

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

Date and Time of Meeting:	1:30pm, 5 October 2023
Venue:	Boardroom, Ystwyth Building/ MS Teams

Present:	<p>Ms Anna Lewis, Independent Member (Committee Chair) Mrs Delyth Raynsford, Independent Member (Committee Vice Chair) Mrs Judith Hardisty, Independent Member and Health Board Vice Chair Ms Ann Murphy, Independent Member Mrs Chantal Patel, Independent Member Dr Ardiana Gjini, Director of Public Health Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience (Lead Executive) Professor Philip Kloer, Medical Director and Deputy Chief Executive Officer Ms Cathie Steele, Head of Quality and Governance Dr Subhamay Ghosh, Associate Medical Director for Quality & Safety Mr Andrew Carruthers, Director of Operations Mrs Joanne Wilson, Board Secretary Mr William Oliver, Assistant Director of Therapies and Health Science</p>
In Attendance:	<p>Mr Stuart Rees, Clinical Director of Pharmacy & Medicines Management deputising for Ms Jill Paterson, Director of Primary Care, Community and Long Term Care Mr Jeff Bowen, Head of Patient Experience deputising for Mrs Louise O'Connor Ms Cerian Llewellyn, Risk and Governance Midwife Dr Prem Kumar Pitchaikani, Paediatric Consultant Ms Paula Evans, Head of Nursing Paediatrics and Neonates Ms Sharon Daniel, Deputy Director Nursing, Quality & Patient Experience Ms Helen Humphreys, Head of Nursing for Professional Standards and Regulation Ms Carly Hill, Assistant Director, Medical Directorate Ms Katie Lewis, Committee Services Officer (Minutes)</p>

QSEC (23)76	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
	<p>The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Committee (QSEC) meeting and provided a gentle reminder to those presenting papers to take the papers as read in advance and to pull out the key highlights for the Committee to allow sufficient time for questions.</p>	
	<p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> Ms Jill Paterson, Director of Primary Care, Community and Long Term Care Ms Donna Coleman, Regional Director Llais West Wales Mrs Louise O'Connor, Assistant Director, Legal Services/Patient Experience 	

QSEC (23)77	DECLARATIONS OF INTERESTS	
	There were no declarations of interest.	

QSEC (23)78	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 8 AUGUST 2023	
	<p>The minutes from the meeting held on 8 August 2023 were approved as an accurate record subject to the following changes:</p> <ul style="list-style-type: none"> • The recommendation field for the Enabling Quality Improvement in Practice item did not reflect the outcome of discussion at the meeting and it was agreed this would be amended. • To remove 'to challenge where assurance is not received' from the outcome from the recommendation field for the Corporate Level Risk Report item. 	<p>CSO</p> <p>CSO</p>

QSEC (23)79	TABLE OF ACTIONS (TOA) FROM THE MEETING HELD ON 8 AUGUST 2023	
	<p>An update was provided on the Table of Actions from the meeting held on 8 August 2023.</p>	
	<p>QSEC(23)55 Commissioning CAMHS Tier 4 Update: Mr Stuart Rees advised that the Director of Primary Care, Community and Long Terms Care attended a meeting with Local Authority Partners on 2 October 2023 and an action plan was developed during the meeting. Further information was requested by the Committee on the action plan for the meeting in December 2023.</p>	JP
	<p>QSEC (23)56: Quality Assurance Report: Noting the start date of 2 September 2023 for the installation of privacy film at Bryngofal Ward, Mrs Judith Hardisty sought confirmation that the work has now commenced and queried the completion date. Mrs Mandy Rayani undertook to check this and confirm.</p>	MR
	<p>QSEC (23)57: Therapies Services Update: The Committee requested the timescales for the planned 'memorandum of understanding' within the multi-disciplinary teams to clarify roles, responsibilities and reporting as part of the separation of Weight Management Service (WMS) from Dietetics.</p>	LR/CSO

QSEC (23)80	QSEC SELF ASSESSMENT PROCESS	
	<p>Ms Anna Lewis provided a verbal update on the Committee 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 within the next 10 days 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.</p>	JW
	<p>The Committee NOTED the update on the QSEC Self-Assessment Process.</p>	

