

<b>Enw'r Pwyllgor / Name of Committee</b>	Quality, Safety and Experience Committee (QSEC)
<b>Cadeirydd y Pwyllgor/ Chair of Committee:</b>	Ms Anna Lewis, Independent Member
<b>Cyfnod Adrodd/ Reporting Period:</b>	Meeting held on 5 October 2023
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:</b>	
<ul style="list-style-type: none"> <li>• <b>Committee Self-Assessment Process:</b> The Committee received an update on the self-assessment process which is currently under review. The format of the survey is being revised in an effort to improve capturing outcomes and make the process more impactful. The new survey, which is expected to be launched imminently is in its pilot stage and will hopefully be more user friendly. A workshop for Independent Members is being arranged for November 2023 which will provide an opportunity to discuss feedback on the pilot and agree on the next steps.</li> <li>• <b>Patient Story:</b> The Committee received a patient experience story from a son relaying his experience of his mother's admission and discharge from hospital following a fall which she experienced during the night time, noting his concerns regarding the standards of care provided for his mother and communication from staff prior to discharge. The Head of Patient Experience advised that an investigation has taken place and the service has acknowledged and apologised for a number of errors. While the concerns were recognised as unacceptable standards of care, it was noted that a thorough investigation has taken place in response. The Committee agreed the next steps; to share the story widely with the operational teams for learning and improvement, with the Listening and Learning Sub-Committee and the Operational Quality, Safety and Experience Sub-Committee. The Chair requested that the family are kept informed of the improvement actions underway in response to the valuable feedback.</li> <li>• <b>Quality Assurance Report:</b> The Committee received the key highlights from the Quality Assurance Report noting that, following a request at the last meeting, further information has been included on reported incidents of pressure damage and hand hygiene compliance across the Health Board.</li> </ul> <p>Discussion took place regarding the hand hygiene compliance audit data, with particular concern regarding the 32% hand washing compliance results in one area. It was noted that a Health Board wide attitude and behaviour change is urgently required. Following the results of the monthly audit, actions and recommendations, such as exploring an increase in peer group audits, are being discussed at the Infection Prevention Control Steering Group meetings. As part of the next steps, the aim is to raise awareness and drive a focus on hand hygiene improvements, with the 'five moments for hand hygiene' illustration to be shared as part of the campaign. Site visits have been undertaken to directly discuss concerns with medical colleagues, quality improvement leads and senior nurse teams, roadshow campaigns are underway, and the audit results are tabled as part of the nurse staffing levels reviews, Electronic Staff Record (ESR) mandatory training and also at the Directorate Improving Together sessions.</p> <p>Members were pleased to note that 97.5% of the COVID-19 reviews have been completed as part of the programme; however, were updated that there is a backlog of</p>	

outstanding closure letters to families which is being addressed by the Assistant Director of Legal and Patient Experience.

Receiving an update on the national review of the stroke pathway, the Committee was advised that, following an onsite inspection by Health Inspectorate Wales (HIW), a report was published on 7 September 2023 and a management group had been arranged to discuss the improvement plan.

