

**COFNODION HEB EU CYMERADWYO O GYFARFOD Y PWYLLGOR ANSAWDD,
DIOGELWCH A PHROFIAD
UNAPPROVED MINUTES OF THE
QUALITY, SAFETY AND EXPERIENCE COMMITTEE (QSEC) MEETING**

Date and Time of Meeting:	9:30am, 11 th October 2022
Venue:	Boardroom, Ystwyth Building/ MS Teams

Present:	Ms Anna Lewis, Independent Member (Committee Chair) Mrs Delyth Raynsford, Independent Member Mr Paul Newman, Independent Member Mrs Judith Hardisty, Independent Members and Vice Chair Ms Anne Murphy, Independent Member
In Attendance:	Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience (Lead Executive) Professor Phil Kloer Medical Director & Deputy CEO Mr Andrew Carruthers, Director of Operations Ms Alison Shakeshaft, Director of Therapies & Health Science Dr Joanne McCarthy, Deputy Director of Public Health Ms Jill Paterson, Director of Primary Care, Community & Long Term Care Dr Subhamay Ghosh, Associate Medical Director for Quality & Safety Mrs Louise O'Connor, Assistant Director, Legal Services/Patient Experience Ms Donna Coleman, Hywel Dda Community Health Council (CHC) Representative Ms Marilize Preez, Improvement and Transformation Lead (Part) Ms Cathie Steele, Head of Quality and Governance Mr William Oliver, Assistant Director of Therapies and Health Science Mrs Joanne Wilson, Board Secretary Mr Paul Newman, Independent Member Ms Donna Coleman, Health Board Community Health Council Representative Mr Keith Jones, Director of Secondary Care Services Ms Bethan Lewis, Interim Assistant Director of Public Health Mr Lee Davies, Assistant Director of Strategic Development and Operational Planning (Part) Mr William Oliver, Assistant Director of Therapies and Health Science Ms Rebecca Jewell, Health Inspectorate Wales Ms Katie Lewis, Committee Services Officer (Minutes)

QSEC (22) 88	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
	The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Committee (QSEC) meeting.	
	Apologies for absence were received from: Mrs Sian Passey, Assistant Director of Nursing, Quality & Patient Experience Acute Operational Services.	

QSEC (22) 89	DECLARATIONS OF INTERESTS	
	No declarations of interest were made.	

QSEC (22) 90	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 9th AUGUST 2022	
	The minutes from the previous meeting were approved as an accurate record.	

QSEC (22) 91	TABLE OF ACTIONS FROM THE MEETING HELD ON 9TH AUGUST 2022	
	QSEC 22(77) Quality and Engagement Act: Members received a positive update on the progress and steps underway to implement the Quality and Engagement Act within Welsh Government, following concern raised at the previous QSEC meeting regarding capacity within the team. The Duty of Candour Consultation exercise is underway to gather views from health boards on measures to implement the associated guidance and regulations. Members noted the progress of the Work Streams as part of the Quality and Engagement Act, with the first draft of the Duty of Quality Consultation shared with Mrs Rayani as the Chair of the Work Stream for comment. Members further noted that the self-assessment exercise is underway by Welsh Government with a deadline for completion by 31 October 2022.	

QSEC (22) 92	APPROVAL OF QSEC SELF- ASSESSMENT	
	The Committee received the draft QSEC Self- Assessment Questionnaire for agreement. Members received assurance that the style and format will be revised for the next self-assessment cycle following feedback from Members that the questionnaire is lengthy. The Committee recognised that the extraordinary question specifically relating to COVID-19 could be removed from the questionnaire for the next cycle, if appropriate.	
	The Committee APPROVED the QSEC Self-Assessment Questionnaire.	