QSEC	PATIENT STORY	
<p>(23)81</p>	<p>Mr Jeff Bowen presented 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. Mr Bowen advised that an investigation has taken place and the service has acknowledged and apologised for a number of errors.</p>	
	<p>The patient's son felt that his concerns were not listened to following an assessment prior to his mother's discharge home, after highlighting to the clinical team that the falls were occurring during the night time and felt that an assessment should be undertaken during this time of day to reflect the risk. He also felt that there was evidence of negligence in supporting his mother during her admission, highlighting concerns regarding changing of the colostomy bag and pressure sores. The service has acknowledged a number of areas for learning following the feedback, particularly around communication errors.</p>	
	<p>Mrs Rayani asked that the recording is shared directly with all members of staff that were involved in the care of the patient via the Head of Nursing for reflection noting the significant concerns relating to standards of care. Mrs Rayani recognised the potential challenges undertaking an assessment during the middle of the night however clinical records would have been available to inform discussions, sharing her view that if the opinion of a patients next of kin varies from the patient themselves, a joint meeting should take place between both parties and the medical team and ensure that discussions and outcome agreed are clearly documented.</p>	
	<p>On behalf of the Committee, Ms Anna Lewis thanked Mr Jeff Bowen for sharing the story and while the concerns were recognised as unacceptable standards of care, it was noted that a thorough investigation has taken place in response. Ms Lewis welcomed Mrs Rayani's suggestion to share the story widely with the operational teams for learning and improvement. Mrs Patel also suggested that the story is shared at the Listening and Learning Sub Committee and Mr Oliver undertook to share the story at the Operational Quality, Safety and Experience Sub Committee.</p>	<p>JB LOC WO</p>
<p>Ms Helen Williams highlighted that a communication theme was apparent through the patient experience report at a recent Public Board meeting and enquired whether improvements are being prioritised. In response, Mrs Rayani advised Members that although there has been an overall reduction in the number of concerns received, a planned deep dive was initially scheduled for this meeting however due to the necessary involvement from a number of different staff groups the report is taking longer than initially anticipated. An update on improvement initiatives and work underway will be scheduled for QSEC in December 2023.</p>	<p>LOC</p>	
<p>Recognising that communication concerns do feature heavily in feedback received by the Health Board, Mrs Hardisty felt that this particular feedback relates to basic standards of care as opposed to communication problems and raised concern that the term is being over classified. Mr Oliver echoed Mrs Hardisty's comment and highlighted that basic care is everyone's</p>	<p>WO/LOC</p>	

	<p>business and undertook to clarify the assessment protocol for night time mobility challenges with the Clinical Lead for Therapies.</p> <p>Mrs Delyth Raynsford enquired whether sufficient communication has taken place with the family since this feedback was received to provide assurance to them that improvement in practice has taken place. In response, Mr Jeff Bowen explained that patient experience stories are generally only shared when the concern raised has been investigated and a resolution has been reached. It was noted that the story is only available to be shared internally at the moment until necessary processes are completed.</p> <p>Ms Anna Lewis asked that that the family are notified that the feedback has been received at the QSEC meeting and once shared with LLSC and OQSESC, asked that the family are kept informed of the improvement actions underway in response to the valuable feedback</p>	<p>WO</p> <p>LOC/JB</p>
	<p>The Committee NOTED the Patient Story.</p>	

