabilitation programmes and a more targeted intervention, which is specifically tailored to the various presenting symptoms. Members were assured that Patient Reported Outcome Measures (PROMs) are being utilised within the service and that the proposed pathway model will be assessed and challenged in terms of its efficacy. Members noted that the Long COVID Pathway will target those with the more complex needs and it is anticipated that where funding is extended for the service, GPs will be included within the service model in order to provide direct support for patients. The Committee welcomed the update on the Long COVID-19 patient pathway and requested that a further update be provided to QSEC on the outcome data in 6 months' time.
- **Quality and Safety Assurance Report** – the Committee received the Quality and Safety Assurance Report, noting that the Quality and Assurance Team will co-ordinate the HIW reports received by the Health Board going forward. Members were assured that the Health Board's performance against Welsh Health Circulars (WHCs) is monitored and reported annually to the Audit and Risk Assurance Committee. In terms of red status WHCs and any quality and safety impacts, for assurance purposes, Members proposed that service leads provide an update on progress to the Operational Quality and Safety Experience Sub-Committee (OQSESC).
- **Clinical Audit Update** – the Committee received the Clinical Audit Update noting the reduction in audit activity due to operational pressures, although core activity has been maintained throughout the COVID-19 pandemic. Members were informed that the National Audit Programme, which had been stood down at the start of the pandemic, resumed in May 2021 and 88% of projects are being complied with, despite the current pressures. Members were further informed that learning relating to claims against the Health Board is underway, with outcomes linked to quality improvement initiatives.
- **Listening And Learning Sub-Committee Update and Revised Terms of Reference (ToR)** – the Committee received an update from the Listening and Learning Sub-Committee and the revised ToR for approval. Members noted the outcome of a Mental Health legal case involving the unlawful removal of a visual monitor by the Health Board, and raised the significance of learning from events such as these, receiving assurance that the matter would be raised as part of the patient experience update to the next Mental Health Legislation Committee. In regard to the range of visual monitoring systems in place and their associated risks, it was agreed that a report be presented to the next QSEC meeting in terms of risk mitigation. Members approved the Listening and Learning Sub-Committee ToR.
- **OQSESC Update Report** – the Committee received the OQSESC update report and noted from the Rapid Response to Acute Illness Learning Set (RRAILS) Group update the use made of the Acute Kidney Injury bundle which had not been found to be as useful as hoped for within services. Members were advised that the development of an interactive dashboard may be more beneficial going forward. Members were also advised of concerns raised by the Medical Devices Group (MDG) in regard to the Lifting Operations and Lifting Equipment Regulations (LOLER) and compliance with the servicing of hoists in particular. For assurance, the MDG undertook to ascertain whether there is data available on harm caused due to this non-compliance and to provide an update to the next OQSESC meeting. Members noted the common themes emanating from a number of services such as workforce pressures across the Health Board; however, assurance was

provided that services reporting these pressures are engaging with the Workforce and Organisational Development Directorate to maximise recruitment and current workforce opportunities. Members were advised that following an increase in Medical Emergency Team (MET) calls on Ward 4 in WGH, an external review is taking place with an update to be provided the next QQSESC meeting. In terms of the Audit Wales quality governance arrangements recommendations, Members noted that that an integrated approach to governance has been recognised and that discussions have taken place on a redesign of the operational structure. It was agreed that a progress report on the recommendations be presented to the next QSEC meeting in April 2022.

- **Medicines Management Optimisation Group (MMOG) Update Report** – the Committee received the MMOG update report and noted the ongoing collaborative work with Chronic Pain Services in supporting complex patients with their pain management, and the establishment of a focus team to reduce opioid usage within the Health Board. Members further noted advances in treatments relating to COVID-19, such as the treatment option of a Neutralising Monoclonal Antibody (nMAB) which was first established for in-patients who had a diagnosis of COVID-19, and were symptomatic and showing signs of deterioration based on clinical trial outcomes. Members received assurance that a Standard Operating Procedure has been developed for the safe transfer and safekeeping of controlled drugs whilst undertaking clinics on non-Health Board premises.
- **Effective Clinical Practice Advisory Panel Group** – the Committee received the Effective Clinical Practice Advisory Panel Group report and noted the recent appointment of the Clinical Director for Effective Clinical Practice who will oversee effective clinical practice across the Health Board. It was noted that the Health Board has been successful in receiving funding for a new governance software called AMat that facilitates the tracking and management of clinical audit, clinical guidelines and ward level audit. Members were advised that the Royal College of Physicians (RCP) visited BGH in 2020, and whilst the Health Board received a positive report, it recommended areas for further consideration and an action plan has been developed to explore the findings involved. Members were advised of attendance challenges at the National Institute for Health and Care Excellence (NICE) and National Guidance Group, noting that a comprehensive review of the ToR would be undertaken. Further to this, it has been agreed that the group will reconfigure with a revised ToR under the ownership of the Quality and Governance Groups that are in development by the Director of Operations.
- **Update on Planning Objectives (POs) Aligned to QSEC** – the Committee received an update on the Planning Objectives assigned to QSEC. In regard to *Planning Objective 1E, establish a process to maintain personalised contact with all patients currently waiting for elective care*, Members were informed that Ear, Nose and Throat (ENT) patients, and Hip and Knee surgery patients have been issued with letters inviting them to contact the Waiting List Support Service. The Patient Advice and Liaison Service are in the process of contacting ENT patients to evaluate their experience of the service. The Committee noted that Stage 4 Orthopaedic patients are also in the process of being contacted and patient experience is being captured via the PROMs system.

**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:**

- **Health Visiting Service Deep Dive Report:** Concerns regarding the delay in escalating the significant workforce challenges in the service and the number of caseloads per Health Visitor, which is significantly higher than national guidance to QSEC and the Board. Assurance was provided from the revised professional leadership restructure that has been put in place within the service and the hard work undertaken by operational staff to mitigate the risks involved.
- **Cardiac Services Pathway Delays:** concern regarding whether the NSTEMI pathway of no more than 72 hours is achievable, given the challenges within the infrastructure. Due to the gaps in controls, only limited assurance could be received. Members received assurance from the planned service developments and ongoing discussions with WAST taking place which should improve timely access to transport and progress towards the 7-day a week service in SBUHB.

**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:

- Maternity Services - Patient Story and Improvement Plan Update following the Cwm Taf UHB Review of Maternity Services
- Audit Wales Quality Governance Recommendations Update
- Risk Assessment of the Removal of COVID-19 Coloured Pathways in Hospitals
- Deep Dive Report: Epilepsy and Neurology Services, School Nurse Services, Stroke Services and Safeguarding Services.

**Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:**

12<sup>th</sup> April 2022