

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:	14 February 2023
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<p>Risk of Harm and Patient Experience Due To Operational Pressures: The Committee received an update on the risk of harm and patient experience due to the current operational pressures. The Committee noted the wealth of data provided from the Safety Dashboard which was valuable in setting the scene. In some instances, the data offered a conflicting picture in terms of pressures and patient feedback, which could be seen as a tribute to the care provided by staff and also an indication that the population were recognising the pressures faced and the efforts by staff to provide the best care possible. Referring to the incident data within the Safety Dashboard, the Committee was advised that the number of incidents reported has decreased during the period of increased pressures. However, there is a notable upward trend in the themes of the incidents that have been reported, such as the increase in reported pressure damage for patients. It is clear that the Dashboard supports the service with intelligence and allows the service to demonstrate hot spot areas for targeted input and intervention. A monthly paper will be prepared for the Executive Team on the risks and what the Safety Dashboard is highlighting in terms of performance, potential harm and areas of pressure. The Assistant Director of Legal Services and Patient Experience suggested that information on complaints that are resolved prior to reaching the formal stage is another area which could be analysed for learning opportunities. The Committee was pleased to note that the culture for reporting incidents had improved; most incidents reported are lower harm events. Members also noted exemplary improvements undertaken at Withybush Hospital for patient flow with positive feedback from patients and staff regarding the changes.</p> <p>Quality Assurance Report: The Committee received the Quality Assurance Report, noting that the safety and performance data will be discussed at the Directorate Quality and Safety meetings and a training roll out programme developed for representatives from the Corporate Quality Team to provide a demonstration and encourage the use of the Safety Dashboard. The next phase of the Dashboard's development will be to incorporate the Datix 'Concerns' data which will be useful for the triangulation of information at the end of March 2023.</p> <p>The Committee was informed that the Infection, Prevention and Control (IPC) Improvement Plan has been submitted to the Delivery Unit and will be monitored on a regular basis. The IPC Dashboard will be presented to the Quality Panel with representation from the three acute hospital sites and community hospitals within the next two weeks. There has been a recent outbreak of Norovirus within the Prince Philip Hospital that is being managed by Senior Staff and Infection Prevention Control Team. The Clostridium Difficile (C.diff) rates continue to be high and the IPC Dashboard will be utilised for targeted intervention. The IPC team will continue to work closely with the clinical teams to step up cleaning standards and improve hygiene practices. The Committee noted that the infection rates are predominantly contracted from the community, with a current hot spot in Prince Philip Hospital (PPH) and specific areas in WGH requiring attention. Members were pleased to note the trialling of new cleaning products in WGH that are expected to support IPC and make financial savings. An</p>	

engagement campaign will take place in collaboration with Public Health for communication with the public to support the IPC agenda.

Areas of good practice identified from the COVID-19 Reviews were highlighted, however, sometimes there were inconsistencies across the Health Board. There was good use of the Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decision-making practice, which was used at the appropriate time to make justifiable decisions.

Members received an update on the recent routine relationship management meeting undertaken with Healthcare Inspectorate Wales (HIW) and noted the helpful outcome with areas of concern discussed verbally and specific actions to take forward.

Quality Improvement Framework: The Committee received the Quality Improvement Framework and recognised how the Enabling Quality Improvement in Practice (EQIIP) programme has evolved over the past four years and continues to adapt and improve. The Framework commits the Health Board to delivering two EQIIP Programmes per year with projects that can be identified as supporting one of the Health Board's Strategic Objectives and one of the five Quality Goals. The developing Improving Together system will inform the identification of improvement priorities for operational teams and will become a feeder for the EQIIP programme. Over 200 staff have been trained on the EQIIP with approximately 40 improvement coaches and 35 projects supported through the programme.

