



**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	09 June 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Quality, Safety & Experience Committee Annual Report 2021/22
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Anna Lewis, Chair, Quality, Safety & Experience Committee
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Mandy Rayani, Director of Nursing, Quality & Patient Experience

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this paper is to present the Quality, Safety & Experience Committee (QSEC) Annual Report 2021/22 to the Board.

The QSEC Annual Report provides assurances in respect of the work that has been undertaken by the Committee during 2021/22 and outlines the main achievements that have contributed to robust integrated governance across the University Health Board (UHB).

**Cefndir / Background**

The UHB's Standing Orders and the Terms of Reference (ToRs) for the QSEC require the submission of an Annual Report to the Board to summarise the work of the Committee and to identify how it has fulfilled the duties required of it.

The fundamental purpose of the Committee is to provide assurance to the Board around the organisation's strategy and delivery plans for quality and safety.

This QSEC Annual Report specifically comments on the key issues considered by the Committee in terms of quality, safety and experience, and the adequacy of the response, systems and processes in place during 2021/22.

**Asesiad / Assessment**

The Health Board (HB) established QSEC, under the Board's Scheme of Delegation in 2015. Since then, the ToRs have been subject to an annual review and were most recently approved by the Board at its meeting on 29<sup>th</sup> July 2021.

These ToRs clearly articulate that the Committee's purpose is to provide assurance to the Board that the organisation's strategy and delivery plans for quality and safety are appropriate and that it can provide evidence based and timely advice to the Board to assist it in discharging

its responsibilities.

The Committee provides leadership and ensures that the appropriate enablers are in place to promote a positive culture of quality improvement based on best evidence.

As identified within the most recently revised ToRs, the Sub-Committees directly reporting to QSEC during 2021/22 are as follows:

- Operational Quality, Safety and Experience Sub-Committee
- Listening and Learning Sub-Committee
- Research and Innovation Sub-Committee - In July 2021 the Board agreed that the Research and Innovation Sub-Committee would be accountable to the People, Organisational Development & Culture Committee (PODCC) going forward.

The ToRs for the above Sub-Committees have been reviewed and approved during 2021/22.

## **CONSTITUTION**

From the ToRs approved by the Board in July 2021, the membership of the Committee has been agreed as the following:

### **Members**

Independent Member (Chair)

6 x Independent Members (including Audit & Risk Assurance Committee Chair and People, Organisational Development & Culture Committee Chair)

### **In Attendance**

Director of Nursing, Quality & Patient Experience (Lead Executive)

Medical Director & Deputy CEO

Director of Operations

Director of Therapies & Health Science

Director of Public Health

Director of Primary Care, Community & Long Term Care

Associate Medical Director Quality & Safety

Assistant Director of Nursing, Assurance and Safeguarding

Assistant Director of Therapies and Health Science - Professional Practice, Quality and Safety

Assistant Director, Legal Services/Patient Experience

Hywel Dda Community Health Council (CHC) representative (not counted for quoracy purposes)

## **MEETINGS**

QSEC meetings have been held on a bi-monthly basis throughout the year and all were quorate as follows:

- 13<sup>th</sup> April 2021
- 8<sup>th</sup> June 2021
- 10<sup>th</sup> August 2021
- 5<sup>th</sup> October 2021
- 7<sup>th</sup> December 2021
- 8<sup>th</sup> February 2022

In-Committee sessions have been held during 2020/21 as necessary, to discuss either potentially sensitive matters or identifiable patient data, including the following:

- Cardiac Surgery – Findings from the Getting It Right First Time (GIRFT) Bench Marking Review and Progress Reports
- Paediatric and Neo Natal Governance Arrangements
- Learning Disabilities Healthcare Inspectorate Wales (HIW) Report
- Nuclear Medicine Risk

As QSEC is directly accountable to the Board for its performance, the Chair of QSEC has provided assurance or escalated matters to the Board through a formal written update report following each Committee meeting.

**Annual Reports** - the Committee received and approved the following Annual Reports in 2021/22

- QSEC Annual Report 2021/22 for onward submission to the Board
- QSEC Sub-Committees Annual Reports 2021/22

Due to COVID-19 service pressures, only one patient story was received by QSEC during 2021/22.