QSEC (22) 93	PATIENT STORY- WAITING LIST SUPPORT SERVICE	
	Mrs Louise O'Connor presented a positive patient story from the Waiting List Support Service (WLSS). The patient shared their recent experience of reaching out to the WLSS Team following a two year wait for an elective care appointment and described the Call handler as very kind and proactive. The patient felt reassured following the discussion and immediate steps were taken to arrange a clinical appointment as soon as possible. Members were pleased to note the ongoing patient experience focussed evaluation of the service via the Datix system and positive feedback received regularly for the WLSS. The Committee agreed with Mrs Alison Shakeshaft comment regarding the importance of kindness and communication, highlighting that despite the two year wait for an appointment, the patient provided positive feedback and the call handlers kindness was clearly appreciated. Mrs Judith Hardisty enquired whether the WLSS will be extended to support diagnostic services such as X-Ray, Physiotherapy or Occupational Therapy and in response Mrs Rayani explained that the WLSS is currently supporting a specific programme of services with waiting list recovery challenges. However, work is underway to scope opportunities for service development such as	

establishing links with similar communication hubs to improve signposting for patients and streamline telephone access to services and/ or referrals. Mrs O'Connor assured Members that the Patient Support Services team also work with a range of services within the Contact Centre that are not being managed by the WLSS.

Mrs Delyth Raynsford enquired whether the service is offered through the Welsh language and, acknowledging that calls may at times be challenging, whether the WLSS call handlers are receiving adequate supervision and support. In response to Mrs Raynsford's queries, Mrs O'Connor assured Members that the service is provided bilingually, adding that a Welsh Language patient story will be shared in an upcoming Public Board meeting via the Improving Patient Experience Report. Mrs O'Connor further assured Members that staff supervision arrangements are in place and more detailed information would be available from the Service Manager if required.

Providing an overview of the process in place, Mrs Rayani assured Members that the waiting list is a live working database, which is regularly updated and a validation exercise is undertaken prior to patients being contacted to ensure that there has been no change in circumstances. Members were pleased to note that the WLSS team are taking proactive steps to reach out to patients as often as possible.

Mr William Oliver acknowledged the importance of maintaining contact with patients, highlighting that that the S2 funding route, which may entitle patients for planned healthcare and treatment in a European country or Switzerland, is available which could pose a risk with a lack of NHS control mechanisms in place with the provider.

Ms Anna Lewis extended the Committee's gratitude for the positive story and developments within this important service and welcomed an update at a future Committee meeting.

The Committee **NOTED** the patient story provided.

QSEC (22) 94 ANNUAL PLAN DISCUSSION UPDATE

Mr Lee Davies joined the meeting.

Ms Anna Lewis summarised discussions to date on the Health Board's Three Year Annual Plan 2022/23, recapping that a series of reports have been presented to Public Board in relation to the developments. An extraordinary Board Seminar meeting was convened on 8 September 2022 to discuss the perspectives from the Committee Chairs on matters aligned to their respective Committees and it was agreed that a further discussion on the impact of decisions would be scheduled for a Board Seminar meeting in December 2022.

Referring to recent correspondence from Welsh Government (WG) stating that the Minister for Health and Social Care has accepted the recommendation of WG officials to escalate Hywel Dda University Health Board to 'Targeted Intervention' status for Planning and Finance and to remain at 'Enhanced Monitoring' for quality issues relating to performance due to long waiting times and poor patient experience concerns, Members recognised that this will have

an impact upon the planning schedule. Acknowledging the range of Planning Objectives aligned to the Health Board's Strategic Objectives, which are comprehensive in setting out aims, Mr Lee Davies informed Members that these will be reprioritised.

Mrs Rayani raised concern regarding the escalation of services, highlighting that the Health Board is continually engaging and has been transparent in communicating emerging risks during inspections and visits. Mrs Rayani undertook to seek feedback on what has not been shared to provide the necessary assurance.

Prof Philip Kloer shared concerns regarding the 'Targeted Intervention' escalation and the challenging financial position, with limited opportunities to reduce the deficit. In agreement, Mr Davies recognised that careful financial mapping will be required.

On behalf of the Committee, Ms Anna Lewis requested an update on the concerns raised by the Minister, which will be scrutinised from a quality, safety and experience lens as soon as possible. Members were assured that the Health Board will work with WG and HIW to address areas of concerns that have been raised within the escalation letter. The governance arrangements relating to the specific issues will be reviewed and reported back through QSEC.