Epilepsy and Neurology in the Learning Disabilities Service: The Committee received an update on epilepsy within the Learning Disabilities Service and the external review commissioned by the Health Board and led by Professor Rohit Shankar, Consultant in Developmental Neuropsychiatry and Clinical Director at the Cornwall Partnership NHS Trust. The service continues to have oversight and actively monitored patients during the review. Work is ongoing to recruit into Psychiatry vacancies. Questionnaires were issued and returned from staff, patients and carers; however, only 54 responses were received. Following further engagement and meetings with family members and carers, an electronic email version was produced and distributed with the deadline for responses extended to 1 March 2023. Once the review has been concluded, a report outlining the findings and next steps will be brought to QSEC.

In light of the fact that the challenges within the service arose due to key members of staff leaving the service, Members sought assurance that a review is undertaken of any fragile services that may be reliant on a small number of key staff, to avoid potential service disruption.

Community Paediatrics Service: The Committee received an update on behalf of the Community Paediatrics Service and shared key highlights within the report. Significant progress has been made since the previous update provided in June 2022, whereby lead clinical staff had requested an external review due to the pressures and challenges. The team is now fully engaged with collective ownership of the action plan underway. The workforce within the Community Paediatric Team has increased since the launch of a Task and Finish Group and there have been several improvements in the Service including reducing waiting times, improved reporting and recording of data. Staff morale has also improved. These improvements have been achieved by the introduction of additional staffing with a varied skill-mix to include Specialty & Associated Specialist (SAS) grade doctors and Specialist Nurses.

Engagement with children, young people and their families and a review of processes have also been instrumental in these improvements. The Committee noted the improvements and suggested that the good practice and learning from the positive cultural development is shared with the People, Organisational Development and Culture Committee.

Members noted that 2000 families have been contacted by letter since November 2022 to ask whether they would like to remain on the waiting list and 405 responses have been received. Although most who responded confirmed they wished to remain on the list, some were signposted to alternative pathways of support or Single Point of Contact Centre to raise specific concerns.

Therapies Service Deep Dive: The Committee received the Therapies Waiting List Deep Dive report, together with an update on the actions underway in response to the increase in waiting times for Therapies Service since the COVID-19 Pandemic. Clinical teams have reported increasing complexity in caseloads, especially in frail populations, and this has impacted 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 during the COVID-19 pandemic and challenges accessing healthcare across specialities in both urgent and routine pathways. Referring to the management of risk, Members received assurance on behalf of the Committee that referrals are prioritised according to urgency with times adjusted according to patient risk and regular clinical assessment to screen referrals are undertaken. The patient is advised to contact the service if their condition worsens or deteriorates. Regular waiting list audits to scrutinise at Directorate level are undertaken. Members noted that Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measured (PREMS) are undertaken across the service and the DrDoctor digital communication tool is being rolled out as a routine service provision. The Committee agreed that an improvement trajectory should be presented to a future meeting.

Cancer Support Service: The Committee received an update on the Cancer Support Service which is a contact line for anyone with a cancer concern - personally or for a friend or family member. Members were pleased to note that the service operated remotely during the COVID-19 pandemic whereby many neighbouring Health Boards closed their hubs. Members were also pleased to note the development of the Power App which was developed to capture and share information and noted the benefits to analyse the types of requests received and what it is telling the organisation. It was noted that issues are often resolved through conversations with the team and capturing this information is useful, with work underway to develop patient feedback in the CIVICA system, to analyse the Cancer Services Support Service.

Planning Objectives Update Report: The Committee received the Planning Objectives Update report, with it highlighted that the Planning Objectives for 2023/24 will be reprioritised in line with Ministerial Priorities following further discussions with Board on the Annual Plan 2023/24, and closure reports will be prepared accordingly.

