

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:	8 August 2023
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<p>ENABLING QUALITY IMPROVEMENT IN PRACTICE (EQIIP) UPDATE: The Committee received a presentation on Enabling Quality Improvement in Practice (EQIIP) which summarised the improvement activities undertaken since 2018 by the team. The key highlights include the development of the Single Point of Contact Communication Hub, the Waiting List Support Service, supporting the Transforming Urgent and Emergency Care programme and the Pelvic Health Improvement Programme.</p> <p>A summary document was shared which provided examples of the patient experience, quality of service and financial benefits realisation of the EQIIP programmes to date. The Chair enquired whether the programmes are aligning to particular hot spots or areas of concern in terms of pressures and challenges being faced across the Health Board. It was also suggested that it will be helpful for the topical areas that require improvements to form part of an objective process and the Assistant Director of Nursing, Quality Improvement undertook to create a process to align quality improvement objectives 2023/24 with current areas of pressure and challenges that are being reported across the Health Board.</p> <p>COMMISSIONING CAMHS TIER 4 UPDATE: The Committee received an update in relation to the length of stay by Health Board young people accessing Tier 4 inpatient beds at Tŷ Lliard, Princess of Wales Hospital, Bridgend in comparison with other Health Boards across Wales. Concern was raised at QSEC in June 2022 during a Welsh Health Specialised Services Committee (WHSCC) update report that the data presented suggested that Hywel Dda patients stay longer at the facility than patients from other Health Boards and the Committee enquired whether this was due to pathway challenges. Following this, the Directorate undertook to explore this further. The data within the SBAR suggested that the Health Board's admissions data is comparable to other Health Boards with a higher population number. The Committee was pleased to note the recent development of a Crisis Hwb and Sanctuary Service, which is directed at proving alternatives to admission to hospital and reducing the need for onward referral and admission especially to the Tier 4 unit. The new development is funded by Welsh Government and opened on 3 July 2023.</p> <p>QUALITY ASSURANCE REPORT: The Committee received the key highlights from the Quality Assurance Report including:</p> <ul style="list-style-type: none"> • A brief update on hand hygiene compliance was provided, with the Committee noting that the hand hygiene audit data has been received in considerable detail and actions to improve the position and a more detailed slide set will be shared with the Committee at the next meeting in October 2023, within the report. • The improvement work underway in response to pressure damage figures was shared following a request from the Committee. It was noted that the highest proportion of pressure damage figures are reported on admission to the A&E department following initial assessment. 	

- Referring to the National Nosocomial COVID-19 Programme on June 2023, 78.28% of reviews are completed.
- The All-Wales Maternity and Neonatal Safety Support Programme (MatneoSSP) Report has been received by Maternity Services and is under review by the team with the development of governance arrangements to implement the improvement programme underway.

Clarity was sought from the Chair on the escalation process for slippages or outstanding actions by the Quality Assurance Team, and was advised that the Director of Nursing, Quality and Patient Experience is notified and they are addressed with the Directorate leads directly, via a Quality Panel or at the weekly 'Hot and Happening' meetings. It was noted that the Healthcare Inspectorate Wales (HIW) Recommendations are reported via an Audit Tracker to the Audit and Risk Assurance Committee which highlights any concerning trends. There could be the potential for this to be discussed at the Committee Chairs' meeting in terms of ensuring QSEC is sighted on these areas.

A PRESENTATION ON THE REVISED OPERATIONAL GOVERNANCE

ARRANGEMENTS: The Committee received an update on the work underway to streamline the existing operational governance arrangements which was highlighted as complex.

Providing context, the Director of Operations explained that due to the current flow in place, the parameters of escalation need refining. One suggestion that is being considered is a fortnightly business meeting, with focussed sessions on quality and safety, performance and business case considerations with a wider Executive Team Membership. A further discussion will take place with the Director of Nursing, Quality and Patient Experience regarding the quality and safety governance flow and the current structure will be revisited once this has progressed.

The Committee supported the intention to streamline the governance flow to ensure the Committee receives the necessary information to discharge its duties. The Committee encourages the Executive Team to create operational capacity to ensure the expertise is being provided from front line services. In agreement, it was acknowledged that there is a gap in a key role at the moment due to a recent departure of the Assistant Director of Nursing, Acute and Operational Services who was integral for operational business discussions. The Committee recognised that making sure the process for escalating challenges to the Board is carefully judged and aligned with Policies and Protocols and tested through real examples. The Committee noted that Audit Wales are in the process of undertaking a review of the governance arrangements for quality and safety and have found the structures in place to be confusing.

NURSE STAFFING LEVELS (WALES) ACT: ANNUAL REPORT AND REVIEW OF

ESTABLISHMENT: The Committee received the Nurse Staffing Levels (Wales) Act: Annual Report and an SBAR that was presented to the Use of Resources Group, which sets out the changes to the nurse staffing levels following the Spring 2023 Nurse Staffing Calculation Cycle. Referring to the summary data within the report, there has been an overall decrease in percentage of wards where nurse-staffing levels have not been met however, an increase in adult inpatient wards. A special thanks was passed on to Ms Helen Humphreys for the commitment and hard work undertaken to monitor the nurse staffing levels across the Health Board.

