

COFNODION 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:	9:30am, 13 February 2024
Venue:	Boardroom, Ystwyth Building/ MS Teams

Present:	<p>Mr Andrew Carruthers, Director of Operations</p> <p>Ms Anna Lewis, Independent Member (Committee Chair)</p> <p>Mrs Delyth Raynsford, Independent Member (Committee Vice Chair)</p> <p>Ms Ann Murphy, Independent Member</p> <p>Mrs Chantal Patel, Independent Member</p> <p>Ms Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience (Lead Executive)</p> <p>Dr Subhamay Ghosh, Associate Medical Director for Quality & Safety</p> <p>Mrs Joanne Wilson, Board Secretary and Director of Corporate Governance</p> <p>Mr William Oliver, Assistant Director of Therapies and Health Science</p> <p>Ms Cathie Steele, Head of Quality and Governance</p> <p>Mr James Severs, Director of Therapies and Health Science</p> <p>Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care</p> <p>Mr Rhodri Evans, Independent Member and Vice Chair of the Health Board (observing)</p>
In Attendance:	<p>Mr Anthony Tracey, Digital Director</p> <p>Ms Frances Howells, Head of Infection Prevention</p> <p>Ms Bethan Lewis, Assistant Director of Public Health</p> <p>Dr Robert Green, Deputy Director of Public Health</p> <p>Mr Ian Bebb, Clinical Audit Manager</p> <p>Ms Ceri Griffiths, Interim Assistant Director of Nursing</p> <p>Ms Carolyn Williams, Head of Digital Innovation & Transformation</p> <p>Mr Mark Henwood, Deputy Medical Director</p> <p>Ms Katie Lewis, Committee Services Officer (Minutes)</p>

QSEC (24)01	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
	<p>Apologies for absence were received from:</p> <p>Llais Cymru</p> <p>Mrs Louise O'Connor, Assistant Director of Legal and Patient Experience</p> <p>Dr Ardiana Gjini, Director of Public Health</p>	

QSEC (24)02	DECLARATIONS OF INTERESTS	
	<p>For transparency purposes:</p> <ul style="list-style-type: none"> Ms Ann Murphy declared an interest as a trade union representative. Mrs Chantal Patel declared an interest as a Members of the Welsh Health Specialised Services Committee. 	

QSEC (24)03	MINUTES FROM PREVIOUS MEETING AND MATTERS ARISING	
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The Chair advised that as Members will be aware, since the previous meeting in December 2023, the Health Board has been escalated for targeted intervention by Welsh Government for all services which will be a significant factor for Members during the scrutiny and constructive challenge of items that have been brought to the Committees attention. Mrs Daniel informed Members that the full detail from Welsh Government has not yet been received in terms of improvements required to address the concerns.

Mrs Joanne Wilson provided feedback from a recent informal meeting with Welsh Government regarding targeted intervention, whereby the Senior Responsible Officer was confirmed as Mr Lee Davies, Executive Director of Strategy and Planning. Mrs Wilson explained that the purpose of the meeting was to ascertain the reasons for escalation and the necessary requirements to address concerns. Welsh Government colleagues have agreed to issue a detailed letter in the next four weeks which will provide detail on the new framework, share the metrics and provide guidance on what is expected in order to de-escalate from targeted intervention. Members noted that Welsh Government colleagues are scheduled to join Board Seminar on 22 February to discuss the escalation of services. The Committee will receive further detail on the outcome at the Committee due to be held on 9 April 2024.

Thanking Mrs Wilson for the update, Mrs Anna Lewis informed the Committee that the agenda for the next meeting will reflect areas of concern raised by Welsh Government.

The minutes of the previous meeting were approved as an accurate record with the following amendments:

QSEC (23) 108:

- Correction to the spelling of Mrs Chantal Patel
- Error in spelling of Schwartz Rounds to be corrected
- Correction for the reference to Health Education and Improvement Wales as opposed to Health Education Institute Wales.

AL/JW

KL

QSEC (24)04	TABLE OF ACTIONS	
	No update was provided on the table of actions.	