Mr Lee Davies left the meeting.

The Committee **NOTED** the update provided on the Annual Plan.

**QSEC
(22) 95**

HEALTH VISITING SERVICE UPDATE ON STAFFING LEVELS

Dr Joanne McCarthy joined the meeting.

Ms Bethan Lewis provided Members with an update on the Health Visiting Service staffing position since the previous update to QSEC in February 2022 and as agreed by Board, the service is moving from Public Health to the Women's and Children's Directorate. The workforce position remains challenging, with the deficits remaining greater in the Ceredigion and North Pembrokeshire areas. However, there has been a slight improvement in Ceredigion with successful recruitment of existing Specialist Community Public Health Nursing (SCPHN) students.

Members noted the ongoing concern regarding the average 50+ age profile of the Health Visitors in post and were pleased to note the workforce planning actions underway to mitigate the risks within this important service such as the continued development of 'GROW YOUR OWN' model and the recruitment campaign which was carried out with Workforce and Organisational Development Team and the Universities at end of February 2022. Twelve students have been appointed to the SCPHN course for 2022/23, two of which are studying part time over two years.

Ms Bethan Lewis advised Members that the Health Visiting Service budget is under review by the Finance Team and provided an overview of the steps being taken to gather patient feedback from families. Members noted that discussions are underway with Commissioning Services to discuss the Service

Level agreement process for the WG funded programme 'Flying Start' which impacts upon Health Visitor capacity.

Members were pleased to note the progress in recruitment and passed on their thanks to Ms Bethan Lewis and the team for the ongoing efforts to support families and mitigate the risks for the Health Board population. In response to a query from Ms Anna Lewis on steps being taken to retain the newly appointed workforce, Ms Bethan Lewis assured Members that a piece of detailed work is underway in collaboration with the Organisational Development Team to map out actions to make the role more attractive and explore opportunities to improve workforce retention.

Prof Kloer suggested revisiting Risk 940 – *Insufficient Staffing/risk to staff and children* and the increase in poor health and wellbeing outcomes and increased high levels of safeguarding concerns of children in terms of ambition and potential scope of the service, while recognising the current funding challenges. Ms Lewis offered assurance to Members that the Risk Register is being regularly reviewed and discussions are underway with Social Care Services and Third Sector partners to explore and possibly review current functions.

Ms Raynsford, recognising the achievements made by Ms Bethan Lewis and the Health Visiting team in a short period of time, enquired whether additional administrative staff would support the service, and asked whether the voluntary and prevention services are being utilised as much as possible. Also, referring to the service transition from the Women's and Childrens Directorate, assurance was sought that the Directorates would continue to work closely together, and received assurance that this would be the case to ensure a smooth transition and a clear understanding of the respective objectives as to continue with the progress that has been made. Ms Bethan Lewis acknowledged that administrative functions will be vital for service developments towards the paperless electronic system and provided an update on the wider work underway to develop the 'Team around the family/child' ethos, in partnership with the voluntary sector to support nurses to practice their full skill set as part of their registration.

Mrs Hardisty, echoed Prof Kloer's comment regarding the potential scope and opportunities of the Health Visitor role and suggested that it would be useful for the Committee to have data detailing the average birth rates and associated expectations for the Health Visitor, which was noted.

In response to Mrs Hardisty's query whether there are cross border collaboration opportunities for those working in remote areas, Ms Bethan Lewis informed Members that discussions with Powys Teaching Health Board and Betsi Cadwaladr University Health Board regarding collaborative opportunities have taken place and there have been instances whereby Powys Teaching Health Board staff have undertaken Bank work for Hywel Dda. However, opportunities are limited due to the national workforce challenges.

Recapping the comments made on the future ambition of the service to expand the scope to support families, Ms Anna Lewis noted the wider strategic discussions and the benefits of continuing to evolve services to ensure a wider system of support for the children and families within the population, whilst recognising the current challenges.

