

QUALITY, SAFETY AND EXPERIENCE COMMITTEE (QSEC) UPDATE REPORT

Date of last meeting: 13 February 2024

Quoracy: Met

Report by: Anna Lewis, Chair

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

ALERT¹ (may require discussion)

There are no matters to **alert** members of Board to.

ADVISE²(to monitor)

QSEC wish to **advise** members of Board that:

- Whilst an update was provided to the Committee on the investigative work undertaken to understand the current **14-week therapy referral to treatment performance**, it did not provide assurance on the actions that will be taken to reduce the detrimental impact of patient safety, patient experience and patient outcomes across the system. An action plan was requested at the next meeting, with a meeting to be arranged with the Director of Therapies and Health Science prior to the next meeting to contribute to a reciprocal response to address the issue.
- Reassurance, as opposed to assurance, had been provided to the Committee on understanding the **quality impacts from the Transforming Urgent and Emergency Care Programme**. An assurance report will be provided at the next meeting, however I have requested a meeting with the Director of Operations for an update on progress before the next meeting.
- The Committee was unable to take an assurance from the number of **HIW Inspections and peer review recommendations** that were reported as overdue, despite oversight of delivery taking place through the Directorate Improving Together Sessions and the Operational Performance, Governance and Performance meetings. The Committee was also unable to take assurance on the implementation of **Welsh Health Circulars** that are aligned to the Committee, as many of these do not have implementation dates and/or seem to rely on funding to implement. It was not clear whether there had been an overt decision-making process on the funding to implement these. A report will be brought back to the next meeting to advise the Committee on whether the outstanding WHCs have been considered as part of the 2023/24 planning process, and whether the quality impacts have been assessed if funding has not been agreed.

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

ASSURE³ (to note)

QSEC wish to **assure** members of the Board that:

- Assurance was provided on a number of areas including patient safety incidents (including a focus on falls prevention), nationally reported patient safety incidents, Duty of Candour, infection, prevention and control, and compliance with Ministerial Directions.
- The **Operational Quality, Safety and Experience Sub-Committee (OQSESC) Update Report** provided some level of assurance on operational governance however the Committee expressed their concerns on time it is taking to introduce the recommended improvements to operational governance. The Committee was therefore, pleased to note the work that the Clinical Executive has just commenced on considering how operational quality governance can be strengthened and future role of the OQSESC. An update is expected at the next meeting which it is hoped will address the Committee's concerns.
- The Committee received assurance that **Planning Objective 3b** (Healthcare Acquired Infection Delivery Plan) is on track.
- The Health Board's **Nosocomial COVID Review Programme** has been undertaken robustly and that the learning identified has been shared to ensure that improvements are undertaken. An update will be scheduled in 6 months for assurance that the learning has been applied to normal business and has strengthened the operational quality governance.
- Although assurance was provided by the **Effective Clinical Practice Advisory Panel** update, it did indicate that in respect of Interventions Not Normally Undertaken (INNU), the Health Board may be in a position where it may be funding non-evidenced based procedures and not funding evidence-based procedures. A task and finish group has been established to develop a local response to national developments and consider the work already undertaken by the Academy of Royal Colleges.
- **Clinical audit activity** continues to take place across the health board, and these are demonstrating positive impacts on quality as well as the need for improvement.

REVIEW OF RISKS

The Corporate Risk Register will be considered at the next meeting.

SHARING OF LEARNING

The Committee challenged Executive Members to make maximum use of the wealth of information in the **Nosocomial COVID Review Programme** report, and to take a more purposeful and proactive approach to applying the valuable learning from the review. The Committee will welcome a report on how learning opportunities have been maximised from the review in 6 months time.

RECOMMENDATION

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

The Board is asked to note the report, as there are no actions that are not referenced above, that the Board need to consider or undertake.

Agenda, papers and minutes are available on our website: [Quality, Safety and Experience Committee](#)