QSEC (24)05	<p>COMMITTEE SELF ASSESSMENT OUTCOME REPORT AND ACTION PLAN</p> <p>Ms Anna Lewis provided an update on the review of the Committee Self-Assessment process following discussion at a Committee Chair's meeting that a new approach would be explored to improve the process. The Chair advised that a questionnaire was circulated and workshop undertaken with Members to look at areas for improvement and reflect on good practice. Members noted that an action table was developed and a summary of the work underway was shared with the SBAR.</p> <p>Following the self-assessment workshop, Ms Anna Lewis recapped suggestions from Members on report writing and presentation. Some of these suggestions included that reports should provide more focus on impact and outcomes as opposed to performance metrics, and in terms of presentation, for authors to be reminded that papers have been read in advance to allow time for meaningful discussions.</p>	
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	<p>Members noted that a QSEC Improvement Task and Finish Group has been established to explore ways to strengthen and focus the Committee's discourse, with the aim of embedding a culturally safe space for a high support and challenge forum and to encourage Members to scrutinise and provide constructive criticism on matters that are being tabled for consideration as part of their role. Ms Lewis advised that an action agreed at the Committees Task and Finish Group was to trial a revised Update report to Board which provides a mechanism to 'advise' 'assure' or 'alert' Board of matters discussed at the meeting. Members noted that the new process will aid reciprocal discussions at Board.</p> <p>Mrs Sharon Daniel added that the development of Behaviours Framework which is being prepared as part of the Task and Finish Group will be helpful to support and guide colleagues on report writing and presentation.</p> <p>The Committee NOTED the update.</p>	
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QSEC (24)06	PATIENT STORY	
	Due to technical issues the patient story was not shared at the meeting. It was agreed that the audio clip would be circulated following the meeting.	KL

QSEC (24)07	THERAPIES SERVICES REFERRAL TO TREATMENT (RTT) UPDATE	
	<p><i>Mr Lance Reed joined the meeting.</i></p> <p>Mr James Severs confirmed that following a deep dive undertaken by himself and the Clinical Director, the Therapies directorate are not currently in a position to provide assurance on the impact that the breaches of the 14 week referral to treatment times is having on patients due to the need to improve the management of operational performance. A robust action plan with clear timelines is being developed, and the Executive Team will have oversight of this. Mr Severs provided assurance that there is now a better understanding of the issues and a plan is being developed which will be presented to the Committee in April 2024.</p> <p>Ms Anna Lewis thanked Mr James Severs for the transparency of the report which clearly articulates the challenges that have transpired following an internal deep dive and the next steps in developing an action plan to confirm the current position and improve internal processes.</p> <p>Mrs Chantal Patel enquired with regards to the update within the report that the team are developing a monitoring process for patients waiting longer than 14 weeks for therapies service, and why this process is not already in place, and whether there is a standard process that can be replicated from other Health Board services. Mr Andrew Carruthers provided assurance that there is a robust process for managing referral to treatment waiting lists in Planned Care and Scheduled Care for instance, performance meetings are held regularly and there is an Access Policy for waiting lists.</p> <p>Ms Anna Lewis commented that the inability to meet the referral to treatment 14 week Welsh Government targets seemingly overshadows the complexity of data management systems in place, which does raise the</p>	JS

question of whether there are other services in the same position that the Committee are not made aware of.

Mrs Delyth Raynsford enquired whether the report incorporates waiting times for children and young people and also what the proposed timescales are for the work to improve systems. Mrs Raynsford also enquired whether any geographical disparities have come to light. Mr Reed advised that the referral to treatment update refers to all ages however there is a separate Welsh Government measure for children waiting longer than 8 weeks for services. Mr Reed agreed that the geographical disparities are an issue in terms of access to clinical accommodation, in particular in Wthybush Hospital, which has an impact on the performance trajectory and planning.