THERAPIES SERVICES WAITS, PERFORMANCE TRAJECTORY AND IMPACT: The Committee received the Therapies Services Waits, Performance, Trajectory and Impact report highlighting the graphs within the report which provide data on the current waiting times position across Therapies services which are failing to meet the 14 week targets. The report provides the current position, future forecasting and actions underway to address the risks.

The Committee noted that reports have been presented to the Operational Quality, Safety and Experience Sub Committee and the Strategic Development and Delivery Committee which have predominantly highlighted the four areas of concern within the Therapies Directorate which are Weight Management Service (WMS), Paediatric Dietetics, Occupational Therapy for Children and Young People and Rheumatology. The Committee was advised that the demand on services has increased substantially due to the recent COVID-19 pandemic as patients experienced delays or cancellations which posed risks to deterioration of patient's conditions whilst waiting, and potentially affect the proposed treatment. Clinical teams have reported an increased complexity in caseloads, especially in frail populations, and this has an impact on overall service capacity. Changes to acuity in these caseloads are multifactorial and include a development of more complex conditions due to limited health care provision over the pandemic and challenges accessing healthcare across specialities in both urgent and routine pathways. Patients have experienced delays or cancellations that have intensified the risk to planned care and delays increase the risk of deconditioning.

The Committee was advised that the professional structure is being reviewed in terms of how resources are spread to expand skill sets within the team and possibly aligning models more effectively including potentially separating WMS from Dietetics as part of the trajectories as the WMS are run by a separate Multi-Disciplinary Team.

With reference to the forecasting data contained within the report, the Chair enquired whether the team are confident that the position will improve by March 2024 and whether the trajectory is realistic. In response, the Clinical Director of Therapies feels confident to deliver the improving trajectory for Physiotherapy services, to maintain the Occupational Therapy position however has a lower level of confidence in the Children and Young People's Occupational Therapy. It was noted that with the potential move for teams within the Medical Day Centre may impact on trajectories for services.

The Director of Operations advised that the broader challenges will be discussed at In Committee Board and a follow up discussion with Welsh Government following this. The Committee agreed to monitor the developments within the service.

COMMISSIONING FOR QUALITY OUTCOMES REPORT: The Committee received an update on a patient questionnaire which has been circulated via the DrDoctor system to all Spinal and Cardiology patients who had elective and emergency treatment/surgery during 2021/22 at Swansea Bay University Health Board (SBUHB). Over 400 patients were contacted and 177 responses were received and the team has been working with the Value Based Healthcare Team to review the results.

Some of the key highlights from the feedback included the following:

- 84% of Cardiology patients were very or fairly satisfied with the outcome of the procedure.
- There is room for improvement in areas such as communication with patients and family members.
- Further work to be undertaken on action plans in encouraging patients to take control of their own health.

- The next steps include sharing the feedback with Swansea Bay University Health Board for awareness and utilise the information as an opportunity to work collaboratively to review and improve patient care.

CORPORATE LEVEL RISK REPORT: The Committee received and discussed the Corporate Level Risk Report.

Referring to Risk 1699: Risk of loss of service capacity at Withybush Hospital due to surveys and remedial work relating to Reinforced Aerated Autoclave Concrete (RAAC) the Director of Operations advised that the risk requires revision and separated in to two. One risk will relate to the estates infrastructure and the other to the clinical service disruption. The Committee discussed the significant challenges being faced at the Withybush hospital and noted that the Communications Team are keeping the public up to date with developments.

The Assistant Director of Nursing, Quality and Patient Experience provided the clinical risks for patients associated with to Risk Reference 797 - The ability to deliver ultrasound services due to workforce pressures. The risk itself sits with Radiology Services however the impact is being faced by Maternity Services. As part of the Growth Assessment Protocol, there is a requirement to scan mothers up to every two weeks and due to the workforce challenges within Radiology Services this is not being met.

CRITICAL CARE SERVICE ARRANGEMENTS, PRINCE PHILIP HOSPITAL: The Committee received an update position on the temporary changes at the Critical Care service provision at Prince Philip Hospital (PPH) position. Since 25 July 2022 the Critical Care Unit in PPH has worked to an amended admissions protocol due to challenges in the anaesthetic rota.

The Committee received assurance that the current patient pathway and governance arrangements have appropriate mitigating actions and monitoring, and that patient safety is maintained. There have been no reported incidents or complaints relating to individual episodes of care, or reported to the Adult Critical Care Transfer Services colleagues supporting the transfer arrangements, despite the challenges faced in consultant anaesthetic recruitment.

