

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:	Meeting held on 11 April 2023
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<p>QSEC ANNUAL PLAN 2022/23: The Committee received and approved the Annual Plan 2022/23 noting that the format is under review and will be revised ahead of next year's reporting cycle.</p> <p>STAFF STORY: The Committee received a staff story from the Senior Nurse at the Emergency Department in Glangwili Hospital detailing their experience of the Healthcare Inspectorate Wales (HIW) unannounced inspection of the department during December 2022 during a period of extreme pressures. An immediate assurance plan was submitted following the recommendations received and the plan was accepted, following feedback and the addressing of queries on 28 February 2023. Staff members were personally thanked by HIW during the feedback session for the welcome they received. The Committee paid tribute to the team for their continuous efforts during periods of extreme challenges. The Committee was pleased to note that HIW observed the team interacting professionally and evidence of good leadership skills.</p> <p>QUALITY ASSURANCE REPORT: The Committee received the Quality Assurance Report and noted that an increase in incident reporting in January 2023 it was noted this was due to a piece of work undertaken to update the system which includes historical Covid-19 infection reporting.</p> <p>The Head of Infection Prevention presented the Infection, Prevention and Control element of the slides and advised of the improvement in Clostridium Difficile (C-Diff) Infection in March 2023. Focussed work is ongoing to improve the C-Diff rates which is being supported by the Healthcare Acquired Infection dashboard, and includes targeted scrutiny of cases and better engagement with medical colleagues. Other key highlights provided included:</p> <ul style="list-style-type: none"> • A restructure in the community service and an additional Band 7 position that has improved capacity in the team. • A reduction in E-Coli reported cases. • Ongoing discussions are underway with Public Health Wales and initiatives to improve engagement in public areas and with local groups to improve infection rates. Hand hygiene compliance audits are undertaken quarterly, however it was highlighted that further work is required to improve hand hygiene and glove hygiene awareness. • Quality Panels are undertaken with the Infection Prevention and Control Teams to agree targets for reduction. <p>The Committee received an update on the COVID-19 review programme, which is progressing, noting that there has not been negative patient feedback in relation to the Health Board's COVID-19 Pandemic response. The Quality Assurance team is making a judgement on each case individually as to whether to make contact with the patient, with a balanced</p>	

approach to ensure transparency whilst not wishing to cause any distress. The reviews are completed and all data is electronically filed to ensure decisions on undertaking the reviews are well documented. Further detail will be provided to national and local learning in the Quality Assurance Report for the QSEC meeting in June 2023.

The Mental Health and Learning Disabilities team has been tasked by Welsh Government to complete a self-assessment on their discharge arrangements for adult inpatient wards. A Quality Panel has been arranged to review the assessment, which will be submitted to Welsh Government in May 2023. An update report to provide assurance that the team is working on the themes from the review will be provided to QSEC in June 2023.

The Committee received an update on the Safer Care Collaborative and the foundation site visits underway. The Committee were pleased to note the positive engagement from across services, providing an example of a team of six from Bronglais Hospital showing a clear commitment to drive improvements at 'front door' services.

HEALTH AND SOCIAL CARE QUALITY AND ENGAGEMENT (WALES) ACT 2020

UPDATE: The Committee received the key developments of the Health and Social Care Quality and Engagement (Wales) Act and the requirement for Health Boards to follow processes which will be set out in the regulations and an update on the Duty of Candour procedure. A key amendment within the procedure is that a written notification will be made within five working days rather than two working days to give the NHS bodies more time to respond.

The Committee was advised that the road map for implementation and the national milestones with which organisations will be charged for the two duties has been developed. No major risks were identified in regards to the road map; however, careful consideration will take place as regards management and ensuring risks are escalated appropriately. Ms Anna Lewis, Independent Member and Chair of QSEC assume responsibility for Duty of Candour. The Committee noted that The Putting Things Right (PTR) Policy is being updated to incorporate the duty of candour/quality procedures. The Listening and Learning Sub-Committee will review the Policy in May 2023 and present to QSEC in June 2023 for approval. Any additional Standard Operating Procedures or policies completed will be included on the SharePoint page, which is included within the slides.