- **Reinforced Autoclaved Aerated Concrete Quality Impact Assessment:** The Committee received an update relating to the quality impact assessment for managing the clinical risks associated with Reinforced Autoclaved Aerated Concrete (RAAC). It was noted that the RAAC Control Group has utilised the Health Board Risk Management Matrix to quantify risk, identify mitigation to inform strategic quality-driven decision-making and identify and assess the effect or influence of a proposal on the quality and safety of the healthcare system. The Control Group has identified the actions needed to reduce risks where quality or safety could be negatively affected and ensure that these risks and mitigations were fed into existing corporate monitoring processes to provide assurance of quality driven decision making. These proposals and decisions are evident through updates presented to the Health and Safety Committee, the Strategic Development and Operational Delivery Committee and the RAAC Silver Tactical Command Group. The Committee received an update that two corporate risks are currently noted on the Health Board's risk register relating to RAAC. The major incident has been an incredibly challenging process to work through for staff across multiple directorates and services have worked collaboratively and promptly to manage the risks associated with quality, safety and patient experience as best as possible. The Committee noted the immense work undertaken by staff and shared gratitude for their exceptional efforts. The Committee also discussed the positive work that has emanated from the urgent response work, such as transforming urgent care pathways and patient admission avoidance work which has been received positively so far.
- **Savings Plans:** The Committee noted that, in light of the financial challenges, developments are happening at pace. The Committee was advised that a meeting has been scheduled within the Health Minister within the next week regarding the financial position and advised that it is important that public conversations are taking place to share the challenges that are being faced to meet the targets set. The Committee recognised the difficult conversations taking place at executive meetings and the articulation of the quality impact assessments will be significant as part of decision making processes.
- **Decisions Relating to Nurse Staffing Levels (Wales) Act:** Members received an update on the decisions relating to the Nurse Staffing Levels (Wales) Act and were advised that legal advice has been sought to explore saving opportunities identified by the working group progressing Phase 2 of the Recovery plan to cease agency nursing in identified areas including adult inpatient wards on the acute sites, paediatric inpatient wards, community hospitals, mental health inpatient service and planned care, and also potentially capping the fill rate of the establishments and/or rosters. Following receipt of legal advice, a decision has been made through the Core Delivery Group to not pursue these options in light of the implications and for the Health Board to remain compliant with its duties under the Nurse Staffing Levels (Wales) Act 2016. The Committee highlighted that assessments would need to be explicit in terms of the anticipated impact to ensure transparency unless sufficient mitigations are put in place and noted that the next step is to clearly articulate the full scale of impact on quality and safety for decisions being made.

- **Initial Response to the Neonatal Findings Relating to the Thirwall Inquiry:** The Committee received an update on the Health Board's response to the Neonatal findings from the well-publicised Lucy Letby case, soon to be known as the Thirwall Inquiry, highlighting that a lot of the work undertaken has been co-produced and processes in place are now much more robust in terms of governance with the Committee strongly advocating the ongoing culture openness, honesty and prompt escalation of concerns. A recap was provided by the Maternity Services and Childrens Services team on a Quality Improvement project undertaken in 2022 to improve processes and develop systems to capture demonstrable evidence of outcomes and to support psychological safety for staff to feel comfortable escalating concerns. The team felt proud of what has been achieved so far in response to adverse events. The Committee was pleased to note that Members of the Maternity team have won a Health Service Journal award for Patient Safety Congress in Manchester, Developing a Positive Learning Culture Award, Changing Workplace Culture around Adverse Events in Maternity and Neonatal Care. The Maternity and Neonatal team were also regional winners for Welsh Patient Nominated Awards for care and treatment of babies at Bronlais Hospital and attended Downing Street, London for the award ceremony. Discussion took place around the culture developments in the team and the ongoing improvements in the service. The Committee was pleased to see the cross-professional culture developments and was pleased to witness first-hand the medical and nursing teams working so closely together. The Committee received an update on the 'Making a Difference' days which reinforces the concept that it is the little things that make the big differences to mothers and families. The multi-disciplinary meetings, cross-profession shadowing opportunities, and generally the wider awareness and 'we are in this together' approach has allowed the team to reflect and understand issues which have become clear through feedback and become areas of focus, and the next steps involve continuing to work collaboratively and inspire colleagues to do the same in the process.

Members were updated that Welsh Government have issued a Welsh Health Circular Speaking Up Safely Framework and the Health Board are required to submit a response by 30 October 2023. The response will be shared with QSEC at the December 2023 meeting.

