

**COFNODION CYMERADWYO O GYFARFOD Y PWYLLGOR SICRWYDD ANSAWDD,
DIOGELWCH A PROFIAD
APPROVED MINUTES OF THE
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE MEETING**

Date and Time of Meeting:	9.30am, 1 st December 2020
Venue:	Boardroom, Ystwyth Building, St David's Park, Carmarthen, SA31 3BB

Present:	<p>Ms Anna Lewis, Independent Member (Committee Chair) Mrs Delyth Raynsford, Independent Member (Committee Vice-Chair) (VC) Mrs Judith Hardisty, HDdUHB Vice Chair (VC) Professor John Gammon, Independent Member (VC) Mr Paul Newman, Independent Member (VC) Ms Ann Murphy, Independent Member (VC)</p>
In Attendance:	<p>Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Dr Philip Kloer, Medical Director & Deputy CEO Dr Subhamay Ghosh, Associate Medical Director for Quality & Safety (VC) (part) Mr Andrew Carruthers, Director of Operations (VC) (part) Mrs Ros Jervis, Director of Public Health (VC) Mr Huw Thomas, Director of Finance (part) Ms Jill Paterson, Director of Primary Care, Community and Long Term Care (part) Ms Alison Shakeshaft, Director of Therapies and Health Science (VC) Mrs Louise O'Connor, Assistant Director (Legal Services/Patient Experience) (VC) Mrs Joanne Wilson, Board Secretary (VC) Mrs Sian Passey, Assistant Director of Nursing (Safeguarding and Assurance) (VC) (part) Mrs Cathie Steele, Head of Quality & Governance (VC) (part) Mr Keith Jones, Director of Acute Services (VC) (part) Ms Angela Lodwick, Head of Service SCAMHS & Psychological Therapies (VC) (part) Ms Liz Carroll, Director of Mental Health and Learning Disabilities (VC) (part) Mr Dafydd Millns, Service User (VC) (part) Ms Dominique Bird, Head of Capacity and Capability, Improvement Cymru (VC) (part) Ms Sara Rees, Interim Head of Nursing MH&LD (VC) (part) Ms Jenny Pugh-Jones, Clinical Director of Pharmacy and Medicines Management (VC) (part) Mr Sam Dentten, Deputy Chief Officer (Ceredigion), Hywel Dda Community Health Council (VC) Dr Barbara Wilson Vice Chair, Hywel Dda Community Health Council (VC) Mrs Anne Beegan, Audit Wales (VC) Ms Karen Richardson, Corporate and Partnership Governance Officer (Minutes)</p>

QSEAC (20)159	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
	The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Assurance Committee (QSEAC) meeting.	

	<p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> Miss Maria Battle, HDdUHB Chair 	
QSEAC (20)160	<p>DECLARATIONS OF INTERESTS</p> <p>There were no declarations of interests made.</p>	
QSEAC (20)161	<p>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 6TH OCTOBER 2020 AND 13TH NOVEMBER 2020</p> <p>RESOLVED - that the minutes of the meeting of the Quality, Safety and Experience Assurance Committee (QSEAC) held on 6th October 2020 and 13th November 2020 be approved as a correct record, subject to the following amendment to the 6th October 2020 minutes.</p> <ul style="list-style-type: none"> To include Dr Subhamay Ghosh in the list of attendees. 	KR
QSEAC (20)162	<p>TABLE OF ACTIONS FROM THE MEETING HELD ON 6TH OCTOBER 2020 AND 13TH NOVEMBER 2020</p> <p>An update was provided on the Table of Actions from the meetings held on 6th October 2020 and 13th November 2020, with the following noted:</p> <ul style="list-style-type: none"> QSEAC (20)152 Risk Assessments for the Recommencement of Orthopaedic Activity Report: Mr Sam Dentten undertook to establish whether the Community Health Council has received both the pre-operative consent forms and the documentation available for patients to access online in relation to urgent paediatric services. 	SD
QSEAC (20)163	<p>CHILDRENS SERVICES PATIENT STORY</p> <p><i>Mr Andrew Carruthers joined the Committee meeting.</i></p> <p>Ms Liz Carroll introduced Mr Dafydd Millns, a patient who had experienced mental health challenges during his adolescence.</p> <p>Mr Millns explained that in 2013 he was diagnosed with a mental health condition and referred to the Child and Adolescent Mental Health Services (CAMHS). The turning point came when he was referred for cognitive therapy, known as Tonic Surf Therapy, which he believes changed his outlook and enabled him to see a future for the first time in his life. Following completion of the programme, he restarted education, completed his GCSEs and is now attending college. In addition, following his exposure to mental health services, he is now working with CAMHS in Carmarthenshire to support other young people. Part of this work is the development of Future Minds, an initiative to influence future CAMHS projects which is co-produced by service users and stakeholders. Members received a video 'The Parable of the Blobs and Squares', emphasising the positive effects of co-production, where all contributors are equal partners in the process.</p> <p>Echoing the comments from Members, Ms Lewis expressed thanks to Mr Millns for his personal and emotive account of the challenges experienced together with the positive support received from CAMHS. Whilst the video</p>	