<p>QSEC (23)82</p>	<p>QUALITY ASSURANCE REPORT</p> <p>Ms Cathie Steele presented the key highlights from the Quality Assurance Report to the Committee 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.</p> <p>Apologies were passed on to the Committee for a duplicate slide on page 20 detailing the Health Board's response to what will become known as the Thirwall Inquiry which should have been removed due to a separate item on the agenda for this update.</p> <p>Members were pleased to note that 97.5% of the COVID-19 reviews have been completed as part of the programme however there is a backlog of outstanding closure letters to families. Mrs Rayani thanked the team for the phenomenal amount of work undertaken as part of the reviews and a further discussion will take place with the Assistant Director of Patient Experience to develop a plan to address the back log of correspondence with family of the deceased.</p> <p>Reflecting upon feedback from staff during recent hospital site visits, Mrs Chantal Patel enquired what education and training opportunities are available for staff to prepare for events such as do not attempt cardio pulmonary resuscitation (DNACPR). In response, Mrs Rayani advised that the Recognition of Acute Deterioration and Resuscitation (RADAR) Group provides leadership and strategic direction, with an emphasis on early recognition and response to acute illness across all settings of the Health Board and reports to the OQSESC. Mr Oliver undertook to seek assurance on the training available to staff with the Chair of the Group, noting the comment made by Mrs Rayani regarding the current review of training that staff attend due to team capacity and ultimately financial constraints.</p> <p>Mrs Judith Hardisty raised concern regarding the 32% validated hand hygiene compliance across all inpatient areas in the Health Board. Acknowledging the concerns, Mrs Rayani updated the Committee that hand hygiene standards</p>	<p>CSO</p> <p>MR</p> <p>WO</p>
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and expectations have been communicated explicitly to staff who have been reminded that washing hands, bare below the elbow (BBE) and ensuring a clean clinical environment is a priority, and this email correspondence has been shared via the Deputy Medical Director. A 'three conversations' approach to non-compliance has now been adopted which could result in a different management response for the staff member if they are not complying with the essential standards.

Mrs Sharon Daniel highlighted 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. Dr Ghosh updated the Committee that site visits have been undertaken to directly discuss concerns with medical colleagues, and discussions are taking place with quality improvement leads at each site to re-educate staff.

Mrs Patel enquired, in light of the concerning compliance data, whether emails are having the necessary impact and whether infection, prevention and control compliance is covered as part of staff performance appraisals. Mrs Rayani assured Members that in addition to emails being sent to staff, discussions are taking place with senior nurse teams, roadshow campaigns are underway, and the audit results are tabled as part of the nurse staffing levels reviews, ESR mandatory training and also at the Directorate Improving Together sessions.

Professor Philip Kloer commented that it is important that adequate support is put in place for members of staff to escalate concerns they may have regarding colleagues. Mr Oliver agreed, adding that hand hygiene compliance is a basic professional standard, and enquired whether the next steps should involve empowering patients to challenge and report staff if they have concerns. In agreement, Mrs Rayani advised that this is being considered as part of the 'Gloves Off' campaign which is part of the action plan for agreement at the next Infection, Prevention and Control Steering Group.

Dr Ardiana Gjini commented that the bare below the elbow compliance which is noted as 92% is positive, however this becomes irrelevant if only a third of staff are washing their hands appropriately. In terms of quality improvement initiatives and proactive interventions, Dr Gjini enquired whether there are trends emerging from the data such as dips during certain times of day, specific wards or services which can be targeted, and also enquired how other organisations are reporting in comparison.

In response, Mrs Rayani felt that Hywel Dda are undertaking a vigorous level of scrutiny and focus in this area of infection prevention control and has not seen the same level of traction in comparison with some other organisations. Reflecting upon Dr Gjini's query regarding hot spots, Ms Anna Lewis reflected on whether the Health Board are fully aware of the hot spot areas in terms of wards, shifts, and times of day that compliance levels is at the lowest. Mrs Daniel advised that scrutiny work on the data is underway and if resources allow, quality improvement methodology will be implemented which could mean less frequent audits. Ms Lewis also enquired whether staff feedback would suggest that there are challenges with ward environments for staff to

undertake the levels of hand washing required. Mrs Rayani confirmed that ward environments do in some cases cause challenges for staff with the location of basins etc. however targeted work has taken place to support teams to make it easy to do the right thing such as accessible PPE, sanitizer, etc.

Providing an update on the national review of the stroke pathway, Mrs Rayani advised that following an onsite inspection by Health Inspectorate Wales (HIW), a report was published on 7 September and a management group had been arranged to discuss the improvement plan and the recently appointed Director of Therapies and Health Science was in attendance.

Referring to the update provided on the Duty of Candour and a comment made within the slides that further work across the Health Board is required relating to the accuracy of reporting actual harm, Ms Lewis raised concern that this makes it difficult for the Committee to be clear on where there are safety issues or data quality issues when scrutinising the information provided. Ms Steele agreed that there is work to do in this area, and the team are validating the data daily to ensure that accurate thresholds are being met for reporting. Ms Steele recognised that further training is required for managers on the conditions for the Duty of Candour to be triggered.