	<p>The Committee NOTED the workforce planning and further control measures and improvements to provide a safe service, and the continued work underway to mitigate risk to staffing vacancies within the Health Visiting Service. The Committee RECEIVED ASSURANCE from the control measures in place in light of the staffing situation and requested an update in six to nine months' time.</p>	<p>BL/ CSO</p>
--	---	--------------------

<p>QSEC (22) 96</p>	<p>WINTER PLANNING UPDATE 2022/23</p> <p><i>Mr Andrew Carruthers joined the meeting.</i></p> <p>Mr Andrew Carruthers introduced the Winter Planning Update 2022/23 and noted concern that the winter ahead is anticipated to be the most challenging since the COVID-19 pandemic, partly due to the broader social care system challenges, which will continue to impact on Unscheduled and Emergency Care services. Mr Carruthers provided positive feedback from staff during a recent visit to the Unscheduled Care Service at Glangwili General Hospital (GGH), who were engaged and communicated a clear desire and determination to make changes to support the services such as the development of the Alternative Care Unit and Medical Assessment Unit to support the Clinical Decisions Unit.</p> <p>The Committee received an update on a recent meeting undertaken by the Director of Operations, Medical Director, Director of Nursing and Patient Experience and Emergency Department Consultants. The Director of Operations fed back that Consultant colleagues helpfully prepared a list of actions required to manage the ongoing pressures. The outcome of the meeting was positive with actions to follow up including revised escalation frameworks and the development of a Control Group to progress and monitor workforce, flow and patient experience.</p> <p>Mr Keith Jones presented a slide set detailing the key deliverables such as the COVID-19 and immunisation programme and the Unscheduled Emergency Care programme planning, which includes a 24/7 urgent care model and same day emergency care (SDEC) provision. Members noted the development work around a dashboard, demonstrated within the slide set, which aims to present the key risks being faced across the acute care system. The dashboard will be launched on 27 October 2022 as a tool to oversee the impact of pressures on services and quality and safety for the Health Board population.</p> <p>Members noted that there will no longer be a winter specific plan for future reporting, with the content dovetailing with the scope of the Unscheduled Emergency Care programme planning. The Unscheduled Emergency Care Delivery Group will monitor actions as part of the programme via the Senior Operational Group. Mr Jones assured Members that progress reports will be provided to QSEC to track key indicators in December 2022 and a follow up update will be provided in February 2023. The Committee welcomed the proposed schedule for updates.</p> <p>Mrs Rayani suggested a meeting with the Transforming Urgent and Emergency Care Leads to discuss the quality metrics and suggested that these are refined slightly. In response, Mr Jones offered assurance that the system risk and harms dashboard provides a focus on measurable quality</p>	<p>KJ/ CSO</p>
--------------------------------	---	--------------------

metrics, adding that there is scope to develop the reporting mechanisms further. Prof Kloer acknowledged the significance of a systemic approach in undertaking quality measures, suggesting a focus on specific areas of concern. Feeling encouraged by the meeting with Emergency Department Consultants which was constructive, Prof Kloer highlighted that despite the immense pressures, medical colleagues came forward with mitigating actions which exemplifies positive staff engagement.

In response to Ms Ann Murphy's request for an update on the Alternative Care Unit at GGH, Mrs Rayani informed Members that the aim is to open the Unit by the end of October 2022 and work is underway on finalising the Standard Operating Procedure, staffing model and specific criteria for patients which will be shared with QSEC once complete. Members noted that GGH staff are keen to open the unit as soon as possible.

Mrs Raynsford requested assurance that staff in high risk departments are being prioritised for Flu and COVID-19 immunisations, highlighting a recent invitation for a COVID-19 booster due to age profiling. In response, Mrs Shakeshaft explained that the vaccination invitation lists are managed centrally by the Joint Committee on Vaccinations and Immunisations (JCVI) and assured Members that concerns are being discussed. The 'Did Not Attend' rates are an area of concern, and steps are being taken to gain momentum with the public for immunisations via social media and advertisement opportunities.