**Patient Story from the Health Visiting Service:** In February 2022, the Committee received a patient story from a Health Visitor in the Ceredigion area that 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 the current workforce pressures were highlighted within the reflective account.

#### **Operational and Strategic Delivery Reports – COVID-19 Specific**

During the year, the Committee received numerous presentations, reports and updates in relation to operational services delivery and performance issues including the following COVID-19 specific items:

**Emerging Trends and Issues Associated with COVID-19** - in June 2021, the Committee received assurance that the HB 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, including the reviewing of documentation and communication with families. In terms of Primary Care services, the feedback received via the Community Health Council (CHC) was that many patients were in support of virtual consultations alongside a return to more traditional face-to-face consultations. The Committee 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.

**Nosocomial COVID-19** - In August 2021, the Committee received an update on the COVID-19 review and the factors that had 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 for sharing 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 were advised that individual patient reviews are currently 70% complete at that point in time. 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.

In October 2021, the Committee was informed that 94% of Wave 2 COVID-19 patient deaths had been reviewed in the assessment of potential nosocomial COVID-19 infection. As part of the learning processes involved, the Health Board is seeking to undertake more timely reviews of Wave 3 COVID-19 patient deaths, and communications with family members in these cases will be progressed. Summary Thematic Outbreak Reports are also being prepared for circulation within Directorates, with each report reviewed and validated by multi-disciplinary control teams prior to issue. The Committee received assurance that continued monitoring of the local and national situation is being undertaken with the Health Board adapting to and adopting changes and requirements at pace.

In December 2021, the Committee 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 COVID-19 variant, Omicron. Similar to other Health Boards across Wales, Members acknowledged the risk that HDdUHB would struggle to increase capacity sufficiently quickly to deliver the vaccine to newly eligible groups. The Committee was informed that strategic planning is underway to ensure delivery of the mass vaccination programme and expressions of interest had 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.

In February 2022, 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.

Also in February 2022, 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, 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 noting that a further update would be provided to the Committee in 6 months' time.

### **Planning Objectives Assigned to QSEC**

As part of the Annual Recovery Plan, the Board agreed a set of specific, measurable Planning Objectives for 2021/22 and the Committee received regular updates on progress in delivery of the 2 Planning Objectives aligned to QSEC:

- **1E** - During 2020/21 establish a process to maintain personalised contact with all patients currently waiting for elective care which will:
  - 1. Keep them regularly informed of their current expected wait
  - 2. Offer a single point of contact should they need to contact us
  - 3. Provide advice on self-management options whilst waiting
  - 4. Offer advice on what to do if their symptoms deteriorate

- 5. Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation
  - 6. Offer alternative treatment options if appropriate
  - 7. Incorporate review and checking of patient consent
- **3C** - By September 2021, complete a review of all Health Care Standards including evidence of compliance. From this review, propose new Planning Objectives for implementation in 2022/23.

In August 2021, the Committee received an update in relation to the Waiting List Support Service (WLSS) Programme, established to deliver Planning Objective 1E within the Health Board'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.

Slippage was acknowledged in the delivery of PO 1E in October and December 2021 as a result of staff recruitment challenges - specifically in relation to call-handling staff – due to funding arrangements which restrict the Health Board's employment offer to temporary appointments until the end of March 2022. It was noted that PO 1E would be merged with PO 1B (*Building on the success of the Command Centre, develop a longer-term sustainable model to cover one single telephone and email point of contact*) going forward. Members requested that further clarity be provided in future PO update reports relating to the process of aligning POs with Board Committees, together with further detail on slippage in PO delivery. However, in February 2022, the Committee received updates relating to Ear, Nose and Throat (ENT) patients and Hip, and Knee surgery patients, noting that these had been issued with letters inviting them to contact the WLSS. The Patient Advice and Liaison Service were also in the process of contacting ENT patients to evaluate their experience of the service. The Committee further noted that Stage 4 Orthopaedic patients were being contacted and that patient experience would be captured via the PROMS system.

In October 2021, the Committee received an update on the progress of PO 3C and were informed that the Director of Nursing, Quality and Patient Experience is chairing an All-Wales work-stream to review all Healthcare Standards, with findings to be reported on a national basis. The Committee received a further update in February 2022 noting that the PO is progressing in line with the national workstreams implementation of the Health and Social Care (Quality and Engagement) (Wales) Act.