Referring to the highest reported incidents across the Health Board, Ms Lewis highlighted that there has been a steady and consistent level of reported incidents of pressure damage and falls over the previous year and the data would suggest that no improvements are being made. If this is the case, Ms Lewis asked whether the right steps are being taken to improve the position.

Noting Ms Lewis's accurate observation, Ms Cathie Steele highlighted that the graph does not at the moment reflect the reduction in harm levels reported and also does not differentiate the cases of pressure and moisture damage that are evident on admission to hospital. Ms Steele acknowledged that the graph requires some work to clarify incidents due to an inaction by the Health Board and also to illustrate the different grading of damage. Ms Lewis agreed and asked for a clearer sense of timescale trajectory for improvement in the data. Ms Rayani highlighted that it would be helpful to clarify the grading of harm however raised caution with regards to aiming for a reduction in reported incidents as it is important that staff are not discouraged from doing so.

Ms Anna Lewis highlighted overdue actions from a number of the HIW recommendations, and sought clarity on how these are escalated via the governance route, noting discussion at the previous Committee meeting regarding Executive Level oversight. In response Ms Cathie Steele advised Members that a number of actions have progressed since the report was prepared and also there are some actions such as the Welsh Ambulance Service Trust (WAST) improvement plan that are not within the Health Board's remit. It was also acknowledged that there are operational pressures at hand which are causing delays in progress as most of the actions sit under the responsibility of the nursing team. Mrs Joanne Wilson added that outstanding actions from governing bodies are discussed as part of the Directorate Improving Together sessions and also HIW specific actions are reported via the Audit Management and Tracking system.

Updating the Committee that outstanding HIW actions also reported to OQSESC, Mr Oliver undertook to remind Directorate Leads to ensure these

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	are escalated at the meeting more consistently via the Directorate Update Reports.	
	Ms Steele concluded the quality assurance update by informing the Committee that the outcome of the Independent Member Walk around visits will be included in the December Quality Assurance report.	
	The Committee TOOK ASSURANCE that processes, including the Listening and Learning Sub Committee, are in place to review, manage and Monitor.	

QSEC (23)83	HEALTH AND SOCIAL CARE QUALITY ENGAGEMENT ACT UPDATE	
	<p>Ms Steele provided an update on the Health And Social Care Quality Engagement Act, highlighting that is a system-wide way of working to provide safe, effective, person centred, timely, efficient, and equitable care in the context of a learning culture. The Committee noted the requirement for the Health Board to demonstrate that the Duty of Quality has been considered on every strategic decision that is made using the six standards. Ms Steele urged Members to use all opportunities that arise to raise awareness of the duties and support the implementation of the Act.</p> <p>On behalf of the Committee, Ms Lewis thanked Ms Steele for the steer in terms of raising awareness of the Act, and supported the approach to track actions to embed the accountabilities and improve systems and processes. Furthermore, as the Health Board will require new systems in place to ensure the Act is being followed, streamlining and a review of current practices will be required to allow capacity for services. Ms Steele agreed that quality improvement initiatives are underway, with a learning portal on SharePoint being explored to capture and monitor the benefits of changes across the organisation. Reflecting upon Ms Lewis’s comment regarding reviewing current practices and ‘decluttering’ workloads to make time for new processes, Ms Steer recognised that it is often difficult to put time aside to consider changes however noted that this will be required going forward. It was noted that with regards to reporting, it is helpful that there are systems in place to support data collation.</p> <p>Mrs Joanne Wilson updated the Committee that Ms Anna Lewis has kindly agreed to take on the role of Independent Member lead for the Quality and Engagement Act. Ms Lewis asked that the Committee reflect upon how to incorporate the Act in to the quality, safety and experience scrutiny of papers going forward which can be discussed further at the Independent Member workshops in November 2023.</p>	ALL
	The Committee RECEIVED ASSURANCE on the implementation of The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (The Quality and Engagement Act), the progress made and the challenges to implementation.	