	<p>challenges the Health Board to improve Mental Health services, acknowledging the Committee’s time constraints, it was suggested that further discussions take place between the QSEAC Chair, Ms Carroll and Mrs Mandy Rayani outside of the meeting, in order to expedite this initiative during the new year.</p> <p>In response to a query from Mrs Judith Hardisty, Mr Millns advised that co-production and integration of future services is key and should be an ambition that the Health Board aspires to.</p> <p>Following the positive experience of CAMHS by Mr Millns, Mrs Delyth Raynsford enquired as to the advice he would give those young people experiencing the same challenges. Mr Millns emphasised the need for service users to be receptive to the approaches suggested by the professionals. Mrs Raynsford suggested that Mr Millns insight would be welcomed at the Health Board’s Voices of Children and Young People Group which Mr Millns accepted, and it was agreed that the QSEAC secretariat share Mr Millns contact details with Mrs Raynsford.</p> <p>In response to a further query from Mrs Raynsford, Mr Millns stated that physical activity and being outdoors had been the catalyst in changing his mind-set.</p> <p>Mr Dentten acknowledged the fragility of therapy services across all sectors, recognising that these services play an important role in assisting patients to recover, with further support provided by the voluntary sector. Mr Millns stressed that the need for flexibility when providing services is paramount, whilst accepting that not all patients are comfortable working with professionals.</p> <p>Mr Andrew Carruthers observed the powerful and inspirational patient story, which aligns with the challenge set by the HDdUHB Vice Chair to develop an overarching improvement plan for Children’s Services, and valued Mr Millns input. Members recognise that patient stories provide the best focus to shape future services and expressed thanks to Mr Millns for taking the time to share his story, recognising this is a service area which requires improvement.</p> <p>In summary, Ms Lewis thanked Mr Millns and the Mental Health Directorate for their presentation to the Committee, which had set a high standard for QSEAC to maintain.</p> <p><i>Mr Dafydd Millns left the Committee meeting</i> <i>Ms Sara Rees joined the Committee meeting</i></p>	<p>AL/LC /MR</p> <p>KR</p>
	<p>The Committee NOTED the Children’s Services Patient Story.</p>	

<p>QSEAC (20)164</p>	<p>SPECIALIST CHILDREN’S AND ADOLESCENT MENTAL HEALTH SERVICES (S-CAMHS)</p> <p>Ms Carroll presented the Specialist Children’s and Adolescent Mental Health Services (S-CAMHS) report highlighting three key challenges for the service:</p> <ul style="list-style-type: none"> • The recognition of the differing skill sets now required since the review of the Directorate structure; 	
-----------------------------	---	--

- The new appointments to support referrals to the Autistic Disorder Service (ASD);
- The establishment of a task and finish group in January 2021 which will include service user/carer representation to focus on approaches to be adopted when there are prolonged waits for those accessing S-CAMHS services.