In response to the proposed timescales for the action plan and noting Mrs Raynsford's additional comment regarding the potential harm for patients, Mr Reed advised that some of the work mentioned in the report has already commenced such as the changes for job planning across a number of professions such as Speech Therapy, Physiotherapy and MSK services to ascertain demand and capacity in roles. Mr Reed added that work is also underway in collaboration with Performance Management colleagues to strengthen reporting mechanisms and establishing accessible information arrangements.

Mr Severs assured the Committee that the action plan will be written within the coming week and explained that one of the reasons for bringing this update to the Committee's attention is to advise on the need to bolster leadership capacity in Therapies services which has been recognised at Executive Level and to be advised of the need to revise the structure going forward. Mr Severs reiterated that the action plan and timelines can be presented to the Committee at the meeting scheduled for 9 April, and progression of the actions will commence as soon as they are agreed. Recognising the SBAR includes performance based data, Mr Severs explained the limited resources in place at the moment to provide evidence of timely access and patient outcomes and experience. The action plan will aim to address the gaps in data.

Reflecting upon the challenges unearthed during the deep dive in to services undertaken by the Executive Director of Therapies and Health Science, Cllr Rhodri Evans enquired whether there are opportunities to replicate other processes and systems of good practice across the Health Board. Cllr Evans also pondered whether the ongoing focus on prioritisation and urgent treatment is the reason that Government targets are not being met. With regards to resources and capacity, Cllr Evans asked whether the Committee should escalate the need to review current resources to Board. Mr Severs feels that there is adequate resource at the moment, however as the scoping exercise unfolds the position may evolve and the Committee will be kept updated on this matter.

Ms Lewis thanked Mr Severs for bringing the outcome of the investigative work undertaken to the Committee's attention, and highlighted that improvements are required and a plan to move the Health Board out of this position is urgently required. Ms Lewis expressed that there is also room

	<p>for reflection from the Committee and how it had not detected the concerns much sooner.</p> <p>Referring to the recommendation for the Committee, Mrs Patel commented that she does not take assurance from the report, and suggests this is amended to reflect that the report is an update. In response, Ms Lewis advised that the recommendation for the Committee is to take assurance that work is in progress to ascertain the underlying waiting list and data management issues that are causing a barrier for accessible and relative information to be shared with the Committee. Appreciating Mrs Patel's point, Mr Severs, Ms Lewis and Mrs Delyth Raynsford undertook to meet before the Committee scheduled for 9 April to seek assurance on progress and to share a note with the Committee following this meeting.</p>	AL/JS/DR
	<p>The Committee received assurance that previous concerns in relation to 14-week RTT for therapy have been explored and agreed the actions outlined for improvement will improve oversight of performance which will improve oversight of quality, safety and patient experience.</p>	