QSEC (23)84	REINFORCED AUTOCLAVED AERATED CONCRETE (RAAC)	
	Mrs Daniel provided members with an update relating to the quality impact assessment for managing the clinical risks associated with Reinforced Autoclaved Aerated Concrete (RAAC). Mrs Daniel advised 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. Mrs Daniel explained that through this process the Control Group has identified the actions needed to reduce risks where quality or safety could be negatively affected and ensured 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 & 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.

Ms Janice Cole Williams advised the Committee that the Health Board's response to 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.

The Committee also noted the positive work that has emanated from the urgent response work such as transforming urgent care pathways and patient admission avoidance work which has had been received positively so far.

Ms Helen Williams enquired whether planning is underway to mitigate the challenges anticipated with the winter pressures ahead, and if so whether there will be further changes to pathways as part of these plans. In response, Ms Janice Cole Williams advised that contingency plans will be put in place for emergency pathways if necessary in response to the anticipated winter pressures. Ms Cole-Williams also highlighted that as steps are taken to bring beds back into the hospital, further decanting will be required as part of the imminent scheduled Fire Works programme, noting that the decant wards will be utilised for this work. Mr Carruthers echoed Ms Cole-Williams comments and assured Members that planning for winter pressures will be in line with the Contingency Framework, and will be set out clearly for out of hour's managers in response to feedback from staff.

Ms Anna Lewis feels it is important to assess and capture the impact of essential changes on services. In response Mr Carruthers updated the Committee of recent discussions at the Silver Tactical meeting regarding differentiating risk assessments and quality impact assessments and this is a piece of work that is being progressed by Director of Acute Care and Pembrokeshire County Director, exploring data and metrics on patient experience due to the changes. The Committee noted that a workshop has recently taken place to look at improvements made in emergency pathways and outcomes for patients.

Mrs Hardisty suggested that examples of improved systems should be captured more clearly within the report, as well as feedback from non clinical teams and relayed feedback from the staff that have relocated to South Pembrokeshire Hospital that they did not wish to return to their previous base and ways of working. Mrs Hardisty acknowledged the wealth of information and work undertaken for the quality impact assessment which is excellent, however felt that more information could be shared on changes that have been positive for patients and staff. Ms Cole-Williams assured the Committee that this work is being progressed, with improvements already noted in a

	<p>number of pathways, in particularly frailty services. It was noted that changes to Emergency Care were being explored prior to the RAAC response and brought forward in light of the urgent response required and it is not being assumed that all services will return to how they were prior to the RAAC response.</p> <p>Mrs Rayani reflected upon the reporting mechanism for the quality impact assessments, suggesting the development of a simplistic mechanism which captures anticipated outcomes and also tracks/ monitors these outcomes in light of the financial challenges and pressures being faced across the organisation. Ms Sharon Daniel and Mrs Rayani undertook to explore this further. Mrs Rayani emphasised the need to keep the assessment as simple as possible and ideally as a digital, user friendly tool.</p>	SD/MR
	<p>The Committee TOOK ASSURANCE that the processes followed, actions taken, and recommendations proposed are appropriate and consistent with the requirements as set out in the Health and Social Care Quality and Engagement Act under the Duty of Quality</p>	

QSEC (23)85	<p>SAVINGS PLANS</p> <p>The Committee received the Savings Plans Quality Impact Assessment. A special thank you was passed on to Ms Helen Humphreys and Mr Keith Jones for their input and support in preparing the reports. Mrs Rayani advised that in light of the immense financial challenges at hand, developments are happening fast. Mrs Rayani updated the Committee that a meeting is scheduled within the Health Minister in the coming 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.</p>	
	<p>The Committee TOOK ASSURANCE that the processes followed, actions taken, and recommendations proposed are appropriate and consistent with the requirements as set out in the Health and Social Care Quality and Engagement Act under the Duty of Quality.</p>	