Mrs Hardisty enquired whether processes are in place to measure the impact of frailty and capture information on patients who pose a higher risk being admitted to hospital than staying at home with a community package to support their ailments, and what steps are being taken to encourage the public to utilise all other service pathways before attending hospital due to the risks. Prof Kloer provided feedback from discussions with medical colleagues at the Medical Conference urging for a national focus on frail patients. Mrs Rayani also offered assurance that discussions are underway on communication tools and clear messaging for the public regarding pressures.

Ms Anna Lewis, acknowledging the fast moving and unprecedented position and risks for quality, safety and patient experience, suggested monthly touchpoint meetings with the Director of Nursing, Quality and Patient Experience, Board Secretary and the Director of Operations.

While acknowledging the long term benefits of the Transforming Unscheduled Emergency Care three year programme, Mr Carruthers advised Members that the work underway will not transform the immediate challenges, however the metrics and indicators will be a tool for a trajectory for improvement.

Ms Anna Lewis conveyed the Committee's deep appreciation and gratitude to operational colleagues, acknowledging the extremely challenging pressures and efforts underway to mitigate the risks for the population.

The Committee **NOTED** the update provided and **RECEIVED ASSURANCE** from the proposed approach to manage quality and safety impacts within the Winter Plan to minimise harm

CSO/
MR

MR/
AC/
JW

<p>QSEC (22) 97</p>	<p>QUALITY ASSURANCE REPORT</p> <p>Ms Cathie Steele introduced the Quality and Safety Assurance report and presented the key findings:</p> <ul style="list-style-type: none"> • A revised reporting process has been implemented as part of the Nosocomial COVID-19 infection reviews, which requires the Health Board to report directly to the Delivery Unit. The Health Board are progressing the reviews and taking cases to the Scrutiny Panel where appropriate and engaging with the families of patients effected. • As part of the Healthcare Inspectorate Wales (HIW) Inspection recommendations, which are tracked by the Quality and Safety Team and reported to the Audit and Risk Assurance Committee (ARAC), Members noted that Committee reporting arrangements are being revised and an update will be provided to QSEC once available. • The Medication Error Reduction Group have undertaken a focussed piece of work to minimise medication errors such including social media campaigns and bulletins and Patient Safety days to highlight key messages and medicines safety issues. • The actions included within the Public Service of Wales Ombudsman reports are progressing well with one action outstanding relating to Section 12 Doctors and escalation processes in the Mental Health service which is being addressed. • Members were pleased to note the learning shared as part of the mortality reviews process and the Datix Mortality Model <p>Mrs Rayani highlighted a significant improvement in the Quality Assurance reporting within the last year, which is far more robust with a strive for continuous improvement.</p> <p>Referring to the recent presentation at Public Board on the HIW Annual Report, Mrs Joanne Wilson enquired whether Ms Rebecca Jewell, Health Inspectorate Wales had any key points to raise for QSEC. In response, Ms Jewell provided an overview of key findings, informing Members that the annual report is based upon feedback from a number of sources beyond the inspection reports, including concerns from members of the public via the Community Health Council and Serious Incidents, highlighting the previous concerns regarding Ty Bryn Learning Disabilities service. Ms Jewell, on behalf of HIW, was pleased to note the actions underway to resolve the issues at Ty Bryn and suggested that the Committee prioritise work to strengthen governance arrangements and risk escalation with an apparent disconnect between Board and Service level. Recognising the national challenges, in particular for the Unscheduled Care system, Ms Jewell acknowledged the actions taken to address recommendations and actions for quality improvement across the Health Board.</p> <p>The Committee RECEIVED ASSURANCE from the Quality and Safety Assurance Report that processes, including the Listening and Learning Sub Committee, are in place to review and monitor patient safety, patient experience and quality improvement.</p>	
---------------------------------------	---	--