Mrs Sian Passey, Ms Cathie Steele, Dr Subhamay Ghosh and Mr Huw Thomas joined the Committee meeting

Whilst welcoming the work undertaken to clear the historic legacy waiting lists, Mrs Hardisty commented that this only refers to an assessment being undertaken and not the recommended treatment plan. Taking this into account, Mrs Hardisty enquired whether the service has the capacity to undertake these and the timescales for their completion. Mr Newman echoed these concerns, stating that some of the initiatives appear to compete with rather than complement each other. In response, Ms Carroll advised that whilst the service had anticipated peaks and troughs in demand, as articulated in the report, this has not occurred, with continued growth in demand for both SCAMHS and CAMHS ASD, therefore additional resources will be required in order to reduce waiting times. Ms Carroll further advised that interventions following assessments may be multi-faceted and will have variabilities due to working with the three Local Authorities, which has been compounded due to the COVID-19 pandemic.

Mrs Hardisty suggested the need for an in-depth review of the funding streams with Local Authority colleagues through the West Wales Children's Group, and how this is spent through co production.

Noting that 19 of the 37 recommendations made following the Children's Commissioner for Wales Report 'No Wrong Door: bringing services together to meet children's needs', related to mental health services, Mrs Hardisty enquired as to which services the other 18 recommendations referred to and whether progressing these actions would improve services to children. In response, Ms Sara Rees responded that these relate to a number of services which support patients from childhood to adulthood. Mrs Hardisty, further enquired, where the responsibility sits for the remaining recommendations. In response, Ms Rees advised that assurance for the additional 18 recommendations does not reside with one directorate and should be provided from the Health Board as a whole.

Ms Jill Paterson joined the Committee meeting

Ms Raynsford enquired as to the support available for children and young people who are not under S-CAMHS. Ms Carroll confirmed that due to increased demand, the Mental Health and Learning Disability Service has commissioned additional third sector support for these patients to access. Ms Rees added that this third sector support has been available during the previous 18 months. In addition, a 6 month pilot for counselling services in Wales has been launched as an alternative for patients who require a lower level of support. Further to this, subject to funding, advocacy, be-friending and educational support services will be made available.

	<p>Ms Carroll commented that children have been less willing to engage with digital platforms during the pandemic, and have requested face to face sessions instead, which has placed further challenges on the service.</p> <p>Ms Lewis recognised the concerns raised at Board in relation to patient access to CAMHS and whilst acknowledging the significant work undertaken operationally to improve access, expressed concern that there may be a strategic gap in order to enable further improvements, whilst acknowledging that the development of an overarching improvement plan for Children's Services may provide a resolution. Mr Carruthers concurred, adding that this is part of the planning objectives for 2020, with the anticipation that a 3 year draft plan will be prepared by the end of December 2020, and presented to the Board in 2021.</p> <p>In summary, Ms Lewis welcomed the proposed 3 year plan and given the link to patient experience as a consequence of delays in assessment and treatment, proposed that for assurance purposes, the plan should be presented to QSEAC once agreed.</p> <p><i>Ms Liz Carroll, Ms Sara Rees and Ms Angela Lodwick left the Committee meeting</i></p>	<p>AC</p> <p>AC</p>
	<p>The Committee RECEIVED ASSURANCE from the challenges and identified risks within the S-CAMHS service, and how these are being addressed within the Directorate.</p>	