**Corporate Risks Assigned to QSEC:** the Committee received regular Corporate Risk Reports outlining current and new corporate risks assigned to QSEC from the Board throughout 2021/22.

In April 2021, the Committee received an update on *Risk 129: Ability to deliver an urgent Primary Care Out of Hours (OOH) service for Hywel Dda patients*, which remains at its current level due to the variation in service provision brought about by the instability of shift fill as the majority of clinicians working for the service remain sessional workers. The Committee was assured by the temporary measures that are in place to make the position more resilient, with the Deputy Medical Director of Primary Care & Community Services having enhanced clinical governance for the service with specific workstreams and mechanisms in place to audit current provision. However, the Committee was advised that, despite the actions identified and the solutions implemented, the fragility of the service remains, with it apparent that this risk may need

to be retained as an active concern for the foreseeable future. The Committee therefore received only limited assurance on the impact on patients from a quality and safety perspective and requested further assurance on the consequences of the service's fragility on patient safety and clinical needs at a future meeting. In October 2021, the Committee received a Deep Dive into the Primary Care OOH service, with Members noting that the high-risk status of the service reflects the continuing instability of rotas, with little control of the sessional workforce who are able to volunteer for shifts at short notice. Factors contributing to the challenges within the OOH service were shared with Members, together with the measures in place within the Health Board to develop the OOH service model, including the recruitment of salaried doctors. The launch of surveys to understand both the workforce and the experience and needs of service users, was noted, including the on-going work with the Welsh Ambulance Services NHS Trust (WAST) to understand demand and impact upon services. Members were informed of the development of an effective multi-disciplinary team making the OOH service more attractive by offering variety and rotation to a greater cohort of interested individuals. While the report and slides highlighted many of the challenges faced by the service, it was agreed that assurance is required regarding the solutions to address the issues involved, together with a coherent plan to enable OOH services to meet current and future demand.

In October 2021, the Committee discussed *Risk 291 (Lack of 24 hour access to Thrombectomy services)*, and requested clarity on the decision to de-escalate this risk given the quality issues involved. It was noted that following Executive Directors review, it had been agreed that whilst existing mitigations are considered adequate, this risk would remain at Directorate level in order that it may be escalated if required.

In terms of Risk 628 (*Fragility of therapy provision across acute and community services*), whilst acknowledging there had been some mitigation of slippage in provision of therapy services through the appointment of a Band 5 post, continued pressures remain due to the time required to fill vacant Band 6 and Band 7 posts within the Directorate. The Committee received confirmation that additional hours have been put in to support provision of some therapy services. Discussion took place regarding the Corporate Risk report format, with it agreed that the report needs to reflect planned action rather than historical context for the risks presented, and that an amendment to the Corporate Risk SBAR to incorporate some of the detail relating to mitigations which is included in the main appendices, would be reflected in future reports. In February 2022, the Committee requested clarity on the rationale for the de-escalation of *Risk 628 - Fragility of therapy provision across acute, community and primary care services* from the Corporate Risk Register (CRR), given that a number of services are experiencing similar challenges due to staffing deficits. It was 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.

### **Specific Risks**

**Deep Dive Review: Waiting Times for Single Cancer Pathway (SCP):** In August 2021, the Committee received a Deep Dive into the Waiting Times for the Single Cancer Services pathway. The Committee noted the findings from a review of the Health Board'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, 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:** In August 2021, the Committee received a presentation outlining the findings from a Deep Dive review of the provision of Stroke services within the Health Board. Members were advised that while the Stroke teams on all 4 acute sites are committed to their patients and to the service, it is recognised that improvements are required. 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, were noted. 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 Health Board's Stroke service, short-to medium-term re-design work must be undertaken, while noting that there is no expedient solution. Members were informed that an update regarding the Stroke services business plan would be presented at the Public Board meeting on 30<sup>th</sup> September 2021. It was agreed that a further Sentinel Stroke National Audit Programme (SSNAP) audit data, providing a refreshed view of Stroke Units' performance, would be presented to a future meeting.