The Committee was advised that under the leadership of the Director of Operations, the Sustained Model for Critical Care in Carmarthenshire and Medical Emergencies in Prince Philip (PPH), a Task and Finish Group has been established. The Group will consider more sustainable alternative staffing models for the longer term with the potential for greater consultant physician input for patients with higher level needs in PPH but not requiring intensive care management/transfer. Staff are being kept up to date and involved with any developments or changes required.

WITHYBUSH HOSPITAL EMERGENCY SURGERY: The Committee received an update on the arrangements put in place in April 2023 regarding the Surgical On Call Rota at Withybush Hospital (WGH). The General Surgical Clinical team had been unable to sustain a 24/7 consultant on-call cover at due to staffing vacancies and staff absences. The Surgical consultants at Bronglais Hospital (BGH) and Glangwili Hospital (GGH) have agreed to take on the out-of-hours surgical responsibility for WGH patients on a planned rota basis and the arrangements continue. The Committee enquired whether in the aftermath of one reported incident of which an investigation is underway and an Incident Management Group established, there have been reflections from the medical team regarding the feasibility of the

contingency arrangements in place and received assurance that a meeting took place of the clinical leads and it was agreed that the current arrangements are safe and this will be reviewed if any causes for concern arise. The Committee noted that patient experience feedback relating to the service changes would be included in the Quality Assurance Report.

INFECTION PREVENTION AND CONTROL STEERING GROUP UPDATE REPORT: The Committee received an Infection Prevention and Control Steering Group Update Report to the Committee, highlighting the following salient points:

- The *Clostridioides difficile* (*C.diff*) figures remain on course to meet 20% reduction trajectory with an improving position over past three months.
- Trials of a new disinfectant are continuing - the current product has been used for the last ten years. This will potentially reduce costs without impact on efficacy.
- Start Smart Then Focus (SSTF) audits have improved compliance in WGH and BGH but further work is needed on other sites
- A total of 241 Asylum seekers are expected to arrive in Llanelli mid July 2023 and the provision of onsite health screening is being developed
- The IP&C team are involved in an Enabling Quality Improvement in Practice (EQIIP) project to develop a Nurse led faecal microbiota transplant (FMT) service; whilst this is still in progress there has been an increase in the number of successful FMT procedures for those patients with recurrent *C.diff*.
- There has been an increase in reported *Escherichia coli* (*E. coli*) cases with 92% reported as onset in the community. Work is underway with Public Health to raise public awareness regarding the hydration and hygiene improvements.

WELSH HEALTH CIRCULAR: AIRBORNE ISOLATION FACILITIES UPDATE: The Committee received an update on the Welsh Health Circular: Airborne Isolation Facilities Update who noted that despite the requirements of the WHC that was received in 2019 requiring significant capital investment from Welsh Government, creating a Negative Pressure Suite (NPS) pathway within GGH and BGH has been identified as a priority.

A potential location has been identified in GGH within the Clinical Decisions Unit (CDU) and agreed in principle by senior clinicians, the Infection Prevention Control team and the Estates Department. The Committee noted that that the Ventilation Safety Group (VSG) will consider the proposal at their meeting in more detail and discuss how to progress to a feasibility survey and business case.

OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE UPDATE REPORT AND TERMS OF REFERENCE FOR APPROVAL: The Committee received the Operational Quality, Safety and Experience Sub Committee update report and the Chair of the Sub Committee verbally reported on an emerging risk in Witybush Hospital due to the failure of the Gamma camera which will have a major impact on quality of diagnostic service for patients and will be reported to HIW. The Committee was advised that the camera can cost between £800k and £2 million to replace. A detailed position will be requested at the next OQSESC meeting.

The Committee approved the Terms of Reference.

LISTENING AND LEARNING SUB COMMITTEE UPDATE REPORT: The Committee received the Listening and Learning Sub Committee update report. Following a query regarding how the learning from the Sub Committee influences practice across the Health Board and whether it is being fed back to teams effectively, the Committee received

assurance that evidence of learning in practice is shared with the Sub Committee and when themes are identified, an update is scheduled for a future meeting to allow services time to make improvements in practice.

SERVICE USER/ PATIENT ACCESS POLICY: The Committee approved the Service User and Patient Access Policy.

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:

- Concern was raised regarding the limited assurance taken from the performance trajectory for Therapies Services, in particular Children and Young People's Occupational Therapy and WMS which will be monitored by QSEC.
- Concern was raised regarding the completion of care plans and documentation which was highlighted as cause for concern in the Quality Assurance Report. Work is underway with the Quality Improvement team to looking at themes emanating from documentation completion and explore opportunities to make improvements and an update will be provided via the Quality Assurance Report in October 2023.
- Concern regarding Risk Reference 797 - Risk to the ability to deliver ultrasound services due to workforce pressures with further context required for risk reporting in terms of the clinical impact for mothers and babies due to the scan limitations and risks associated with the Growth Assessment Protocol.

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:

5 October 2023