<p>QSEC (22) 98</p>	<p>PLANNING OBJECTIVES UPDATE REPORT</p> <p>Members received an update on the Planning Objectives under the responsibility of QSEC, and were pleased to note the progress with a Deep</p>	
---------------------------------------	--	--

	<p>Dive on Planning Objective 5X: Quality Management System scheduled for QSEC in December 2022.</p> <p>Mrs Rayani advised the Committee that the Planning Objectives are in the process of being revised for greater alignment across the Committees.</p>	
	<p>The Committee RECEIVED ASSURANCE on the current position in regard to the progress of the Planning Objectives aligned to QSEC.</p>	

<p>QSEC (22) 99</p>	<p>PLANNING OBJECTIVE DEEP DIVE: 1E PERSONALISED CONTACT FOR PATIENTS WAITING FOR ELECTIVE CARE</p> <p>Members received an update on Planning Objective 1E; Personalised Contact for Patients Waiting for Elective Care and were pleased to note that over 10,800 Stage 4 patients have been contacted with an offer of support via a single point of contact service. WLSS has a fully recruited team, with clinical and non-clinical call handlers and funding secured until March 2023.</p> <p>Feedback of the service is being proactively sought and Members were pleased to note the development of governance arrangements in place. Weekly meetings take place to review the Risk Register and additional support to patients on waiting lists for Community Paediatric and Long COVID-19 Services. Ms Marilize Preez advised Members that the WLSS website will be live imminently and will offer signposting support and advice to patients.</p> <p>Members received the risks within the service, including the potential reputational impact if funding is not secured after March 2023, with a service evaluation report and impact assessment in progress. Ms Preez also highlighted the associated risks with multiple single point of contact telephone numbers which could cause confusion for patients, with Members noting that reference to Single Point of Contact will be avoided in communication and publications relating to the WLSS.</p> <p>Mrs Raynsford enquired whether veterans are identified through discussions with patients to ensure priority NHS treatment for conditions relating to their service, and in response Ms Preez explained that this information is not currently captured but confirmed this will be taken back to the team to be considered for inclusion within the staff scripts.</p> <p>In response to Mr Paul Newman’s request for the definition of patients being ‘regularly informed’, Ms Preez explained that a targeted letter is issued with a contact number for patients and the call handlers have access to the live waiting list database, and patients are encouraged to engage with the service in regards to any clinical deterioration. Members noted that the frequency of contact from patients is determined by the patient on an individual basis and, when the team has capacity. they reach out to patients directly.</p> <p>The Committee was pleased to note the achievements of the WLSS, which has been positively received by the population.</p> <p>The Committee RECEIVED ASSURANCE from the presentation provided.</p>	
----------------------------	--	--

<p>QSEC</p>	<p>AN UPDATE ON ACCESS TO GENERAL MEDICAL SERVICES</p>	
--------------------	---	--

<p>(22) 100</p>	<p>Ms Rhian Bond presented an update on access to General Medical Services (GMS), which is an ongoing priority for WG. As part of the GMS contract negotiations, access standards are contained within the Quality Assurance and Improvement Framework (QAIF). Members raised concern that the associated standards are not mandatory, acknowledging however that Hywel Dda GP Practices do participate and the data on standards achieved are detailed within the report. In response to the update, Mrs Hardisty suggested it would be helpful to understand the scale of population that are registered within the Practices that do not meet the required standards and in response Ms Bond advised Members that the two practices are non-compliant due to digital requirements.</p> <p>Providing an update on the CHC access survey results, Ms Bond highlighted that the survey was undertaken during the COVID-19 pandemic where there was a higher than average sickness rate of staff. Members noted the actions underway in response to the survey such as sharing with the Locality Leads for sharing with practices and offering Care Navigation training opportunities to GP Practice leads. Members noted at the Primary Care Quality Panel on 26 September 2022, a commitment was made to scope any Practices that continue to have their doors shut as a result of undertaking risk assessments for access into waiting areas.</p> <p>The Committee NOTED the current position related to GMS Access and the work undertaken to continue to ensure that Access remains a key priority.</p>	
---------------------	--	--