<p>QSEAC (20)165</p>	<p>QUALITY MANAGEMENT SYSTEM APPROACH</p> <p><i>Ms Dominique Bird joined the Committee meeting</i></p> <p>Mrs Rayani informed Members that the Quality Management System Approach will dovetail both the Health Board's planning and performance objectives, with the focus of recent discussions on how this can be embedded within the Health Board.</p> <p>Ms Dominique Bird (Improvement Cymru) advised that this approach considers the organisation's objectives in relation to quality, patient experience, workforce and finance, and aligns them to the strategic objectives in order for the Board to receive assurance from the improvements made. It was noted that this is at the early stages of development, with further meetings planned with the Health Board to progress.</p> <p>Mr Huw Thomas commented that this approach aligns to a number of pieces of work currently being undertaken, for example, value based healthcare, with the aspiration to improve data collection and analysis to ensure consistency across the Health Board.</p> <p>Whilst recognising the improvements needed in quality and safety for patients of Hywel Dda, given the inherent challenges currently being experienced, Mrs Hardisty requested assurance that staff at ward level have the capacity to embed this new approach. Mrs Rayani confirmed that this approach will have the support of the Executive Team and that a detailed discussion would take place at a future Board Seminar session. Mr Thomas emphasised that this approach focuses on a business strategy, which in a</p>	
-----------------------------	--	--

broader sense, places quality and safety at the heart of everything we do and as such should result in a coherent framework.

Dr Philip Kloer advised that a further aspiration would be to align strategically with a number of domains, namely clinical and operational, which has not been achieved previously. The Enabling Quality Improvement In Practice (EQIIP) programme, which was supported by the Board, has delivered on a number of improvement initiatives which support change at grass-roots level. Whilst recognising these were small scale initiatives, this new approach will support the expansion of these principles. Mr Carruthers acknowledged the concerns expressed by Mrs Hardisty, and whilst recognising the benefit of these approaches for operational teams, particularly during the pandemic, accepted that there is no capacity to progress them at this time.

Whilst welcoming the support of Improvement Cymru and commending the aspiration of the Health Board, Professor Gammon recalled that QSEAC had previously agreed and supported an in-house Quality Improvement Framework which he understood is being progressed, and therefore enquired as to the rationale for this approach. In response, Ms Lewis advised that Quality Improvement is only one part of the process and that the QMS approach will support system-wide improvement, consisting of four interrelated quality orientated processes, planning improvement, control and assurance, which will focus on and provide clarity to key strategic objectives. Whilst acknowledging that it is early in the process, there will be a need to better articulate the methodology of this initiative in order for the Executive Team to receive the support of staff to progress.

In summary, QSEAC supported the QMS approach in principle, and whilst accepting that the support of Improvement Cymru would be pivotal to its success, expressed caution that QMS does not become another initiative that does not reach a conclusion.

Ms Dominique Bird left the Committee meeting

The Quality, Safety & Experience Assurance Committee **SUPPORTED** the work to develop and implement a QMS within the Health Board.

**QSEAC
(20)166**

RISK 635 - NO DEAL BREXIT AFFECTING CONTINUITY OF PATIENT CARE

Mr Thomas provided a verbal update on Risk 635 - No Deal Brexit Affecting Continuity of Patient Care, advising that all Wales Brexit Steering Group meetings are currently taking place on a weekly basis. The Group receives regular updates from the UK Government, with the focus related to supply chains from 31st December 2020, with the following noted:

- To provide greater assurance, NHS Wales Shared Services Partnership has increased the amount of stock holding, from 8 to 12 weeks which will take effect as of 31st December 2020.
- To date, no significant concerns have been raised in relation to the supply of Drugs and Medicines for both Primary and Secondary Care. For assurance purposes, this is being closely monitored.
- In terms of medical goods, given that these are classified as Category 1 goods, the Government's Freight Capacity Framework is intended to

	<p>support the continued supply in the event of disruption to key freight flows, which provides assurance.</p> <ul style="list-style-type: none"> • With regards to staffing, a long term plan is being progressed by the Director of Workforce and Organisational Development. <p>Mr Thomas advised that given that the UK is still in the negotiation phase, a further update is planned for Board Seminar on 17th December 2020.</p> <p><i>Mr Huw Thomas left the Committee meeting</i></p> <p><i>Mr Keith Jones joined the Committee meeting</i></p>	HT
	<p>The Committee NOTED Risk 635 - No Deal Brexit Affecting Continuity of Patient Care Update.</p>	