QSEC (23)86	<p>DECISIONS RELATING TO NURSE STAFFING LEVELS (WALES) ACT</p> <p>Ms Sharon Daniel presented the Decisions relating to Nurse Staffing Levels (Wales) Act SBAR. She advised that legal advice was sought following discussions 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.</p> <p>Professor Kloer drew attention to a statement within the report that there are no specific statutory duties around calculating or maintaining the nurse staffing levels in S25A areas (which include Emergency Departments), highlighting that</p>	
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	<p>any reduction in staffing would require a reduction in patient capacity and further detail would be required in the QIA on the impact of this.</p> <p>In response, Mrs Rayani agreed that the assessments would need to be explicit in terms of the anticipated impact to ensure transparency unless sufficient mitigations are put in place. Ms Lewis agreed, noting that the next step is to clearly articulate the full scale of impact on quality and safety for decisions being made.</p> <p>Mrs Judith Hardisty noted the importance of involving Llais Cymru in meetings when considering all savings opportunities identified as part of the recovery work, and updated that Aneurin Bevan University Health Board have received a lot of pressure from residents of the population due to a decision made to close the Minor Injury Unit overnight which historically had received low attendance at night.</p> <p>Ms Anna Lewis updated the Committee that in light of decisions and pace of developments to meet the financial savings expectations from Welsh Government, the Committee may require an extra ordinary meeting between October and December 2023 to assist in discharging its functions and meeting its responsibilities with regard to the quality and safety of health care provided by the Health Board. Ms Lewis also shared the Committees gratitude for the hard work undertaken by all to support the Health Board during extraordinary and extremely pressured circumstances.</p>	
	<p>The Committee NOTED the content of the report, and the decision taken to review savings plans following receipt of legal advice to remain compliant with its duties under the Nurse Staffing Levels (Wales) Act 2016.</p>	

<p>QSEC (23)87</p>	<p>INITIAL RESPONSE TO THE NEONATAL FINDINGS RELATING TO THE THIRWALL INQUIRY</p>	
	<p>Ms Paula Evans introduced 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.</p> <p>Ms Cerian Llewellyn provided a recap of a Quality Improvement project undertaken in 2022 to improve processes and put in place 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.</p> <p>The Committee were pleased to note that Members of the Midwifery team have won a Hospital 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 and were also regional winners for Welsh Patient Nominated Awards for care and treatment of babies at Bronglais Hospital and attended Downing Street, London for the award ceremony.</p> <p>Professor Kloer was pleased to note the update provided and enquired whether the team have received feedback from staff on culture developments and whether it is felt that the balance is right in terms of psychological safety, noting the work underway across organisations across a number of forums on shared learning. Ms Llewellyn feels that the developments within the service</p>	

have been positive in empowering staff and patients highlighting that feedback is embedded in all investigations and reviews that take place.

The Committee were pleased to see the cross professional culture developments and were pleased to witness first hand the clinical and nursing teams working so closely together.

Mrs Judith Hardisty shared that it is heartening to receive an update on the service collaboration and developments highlighting that it was pleasing to note medical staffing attendance at the recent Enabling Quality Improvement in Practice event. Mrs Raynsford echoed Mrs Hardisty's comment, and recalled positive feedback from the cultural developments during the patient safety walk round visits with the Director of Corporate Governance. Mrs Raynsford urged the team to ensure they are not working in isolation and to share learning and developments across the Health Board and Ms Paula Evans agreed, advising that opportunities are taken where possible and agreed there has been a noticeable shift in team working culture between medics, nursing and midwives.

Reflecting upon the forthcoming Thirwall Inquiry, Mrs Rayani advised that the Director of Nursing for the NHS Trust where the murders took place has been suspended following the guilty verdict of Lucy Letby. Mrs Rayani strongly advocated for an ongoing culture of openness, honesty and prompt escalation of all concerns. Highlighting that the timeframe to implement the governance review and changes to improve processes which has been quick, Mrs Rayani enquired how the team plan to sustain the positive steps, for instance if staff members having previously worked in the service return. In response Ms Paula Evans advised that significant work is taking place to embed the culture changes, highlighting the 'Making a Difference' days which reinforces the concept that it is the little things that make the big differences to mothers and families. Ms Evans also highlighted the multi-disciplinary meetings, cross profession shadowing opportunities, and generally the wider awareness and 'we are in this together' approach. Ms Llewellyn added that the collaborative 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.

Drawing attention to previous feedback in Maternity Services with families not feeling engaged and connected when things have gone wrong, Mrs Rayani asked the team whether they feel that they have made sufficient improvements in this area. In response, Ms Llewellyn felt that improvement has taken place, for instance the development of the mortality review tool and learning in practice such as an understanding that letters are not the best way to engage with families, with face to face meetings being the preferred option to meet families from an early stage. Ms Llewellyn recognised there can be resource and capacity challenges to undertake these engagement meetings as much as the team would like, however this is carried out as often as possible.