**Paediatric Risks Strategic Log:** In October 2021, the Committee received a presentation on the Paediatric Risks Strategic Log. Given the number of areas impacted by sub-optimal environmental conditions, it was suggested that the level of the recorded risk relating to these issues should be escalated from service to Directorate level. Inter-departmental communications within the Women and Children's Directorate was also raised as a key risk. The Committee was assured that an improvement plan had been developed to identify communication flow and would be monitored by the Medical Director and Director of Nursing, Quality & Patient Experience. With regard to the temporary service change to the paediatric acute service model, the Committee noted that mechanisms were being developed to monitor the impact of service transfer from Wyllybush General Hospital (WGH) to Glangwili General Hospital (GGH) on the patients involved. Meetings are also being held with the Community Health Council (CHC) to ensure joint working in gathering this information. In December 2021, the Committee noted the ongoing temporary relocation of the Paediatric Ambulatory Care Unit (PACU) and the transfer of specialist staff to GGH as part of the COVID-19 response provision in 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 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.

**Risk 1032: Mental Health and Learning Disabilities (MHL) Waiting Lists:** In December 2021, the Committee received an update on waiting lists and timely access to services within MHL Services. Members noted that in line with other Health Boards 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.

**Autism Spectrum Disorder (ASD) Service:** In December 2021, the Committee received an update from the ASD service and noted the increase in demand for diagnostic assessments for Autism in adults during the last five years. Members noted that Welsh Government (WG) had initiated a national review of Neurodevelopment Services with the outcome delayed due to COVID-19 pressures. 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 has also been undertaken 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 MHLD Directorate, which will streamline the process for the escalation of risks. It was noted that the Directorate has committed additional resources for recruitment and is developing the role-redesign initiative in line with the MHLD Scheme of Delegation with the aim of maximising the capacity of registered speciality professionals. Members were advised that the Nurse Consultant within MHLD is leading on discussions with education providers to encourage curriculum that will complement 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.

**Deep Dive Report Radiology Services:** In December 2021, the Committee received a Deep Dive Report from Radiology Services and noted the significant demand and capacity pressures due to the workforce and recruitment challenges involved. Members were assured that the service is working closely with the Health Board'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.

**Deep Dive Report Epilepsy and Neurology:** In December 2021, 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.

**Deep Dive Report Health Visiting Service:** In February 2022, the Committee received a Deep Dive Report from the Health Visiting Service noting the significant workforce challenges, in particular in the Ceredigion and Pembrokeshire areas, 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 Board's offer the full range of services within the programme. Members acknowledged the significant risk of non-compliance with the delivery of



the programme due to the staffing deficits involved 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 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.

**Cardiac Services Pathway Delays:** In February 2022, the Committee received an update on Cardiac Services Pathway delays and the combination of factors affecting these, such as the referral process from HDdUHB to 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 WGH and Bronglais General Hospital (BGH). Members expressed their concern on whether the 72-hour pathway guideline is achievable given the 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 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 Morriston 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 would 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.

**Quality and Safety Assurance Report:** In April 2021, the Committee received a Quality and Safety Assurance slide set, providing assurance that processes are in place to review and monitor patient experience highlighted through incident reporting, complaints and feedback mechanisms. The Committee was informed that the Once for Wales Concerns Management System had been launched by the Health Board on 1<sup>st</sup> April 2021, and that this new system for reporting incidents would provide opportunities for identifying themes and issues via new codes with a greater focus on learning from incidents and concerns. In June 2021, the Committee received a further update on the system, noting the progress made in relation to the sustainability plan for Family Liaison Officer roles.

In August 2021, the Committee received an update on internally and externally reported patient safety incidents, quality improvement, Welsh Health Circulars (WHCs) and inspections by Healthcare Inspectorate Wales (HIW). 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, with the anticipation that by December 2021, these would either be closed, or a rationale would be provided for retaining 'open' status. In October 2021, given the consistently high figures relating to inpatient falls, it was agreed that further detail relating to inpatient falls and falls management measures should be included in future Quality and Safety assurance reports, and that a deep dive review of inpatient falls would be included on the Committee's work programme. Whilst welcoming the improvement in Hospital Acquired Thrombosis (HAT), further information was requested on the impact of this work upon the risk of patients suffering HAT. It was agreed to share further data regarding the impact of the HAT improvement plan with the Committee.

In December 2021, the Committee noted the success of the actions taken to improve pressure damage at Dewi Ward, GGH as part of the Health Board 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.