QSEC (24)08	<p>UNDERSTANDING THE QUALITY AND EXPERIENCE IMPACT REALISED TO DATE THROUGH TRANSFORMING URGENT AND EMERGENCY CARE ACTIVITY</p> <p>Ms Ceri Griffiths provided a verbal update on understanding the quality and experience impact realised to date through transforming urgent and emergency care activity and advised that the data metrics in place from the workstreams underway do not currently demonstrate the impact on quality and patient experience. Providing an update on the Health Board's discharge strategy programmes, Ms Griffiths advised that an oversight of outcomes is being captured and work is underway on the performance metrics in this space. Mrs Daniel reflected that a lot of work has taken place in the transforming urgent and emergency care space and the scope of the paper requirements has identified a gap in capturing the impact on patients as opposed to the performance metrics.</p> <p>Ms Lewis advised that the Committee had required an evaluation of the service initiatives, and the outcome achieved on patient impact. Ms Lewis expanded that the organisation is chronically overcrowded and the Committee needs to be sighted on the impact this is having on patients, appreciating the stepping stones to put metrics in place to reach that level of understanding. Mrs Raynsford commented that patient repatriation is being captured from tertiary services feedback and it may be worth linking into this in terms of outcome measures.</p> <p>In response to a comment made by Mr Michael Imperato regarding the need to define good outcomes, Ms Lewis responded that it is within the remit of the clinical leadership to define positive clinical outcomes for patients and to ensure that the patients voice is captured as part of the evaluation process. In agreement, Mrs Joanne Wilson added that the revised quality impact assessment process will be helpful in this regard and document intended outcomes before programmes are initiated.</p> <p>The Committee noted the request from operational colleagues for more time to prepare the information requested for presentation on 9 April 2024. On behalf</p>	
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	<p>of the Committee, Ms Lewis expressed concern that there is uncertainty regarding the quality impact of the transforming urgent and emergency care programme. As Chair of the Committee, Ms Lewis sought assurance that appropriate questions are being asked via the operational governance structure and clarified the Committees expectation for this to be addressed urgently.</p> <p>Ms Jill Paterson felt concern that there is a perception that quality impact conversations are not taking place regularly. She felt that it is possible to provide assurance and stated that regular operational and Executive Level discussions are taking place regarding the quality impact of systems that are being implemented. Thanking Ms Paterson for clarifying this, Ms Lewis recognised that although this may be the case, the challenges that have been met in providing the Committee with the required information has identified a gap in quality and impact metrics to monitor the outcomes for patients and the information is needed in a sharable form.</p> <p>Mr Carruthers reflected that triangulation of data is required, and will provide clarity of the position at the next meeting.</p> <p>Reassurance, as opposed to assurance, had been provided to the Committee on understanding the quality impacts from the Transforming Urgent and Emergency Care Programme. An assurance report will be provided at the next meeting,</p>	
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<p>QSEC (24)09</p>	<p>QUALITY ASSURANCE REPORT</p> <p>Ms Cathie Steele presented the Quality Assurance Report and drew attention to the following key highlights:</p> <ul style="list-style-type: none"> • There has been an improvement in reported harm due to inpatient falls, with a number of incidents included within the report still under investigation. The Quality Assurance Team are working with the Quality Improvement/Practice and Professional Development Team and a number of improvement initiatives are being tested across all acute sites which are showing signs of improvement. • Members noted that an update on the Duty of Candour will be presented within the Quality Assurance Report scheduled for June 2024. The Duty of Candour annual report will include reasons that the Duty has triggered together with levels of harm reported. • Providing an update on the Welsh Health Circulars (WHC's), Ms Steele highlighted some challenges with the process, providing an example that the WHC relating to National Safety Standards for Invasive Procedures (NatSSIPS2) was sent for immediate action and because of this automatically became categorised to the red RAG status. Dr Ghosh provided further assurance that the first meeting for the National Safety Standards for Invasive Procedures (NatSSIPS2) Implementation Group has taken place and is a work in progress. <p>Referring to the Health Inspectorate Wales (HIW) action for staff completion rates of Intermediate Life Support and mandatory training, Ms Ann Murphy highlighted challenges for staff accessing training across the Health Board due to the capacity in the team. In agreement, Ms Steele advised that a Quality Panel is being arranged for April 2024 with Executive Leadership</p>	
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which will clarify the work underway to address the training availability challenges with Mr David Wastell and Ms Steele undertook to provide an update to the Committee via the table of actions. Ms Sharon Daniel updated Members that the co-ordination of training will be undertaken by the Workforce and Organisational Development team going forward which will support the teams capacity and infrastructure and will also monitor non attendance.

CS

The Committee was unable to take assurance from the number of HIW Inspections and peer review recommendations that were reported as overdue, despite oversight of delivery taking place through the Directorate Improving Together Sessions and the Operational Performance, Governance and Performance meetings. The Committee was also unable to take assurance on the implementation of Welsh Health Circulars that are aligned to the Committee, as many of these do not have implementation dates and/or seem to rely on funding to implement. It was not clear whether there had been an overt decision-making process on the funding to implement these. A report will be brought back to the next meeting to advise the Committee on whether the outstanding WHCs have been considered as part of the 2023/24 planning process, and whether the quality impacts have been assessed if funding has not been agreed.

RW/CS

Providing an update on the WHC for Negative pressure suites, Ms Frances Howell confirmed that a clinical pathway has been agreed by the Task and Finish Group and a feasibility study is being developed by the Director of Strategy and Planning.