- **Planning Objective Update Report:** An update was provided on the Planning Objective aligned to the Committee which the Committee was pleased to note is on track.
- **Effective Clinical Practice Advisory Panel:** The Committee received the Effective Clinical Practice Advisory Panel update report. Discussion took place around the national developments relating to interventions not normally undertaken (INNU). The proposed approach from Welsh Government is to identify the interventions which are consistent across all the Health Boards and start work on developing an INNU policy with support from Health Technology Wales. INNU are procedures that are not routinely undertaken but in some cases there is a threshold and clear clinical criteria where the procedure can be undertaken and the preferred description being used nationally has been "procedures of limited value". Meetings with local clinicians will be scheduled, monitoring activities will be implemented and there will also be engagement with Primary Care to ensure individuals are not being referred inappropriately. Discussion has taken place as part of the Medical Directors Peer Group and the process is being reviewed following national information received which will be embedded in operational processes.

- **Medicines Management Operational Group and Terms of Reference for Approval:**  
The Committee received the Medicine's Management Operational Group (MMOG) update and revised terms of reference for approval, highlighting a number of patient pathway and quality improvement projects. Assurance was sought that appropriate governance arrangements are in place to monitor the data for the pilot project on the single checking of injectable medications at Glangwili Hospital and the Committee was advised that the pilot is being led by the Senior Nurse Medicines Management and a process has been agreed for how data and incidents will be flagged and reported to MMOG and through to QSEC as part of the next update report in six months' time. The Committee approved the revised terms of reference.
- **Operational Quality, Safety and Experience Sub-Committee:** The Committee received the QQSESC update report from the meeting held in September 2023, which was not quorate despite being rearranged due to low attendance. In terms of reporting arrangements, Directorate leads have been asked to submit their respective Quality and Safety Group minutes as part of their update reports and the Chair will ask report authors to include Mortality Review updates going forward.

The key highlights from the meeting were received by the Committee including:

- The Chair recapped an update on the RAAC developments and highlighted a positive comment from workforce colleagues regarding minimum concerns from Staff Side representatives which has been a credit to the operational staff managing the Major Incident.
  - Hand hygiene and infection prevention and control challenges were discussed at the Sub-Committee as part of the reporting of a new emerging risk relating to cleaning standards at Glangwili Hospital.
  - Providing feedback from the Radiology Protection Group, the Sub-Committee received an update that a previously discussed international study had suggested female surgical staff required additional radiation protection. There is now an emerging UK consensus that the study methodology was not strong enough to support this opinion and that additional measures are not required for this staff group. As such, the Group accepted the recommendation that additional protection is not required, subject to final confirmation by the Medical Physics Team.
- **Policies for Approval:**
    - The Management of Claims and Concerns Policy (004) was presented to the Committee and approved subject to minor changes.
    - The Putting Things Right Policy (894) was presented and approved by the Committee.
  - The Committee **APPROVED** extensions for the review following written control documents:
    - 018 – Staff Attending Inquests/Court and Assisting Policy Investigation Guideline – for discussion at Listening and Learning Sub-Committee on 11 October 2023.
    - 063 – Use of Patient and Carers Stories Guideline – due to revised national guidance being issued to Listening and Learning Sub-Committee on 11 October 2023
    - 307 – Production of Patient and Carer Information Policy – subject to staff consultation.

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

None

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

- Concerns regarding the validated hand hygiene audits that showed variable compliance across all inpatient areas yielding an average figure of 32% has been flagged for urgent improvement via the Deputy Medical Director.
- Concerns regarding the steady and consistent level of reported incidents of pressure damage and falls over the previous year, with the data suggesting that that no improvements are being made. The Committee agreed it would be helpful to clarify the grading of harm however caution was raised with regards to aiming for a reduction in reported incidents as it is important that staff are not discouraged from doing so.
- Concerns regarding feedback from the Effective Clinical Practice Panel regarding medical engagement with nationally mandated audits. Non-engagement is escalated to the Executive Lead and Members noted that the recent appointment of a medical lead for audit is having a positive impact on improving engagement.
- Concerns regarding low attendance at the most recent OQSESC meeting which will be raised by the Executive Leads with their respective teams to ensure attendance.

**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:**

7 December 2023