<p>QSEC (22)101</p>	<p>HEALTH BOARD MANAGED PRACTICES UPDATE</p> <p>Mrs Rhian Bond provided an update on the Health Board's Managed Practices, highlighting the following:</p> <ul style="list-style-type: none"> • The Managed Practices continue to face considerable GP workforce pressures which is having a significant impact on rota's. • As part of the five Managed Practices Programme of works and improvements, the tendering process has identified a circa £100k lack of available Capital funding to complete all work identified across the Managed Practice sites. Work in Ash Grove, Llanelli, including flooring in non-clinical areas has been delayed until 2023/24 with the anticipation that there will be some slippage in the Capital Programme that will enable this to be brought forward in March 2023. • Following Board decision, from 1 November 2022, Neyland and Johnston GP Surgery will also be added to the Health Board's portfolio of Health Board Managed Practices. • A dashboard reporting process on the various methods of consultations undertaken has been piloted in Ashgrove Surgery, Llanelli and will be rolled out. <p>Thanking Ms Bond for the update on Managed Practices, Mrs Hardisty requested a flavour of the patient feedback that is being received within the Managed Practices. In response, Ms Bond acknowledged that, in the absence of patient groups at the Practices, options will be explored to capture feedback of patient experience at Managed Practices.</p> <p>The Committee RECEIVED ASSURANCE from the governance mechanisms that are in place for Health Board Managed Practices</p>	<p>RB</p>
-------------------------	--	-----------

QSEC	IMPROVEMENT CYMRU SERVICE VISITS	
(22)102	<p>Mrs Rayani updated Members on the recent service visits undertaken by Improvement Cymru and Institute for Healthcare Improvement. A draft report has been shared with teams for immediate learning opportunities and the more detailed report will be shared with QSEC once available and the feedback will be built into a wider overarching improvement programme.</p> <p>Mrs Rayani updated Members that further discussions will take place at a Quality Panel in December 2022 regarding the recommendations and what will be taken forward and how to engage with teams on national Improvement Cymru collaborative work underway. Members were pleased to note that Improvement Cymru and Institute for Healthcare Improvement provided positive feedback in terms of staff honesty and engagement and potential areas to progress and a workshop has been arranged for staff members involved with recent Improvement Cymru programmes to explore further opportunities and discuss feedback.</p>	CSO
	The Committee NOTED the update provided on the Institute for Healthcare Improvement and Improvement Cymru Service Visits.	

QSEC	OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE	
(22)103	<p>The Committee received the Operational Quality, Safety and Experience Sub Committee (OQSESC) update report from the meeting held on 6 September 2022.</p> <p>Referring to the update provided on the temporarily restricted level 3 access to the Critical Care unit in Prince Philip Hospital (PPH) with the interim management plan for the transfer of patients to GGH, which was agreed to be reviewed on 2 October 2022, Mrs Hardisty requested an update. Mr Carruthers informed Members that the temporary arrangements have been extended to January 2023, noting a relatively low number of patient transfers due to demand. Members were pleased to note that the All Wales Critical Care transfer service will support the service over the next three months.</p>	
	The Committee NOTED the contents of the OQSESC Update Report.	

QSEC	LISTENING AND LEARNING SUB-COMMITTEE	
(22)104	The Listening and Learning Sub-Committee update report was deferred.	

QSEC	WHSSC QPS JOINT COMMITTEE CHAIR'S REPORT	
(22)105	The Committee received the Welsh Health Specialised Services Committee (WHSSC) Quality and Patient Safety report for information and noted no improvement in terms of services in escalation since the previous QSEC meeting. Mrs Raynsford, as the Health Board's representative at the Joint Committee, updated Members of a development day undertaken to gather patient feedback and the new commissioning framework in place. Ms Lewis and Mrs Raynsford agreed to meet to discuss feedback for the WHSSC Joint Committee on behalf of QSEC.	AL/DR

QSEC	DATE OF NEXT MEETING	
-------------	-----------------------------	--