Referring to the examples provided within the Quality Assurance Report on reasons that the Duty of Candour has been triggered in the Organisation, Ms Anna Lewis enquired whether other Health Board's across Wales are reporting similar themes and numbers. In response, Ms Steele advised that Hywel Dda are on par with other Health Board's across Wales. On a national level, Ms Steele explained that the next steps will be to develop thematic drop down options for why the Duty of Candour has been triggered.

Ms Lewis enquired whether there are emerging themes from the HIW inspection activity that could be analysed to provide a strategic understanding of some potentially deep seeded issues. In response, Ms Steele fed back on some common themes for instance mandatory training compliance and an aged estate.

Referring to the infection, prevention and control rates in the community, Ms Lewis enquired whether the wider social care challenges such as workforce challenges in Domiciliary Care could be having a significant impact on supporting service users with personal hygiene which could be impacting infection rates. In agreement, Ms Howells commented that it is very likely to be a contributing factor, and work is underway to interrogate the data on Ecoli rates in collaboration with the Public Health team to gather information to be able to take steps to improve the position. Mrs Daniel added that partnership working opportunities with Local Authorities are underway, with integrated infection prevention posts which are funded by the Regional Integration Fund. Work is also underway with Health Protection service to investigate the impact of private water supplies on infection rates.

	Mr William Oliver provided positive feedback on behalf of a family member receiving helpful personal hygiene advice following a recent frailty assessment.	
	<p>The Committee received assurance that processes, including the Listening and Learning Sub Committee, are in place to review, manage and monitor:</p> <ul style="list-style-type: none"> • Patient safety incidents including a focus on falls prevention • Nationally reported patient safety incidents • Duty of Candour • Infection, prevention and control • Ministerial Directions <p>Limited assurance was received for the monitoring and escalation processes for Healthcare Inspectorate Wales (HIW) actions and Welsh Health Circulars and the Committee requested an assurance report for the next meeting.</p>	RW/CS

QSEC (24)10	OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB COMMITTEE UPDATE REPORT	
	<p>Mr Oliver presented the key updates from the Operational Quality, Safety and Experience Sub Committee from the meeting held on 7 January 2024.</p> <ul style="list-style-type: none"> • A presentation was shared with the Sub Committee from the Discretionary Capital Funding team, which provided an overview of the role of the team and processes for funding allocation. Members noted the limited funding and the associated risks and the importance of communicating expected replacement equipment and repairs to the team in a timely manner. • The Sub Committee received its first report from Estates and Hotel Services, with the Sub Committee updated on the roll out of the Cook/Freeze within catering services. The cleaning pilot in Glangwili hospital has been successful, and the Sub Committee provided full support for the pilot to be rolled out across the sites to ensure improved standards of cleaning. The intention to reinstate the Ward Refurbishment programme was raised as part of the Estates update report and the Sub Committee noted that a ward refurbishment has not taken place in twelve years and asked that this is reviewed as part of the Discretionary Capital prioritisation process. • Chronic recruitment challenges were highlighted in Radiology Services with a knock on effect on scanning and sonography. Members noted that a Quality Panel with Executive Leads will take place within the following week to review reporting of sonography challenges. • The Sub Committee could not take assurance that adequate nutrition and hydration processes are in place for patients across the Health Board, and a deep dive has been scheduled for the next meeting to seek assurance on nutrition and hydration management and developments. <p>Ms Jill Paterson enquired whether the Chair feels that during the meetings there is a level of constructive challenge and questioning between colleagues on plans to address the issues raised in the Sub Committee update reports. In response, Mr Oliver feels that this work in progress, and although there has been a recently renewed focus on reporting, there is a challenge in triangulating the data with the narrative in the update reports provided by the Directorates. Reflecting upon the 'Assure, advise, alert (AAA)' process being</p>	