Mrs Joanne Wilson updated Members 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 meeting.

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	On behalf of the Committee Ms Anna Lewis passed on gratitude to the team for the hard work to make improvements in the service and the passion that has been evident during the update.	
	The Committee TOOK ASSURANCE from the actions underway in response to the forthcoming Thirwall Enquiry.	

QSEC (23)88	PLANNING OBJECTIVE UPDATE REPORT	
	Ms Rayani provided an update on the Planning Objective aligned to the Committee which the Committee was pleased to note is on track.	
	The Committee RECEIVED ASSURANCE on the current position in regard to the progress of the Planning Objectives aligned to the Quality, Safety and Experience Committee.	

QSEC (23)89	EFFECTIVE CLINICAL PRACTICE ADVISORY PANEL	
	<p>Dr Subhamay Ghosh presented the Effective Clinical Practice Advisory Panel update to the Committee.</p> <p>Mrs Rayani asked for an update on the national developments relating to interventions not normally undertaken (INNU) and Mr Ghosh advised that 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. Mr Ghosh highlighted the national feedback regarding the terminology and explained that 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.</p> <p>Professor Kloer advised that discussion has taken place as part of the Medical Directors Peer Group and Ms Lisa Davies is reviewing the process following national information received and this will need to be embedded in operational processes.</p> <p>Ms Lisa Davies updated Members that a Task and Finish Group has been established with an effective clinical practice focus to set out the deliverance of an overarching policy taking in to consideration NICE guidance. Drawing attention to the wider financial context decisions being made in terms of the affordability of providing valuable clinical procedures, Ms Lewis felt that the INNU process is inconsistent. Professor Kloer, explained that the process is underway to provide clarity to health boards with ethical matters to address however noted Ms Lewis’s comment that a firm stance should be upheld on the decisions in light of the financial context and immense savings required.</p> <p>Recognising concerns raised by the panel in regards to the nationally mandated audits, Ms Lewis queried the accountability process and whether executive level involvement is taking place. In response, Mrs Rayani recognised the historical engagement challenges however was pleased to share the recent appointment of a Medical Lead for Audit who has been proactive engaging with clinical teams. It was recognised the pressures</p>	

	<p>being faced by services and limited capacity and that annual planning for audits are time consuming. Professor Kloer clarified that non engagement with audits is escalated to the executive leads, and recognised the challenges in fitting in capacity for data collection, sometimes across a number of sites into busy job plans. Dr Ghosh added that the new clinical lead for audit has refreshed the Health Board wide audit meetings and there is work underway with Medical Education as part of a revised approach by clinical leads to encourage the educational element of the national audits with junior doctors.</p> <p>Apologies were passed on to the Committee for the omission of Appendix 1: Health Technology Wales Adoption Audit Report 2022/2023 from the report which will be shared following the meeting.</p>	LD/CSO
	<p>The Committee TOOK ASSURANCE the update provided from the Effective Clinical Practice Advisory Panel.</p>	