QSEAC (20)167	<p>HEALTH BOARD WINTER PLAN 2020/21(INCLUDING DTOC) - INCORPORATING RISK 810</p> <p>Mr Carruthers apologised for the late issue of the paper, given current pressures experienced by the Health Board. Members noted that there have previously been a number of risks that relate to care within the Unscheduled Care pathway, however, these have been closed and superseded by a new integrated whole system unscheduled care corporate risk.</p> <p>Mr Keith Jones advised that following discussions at QSEAC in October 2020, this report includes detail on the identified actions to address the whole system patient flow and the extent to which these will mitigate the risks involved relating to the quality and safety of services. The preparation of the Winter Plan for 2020/21 is the result of a cross-sector approach for the West Wales region. This has included an integrated approach working in partnership with representatives from the Health Board, Carmarthenshire, Ceredigion and Pembrokeshire County Councils and the third sector and covering all population groups. The plan includes over 60 individual actions and initiatives which are aligned to the Coronavirus (COVID-19) NHS Wales Operating Framework (2020/21) Quarter 3/4 Response. Given the inherent risks within the Health Board due to the pandemic, such as staffing challenges due to outbreaks in acute and community settings which further affects capacity, and the appropriate skill set of our workforce on wards, Mr Jones emphasised that there is no guarantee that all of these actions will be completed. For assurance, the plan will be closely monitored on a fortnightly basis, recognising that the impact on key metrics, including quality and safety risks, will be important factors in establishing whether the plan is successful.</p> <p>Mrs Hardisty expressed concern that the agreed increased investment for CAMHS is not included within the plan presented in Appendix 1 to the report. Mr Jones advised that Appendix 1 only includes an overview of the Winter Plan, confirming that CAMHS has been reflected within the Quarter 3/4 response, however for assurance purposes, agreed to discuss the matter with Mrs Hardisty outside of the Committee meeting.</p> <p>Reflecting on the expectation that this winter will be different to previous winter periods, with the anticipation that the impact of winter flu will be reduced, Prof. Gammon enquired whether scheduled care services could be increased. In response, Mr Jones advised that the plan has taken into consideration winter flu and COVID-19, however since the start of the pandemic, one of the</p>	KJ
----------------------	--	-----------

	<p>challenges experienced by the Health Board has been the timely discharge of patients from hospital, with current levels increasing. If this trajectory continues during Quarter 3/4, the acute sites will not have the capacity to increase scheduled care services. A further specific challenge is the recognised risk for patient's attending COVID-19 environments; this is a challenge experienced by all Health Boards, and whilst there has been some success relating to urgent and cancer care, there will be a need to factor in the availability of staffing when evaluating overall capacity. For further assurance, Ms Paterson commented that the impact of the Winter Plan 2020/21 had been scrutinised at the Regional Partnership Board on 29th October 2020, and whilst deaths from flu have been lower during the pandemic, 35 care homes have closed as a consequence of COVID-19, which directly impacts upon the ability to discharge patients from hospital.</p> <p>Mr Carruthers acknowledged that this is not a 'normal' winter, however advised that the Winter Plan 2020/21 has been modelled on a worst case scenario, with increased flu and COVID-19 admissions. Currently, non-COVID-19 demand is at 80%, however due to the impact on staffing capacity, the situation feels more challenging than during the highest peak in January 2020. In terms of the Health Board's escalation framework, flexibility to manage the demand will be paramount, given that teams are having to adapt plans on a daily basis. Mrs Ros Jervis advised that a targeted flu vaccination campaign has attempted to minimise flu transmissions this year, which is a key part of the Health Board's Prevention & Response Plan, Q2 and Q3/4. This has been undertaken in order to avoid the worst case scenario of the Health Board experiencing high cases of flu and COVID-19 simultaneously.</p> <p>In summary, Ms Lewis welcomed the focus of the report, and whilst acknowledging the current challenges, was assured that the impact of delivery on the quality and safety of care, from a Health Board wide perspective, would be monitored via the Operational Quality, Safety and Experience Sub-Committee, and reported to QSEAC.</p>	
	<p>The Committee RECEIVED ASSURANCE from the extent to which the Winter Plan 2020/21 has been designed to address the underlying factors which influence quality and safety of care within the whole-system unscheduled care pathway and the four harms described in the Welsh Government Operating Framework.</p>	
<p>QSEAC (20)168</p>	<p>HEALTH & CARE STANDARDS FUNDAMENTALS OF CARE AUDIT 2019</p> <p>Mrs Rayani advised that due to staffing challenges within the team, it had been agreed to defer the Health & Care Standards Fundamentals of Care Audit 2019 report. For assurance purposes, a report outlining the agreed actions, would be presented to QSEAC in 2021.</p>	<p>MR</p>
<p>QSEAC (20)169</p>	<p>COVID-19 RISK ASSESSMENTS</p> <p>Mrs Rayani presented the COVID-19 Risk Assessments advising that these had previously been discussed at both Gold Command and Tactical Group meetings. However, it had been agreed that the Risk Assessments be presented to QSEAC for assurance purposes. The Risk Assessments outline</p>	