	<p>introduced at the Committee, Mr Oliver felt that a similar process would be beneficial for the Sub Committee.</p> <p>Mr James Severs updated the Committee that a meeting has been arranged within the following week with the Clinical Executives and Director of Operations to review the Sub Committee reporting and how this triangulates with the operational structure to ensure an appropriate escalation approach and to alert the Executives of quality, safety and patient experience hot spots to ensure appropriate action is being taken, suggesting that clinical executive oversight of the Sub Committee is required. On behalf of the Committee, Ms Anna Lewis note full support of the review of the Sub Committees reporting arrangements and will expect an update at the next meeting.</p> <p>Reflecting upon the update report from the Community Nursing across the three counties, Mr Subhamay Ghosh suggested that the each county provides a separate report to clarify the variances in recruitment challenges in the different regions. Appreciating that she has not had sight of the Community Nursing report, Ms Paterson highlighted that there is a robust Community Nursing framework in place and there are lots of mitigations underway to address the challenges and would expect these to have been reflected in the report to the Sub Committee.</p> <p>Ms Ann Murphy requested feedback from the HIW inspection of Radiology Services in WGH on 30 and 31 January. In response Mr Oliver advised that the report has not been received as yet however the verbal feedback was quite positive with no immediate concerns raised.</p> <p>Referring to the update provided regarding the cessation of Same Day Emergency Care, Ms Anna Lewis enquired whether a quality impact assessment will be undertaken if this service is coming to an end. Recognising the funding challenges, Ms Paterson advised that the programme is being reviewed in its entirety, from outcome metrics and value to patients. Various discussions are underway to look at resource opportunities. With less funding available, a review of how resources are targeted appropriately will be led by the Interim Medical Director and Executive Director of Therapies and Health Science.</p> <p>On behalf of the Committee, Ms Anna Lewis formally thanked Mr Oliver for his commitment and contribution to the quality, safety and patient experience agenda, noting the significant progress made in recent years. The Committee wished Mr Oliver all the best for his imminent retirement.</p> <p>The Committee NOTED the content of the OQSESC Update Report.</p>	SD
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QSEC (24)11	<p>LISTENING AND LEARNING SUB COMMITTEE UPDATE REPORT</p> <p>The Listening and Learning Sub Committee (LLSC) Update Report was presented to the Committee and Mrs Chantal Patel welcomed comments and questions.</p> <p>Mrs Sharon Daniel provided feedback from the meeting from the Sub Committee noting a positive level of engagement and action planning.</p> <p>Providing an update on the information within the report on the quality review process for outsourced care and results management, including the way in</p>	
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	<p>which test results are conveyed to the referring clinician (often paper format), Dr Ghosh shared an update from the Results Management Group which met on 5 February. An agreement was reached at the meeting to cease paper results being shared in A&E Pathology and Microsoft Forms is now being utilised. The Results Management Group will report directly to the LLSC in the future.</p> <p>In terms of the Patient and Carer Story Policy, the Committee agreed for the guideline to be considered for approval via Chair's Action.</p>	LOC/AL
	The Sub Committee received assurance that the actions taken by the Sub-Committee to mitigate the risks are adequate to address the learning from previous events and improve the arrangements for the care of patients in future.	

QSEC (24)12	<p>NOSOCOMIAL TRANSMISSION REVIEW CLOSURE REPORT</p> <p>Ms Cathie Steele presented the Nosocomial Transmission review closure report and highlighted the key findings and learning from 2320 patient case note reviews that were undertaken as part of the programme.</p> <p>Thanking Ms Steele for the useful report, Mrs Patel explained that a lot of the information in the report resonated with her own experience and observations during Patient Safety Walkabouts.</p> <p>Mrs Daniel commented that the learning opportunities that have emanated from the review are transferrable across all services and the aim will be to share learning through Health Board wide forums. Ms Anna Lewis challenged Executive Members to make maximum use of the wealth of information in the Nosocomial COVID Review Programme report, and to take a purposeful and proactive approach to applying the valuable learning from the review. The Committee will welcome a report on how learning opportunities have been implemented from the review in six months' time.</p> <p>Mrs Joanne Wilson provided thanks to Ms Cathie Steele for sharing the report, noting that it will be helpful during the Public Inquiry.</p>	Executive Leads
	The Committee received assurance that the work of the Health Board's Nosocomial COVID-19 Review Programme has been undertaken robustly and that the learning identified has been shared to ensure that operational process improvements are undertaken	