The Committee was advised that the Duty of Quality developments are moving at a slower pace and a further discussion will take place at the next QSEC meeting on practical implementation. The Chair, highlighting the learning and cultural elements involved with the road map for implementation of the Act, suggested a meeting between the PODCC and QSEC Committee Chairs to agree the reporting arrangements to ensure onward assurance to Board, which will take place via Chair's meeting.

CORPORATE RISKS ASSIGNED TO QSEC: The Committee received the Corporate Risk report. Referring to Risk 129, Ability to deliver an Urgent Primary Care Out of Hours Service for Hywel Dda patients, discussion took place on whether the mitigating actions are sufficient to address the risk or whether the risk is linked to the wider system challenges being faced in the Unscheduled Emergency Care Department. The Director of Operations, reflecting that the risk is associated with workforce cover which has notably improved over the recent Easter weekend – possibly due to a revision to pension 'caps' which may have encouraged staff to take up more shifts – advised the Committee that planning will take place to develop the urgent Primary Care pathway.

Providing further context to Risk 1559 - Risk of power outages impact across all clinical and corporate functions of the Health Board, the Director of Therapies and Health Science explained that a great deal of work is ongoing around the Health Board's resilience should there be a power outage, with a national and regional exercise underway. The Committee was advised that it has become apparent how interlinked the gas/electrical and IT infrastructure is. A major power outage incident over a few days could cause significant issues in regards to communication. Planning is underway to strengthen resilience in the hospital sites and for patients who require equipment in their homes. A Task and Finish Group has been established and discussions are underway regarding putting emergency care plans in place in the event of a power outage.

The Director of Therapies and Health Science advised the Committee that Risk 1548 - Risk to the Health Board maintaining service provision due to industrial action was added to the Risk Register in November 2022. Given the fast pace of events, the Risk has been updated on several occasions. There are no further strike dates planned in Wales but it has been noted that Unions are considering seeking new strike mandates as their initial maximum six month mandates are due to expire, and negotiations regarding the 2023/24 pay settlement have not yet concluded.

The Committee received an update on discussions at a recent Executive Risk session, and a piece of work underway by the Director of Operations, Director of Nursing, Quality & Patient Experience and the Assurance and Risk team on assessment and prioritisation of fragile service and the development of a matrix in which the assessment of risk will be based. Feedback from Directorate leads has been requested by 3 May 2023 and a report will be presented to the next QSEC meeting in June 2023.

HEALTH VISITING STAFFING POSITION: The Committee received an update on the Health Board Health Visiting Staffing position following previous workforce challenges which were escalated to the Committee relating to recruitment challenges particularly in Ceredigion and Pembrokeshire and the risks associated with the age profile of staff was highlighted. The Committee noted the fragility of the service despite the mitigations in place, including the establishment of weekend clinics.

4G HEALTHY WEIGHT: HEALTHY WALES PLAN: The Committee received an update report on Planning Objective 4G, Healthy Weight, and Healthy Wales Plan. Clarity was sought on where Primary Care services fits in to the pathway and, in response, an update was provided on the Level 2 work underway which will align adult pathways such as the Diabetes service. The Committee was advised of the high volume of referrals linked with Secondary Care and that work to align a number of pathways will be taken forward. The Committee discussed the complex implementation structure detailed within the report and suggested aligning the plan with the Healthy Schools programme. Discussion took place on the development and work undertaken to improve aligning the pathways.