the change in process for field hospitals and outbreak management, in order to manage the flow from acute settings following an extremely challenging weekend where pragmatic decisions had needed to be made. Mrs Rayani advised that the issues relate to two groups of patients, Group 1 (post COVID-19 patients) and Group 2 (green COVID-19 patients with negative PCR tests), who will be transferred to the Field Hospitals. Whilst the previous modelling for Field Hospitals has been undertaken on a green environment, given the risks around assumptions relating to false negatives, it has been proposed that the criteria should be revised. For assurance, Mrs Rayani advised that further discussions relating to discharge processes are taking place at a national level where, following recent evidence, this may result in a change in the process of discharging patients to residential and care homes. From a local perspective, Dr Kloer advised that discussions relating to the transfer of patients from acute sites to nursing homes have been discussed at a recent Integrated Executive Group (IEG) meeting, with the Social Services Directors from the three Local Authorities and the Infection Prevention and Control (IP&C) team. The Health Board acknowledges the risks around assumptions relating to false negative results and accepts that there could be an increased risk when transferring a patient who has tested negative, as opposed to transferring a patient who is recovering from COVID-19.

In response to a query from Prof. Gammon requesting clarification on Group 2 patients, Mrs Rayani confirmed that this relates to patients who have tested negative for COVID-19 and therefore meet the eligibility criteria for transferring to a Field Hospital. In relation to post COVID-19 patients - 14 days post symptoms/positive test (if asymptomatic) - it is proposed that these patients can be transferred to a Field Hospital after the 14 days have elapsed.

Given the current fragility of the care home sector, Mrs Hardisty enquired whether a pathway utilising Field Hospitals could be established for any Care Homes that are not in a position to remain open. Ms Paterson confirmed that the Health Board would hold discussions with the Care Home to establish whether Health Board staff could be transferred into these homes. A further option, which has been included within the Quarter 3/4 response, could be that the Health Board purchase the Care Home, although legal advice would need to be obtained prior to this being progressed further.

In response to a query from Mr Dentten, Mr Carruthers confirmed that all Health Boards are experiencing similar challenges and have established similar approaches to mitigate the associated risks.

Mrs Rayani drew Members' attention to a COVID-19 matter due for consideration and approval at Executive Team on 02.12.2020, relating to staffing challenges at both Llandoverly Cottage Hospital and Amman Valley Hospital, with the Health Board currently working on the most appropriate resolution. Mrs Rayani confirmed that any actions taken would be clinically-led to ensure the safety of all patients in both facilities, and that the Community Health Council would receive a further briefing once the changes have been agreed, emphasising that these would be on a temporary basis only. For assurance, Ms Paterson advised that the patients, their families and other professionals would be informed of the proposed plans. Dr Kloer emphasised that community hospital beds are an integral part of the Quarter 3/4 plan going forward, reiterating that any decision taken would be on temporary basis taking into account patient safety. Ms Lewis acknowledged that the matter is