In February 2022, the Committee was informed that the Quality and Assurance Team would co-ordinate the HIW reports received by the Health Board going forward. Members were assured that the Health Board's performance against WHCs are monitored and reported annually to the Audit and Risk Assurance Committee (ARAC). 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).

**Quality Management System (QMS) Approach:** In December 2021, the Committee received an update on the development of the QMS Framework, the Health Board's principal structure for providing quality services to the population. It was noted that the key priorities would be aligned with the Health Board'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.

**Maternity Services Presentation:** In April 2021, the Committee received a presentation on the Health Board's response to the recommendations from HIW's National Review of Maternity Services Report in 2019/2020 and the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK (MBRRACE-UK) Perinatal Mortality Surveillance Report 2021. The Committee was informed that the service had been successful in appointing substantive consultants in Carmarthenshire and Pembrokeshire, a bereavement midwife, with funding also secured to appoint a 0.4 WTE research midwife. The Committee was also informed that phase 2 of the new labour ward at GGH is on track for completion by the end of June 2021. With regard to the MBRRACE-UK report, it was noted that the service had been proactive in establishing a dedicated multidisciplinary team Twin Clinic across the Health Board even prior to the reports publication. The Committee received assurance that the actions in response to the HIW and MBRRACE reports are being implemented and addressed.

**Update on Single Point of Contact:** In April 2021, the Committee received an update on the Single Point of Contact project which provides a personalised contact with patients on waiting lists for elective surgery. The Committee received assurance that validation of the cohort of 363 orthopaedic patients identified for the pilot model is on track to commence at the end of April 2021, with roll out of the plan to other specialties to be agreed with the Planned Care team. The Committee was further assured that patients who wish to be removed from the waiting list have been verified as clinically appropriate by the relevant service.

**Children and Young People Plan for Delivery:** In June 2021, the Committee 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:** The Committee received a verbal update on the Improving Together progress in June 2021 and were advised of the work undertaken by the team involved following publication of the Health Board's strategic objectives regarding quality management.

**Accessing Emergency Specialist Spinal Services:** In August 2021, the Committee received the Accessing Emergency Specialist Spinal Services report, providing assurance that services and positive outcomes are being achieved for Hywel Dda 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 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 6<sup>th</sup> 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.

**Llwynhendy Tuberculosis (TB) Review Update:** In February 2022, 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 the 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 the Committee 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.

**Health Board Response to the National Audit of Care at the End of Life (NACEL):** In June 2021, the Committee 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.

**Audit Wales Review of Quality Governance Arrangements:** In December 2021, the Committee received the Audit Wales Review of Quality Governance Arrangements within HDdUHB and were assured that the outcome of the review has been shared with Health Board operational teams to ensure the recommendations are progressed. It was noted that discussions were planned to develop an interim milestone.

**Clinical Audit Update and the Role of the National Joint Registry:** In August 2021, 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 also 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 Health Board. 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 Board's 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.

In February 2022, the Committee noted 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.

**Winter Planning: Managing Urgent and Emergency Care Risks, Quality and Experience –** In October 2021, the Committee received a presentation summarising the Health Board's Winter Planning: Managing Urgent and Emergency Care (UEC) Risks, noting that the most recent patient experience survey demonstrates that 20% of patients indicated a negative experience when attending hospital emergency department, reflecting the current pressures on UEC. Whilst WG guidance is awaited on how Health Boards approach planning for the winter period, HDdUHB's approach continues to be based on risk mitigation, reflecting system-wide working between acute and community teams in order to develop a robust approach to the management of UEC risks. The Committee received an assurance on the cohesiveness of the Health Board's winter planning process, whilst acknowledging that plans to improve the efficiency of UEC processes depend upon the availability of sufficient staff to implement them.

**Commissioning for Quality Outcomes:** In June 2021, the Committee 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. QSEC 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. QSEC 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. In December 2021, the Committee noted the increase in waiting times for services from other Health Boards 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 Health Boards in order to support access to appropriate services.