5W LIBERTY PROTECTION SAFEGAURDS UPDATE: The Committee received an update on Planning Objective 5W Liberty Protection Safeguards from the Deprivation of Liberty Safeguards (DoLS) Co-ordinator. Communication was received from Welsh Government that the implementation of the Liberty Safeguards has been postponed indefinitely, and will not be considered for implementation until 2025 if at all. The Committee noted that the current resources to undertake the mental capacity medical assessments are not fit for purpose and that the referrals are unmanageable, which is a national challenge. Welsh Government will be meeting with key stakeholders as soon as possible to discuss the delay of implementation

and an update will be provided to QSEC at the next meeting in June 2023 on the national implications. In the meantime, the Committee noted that the team will focus their attention on improving the triage process to improve the DoLS backlog of referrals and continue to provide DoLS awareness training as part of the Mental Capacity Act (MCA) mandatory e-learning program and through face to face and video training sessions by the MCA team. The DoLS team and Reducing Restrictive Practice team also continue to work collaboratively to enhance awareness of the deprivations of liberty and the actions required by Health Board staff. The Director of Operations provided assurance that the funding to support the transition to the Liberty Safeguards will continue, to facilitate the service in trying to address the backlog in the interim.

OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE (OQSESC):

The Committee received the OQSESC update report. The Chair of the Sub Committee highlighted that the Sub Committee will request an update on the Rapid Response to Acute Illness Learning Set (RRAILS) update report, which advised of Health Education & Improvement Wales (HEIW's) recommendation that junior doctors will no longer be required to undertake Advanced Life Support (ALS) training, as juniors were reporting distress undertaking ALS.

LISTENING AND LEARNING SUB COMMITTEE: The Listening and Learning Sub Committee Update (LLSC) Report was received and noted by the Committee.

INFECTION PREVENTION AND CONTROL STRATEGIC STEERING GROUP: The Committee received the key updates from the Infection Prevention and Control Strategic Steering Group (IPSSG) highlighting that while the Health Board continues to remain under Enhanced Monitoring for increased numbers of C-Diff, IPSSG maintains close monitoring of the progress of the actions detailed within the Healthcare Associated Infection (HAI) Improvement Plan. An improvement in multi-disciplinary engagement has been noted and plans are in place to focus on sustaining improvement.

An update was also provided on Welsh Health Circular (WHC) 2018-033, Airborne Isolation Room Requirements, and the actions undertaken by the Health Board including the installation of Bioquell pods (semi-permanent isolation pods) into Intensive Therapy Units across all sites and increasing single room capacity in Critical Care to 50%. The Committee noted that whilst actions have been taken locally to mitigate the risks relating to this WHC, significant Capital investment is required to ensure compliance. A strategic discussion will take place with clinical leaders to determine the clinical pathways aligned to strategic direction to inform future planning. WHC (2018) 33 is to be a standing agenda item of the Ventilation Group reporting progress to Infection Prevention Strategic Steering Group (IPSSG).

NATIONAL COLLABORATIVE COMMISSIONING UNIT QUALITY IMPROVEMENT SERVICE ANNUAL POSITION STATEMENT 2022/23: The Committee received the National Collaborative Commissioning Unit Quality Improvement Service Annual Position Statement 2022/23 and noted the wealth of data contained within the report. The Chair, drawing attention to the data that only 30% of Hywel Dda patients are based at the top five ranked providers from 1 April 2021 and 31 March 2022, enquired whether a further report can be presented to the Committee for assurance on the standards of quality in commissioned services. The Executive Director of Nursing, Quality and Patient Experience updated the

Committee of a recent meeting with the Collaborative Director for Commissioning regarding piloting quality standards for commissioning, in particular for Mental Health and Learning Disabilities service. It was agreed that an update report would be provided on actions underway in response to the National Collaborative Commissioning Unit Quality Improvement Service Annual Position Statement 2022/23.

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

There were no matters requiring Board level approval.

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

Staff Story: Concern was raised regarding the ongoing pressures at the department and the unavoidable impact on morale, and further consideration and discussions will take place on what the organisation can do to further support the team with possible suggestions including Away Days.

Health Visiting Service: Whilst the additional clinics have been helpful in supporting families, concerns were raised regarding the risks associated with not undertaking the child and family assessments in the home environment.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

13 June 2023.