	<p>evolving and that QSEAC would be supportive of the actions taken to ensure patient safety.</p>	
	<p>The Committee RECEIVED ASSURANCE from the preparation of the Risk Assessments, which have received the acknowledgement and support of Gold Command Group.</p>	
QSEAC (20)170	<p>OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE EXCEPTION REPORT</p>	
	<p>The Exception Report from the Operational Quality, Safety and Experience Sub-Committee (OQSESC) was presented, with no comments received from Members.</p>	
	<p>The Committee NOTED the content of the Exception Report from the Operational Quality, Safety and Experience Sub-Committee.</p>	
QSEAC (20)171	<p>LISTENING & LEARNING SUB-COMMITTEE EXCEPTION REPORT</p>	
	<p>The Exception Report from the Listening & Learning Sub-Committee (L&LSC) was presented, with no comments received from Members.</p>	
	<p>The Committee NOTED the content of the Exception Report from the Listening & Learning Sub-Committee.</p>	
QSEAC (20)172	<p>RESEARCH & DEVELOPMENT (R&D) SUB-COMMITTEE EXCEPTION REPORT</p>	
	<p>The Exception Report from the Research & Development Sub-Committee (R&D SC) was presented to Members.</p>	
	<p>Prof. Gammon welcomed the leadership and focus in terms of R&D across the organisation, commenting that R&D should be recognised by the Board as a “jewel in the crown”.</p>	
	<p>Ms Lewis welcomed the progress relating to the allocation of accommodation for a research facility in Glangwili General Hospital (GGH).</p>	
	<p>Dr Kloer welcomed the draft R&D strategy which is a result of strong leadership within the management of R&D.</p>	
	<p>The Committee NOTED the content of the Exception Report from the Research & Development Sub-Committee.</p>	
QSEAC (20)173	<p>EFFECTIVE CLINICAL PRACTICE WORKING GROUP</p>	
	<p>Dr Kloer presented the Effective Clinical Practice (ECP) Working Group report advising that a review of the groups that report into the ECP Group has been undertaken. Following discussions with the Board Secretary, it has been confirmed that there are no statutory requirements for the Blood Transfusion Group (BTG) to report in to Board. It has therefore been proposed that reporting arrangements for the BTG will transfer from the Effective Clinical Practice Working Group, and will instead report in to Carmarthenshire’s quality and safety structures, as the service currently sits under their leadership.</p>	
	<p>Ms Lewis confirmed that QSEAC supported the transfer of the BTG and welcomed the action to clarify whether the Learning Disabilities service is</p>	

	involved with the mortality review of a patient with learning disabilities in an acute setting.	
	The Committee SUPPORTED the decision to stand down the Blood Transfusion Group as a group under the Effective Clinical Practice Working Group, and the actions recommended within the Effective Clinical Practice Working Group report.	
QSEAC (20)174	MEDICINES MANAGEMENT OPERATIONAL GROUP	
	The Exception Report from the Medicines Management Operational Group was presented, with no comments received from Members.	
	The Committee NOTED the content of the Exception Report from the Medicines Management Operational Group.	
QSEAC (20)175	QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE WORK PLAN 2020/21	
	The Committee received the Quality, Safety & Experience Assurance Committee Work Plan 2020/21.	
	The Committee NOTED the Quality, Safety & Experience Assurance Committee Work Plan 2020/21.	
QSEAC (20)176	QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE DECISION TRACKER 2020/21- AMBER ACTIONS ONLY	
	No report presented as all actions have been completed.	
QSEAC (20)177	QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE SUB-COMMITTEES DECISION TRACKER 2020/21 – AMBER ACTIONS ONLY	
	No report presented as all actions have been completed.	
QSEAC (20)178	ANY OTHER BUSINESS	
	No other business was discussed.	
QSEAC (20)179	DATE & TIME OF NEXT MEETING	
	14 th January 2021, 3.30pm, Meeting Room 1, Ystwyth Building, St David's Park, Carmarthen.	