**Nurse Staffing Levels (Wales) Act Annual Report 2020/21 and Nurse Staffing Levels (Wales) Act Implementation – Draft 3 Year Report 2018-21:** In April 2021, the Committee received the Nurse Staffing Levels (Wales) Act Annual Report 2020/21 and the Nurse Staffing Levels (Wales) Act Implementation – Draft 3 Year Report 2018-21, with assurance provided that the necessary processes and reviews have been implemented to demonstrate compliance with the duties of the Nurse Staffing Level (Wales) Act. In August 2021, 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 was agreed with colleagues in Stroke Services in light of the staffing deficits and will be reviewed by the Sentinel Stroke National Audit Programme (SSNAP) data.

**The Nursing Assurance Annual Audit 2021:** In December 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 Health Board's Senior Nursing Team and that further audits and assessments are being consistently implemented.

**Preparedness for Extension of the Second Duty of the Nurse Staffing Levels (Wales) Act 2016 to Paediatric Inpatient Wards:** In April 2021, the Committee received the Preparedness for Extension of the Second Duty of the Nurse Staffing Levels (Wales) Act 2016 to Paediatric Inpatient Wards report, with assurance provided that the Health Board is well positioned, and is continuing to take all actions required, to ensure that statutory requirements will be met when the Nurse Staffing Levels (Wales) Act is extended to apply to paediatric inpatient wards on 1<sup>st</sup> October 2021.

**National Screening Programmes:** In December 2021, 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 pandemic. Whilst the recovery of a number of screening programmes including breast screening had been delayed due to capacity and limitations on venues, it was noted that the teams are working hard to address the issues involved.

## Key Risks and Issues/Matters of Concern

During 2021/22, the following key risks and issues/matters of concern were raised at QSEC and escalated to Board:

- **Update on Risk 129 Ability to Deliver an Urgent Primary Care Out of Hours Service for Hywel Dda Patients reported in April 2021:** Whilst assurance had been provided regarding the operational efforts to address fragile Urgent Primary Care Out of Hours services, from a quality and safety perspective, the Committee received limited assurance on the impact on patients. Further assurance was therefore requested on the consequences of the service's fragility on patient safety and clinical needs to be presented to the October 2021 Committee meeting.
- **Operational Quality, Safety and Experience Sub-Committee (OQSESC) Update Report in April 2021:** Concerns were raised by the Mental Capacity Act and Consent Group on the legislative gap in relation to enforcing isolation of patients who lack capacity and who are infected with COVID-19 within hospitals and care homes, with assurance received that the Health Board's legal team is reviewing how best this can be managed from a legal perspective.
- **Deep Dive on Mental Health and Learning Disabilities (Risk 1032) reported in June 2021:** 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 reported in June 2021:** Concerns were raised regarding 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.
- **Deep Dive Review: Waiting Times for Single Cancer Pathway (Risk 633): Access to Tertiary Services reported in August 2021:** The Committee was advised that Tertiary Specialist Centre capacity pressures at SBUHB continue to compromise cancer services, and Members raised concern 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 reported in August 2021:** Acknowledging that in order to achieve a fundamental improvement in the performance of the Health Board's Stroke services, 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 30<sup>th</sup> September 2021.

- **Operational Quality, Safety and Experience Sub-Committee Update Report: Assigned Risks reported in August 2021:** Concerns were raised 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 reported in August 2021:** 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 Health Board, 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 Health Board and WG are supportive of a move to an EPMA system.
- **Strategic Log - Paediatric Risks reported in October 2021:** Concerns were raised regarding sub-optimal environmental conditions within paediatric services, acknowledging that a number of Deep Dive Reviews are underway to address the issues involved. Concerns were also expressed regarding inter-departmental communication, with assurance received that the issues have been raised at Quality Panel meetings and are being monitored by the Medical Director and the Director of Nursing, Quality & Patient Experience.
- **Corporate Risks Assigned to the Quality, Safety and Experience Committee reported in October 2021:** Concerns were raised regarding Risk 628: *Fragility of therapy provision across acute and community services*, with the Committee noting that support for therapy services would be included in the Nurse Staffing Review which is currently being undertaken.
- **Quality and Safety Assurance Report reported in October 2021:** Concerns were raised regarding the significant increase in the acuity of patients suffering falls. It was agreed that further detail relating to inpatient falls and falls management measures would be included in future Quality and Safety assurance reports, and that a deep dive review of inpatient falls would be included on the Committee's work programme.
- **Operational Quality, Safety & Experience Sub-Committee Update Report reported in October 2021:** Concerns were raised regarding the disparity between the content of the update report, the Sub-Committee agenda and the Sub-Committee Terms of Reference, with assurance received that a review of the OQSESC Terms of Reference and work programme is underway.
- **MHLD Waiting Lists reported in December 2021:** Concerns regarding the waiting lists within MHLD. Members received limited assurance from the mitigation and actions in place to address the MHLD 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 reported in December 2021:** 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 reported in December 2021:** 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 reported in December 2021:** Concerns raised regarding the 22 incidents of non-compliance with child safeguarding procedures involving Health Board services, with assurance received on the proposals to address this such as incorporating safeguarding procedures as part of the Emergency Departments handover briefs.
- **Health Visiting Service Deep Dive Report in February 2022:** Concerns raised 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 in February 2022:** Concerns 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. However, 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.