<p>QSEC (23)90</p>	<p>MEDICINE'S MANAGEMENT OPERATIONAL GROUP AND TERMS OF REFERENCE FOR APPROVAL</p> <p>Dr Ghosh presented the Medicine's Management Operational Group update and revised terms of reference for approval highlighting a number of patient pathway and quality improvement projects.</p> <p>Ms Lewis sought assurance 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. In response Mr Ghosh advised that the pilot is being led by the Senior Nurse 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. Noting that that the current Medicines Policy advocated double-checking for some injectable medicines, Mrs Joanne Wilson undertook to check the review date of the Policy.</p> <p>The Committee NOTED the content of the Medicines Management Operational Group update report and ENDORSED the updated MMOG Terms of Reference</p>	<p>SG/CB JW</p>
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<p>QSEC (23)91</p>	<p>OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE UPDATE REPORT</p> <p>Mr Will Oliver presented the Operational Quality, Safety and Experience Sub Committee (OQSESC), updating Members that the meeting was unfortunately not quorate despite being rearranged due to low attendance.</p> <p>Mr Oliver 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. Mr Oliver noted the Sub Committees gratitude to the Nutrition and Hydration Group and staff who have worked hard to implement changes to a Cook Freeze catering establishment as part of the RAAC Major Incident response work.</p> <p>Mr Oliver also advised the Committee of a new emerging risk which was highlighted during the meeting related to cleaning standards at Glangwili Hospital due to workforce challenges and covering rotas, and also updated</p>	
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	<p>the Committee that infection, prevention control and hand hygiene challenges were raised.</p> <p>The Committee noted the update from the MHLD Directorate including point of ligature work being undertaken across the Directorate. Assurance was received in relation to the identification of points of ligature risks within built environment through the POL assessment process.</p> <p>Mr Oliver shared positive developments from MHLD with the Reducing Restrictive Practice Team reporting a reduction in staff anxiety around changes in practice and positive feedback from the service users about their experience. It was noted that the establishment of Health Board wide Restrictive Practice Group is being explored</p> <p>Providing feedback from the Radiology Protection Group, Mr Oliver updated the Committee 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.</p> <p>Mr Oliver highlighted that the directorate leads have been asked to submit their respective Quality and Safety Group minutes as part of their update reports and will ask report authors to include Mortality Review updates going forward.</p> <p>In response to a comment made by Mr Oliver that Radiology, Cancer and Pathology Services will be scheduled to provide Directorate Updates going forward, Mrs Hardisty highlighted that there is a gap in representation from Estates and Hotel Services which Mr Oliver undertook to address and raise this with the appropriate Senior Manager.</p> <p>Ms Lewis raised concern regarding recent low attendance at the QQSESC meeting and that the previous meeting was not quorate. Mrs Rayani and Mr Carruthers undertook to raise with their respective teams that Directorate representation at the Sub Committee requires prioritisation.</p> <p>The Committee NOTED the content of the QQSESC Update Report.</p>	<p>CSO/WO</p> <p>MR/AC</p>
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<p>QSEC (23)92</p>	<p>LISTENING AND LEARNING SUB COMMITTEE UPDATE REPORT</p> <p>DEFERRED</p>	
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<p>QSEC (23)93</p>	<p>MANAGEMENT OF CLAIMS AND CONCERNS POLICY (004)</p> <p>The Management of Claims and Concerns Policy (004) was presented to the Committee and approved subject to the following changes:</p> <ul style="list-style-type: none"> • Replace the reference to QSEAC with QSEC. • To remove reference to Business Performance Assurance Group (BPPAG) <p>The Committee APPROVED the Management of Claims and Concerns Policy (004)</p>	<p>LOC</p>
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QSEC (23)94	PUTTING THINGS RIGHT POLICY (894)	
	The Putting Things Right Policy was presented and approved by the Committee.	
	The Committee APPROVED the Putting Things Right Policy (894).	
QSEC (23)95	REVIEW DATES OF WRITTEN CONTROL DOCUMENTS	
	<p>The Committee APPROVED extensions for the following written control documents:</p> <ul style="list-style-type: none"> • 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. 	
QSEC (23)96	RISKS AND MATTERS FOR ESCALATION TO BOARD	
	No risks and matters for escalation were noted.	
QSEC (23)97	QSEC WORKPLAN 2023/24	
	The QSEC Workplan 2023/24 was circulated for information.	
QSEC (23)98	WELSH HEALTH SPECIALISED SERVICES COMMITTEE QUALITY AND SAFETY JOINT CHAIR'S REPORT	
	The Committee received the Welsh Health Specialised Services Committee Quality and Safety Joint Chair's Report.	
QSEC (23)99	INTEGRATED QUALITY PLANNING AND DELIVERY MEETING (IQPD) MINUTES	
	The Committee received the Integrated Quality Planning and Delivery Meeting (IQPD) Minutes.	
QSEC (23)100	Any Other Business	
	Mrs Hardisty updated the Committee of a Getting it Right First Time national review of operational services and Professor Kloer confirmed data collation is underway and will meet with Mrs Wilson to ascertain the appropriate reporting Committee or Group.	PK
QSEC (23)101	DATE OF NEXT MEETING	
	7 December 2023	