QSEC (24)13	<p>DIGITAL REFERRAL MANAGEMENT UPDATE</p> <p>Mr Anthony Tracy and Carolyn Williams provided an update on the following digital management projects:</p> <ul style="list-style-type: none"> • Radiology Electronic Test Requesting (ETR) in Welsh Clinical Portal (WCP) • Electronic Prescribing and Medicines Administration Solution (ePMA) <p>Members noted the main benefits of the projects include the impact on quality and patient experience which, due to the historical technical issues has meant a reliance on paper records. The risks being faced to progress the updated systems, which are contained within the report, and Members noted the</p>	
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	<p>importance of ensuring support, training and equipment for clinicians during implementation.</p> <p>Mrs Sharon Daniel highlighted the significance of digital advancements in mitigating a high number of risks that the Health Board faces, and enquired whether the Health Board's historical WI-FI connectivity issues pose a risk to data input for the community teams, and the potential risks associated with retrospective data input. In response, Mr Anthony Tracey updated Members that WI-FI connection surveys have been undertaken by the Information Technology Team as a heat map to ascertain any black spots for connection. Members noted that booster wi-fi connectors have been planned for installation next year with capital funding secured.</p> <p>Following recent discussions from Public Board, Mr Tracey requested that a future update is scheduled on the wider impact of improved referral management systems between primary and secondary care, internal hospital referrals, electronic patient flow and e-observations and electronic pathology results and notifications.</p> <p>Ms Anna Lewis asked for a wider picture of the Health Board wide processes and mechanisms in place to capture patient information and referral management processes, and enquired whether there are still services using Excel databases to manage referrals which has historically been an area of concern for the Health Board. Recognising that digital response is the answer for a lot of issues that are being faced, Mr Tracey noted that there is still room for improvement in this area.</p>	
	<p>The Committee noted the contents of the report for Radiology Electronic Test Requesting (ETR) in Welsh Clinical Portal (WCP) and Electronic Prescribing and Medicines Administration Solution (ePMA)</p> <p>The Committee noted that future updates will include the wider impact of improved referral management between primary and secondary care, and internal hospital referrals, electronic patient flow and e-observations and electronic pathology results and notifications.</p>	
QSEC (24)14	<p>QUALITY IMPACT ASSESSMENT PROCESS AND TERMS OF REFERENCE</p> <p>The Quality Impact Assessment and Terms of Reference is deferred to the meeting scheduled for April 2024.</p>	
QSEC (24)15	<p>PLANNING OBJECTIVES UPDATE REPORT: HEALTHCARE ACQUIRED INFECTION DELIVERY PLAN</p> <p>Mrs Sharon Daniel presented the Planning Objectives update report relating to the Healthcare Acquired Infection Delivery plan, noting that the reference in the report to Enhanced Monitoring will require updating to reflect the Health Board's escalation to Targeted Intervention status by Welsh Government, and reported the improved cumulative position for <i>C.diff</i> over the same period last year confirming lower case numbers for 2023/24 thus far.</p> <p>Members noted part of the next steps of the improvement plan include the roll out of a successful cleaning trial at Glangwili Hospital to all Health Board sites, working collaboratively with Public Health colleagues to develop</p>	DW

	workable spread and scale health promotion campaign by end of February 2024 and continue to ensure improvement of Aseptic Non-Touch Techniques (ANTT) compliance across the Health Board.	
	Members noted that the Health Board's Planning Objectives are under review and are likely to change following Board in March 2024. Following the escalation of status to Targeted Intervention, Members noted that planning requirements will need to align with the improvement requirements from Welsh Government.	
	The Committee received assurance on the current position in regard to the progress of the Planning Objective aligned to the Quality, Safety and Experience Committee.	