The Implementation of the Liberty Protection Safeguards Planning Objective 5W: The Committee noted that the update on the Implementation of Liberty Protection Safeguards would be deferred due to the delay in the publication of the UK Government's response to the consultation on the new Mental Capacity Act (MCA) code of practice, with no date confirmed as yet. Members noted the possible risk in maintaining an external provider for the Deprivation of Liberty Safeguards system. The service continues to undertake risk assessments which are reported through the Mental Health Capacity Act Group, and a tender

process is underway for a Single Tender Action for a provider for external support. Welsh Government will be providing resources for training for the new arrangements; however, this continues to be delayed. It was agreed that an update would be scheduled for the next meeting on the anticipated requirements of assessment, the likely changes in statutory requirements and medical oversight and risks for the MCA assessments.

Operational Quality, Safety and Experience Sub-Committee: The Committee received an update from the Operational Quality, Safety and Experience Sub-Committee (OQSESC) meeting that took place on 25 January 2023. Members raised the variation in report content at the meeting, which will be discussed further at the next meeting on 7 March 2023.

An update was received from the Emergency Department Risk Oversight Group on the work streams and actions underway to mitigate the challenges being faced and the group will continue to keep OQSESC updated on developments. An update from WGH Unscheduled Care Services was provided and the Sub-Committee was advised of the ongoing challenges with the use of surge beds and the direct impact this is having on staffing capacity. All sites are reporting medical and nursing workforce challenges. The clinical accommodation challenges at Bronglais Hospital were highlighted at the meeting and the Hospital Manager will be escalating the risks via Datix and discuss this further at the Improving Together Sessions with the Director of Operations.

Listening and Learning Sub Committee: The Committee received an update report from the recent Listening and Learning Sub Committee (LLSC) highlighting the palliative and end of life care theme of the meeting. Issues regarding communication and patients' understanding of information provided were highlighted at the meeting. It was noted that training on empathy and breaking bad news was needed and colleagues from Workforce and Organisational Development will be joining the LLSC meeting on 8 March 2023 for a communication-focused session and to discuss engagement opportunities for training.

Medicines Management Operational Group: The Committee received the Medicines Management Operational Group Update Report and the Pharmacy and Medicines Optimisation Draft Framework for comment; no comments were received; however, the Committee wished Ms Jenny Pugh-Jones a long and happy retirement and passed on thanks for all of her hard work and valuable contribution to the quality, safety and patient experience agenda.

The Effective Clinical Practice Advisory Panel (ECPAP) Update Report: The Committee received the Effective Clinical Practice Advisory Panel (ECPAP) Update Report noting that the Medical Examiner Service (MES) is due to become statutory from April 2023 and will include all primary care and community deaths.

The Effective Clinical Practice Strategic Plan has been approved by ECPAP, which sets out the Health Board's overarching vision for clinical effectiveness and contributes to the delivery of Planning Objective 5K.

Extension Request To Review Dates Of Legal And Patient Support Written Control Documentation: The Committee approved extensions to the review dates of the following documents for three months, whilst awaiting further guidance/undertaking a review:
244 – Being Open/Duty of Candour Guideline
018 – Staff Attending Inquests/Court and Assisting Policy Investigation Guideline

063 – Use of Patient and Carers Stories Guideline
307 – Production of Patient and Carer Information Policy
004 – Claims Management Policy

The Committee approved extensions to the review date of the following documents for six months, whilst a full review is undertaken of the process and authorisation for surveys:

568 – Production and Use of Surveys Guideline

**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:**

- **Operational Quality, Safety and Experience Sub Committee Update Report:** Concern raised regarding the risks reported at the last meeting in respect of the commissioned Neurology and Tertiary Pathway and the closure of the service due to the retirement of a member of staff and the detrimental impact this may cause in terms of provision of service.
- **Medicines Management Operational Group Update:** Concern raised regarding the risk that prescribers will not access up to date thrombosis guidelines as they are not currently available on an easy to access App which could lead to an impact/effect on patients having inappropriate treatment. It was queried whether there is an alternative way to ensure prescribing guidelines are up to date. Members received assurance that in the last few weeks the team has utilised a Micro Guide which has been successful and further guidelines will be included going forward.

**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:

11 April 2023