### **Matters Requiring Board Approval**

- Approval of the QSEC revised ToRs
- Approval of the QSEC Annual Report 2021/22

### **Update Reports from Sub-Committees**

QSEC received regular update reports from its Sub-Committees during 2021/22. As the full annual reports from each Sub-Committee will be presented to QSEC separately (see appendices 1-3), only the key risks and issues/matters of concern from each Sub-Committee are reported below:

### **Operational Quality, Safety & Experience Sub Committee (OQSESC)**

OQSESC met 5 times during 2021/22 and the following key risks and issues/matters of concern were raised to QSEC:

- In May 2021, the Committee noted disappointment with the response received from WG to concerns regarding a legislative gap relating to the ability to lawfully enforce the isolation of patients who lack capacity and are infected with COVID-19 within the Health Board's hospitals and care homes. Whilst this represents a national issue, advice had been sought locally from the Health Board's Legal Services, with the risks associated with the legislative gap having been placed on HDdUHB's risk register.
- In July 2021, discussions were held regarding the A&E (GGH) Exception Report and wider discussions held regarding workforce and the pressures on demand for services.



- In July 2021, concerns were raised in regard to the anticipated 50% increase in Respiratory Syncytial Virus (RSV) over the coming Winter and the subsequent impact on delivery of services, whilst acknowledging the development of a surge plan to address this issue.
- In September 2021, concerns were raised regarding the outstanding Estates works in Tenby Surgery and other HDdUHB managed GP practices which have been escalated to the Director of Nursing, Quality and Patient Safety and the Director of Primary Care, Community & Long Term Care.
- The Sub-Committee received an update on the work undertaken by the Assurance and Risk Team in updating the Directorate Risk Registers.
- Concern was raised by the Sub-Committee on WAST's unilateral decision to enact its Clinical Safety Policy and the impact this will have on hospitals and patient safety. This concern has been raised with the Director of Operations to raise with WAST who will provide an update to QQSESC.
- In November 2021, the Sub-Committee received an update on the EQliP training programme and the proposed improvement projects underway.
- In January 2022, concerns were raised regarding the delay in escalating workforce challenges and the number of caseloads per Health Visitor.
- In January 2022, concerns were raised regarding whether the NSTEMI pathway of no more than 72 hours is achievable given the challenges in the infrastructure, and received only limited assurance from the planned service developments.

### **Listening and Learning Sub-Committee (LLSC)**

The LLSC met 4 times during 2021/22 and the following key risks and issues/matters of concern were raised to QSEC:

- In April 2021, the Committee received the LLSC Update Report and endorsed the LLSC Annual Report 2020/21.
- In June 2021, the Committee 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).
- In August 2021, the Committee was 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.
- In February 2022, the Committee received an update from the LLSC and the revised ToRs which were approved.
- In February 2022, the Committee noted the outcome of a Mental Health legal case involving the unlawful removal of a visual monitor by the Health Board, 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.

## **Research and Development Sub-Committee (RDSC) Update Report and Terms of Reference**

The Sub Committee met 6 times during 2021/22 and the following key risks and issues/matters of concern were raised to QSEC:

- In April 2021, the Committee approved the name change of the Sub-Committee to the Research and Innovation Sub-Committee (RISC) and the revised ToRs.
- The Committee received and approved the Research and Innovation Strategy 2021-2024 which was approved. The approach to the preparation of the Health Board's University Status review submission was also approved. The RISC Annual Report 2020/21 was endorsed by the Committee.
- In June 2021 the Committee received an update on TriTech and its approach to systematising innovation, research and value-based care, and explored how the population can benefit from technological advances.
- In October 2021, the Board agreed that the Research and Innovation Sub- Committee would be accountable to the People and Organisational Development Committee going forward.