QSEC (24)16	MEDICINES MANAGEMENT OPERATIONAL GROUP	
	Dr Ghosh presented the Medicines Management Operational Group update report and highlighted the ratification of written control documents contained within the report that will have an impact on patient pathways and access to medicines.	
	Referring to the medical supply chain challenges that were raised during the COVID-19 pandemic, Ms Anna Lewis enquired whether the issues have resolved. In response Dr Ghosh presented an update that the Health Board continue to work through a number of challenges being faced in terms of supply challenges in collaboration with other Health Boards across Wales who are in the same position.	
	The Committee NOTED the content of the Medicines Management Operational Group update report.	

QSEC (24)17	EFFECTIVE CLINICAL PRACTICE ADVISORY PANEL	
	Dr Ghosh presented the update from the Effective Clinical Practice Advisory Panel and highlighted that Risk 1282- Mortality Review has recently escalated to reflect the delay to Glangwili Hospital roll-out and capacity constraints in relation to Medical Examiner letter screeners.	
	Concerns were raised by the Committee regarding in respect of Interventions Not Normally Undertaken (INNU) and raised that the Health Board may be in a position where it may be funding non-evidenced based procedures and not funding evidence-based procedures. Dr Ghosh assured Members that a task and finish group has been established to develop a local response to national developments and consider the work already undertaken by the Academy of Royal Colleges.	
	The Committee received assurance from the update provided from the Effective Clinical Practice Advisory Panel.	

QSEC (24)17	CLINICAL AUDIT UPDATE	
	Mr Ian Bebb provided the key headlines from the Clinical Audit Update Report which aims to demonstrate audits undertaken that have had an impact on quality, safety and patient experience.	
	Mr Bebb informed Members that audit activity has increased considerably over the last year and the intent is to carry out more audits during 2024/25. Members noted that requests for audits are due to a number of reasons such	

	<p>as professional interests, complaints, areas of identified risk and re-audits are strongly encouraged.</p> <p>Thanking Mr Bebb, Ms Lewis felt it was helpful to see examples of work underway and was pleased to see the level of activity has increased.</p> <p>Mr Bebb highlighted the risks associated with non participation with national mandatory audits which is included on service risk registers, and an audit escalation process has been developed.</p>	
	<p>The Committee</p> <ul style="list-style-type: none"> • Noted the examples of how clinical audit projects have had a positive impact on quality, safety and patient experience • Noted the continued commitment to quality improvement through the use of re-audit • Received assurance from the continued shared learning through Whole Hospital Audit Meetings • Noted the variety of uses for clinical audit and how this can and is benefiting the Health Board 	

QSEC (24)18	<p>RISKS AND MATTERS FOR ESCALATION TO BOARD</p> <p>Members agreed that the Committee will advise the Board of the following:</p> <ul style="list-style-type: none"> • The current 14-week therapy referral to treatment performance update did not provide assurance on the actions that will be taken to reduce the detrimental impact of patient safety, patient experience and patient outcomes across the system. An action plan was requested at the next meeting, with a meeting to be arranged with the Director of Therapies and Health Science prior to the next meeting to contribute to a reciprocal response to address the issue. • Concerns raised regarding gap in assurance in terms of quality impacts from the Transforming Urgent and Emergency Care Programme. An assurance report will be provided at the next meeting • A report will be brought back to the next meeting to advise the Committee on whether the outstanding WHCs and HIW have been considered as part of the 2023/24 planning process, and whether the quality impacts have been assessed if funding has not been agreed. 	<p>JS</p> <p>AC</p> <p>CS/RW</p>
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QSEC (24)19	<p>HEALTH BOARD PATIENT EXPERIENCE REPORT</p> <p>Shared for Information</p>	
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QSEC (24)20	<p>INTEGRATED QUALITY, PLANNING AND DELIVERY / ENHANCED MONITORING MINUTES</p> <p>Shared for Information</p>	
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QSEC (24)21	<p>QSEC FORWARD WORK PROGRAMME 2023/24</p> <p>Shared for Information</p>	
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QSEC (24)22	DATE OF NEXT MEETING	
	9:30am, 09 April 2024	

DRAFT