QSEC received regular update reports from the following working groups in 2021/22 and the key risks and issues/matters of concern from each working group are reported below:

### **Strategic Safeguarding Working Group Update Report**

The Strategic Safeguarding Working Group met 3 times during 2021/22 and the following key risks and issues/matters of concern were raised to QSEC:

- In June 2021, attention was drawn to Risk 703, that staff would be unable to recognise and respond to violence against women, domestic abuse and sexual violence (VAWDASV) as a result of failure to complete a VAWDASV e-learning module. Targeted work was undertaken with teams and it was noted that compliance would continue to be monitored via the Strategic Safeguarding Working Group.
- In December 2021, 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.
- In December 2021, concerns were raised regarding 22 incidences of non-compliance with child safeguarding procedures involving Health Board services. 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.

### **Effective Clinical Practice Advisory Panel Update Report**

The Effective Clinical Practice Advisory Panel met 3 times during 2021/22 and the following key risks and issues/matters of concern were raised to QSEC:

- In February 2022, the Committee noted the recent appointment of the Clinical Director for Effective Clinical Practice who will oversee effective clinical practice across the Health Board.
- The Committee 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.
- The Committee was also 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.
- The Committee noted 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.

### **Medicines Management Operational Group (MMOG) Update Report**

The MMOG met 6 times during 2021/22 and the following key risks and issues/matters of concern were raised to QSEC.

- In August 2021, the Committee received the 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.
- The Committee was advised of the ongoing work to enhance the use of e-prescribing and medicines administration (EPMA) systems, noting the benefits of the system and financial investment required which would be justified by the benefits in terms of increased patient safety.
- In February 2022, the Committee 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.
- The Committee 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.

### **Infection Prevention Strategic Steering Group (IPSSG) Update Report**

The Infection Prevention Strategic Steering Group met 5 times during 2021/22 and the following key risks and issues/matters of concern were raised to QSEC.

- In April 2021, the Committee noted that the Clostridium difficile (C-dff) outbreaks, predominantly in WGH, are being managed under outbreak management arrangements, with Ultraviolet (UV) cleaning in place to ensure no further outbreaks occur.
- The Committee received assurance that work is being undertaken to address the 24% increase in antimicrobial prescribing compared to the same period the previous year.

- The Committee was advised of a delay in allocation of the £2.8m Cleaning Standards funding bid to WG, which would include an uplift to housekeeper capacity, provision for training, and the development of supervisory roles. The Committee noted there had been no Norovirus outbreaks over the recent Winter period.
- In December 2021, the Committee 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.

### **QSEC Future Work Plan 2022/23**

During 2021/22, there was a key focus for the Committee on the following:

- Continuous review and evaluation of the QSEC throughout 2022/23.
- Stroke Services Deep Dive
- School Nursing Deep Dive
- Epilepsy and Neurology in Learning Disabilities Services Deep Dive

### **Argymhelliad / Recommendation**

The Board is requested to endorse the Quality, Safety & Experience Committee Annual Report 2021/22.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol:</b>	
<b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of QSEC meetings 2021/22
Rhestr Termiau: Glossary of Terms:	Contained within the report

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	QSEC Chair, Lead Directors and Committee Members Quality, Safety and Experience Committee
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	A sound system of internal control, as evidenced in the Committee's Annual Report, will assist with ensuring financial control, and the safeguard of public funds
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Contained within the report
<b>Gweithlu:</b> <b>Workforce:</b>	SBAR template in use for all relevant papers and reports.
<b>Risg:</b> <b>Risk:</b>	Contained within the report
<b>Cyfreithiol:</b> <b>Legal:</b>	Contained within the report
<b>Enw Da:</b> <b>Reputational:</b>	Contained within the report
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Contained within the report
<b>Cydraddoldeb:</b> <b>Equality:</b>	SBAR template in use for all relevant papers and reports.